

Inquiry into Elder Abuse in Queensland

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Archdiocese of Brisbane: Response to the Education, Arts and Communities Inquiry into Elder Abuse in Queensland.

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"The elderly are a wealth not to be ignored."

Pope Francis 2015



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EXECUTIVE SUMMARY

The Archdiocese of Brisbane welcomes the opportunity to contribute to the Education, Arts and Communities Committee Inquiry into Elder Abuse in Queensland. Drawing extensively from frontline experiences provided through Centacare and deeply rooted in Catholic social teaching, this submission identifies critical systemic gaps, highlights significant ethical considerations, and outlines practical, actionable reforms.

Elder abuse is a serious and multifaceted issue requiring comprehensive, coordinated, and culturally responsive solutions. The Archdiocese has identified substantial gaps within existing systems, including inadequate oversight of Enduring Powers of Attorney, fragmented service coordination among healthcare, social services, and legal frameworks, and insufficient age-appropriate housing solutions. Barriers to reporting abuse—such as fear of retaliation, family pressures, cultural stigma, and inadequate awareness—further complicate the protective landscape for older Queenslanders.

Particularly affected are vulnerable populations, including older women, Aboriginal and Torres Strait Islander peoples, and culturally and linguistically diverse communities, who face additional layers of disadvantage, discrimination, and systemic exclusion. Addressing elder abuse in these contexts requires culturally safe, inclusive, and accessible service models that respect diverse cultural identities and practices.

The Archdiocese underscores that elder abuse constitutes a moral and ethical crisis, emphasising the intrinsic value and dignity of every human life. Pope Francis reminds us that "the elderly are a wealth not to be ignored," emphasising their role as critical bearers of wisdom and tradition. Valuing older people enhances intergenerational solidarity, strengthening community bonds and societal resilience.

The Archdiocese's recommendations propose substantial systemic reforms, including:

Establishment of a dedicated, independent Adult Safeguarding Agency.

- Enhanced legal oversight and mandatory registration of Enduring Powers of Attorney.
- Improved, age-appropriate emergency and long-term housing infrastructure.



- Mandatory elder abuse training for healthcare and aged care professionals.
- Robust interagency coordination frameworks to streamline multi-sectoral responses.
- Cultural and community initiatives promoting elder respect and intergenerational solidarity.

The Archdiocese of Brisbane remains committed to collaborative efforts with government agencies, service providers, and community groups to create environments where older individuals are not only protected but genuinely respected, valued, and integrated into community life. The adoption of these recommendations by the Committee represents a crucial step towards meaningful and enduring reforms aimed at safeguarding the dignity, wellbeing, and rights of older Queenslanders.



INTRODUCTION

1. The Archdiocese of Brisbane (the Archdiocese) welcomes the opportunity to contribute to the Education, Arts and Communities Committee Inquiry into Elder Abuse in Queensland. This inquiry is timely and necessary, providing a unique platform to thoroughly examine the prevalence, impacts, and systemic challenges of elder abuse, and to recommend targeted reforms that protect the dignity, autonomy, and wellbeing of older Queenslanders.
2. Through its extensive network of services – including aged care, disability support, pastoral care, counselling, and housing initiatives delivered predominantly by Centacare – the Archdiocese actively supports older individuals and their families across Queensland. With dedicated staff and volunteers providing essential frontline interventions, the Archdiocese witnesses firsthand the profound complexities and severe impacts elder abuse has on individuals, families, and the broader community.
3. Our approach to addressing elder abuse is deeply informed by Catholic social teaching, emphasising human dignity, compassion, solidarity, and social justice. Pope Francis has cautioned against society's "throwaway culture," urging a compassionate response that recognises and affirms the inherent worth of every individual, particularly the most vulnerable. Guided by these values, the Archdiocese views elder abuse as not merely a legal or social issue but as an urgent moral and ethical concern requiring comprehensive, collaborative action and robust policy reforms.
4. This submission draws on the Archdiocese's considerable frontline experience to highlight systemic gaps and barriers to effective elder abuse responses and provides comprehensive, practical recommendations aimed at both prevention and intervention. Through these recommendations, the Archdiocese reaffirms its unwavering commitment to a collaborative and compassionate approach, ensuring Queensland becomes a safer, more inclusive, and respectful environment for all older people.



ABOUT THE ARCHDIOCESE OF BRISBANE

5. The Archdiocese of Brisbane is the face of the Catholic Church in Southeast Queensland, covering an extensive region of 77,000 square kilometres from Hervey Bay in the north, through Kingaroy and Gatton in the west, down to the New South Wales border. Comprising 94 Parishes, 146 schools, and 190 centres providing services across Catholic Early EdCare and Centacare's aged care, disability, and family and relationship service centres, our services collectively contribute \$3.5 billion annually to local economies.
6. Through our social services arm, Centacare, we provide care and offer vital services across various critical areas, including aged care, disability care, early childhood education, family and domestic violence intervention, mental health support, hospital and prison ministry, post-prison release assistance, homelessness accommodation, and housing support, among many other essential community services. Centacare's extensive experience places the Archdiocese at the forefront of identifying and addressing social challenges, such as elder abuse, ensuring vulnerable groups receive the comprehensive support they need.
7. Brisbane Catholic Education (BCE), another key component of the Archdiocese, delivers Catholic education to approximately 76,000 students from Prep to Year 12, fostering values of compassion, solidarity, and justice in younger generations. Catholic Early EdCare, the early childhood education provider of the Archdiocese, serves over 31,000 children across 133 services, providing a foundation of care and respect from the earliest stages of life.
8. Collectively, these services underscore the Archdiocese's integral role in the fabric of community life in Southeast Queensland. The Archdiocese's holistic approach ensures not only immediate support and care for individuals across the lifespan but also promotes broader social cohesion and community resilience. By addressing complex social issues like elder abuse, the Archdiocese reaffirms its commitment to fostering communities characterised by dignity, compassion, and mutual respect, thereby contributing positively to societal wellbeing and collective prosperity.



DEFINING ELDER ABUSE

9. Elder abuse refers to a single or repeated act – or failure to act – that causes harm or distress to an older person within a relationship where there is an expectation of trust. It is a complex and frequently hidden issue that often involves multiple, intersecting forms of abuse. This complexity significantly increases the harm experienced and makes detection and disclosure more difficult.
10. Unlike opportunistic crime or random violence, elder abuse nearly always occurs within a trusted relationship. The betrayal of trust often causes psychological harm that surpasses the abuse itself, making victims reluctant to disclose or seek help. The primary forms of elder abuse include:
- **Physical Abuse:** Inflicting pain or injury through acts such as hitting, pushing, shaking, or inappropriate use of restraints or medication. It can lead to both immediate and long-term harm, including physical deterioration and increased fear or anxiety.
 - **Psychological or emotional abuse:** Causing emotional harm through threats, intimidation, humiliation, isolation, or exerting coercive control. This form of abuse is the most reported in Queensland, affecting approximately 76% of victims according to recent helpline data.¹
 - **Financial Abuse:** This form of abuse involves the misuse, misappropriation, or illegal use of an older person's finances or assets. Examples include unauthorised withdrawals from bank accounts, misuse of enduring powers of attorney, coercion into altering wills, and exploitation of pensions or property.

¹ Elder Abuse Prevention Unit, *Elder Abuse Statistics in Queensland: Year in Review 2023–24* (Report, UnitingCare, 2024) 5
<https://eapu.com.au/wp-content/uploads/2024/12/UC-Elder-Abuse-Statistics-in-QLD-Year-in-Review-2024.pdf>.



- **Neglect:** The failure to meet a person's basic needs, such as food, hygiene, medication, or safe housing—whether intentional or due to carer incapacity. Centacare case data highlights neglect as both a common and serious concern, often identified through home visits and worsening health indicators.
- **Social Abuse:** Deliberate isolation by limiting contact with family, friends, or support services. This reduces the victim's autonomy and increases dependence on the abuser, making intervention more difficult.
- **Pseudo-carer neglect and third-party exploitation:** A growing area of concern involves informal carers who co-reside with the older person but fail to meet basic care needs. Third-party exploitation – such as mobile service providers accessing clients' financial information during scheduled visits – has also emerged as a subtle but impactful form of financial abuse.
- **Sexual Abuse:** Any non-consensual sexual act or contact, including unwanted touching or coercive sexual behaviour. Although less commonly reported (about 1% of cases), the psychological trauma can be severe and long-lasting.²

11. It is crucial to recognise that elder abuse is rarely confined to a single form. Queensland helpline data shows that nearly 70% of victims experience two or more types of abuse simultaneously.³ For example, financial abuse often occurs alongside psychological manipulation, while neglect is frequently accompanied by social isolation. This intersectionality complicates both identification and intervention and underscores the need for holistic, multidisciplinary responses.

² Ibid.

³ Ibid.



EXTENT & NATURE OF ELDER ABUSE IN QUEENSLAND

12. Elder abuse is an increasingly recognised issue in Queensland, with consistent year-on-year increases in reports to the Elder Abuse Prevention Unit. Recent data indicates that psychological abuse (76%) and financial abuse (65%) are the most commonly reported forms. These frequently overlap, intensifying emotional, psychological, and economic harm for victims.⁴
13. Psychological abuse includes behaviours such as intimidation, verbal threats, emotional manipulation, humiliation, belittlement, persistent criticism, and enforced isolation. These acts can severely erode a person's mental health, self-worth, and overall quality of life. Financial abuse often involves the misuse or illegal control of an older person's assets, including unauthorised transactions, exploitation of Enduring Powers of Attorney, pressure to change legal documents, and outright theft. Victims are often left financially vulnerable, emotionally distressed, and stripped of independence.
14. Financial abuse is rarely isolated or purely transactional. It frequently coexists with emotional manipulation and dependency, reinforcing the abuser's control and undermining the older person's autonomy and dignity. These patterns typically occur within family settings, particularly involving adult children, where loyalty, obligation, and emotional pressure can obscure abuse. Addressing these intersecting harms requires integrated, trauma-informed interventions.

⁴ Ibid.



15. While Queensland helpline data offers valuable insights, it captures only a fraction of actual cases. The 2021 National Elder Abuse Prevalence Study estimated that 14.8% of older Australians experienced some form of abuse within a 12-month period. This included psychological abuse (11.7%), neglect (2.9%), financial abuse (2.1%), physical abuse (1.8%), and sexual abuse (1%).⁵ By comparison, Queensland's 2,560 helpline notifications in 2023–24 likely represent just the visible portion of a much larger problem.⁶
16. Older women, particularly those who are frail or living alone, are disproportionately impacted by elder abuse. Contributing factors include longer life expectancy, smaller social networks, reduced financial security, and the compounding effects of ageism and gender-based discrimination. These systemic inequities make older women more vulnerable to economic exploitation and social isolation while increasing their risk of psychological harm.
17. Most elder abuse cases occur within families, with adult children being the most frequently identified perpetrators. Queensland data shows that adult daughters are slightly more likely to be reported as perpetrators than sons (36% compared to 34%).⁷ This highlights the importance of gender-sensitive and family-aware prevention strategies. Even subtle forms of control – such as dictating grocery lists to prioritise a child's preferences over the elder's dietary needs – can erode autonomy and wellbeing.
18. Victims often experience profound shame, guilt, and fear of family breakdown, leading them to remain silent. Abusers may justify their behaviour through entitlement to future inheritance, caregiver stress, or financial hardship. These rationalisations complicate detection and response, particularly when the victim minimises or conceals the abuse to preserve family harmony.

⁵ Australian Institute of Family Studies, *National Elder Abuse Prevalence Study: Final Report* (Report, December 2021) 2 <https://aifs.gov.au/research/research-reports/national-elder-abuse-prevalence-study-final-report>.

⁶ Above n 1

⁷ Ibid.



19. Queensland data indicates that nearly 70% of elder abuse victims experience multiple forms of abuse simultaneously – most commonly psychological, financial, and social. These overlapping harms reinforce each other, deepening the victim’s vulnerability and reducing their ability to recognise the abuse or seek support. Addressing this complexity requires a coordinated, multi-sector response spanning legal, health, housing, aged care, and social services, along with the development of holistic, trauma-informed care models.
20. Elder abuse is significantly underreported among Aboriginal and Torres Strait Islander peoples and culturally and linguistically diverse (CALD) communities. In these contexts, values around family privacy, cultural honour, and community reputation can strongly discourage disclosure. Language barriers further impede access to support services and legal redress.
21. Historical experiences of institutional discrimination, systemic racism, and disempowerment contribute to deep-seated mistrust in formal systems. This is particularly relevant for First Nations Elders, many of whom have lived experience of government mistreatment. In 2023–24, only 4.1% of elder abuse helpline callers identified as being from a CALD background, well below their 13.9% share of Queenslanders aged 50 and over. Conversely, 3.7% of callers identified as Aboriginal and/or Torres Strait Islander, approximately 1.5 times their demographic representation.⁸ These disparities suggest both hidden prevalence and differing levels of help-seeking, reinforcing the need for culturally safe and community-led responses.
22. Shame, stigma, and fear of community judgement are powerful deterrents to seeking help. In some cultures, speaking publicly about family issues is viewed as dishonourable. For Indigenous Elders, the legacy of forced removals and marginalisation creates additional barriers to engagement with services. Without trust, culturally responsive service design, and meaningful community partnerships, elder abuse in these communities will remain largely invisible.

⁸ Ibid.



23. There is an urgent need for culturally inclusive, community-driven prevention and response strategies. These must be co-designed with Aboriginal and Torres Strait Islander peoples and CALD communities to ensure they are safe, trusted, and accessible. Key strategies include embedding cultural liaison roles in elder abuse services, providing translated and plain language materials, and investing in targeted education campaigns that equip community leaders and families to identify, prevent, and address abuse.



RISK FACTORS FOR ELDER ABUSE

24. Evidence from both the National Elder Abuse Prevalence Study and Queensland helpline data highlights several key risk factors that increase vulnerability to elder abuse. These include cognitive impairment (particularly dementia), physical frailty, social isolation, and entrenched societal ageism. Each of these factors can diminish an older person's ability to resist, recognise, or report abuse. They also tend to increase reliance on others for essential care, thereby heightening exposure to potential abusers. Identifying these risk factors enables more targeted prevention strategies, such as prioritising screening within dementia services, expanding programs that combat isolation, and tailoring responses for those with mobility, communication, or cognitive limitations.
25. Cognitive impairment – especially dementia – is one of the most significant risk factors for abuse. The Elder Abuse Helpline reports that nearly 18 per cent of victims had a diagnosed cognitive impairment. These individuals may struggle to recall events, articulate their experiences, or recognise harmful behaviour. This makes them more vulnerable to manipulation, financial exploitation, and coercive control. In many cases, the abuse is subtle and progresses over time, masked as caregiving or benign misunderstanding. Without vigilance from trained support workers or family members, such patterns may go unnoticed and unchallenged.
26. Social isolation is another powerful driver of risk. Older people who are disconnected from family, friends, or community networks are less likely to have someone notice changes in mood, health, or behaviour that might signal abuse. Isolation also limits opportunities for disclosure and access to support. Perpetrators may actively reinforce this isolation by restricting phone calls, discouraging visits, or intercepting correspondence. Centacare's frontline experience shows that the loss of a spouse, retirement from community roles, or declining mobility often leads to increasing vulnerability. Targeted interventions, such as regular home visits, peer outreach programs, or digital inclusion initiatives, can play a crucial role in rebuilding social connections and reducing risk.



27. Physical frailty and mobility issues further compound vulnerability. Frail older adults often rely heavily on others for food, hygiene, medication, and transport. This dependency can create opportunities for neglect or coercion, particularly where carers are poorly trained, overstressed, or acting in bad faith. In some cases, frailty may deter older adults from speaking up due to fears of retaliation, helplessness, or loss of care. Many worry that disclosing abuse could lead to institutionalisation. Prevention efforts must directly address these fears by ensuring safe reporting pathways and offering alternatives, such as in-home support, emergency respite, and accessible housing options.
28. Ageism, while less visible, is a systemic risk factor that undermines protective responses. Stereotypes of older people as forgetful, dependent, or less valuable may lead professionals to minimise their concerns or dismiss signs of abuse as confusion or exaggeration. Ageist assumptions can also influence court outcomes, where offences against older victims are perceived as less serious or excusable. Combating ageism requires public education and sector-specific training to shift perceptions and ensure that older people are treated as equal rights-holders with a clear entitlement to autonomy, safety, and respect.
29. These risk factors rarely occur in isolation. More often, they interact in complex ways that heighten danger. For example, an older woman with early-stage dementia who lives alone and relies on a family member for finances may be at significant risk. That risk increases further if the family member is experiencing financial hardship or substance misuse. The intersection of individual, relational and systemic vulnerabilities requires prevention to be multifaceted. It must address physical, emotional and social risk factors through a coordinated, trauma-informed approach.



BARRIERS TO ACCESSING SUPPORT

30. Elder abuse remains significantly underreported, with many victims deterred by a range of interconnected barriers. These include emotional, cultural, logistical, and systemic factors that create environments where older people feel isolated, powerless, or fearful of the consequences of disclosure. Without safe, supported pathways to report abuse, many continue to suffer in silence.

Emotional and Family Dynamics

31. Emotional ties and family dynamics are among the most powerful barriers to reporting elder abuse. Older victims often struggle with feelings of guilt, loyalty, or self-blame, particularly when the abuser is a close relative such as an adult child or spouse. Deep-rooted familial bonds, a sense of obligation, and a desire to protect family relationships can prevent victims from recognising abuse or seeking help.

32. These internal conflicts are frequently compounded by emotional manipulation. Perpetrators may use intimidation, threats of abandonment, or emotional blackmail to maintain control and discourage disclosure. Many victims rely on their abuser for daily care or social connection, making it difficult to speak out—especially when the abuser is present. Abuse is often only identified when support workers engage with the older person in private. In this context, emotional dependence and isolation perpetuate silence, with victims choosing prolonged suffering over perceived family disruption.

Cultural and Community Barriers

33. Cultural expectations and community norms can also deter victims from speaking out, particularly in culturally and linguistically diverse (CALD) and Aboriginal and Torres Strait Islander communities. Values such as family loyalty, honour, and community reputation may discourage open acknowledgment of abuse. Victims may fear shaming their families, being ostracised, or damaging their standing within the community.



34. These pressures are often compounded by a lack of culturally safe and linguistically accessible support services. Without trusted, culturally competent pathways for disclosure, victims may feel they have no safe way to seek assistance. Effective responses must include collaboration with community leaders, culturally appropriate education campaigns, and support services that understand and respect cultural norms, beliefs, and expectations.

Practical and Logistic Issues

35. Practical challenges also play a major role. Limited mobility, financial dependency, and lack of transport can make it physically difficult for older people to access help. Many fear losing essential support – such as housing, caregiving, or medical assistance – if they report a family member. This dependence can create a powerful deterrent to taking action, even when abuse is acknowledged.
36. A general lack of awareness about available services also contributes to underreporting. Even when victims know help exists, cognitive impairments or language barriers can hinder their ability to engage with support networks. Overcoming these obstacles requires services to be accessible, clearly communicated, and designed with the needs of older people in mind. Financial assistance, targeted outreach, and user-friendly information are essential components of a truly responsive system.

Institutional Fear

37. Many older people fear that disclosing abuse will lead to forced institutionalisation. Concerns about being placed in residential aged care – losing autonomy, freedom, and familiarity – can deter victims from seeking help. These fears are often fuelled by negative past experiences or community perceptions of aged care facilities as isolating or unsafe.
38. Victims may also worry about being separated from their homes, communities, or pets. The fear of a diminished quality of life often outweighs the desire to report abuse. Addressing these fears requires providing clear information about options, safeguarding autonomy wherever possible, and ensuring access to safe, flexible support arrangements, such as in-home care or transitional housing.



Systemic Distrust

39. Systemic distrust of authorities is a significant barrier, particularly for people from CALD and Aboriginal and Torres Strait Islander backgrounds. Historical injustices, discrimination, and institutional mistreatment have left many older people sceptical about engaging with police, government services, or legal systems. For some, past experiences of not being believed – or being harmed by the very systems meant to protect – create a reluctance to report abuse.
40. Rebuilding trust requires meaningful engagement. Services must be culturally safe, consistent, and responsive. This includes employing culturally diverse staff, engaging respectfully with communities, and being transparent about rights, processes, and outcomes. Building long-term relationships and showing reliability over time can empower older people to seek help and trust that they will be heard and supported.



KEY GAPS IN OUR CURRENT SYSTEM

41. Effectively addressing elder abuse requires a clear understanding of the systemic barriers that continue to impede prevention, identification, and intervention. Despite growing awareness and increased reporting, critical shortcomings persist across Queensland's adult safeguarding infrastructure. These gaps are evident in legal frameworks, guardianship mechanisms, service coordination, housing pathways, and aged care responses.

Adult Guardianship and Legal Frameworks

42. A key limitation lies in Queensland's guardianship system. While designed to protect adults with impaired capacity, existing mechanisms have limited authority to intervene in cases where the older person retains legal capacity. This creates a significant protection gap for individuals who are cognitively capable but nonetheless subject to coercion, manipulation, or financial abuse.
43. Oversight of Enduring Powers of Attorney (EPOAs) remains inadequate. While EPOAs are intended to safeguard older individuals by enabling trusted decision-makers to act on their behalf, a lack of mandatory registration, routine auditing, and real-time oversight creates opportunities for serious misuse. Financial abuse perpetrated by attorneys – often family members – is one of the most frequently reported forms of elder abuse. Common examples include unauthorised withdrawals, the sale of assets – often below market value, or the diversion of funds for personal use. In many cases, misuse remains undetected until significant harm has occurred, as few older people have the capacity or confidence to challenge an attorney's actions. Strengthening accountability through mechanisms such as mandatory registration, transaction monitoring, and periodic review is urgently needed to reduce exploitation and support earlier intervention.
44. Domestic Violence Protection Orders (DVPOs), though legally available, remain significantly underutilised in elder abuse contexts. Misconceptions about their applicability to non-intimate relationships, procedural complexity, and limited awareness among older people, police, and support services contribute to low uptake. As a result, older people are often left without the protection these orders can provide.



45. Broader criminal justice responses to elder abuse are also limited. In many cases, prosecution is rare, penalties are lenient, and crimes against older people are deprioritised. Barriers include the evidentiary challenges of proving abuse in familial contexts, victims' reluctance to testify, and the absence of specialist elder abuse training within the judiciary and legal profession. These systemic weaknesses diminish both deterrence and access to justice.

Service Coordination and Response

46. Elder abuse is a multifaceted issue requiring multi-agency collaboration. Yet Queensland's response remains fragmented. Health, legal, housing, aged care, and social services frequently operate in silos, leaving victims to navigate a complex and disconnected system.
47. One major weakness is the lack of clear referral pathways between service providers. Many frontline workers report uncertainty about where to escalate concerns, resulting in inconsistent responses, delays, or no intervention at all. Without formalised protocols and information-sharing frameworks, older people face a patchwork of support that varies widely depending on location and provider capacity.
48. Compounding this issue is the limited training requirements for frontline personnel. Many healthcare workers, police, and social workers have not received specific education on identifying and responding to elder abuse. Without this training, subtle signs of abuse, such as withdrawn behaviour, inconsistent financial decisions, or sudden changes in care needs, may be missed entirely. Early detection and appropriate referral depend on well-informed and confident practitioners across all sectors.
49. At Centacare, all frontline staff, including support workers, case managers, and service leaders, receive targeted training to identify the signs of elder abuse across its various forms. This includes recognising behavioural changes, inconsistencies in home conditions, signs of coercion, and unexplained shifts in financial or health circumstances.



50. Staff are also required to document their observations through detailed progress notes after every visit, with any concerns escalated via a formal Client Concern form. These reports trigger internal alerts through Centacare's Guardian system, enabling service leaders and regional managers to track changes over time, flag recurring patterns, and intervene early. Where appropriate, clients are placed on a risk register and monitored more closely. This layered, proactive approach exemplifies a best practice model of safeguarding in community settings. It supports timely referrals, informed care planning, and collaborative risk management. Importantly, it ensures that even subtle or emerging concerns are identified and addressed – reinforcing the vital role of frontline staff in protecting older clients from harm and strengthening Centacare's ability to uphold their safety and autonomy.

Housing and Accommodation

51. Safe, stable housing is a cornerstone of effective elder abuse intervention. Yet Queensland lacks dedicated emergency and transitional accommodation options that meet the unique needs of older people. Most domestic violence shelters are not equipped for frail individuals or those with complex medical needs. As a result, older abuse victims are often left with no safe alternative.

52. Many elderly people experiencing abuse are financially dependent on their abuser for accommodation. This dependency creates a strong disincentive to report or leave, particularly where victims fear homelessness or institutionalisation. Without viable housing pathways, victims remain trapped in environments of harm.

53. Longer-term housing options are also severely limited. There is a chronic shortage of affordable, secure, and age-appropriate housing across Queensland. This lack of options increases the risk of abuse, particularly for older people already facing social and economic disadvantages. The absence of appropriate housing undermines the broader protective system and weakens opportunities for long-term recovery and independence.



54. Centacare is actively working to address these housing gaps through tailored accommodation initiatives designed to support older people at risk. In Hervey Bay, Centacare operates an Emergency Housing Program that provides crisis accommodation using a supported share-house model. This arrangement offers a safe, stable environment for older individuals – particularly those experiencing financial hardship or family breakdown – while longer-term housing solutions are pursued. A similar initiative has recently begun in Beaudesert, where Centacare has established a purpose-designed share housing to support older people, including women leaving abusive situations.
55. These programs not only provide shelter but also wraparound support to help individuals stabilise and plan for the future. However, these are not long-term solutions; they are vital stopgaps, bridging an urgent gap in the system. As a society, we must commit to developing more sustainable, affordable, and age-appropriate housing options so that older people are not forced to choose between abuse and homelessness.



INSIGHTS FROM CENTACARE'S DIRECT EXPERIENCE

56. Centacare's substantial direct experience – drawn from support worker progress reports, detailed case studies, and interviews with senior managers – offers critical insight into elder abuse dynamics and effective frontline interventions. Our programs range from in-home support to emergency housing, revealing patterns of neglect, financial exploitation, coercive control, and third-party abuse that inform best-practice responses.
57. Progress reports often reveal early signs of pseudo-carer neglect, such as soiled bedding, unaddressed falls, or household disarray. Case reviews include examples of a client left on the floor for hours by an overwhelmed son, grocery lists manipulated to prioritise a child's preferences over the elder's needs, and mobile hairdressers exploiting clients with dementia to make unauthorised purchases.
58. A predominant observation from Centacare's work is that many elderly victims endure abuse silently due to deep-seated feelings of shame, embarrassment, or guilt. Older adults may internalise blame, particularly when the abuser is a close family member. These emotions are often reinforced by stigma and misconceptions about victimisation, leading to chronic underreporting and prolonged suffering. Many fear that speaking out will fracture family relationships or result in isolation.
59. Dependency further compounds the reluctance to report abuse. Many older adults rely on their abuser for essential needs such as housing, transport, financial support, or daily care. This reliance can create fear of abandonment, retaliation, or loss of critical support. Centacare's experience shows that both emotional and practical dependency significantly limit an individual's capacity to seek help or exit an abusive situation.



60. In some cases, abuse stems not from malice but from unrelieved carer stress. Family members caring for high-needs relatives without adequate support may become overwhelmed, leading to neglect, verbal aggression, or control-based behaviours. Centacare has observed that access to respite services, carer support, and crisis planning can help prevent these situations from escalating into abuse. Prevention must involve supporting carers as well as protecting care recipients.
61. Centacare also emphasises the critical role of community vigilance and early intervention. Many older people will not self-report. Abuse is often first identified by those in the community – support workers, neighbours, volunteers, or GPs – who notice changes in mood, appearance, behaviour, or routines. Timely, informed responses from these individuals can prevent escalation and connect victims with protective mechanisms and support services.
62. Within the Archdiocese and Centacare, abuse is most often brought to light by trusted figures in daily life. These include parish volunteers, financial counsellors, and home care staff. In one case, a parish volunteer named Gladys noticed behavioural and financial changes in an elderly parishioner. Her concerns led to a referral that ultimately prevented further harm, underscoring the role of ordinary community members in safeguarding older people.
63. Recognising this, Centacare invests in education and community engagement to build awareness and prevention capacity. Through workshops, outreach initiatives, and targeted educational programs, we help communities recognise the signs of elder abuse, understand reporting barriers, and know how to respond effectively. These efforts challenge stigma, dispel myths, and equip individuals with the confidence and tools to act.
64. Our experience further highlights the devastating impact of emotional and financial abuse. Emotional abuse—such as threats, humiliation, or enforced isolation—undermines mental health and independence, often leading to depression, anxiety, or withdrawal. Victims may lose confidence, cease participating in community life, or become increasingly reliant on their abuser.



65. Financial abuse causes equally profound harm. Victims may have their savings drained, assets misused, or legal documents manipulated. Abuse often occurs through misused Enduring Powers of Attorney or coercive family arrangements. These actions strip older people of both financial security and personal autonomy—and, when paired with emotional manipulation, create deeply entrenched harm.
66. Centacare also encounters significant complexity in guardianship and family agreements. Legal mechanisms intended to protect older adults—such as substitute decision-making arrangements—can be exploited when safeguards are lacking. Informal family care agreements, while often well-intentioned, can become vehicles for control or abuse in the absence of clear, enforceable terms.
67. Caregiver stress remains a consistent underlying factor in many cases of unintentional abuse or neglect. Centacare's frontline teams repeatedly observe situations where carers are unsupported, fatigued, or under financial strain. When carer needs go unmet, the risk to care recipients increases. Addressing elder abuse, therefore, requires a dual focus: supporting older adults and investing in the wellbeing of their informal carers.
68. In summary, Centacare's direct experience reveals the multifaceted nature of elder abuse and the importance of recognising intersecting risk factors—emotional, financial, relational, and systemic. By promoting early intervention, community engagement, carer support, and culturally responsive care, Centacare continues to play a critical role in safeguarding vulnerable older Queenslanders and advocating for a more responsive and coordinated protection system.



MORAL AND ETHICAL RESPONSIBILITY

69. Addressing elder abuse is not only a matter of legal reform or service delivery. It is a moral and ethical responsibility rooted in the recognition of each person's inherent dignity and our collective duty to protect the vulnerable. This imperative resonates deeply with Catholic social teaching, which calls on individuals and institutions to uphold justice, compassion and solidarity, especially for those at risk of marginalisation.
70. Catholic teaching affirms the dignity of every human being, regardless of age, health or ability. From this perspective, elder abuse is not simply a social issue but a serious violation of moral and ethical values. Protecting older people from abuse is a tangible expression of our shared responsibility to honour the wisdom, experience and contribution of those who came before us. Ensuring their safety and wellbeing is a fundamental measure of our humanity.
71. Pope Francis has spoken powerfully about the dangers of a "throwaway culture" that discards people once they are no longer seen as productive or useful. He reminds us that such attitudes foster neglect and exploitation and that older people should be seen not as burdens but as vital members of our communities. They are carriers of memory, insight and lived experience. His message urges society to embrace a culture of care where older people are protected and honoured, not dismissed or ignored.
72. This vision is deeply reflected in many Indigenous cultures, including among Aboriginal and Torres Strait Islander peoples, where Elders are revered as custodians of wisdom, knowledge and cultural continuity. Through storytelling, song and ceremony, older generations pass on identity, history and values to younger ones. In these traditions, to grow old is to grow into responsibility, and to be an Elder is to be entrusted with the heart of the community.



73. Contemporary Australian programs such as the ABC's Old People's Home for 4 Year Olds have also highlighted the transformative power of intergenerational connection. The joy, learning and emotional growth witnessed between children and older adults in these programs remind us how much can be gained when we listen to and learn from older generations. These examples show that older people are not only recipients of care but also active contributors to the emotional and social richness of our communities.
74. These teachings remind us that confronting elder abuse is not only a matter of improving laws and services. It also requires a cultural transformation that challenges ageism, rejects indifference, and fosters genuine intergenerational solidarity. This involves cultivating empathy and mutual respect between generations and recognising that older people continue to shape our communities through their stories, relationships and perspectives.
75. For many Centacare staff, working with older people is not just meaningful – it is a privilege. Support workers often speak of the quiet joy of listening to client's life stories and learning from their resilience, humour and insight. These moments are not transactional; they are relational. They reveal a truth that society too often forgets: older people have much to teach us. Yet, in many spheres of life, they are cast aside as irrelevant or inconvenient. This tendency to devalue older people feeds a culture in which abuse can be overlooked or excused. If we want to prevent elder abuse, we must start by restoring a culture of reverence and inclusion.
76. Creating that culture requires practical action. It means embedding the values of dignity and respect into aged care policy, workforce training, public campaigns and community initiatives. It means designing systems that do not merely manage risk but actively affirm the worth of older people. It means ensuring that safeguarding frameworks are not only reactive but grounded in the belief that every person deserves to live free from harm, connected to others and recognised for who they are.



77. In summary, elder abuse is not only a legal or social issue, but a moral one. As Pope Francis and Catholic social teaching make clear, the measure of a just society lies in how it treats its most vulnerable members. By committing to a culture that values ageing, promotes intergenerational connection, and respects the inherent dignity of every person, we can help build communities where older people are not only protected, but truly honoured.



RECOMMENDATIONS

78. To comprehensively address elder abuse, coordinated and multifaceted reforms are required. These recommendations outline critical improvements across legal frameworks, guardianship systems, healthcare, housing and accommodation, and service coordination.

Legal and Guardianship Reforms

Establish an Adult Safeguarding Agency

79. A dedicated, independent Adult Safeguarding Agency should be established to oversee elder abuse cases. This agency must possess robust investigative and intervention powers and operate independently to ensure impartial and effective responses, regardless of an older person's cognitive or decision-making capacity. The model should draw on child protection frameworks, enabling proactive investigation and intervention even when a person retains legal capacity.
80. With appropriate consent safeguards, the agency should be empowered to investigate reports of abuse, coordinate with health and legal systems, and provide tailored interventions. A central authority for adult safeguarding would significantly enhance coordination, responsiveness, and accountability.
81. Queensland should also consider empowering the Office of the Public Guardian (OPG) to investigate elder abuse where the person retains decision-making capacity, provided there is consent or serious concern for safety. Currently, the OPG is limited to cases involving impaired capacity, which excludes many vulnerable but competent older adults. A consent-based model would enable intervention without undermining autonomy, similar to approaches already adopted in New South Wales.⁹

⁹ The NSW Ageing and Disability Commission (ADC), established in 2019, is an independent statutory agency with powers to investigate abuse, neglect, and exploitation of older people and adults with disability in home and community settings. It can act without the individual's consent where serious harm is suspected and operates independently of service providers and government departments. The Commission fills a distinct safeguarding role that complements but is separate from police and guardianship responses. Queensland could consider a similar model to enable earlier intervention even where the older person



Strengthen Enduring Powers of Attorney Protections

82. A publicly accessible, statewide register of Enduring Powers of Attorney (EPOA) should be established with secure privacy safeguards. This would enable financial institutions, regulators, and concerned family members to verify an attorney's authority and monitor significant transactions. Attorneys should be required to lodge statements for high-value transactions (e.g. property transfers over \$10,000), with oversight by the Office of the Public Guardian.
83. Another growing area of concern is the misuse of informal family agreements. These often involve older people transferring property, moving in with adult children, or contributing financially to shared households based on verbal promises of care or future inheritance. When these arrangements break down, older people may face eviction, isolation, or neglect without any legal recourse. Centacare has encountered cases where older clients have paid rent, covered utility bills, or funded home modifications with the expectation of support or security, only to be left vulnerable when relationships deteriorate or caregiving responsibilities cease. To prevent exploitation masked as cooperation, Queensland should promote the use of formalised family agreements that are underpinned by legal advice, written terms, and access to dispute resolution mechanisms. To ensure equity and accessibility, government-funded legal support should be made available to assist low-income older people in drafting and reviewing these agreements, particularly where property or significant financial contributions are involved.
84. When relationships deteriorate or caregiving stops, these older adults are left vulnerable, with no written agreement to protect their interests. Queensland should promote the use of formalised family agreements supported by legal advice and clear dispute resolution pathways to prevent exploitation masked as cooperation.

retains decision-making capacity. See NSW Ageing and Disability Commission, Who We Are (Web Page, 2024) <https://ageingdisabilitycommission.nsw.gov.au/about-us/who-we-are.html>.



85. While civil remedies are available through the Queensland Civil and Administrative Tribunal, many older people are unaware of these options or unable to navigate them. Legal complexity, cognitive impairment, and emotional reluctance to act against loved ones create additional barriers.
86. Queensland should streamline tribunal processes, strengthen safeguards around major transactions, and invest in public education to prevent misuse and unintentional breaches of duty. Reforms should also strengthen witnessing requirements, including mandatory signing of a declaration of duties by attorneys in the presence of the principal, as recommended by the Australian Law Reform Commission.¹⁰

Enhance Domestic Violence and Criminal Justice Responses

87. Despite being legally eligible, many older people do not seek DVPOs against family members due to emotional ties, stigma, or misconceptions. Some mistakenly believe these orders apply only to younger women escaping intimate partner violence. Legal aid and court support services should actively promote that elder abuse qualifies for protection orders.
88. Elder abuse must be explicitly recognised and integrated into domestic violence and criminal justice frameworks. Domestic Violence Protection Orders (DVPOs) should be actively promoted as suitable tools for protecting older victims, with increased awareness among both professionals and the public.
89. Tailored training for police, magistrates, and court staff is essential. This should include education on coercive control by adult children, power imbalances within families, and appropriate support strategies. A statewide public education campaign should clarify that DVPOs are available against abusive sons, daughters, carers, and other relatives—not only spouses or partners.

¹⁰ Australian Law Reform Commission, *Elder Abuse—A National Legal Response* (Report No 131, May 2017) 152–3 [5.55].



90. Elder abuse should also be explicitly recognised as an aggravating factor in criminal sentencing. Doing so would ensure judicial outcomes better reflect the seriousness of the harm caused, provide stronger deterrence, and affirm the rights of older people to equal protection under the law.

Expand and Strengthen Seniors Legal and Support Services (SLASS)

91. To meet the complexity and severity of elder abuse cases, significant investment is needed to expand and enhance Seniors Legal and Support Services (SLASS). These services offer free, expert legal advice and wraparound social support for older people facing abuse. Additional funding must ensure statewide availability, particularly in rural, regional, and remote areas.
92. In many remote communities, no specialist elder abuse services are available. This creates inequity based on location. SLASS must be resourced to deliver mobile outreach, partner with Indigenous and multicultural organisations, and offer virtual access to legal and social workers. Every Queenslanders deserves equal protection – regardless of postcode.
93. Strengthening SLASS involves not only expanding geographic coverage but also improving service capacity and capability. Adequate resources should be allocated to enhance staff training, community outreach, and proactive victim support services.
94. By ensuring robust and readily accessible legal and support services, victims will be better equipped and empowered to navigate complex legal systems, secure protective interventions, and achieve meaningful resolutions to their situations.

Review and Improve Guardianship Processes

95. Guardianship is a critical last-resort protection tool for people who lack capacity, but current systems often lack speed, clarity, and community confidence—especially in urgent abuse scenarios. A full review of guardianship processes is urgently needed.



96. Emergency responses must be faster and more consistent. Clear criteria and streamlined procedures should allow the swift appointment of emergency guardians where abuse is suspected while maintaining safeguards and due process.
97. Stronger oversight is also essential. Guardians and administrators should be subject to regular financial audits and public accountability measures. Transparent reporting and clear standards for decision-making will help prevent misuse and build trust in the system.
98. Guardianship agencies should also be accountable to the broader community. Queensland should expand its use of case review panels to include deaths or serious harm resulting from elder abuse or neglect. Similar to child death reviews, these panels can identify system failures and drive continuous improvement.
99. Strengthening guardianship protections will better safeguard the rights, dignity, and safety of older Queenslanders in situations where capacity is compromised and independent advocacy is essential.

Aged Care and Healthcare System Improvements

Mandatory Elder Abuse Training and Screening

100. All health and aged care professionals must receive comprehensive, mandatory training in the detection and response to elder abuse. This training should cover the full spectrum of abuse types, risk indicators, contributing factors, and referral pathways. Building a confident and well-prepared workforce will improve early identification and intervention, reduce harm, and strengthen overall service responsiveness. Training programs must also reflect trauma-informed care principles and cultural safety standards, aligning with national best-practice frameworks.



101. A trauma-informed approach requires staff to recognise that signs such as confusion, memory gaps, agitation or emotional withdrawal may be trauma responses rather than cognitive decline. Professionals should allow elders to speak at their own pace, avoid judgmental language, and create safe, empowering environments. Continuity of care is critical—this includes maintaining consistent caseworkers, providing counselling support, and avoiding repeated retelling of traumatic events. Culturally safe practice is equally vital. Services should adapt to the elder’s language, cultural beliefs and social norms, including the use of Indigenous liaison officers and translated legal resources. These practices are already embedded in Centacare’s model and should be adopted statewide.
102. Training should also include the use of structured documentation and reporting processes that support the early identification and escalation of suspected abuse. These systems should be developed in partnership with providers to ensure they are practical, fit for purpose, and integrated into existing workflows. Frontline staff should be supported to record observations consistently, flag patterns of concern, and contribute to internal risk monitoring where appropriate. Embedding these practices into day-to-day service delivery will improve information flow, support timely intervention, and ensure that emerging concerns are not missed.
103. In parallel with training, standardised elder abuse screening protocols should be implemented across hospitals, GP clinics, and aged care services. Structured assessments should occur during initial intake, routine health checks, and following significant health or behavioural changes. Systematic screening enables timely identification of abuse risk and allows professionals to act swiftly through referral or protective interventions.

Strengthened Oversight and Mandatory Reporting

104. Mandatory reporting obligations should be extended across all aged care settings, including residential and home-based care. Current practices vary between jurisdictions and providers, resulting in gaps in accountability. A clear, uniform legal framework is needed to mandate that healthcare workers, carers and aged care staff report suspected or confirmed elder abuse to designated protective agencies.



105. Older people in aged care settings should have access to independent advocacy services, particularly where they may be isolated, have limited capacity, or experience difficulty raising concerns. These services play a critical role in supporting residents' rights and ensuring their voices are heard in care planning and complaints processes. Strengthening access to independent advocates—especially in under-served regions—and raising awareness among clients and families about their availability should be a priority. Such advocacy must complement, rather than duplicate, existing provider-based safeguarding mechanisms and be delivered in ways that build trust and promote collaboration.

Integrated Healthcare and Aged Care Responses

106. Effective intervention in elder abuse cases requires seamless coordination and clear referral pathways between healthcare services, aged care providers, and protective agencies. Currently, fragmentation and limited communication among these entities significantly impede timely and effective responses. Establishing integrated response frameworks and clearly defined referral protocols is necessary to address these gaps comprehensively.

107. Home care workers are often the only regular visitors to an older person's home and play a vital role in recognising potential signs of abuse, particularly where family dynamics are involved. To support this frontline role, government should work in partnership with providers to develop best-practice elder abuse response policies, workforce training resources, and referral guidance. This collaborative approach would strengthen early detection without placing undue administrative burden on providers and would ensure the sector is resourced and supported to respond effectively to client safeguarding concerns.



Housing and Accommodation Initiatives

Dedicated Emergency and Transitional Housing

108. The lack of appropriate emergency housing presents a significant barrier for older people seeking to escape abusive situations. Many traditional domestic violence shelters or temporary accommodation facilities are not equipped to meet the specific needs of older individuals, such as mobility requirements, access to healthcare, or trauma-informed and age-appropriate support. There is an urgent need to develop dedicated, age-friendly emergency shelters and transitional housing options designed explicitly for older victims of abuse.
109. These specialised facilities should include wheelchair accessibility, assistive technologies, access to health and support services, and staff trained in elder abuse response. Examples include Centacare's Hervey Bay share-house model, which provides communal living with wraparound support, and Centacare's new women's emergency refuge in Beaudesert. Such age-friendly designs offer safe exits from abusive environments and smoother transitions to longer-term housing stability.

Prioritisation in Social Housing

110. Public housing allocation policies must explicitly prioritise older people experiencing abuse. Current frameworks often lack clear prioritisation criteria for elder abuse cases, resulting in delays that expose victims to prolonged risk.¹¹ Introducing a dedicated priority category within social housing systems would ensure timely, appropriate responses to the housing needs of older abuse victims.

¹¹ While older people are considered a special needs group in housing allocations, there is an absence of explicit prioritisation for elder abuse cases. This gap in policy can lead to delays in securing safe housing for victims, thereby prolonging their exposure to abusive environments.



111. This policy initiative should include streamlined application processes and fast-tracked placement mechanisms, minimising the time victims remain in unsafe environments. Recognising elder abuse as a housing priority sends a clear signal that safety, stability, and dignity for older people are fundamental public responsibilities.

Innovative Long-Term Housing Solutions

112. While emergency and transitional housing meet immediate needs, long-term housing options are essential for older people recovering from abuse and seeking safe, stable, and independent living environments. Innovative models such as *Homeshare*, Abbeyfield housing, and other collaborative senior living arrangements should be actively explored and expanded in Queensland.
113. Homeshare programs match older homeowners with individuals seeking affordable accommodation, creating mutually beneficial arrangements that combine companionship, shared household responsibilities, and improved community connection. Abbeyfield Housing, which currently operates in other states but not Queensland, provides small, community-based homes where older people live independently with access to shared spaces and informal social support. This model has proven effective in reducing isolation and maintaining autonomy, particularly for those who may not need formal aged care but are at risk of social isolation and vulnerability.
114. The Queensland Government should work with community housing providers, not-for-profit organisations, and local councils to establish similar models in Queensland. This includes supporting the development of small-scale, age-friendly housing such as communal living, co-housing, and supported independent units. These initiatives should be backed by funding, public awareness campaigns, and planning incentives to expand the range of housing options available to older people. It is also important that housing models offer flexibility and uphold personal choice. While some older people may value shared living and social connection, others may prefer smaller, more private arrangements that preserve autonomy. Offering a variety of long-term housing options will help reduce the risk of re-abuse, isolation, and premature entry into residential care.



Housing Advocacy and Practical Support

115. Older abuse victims often face complex barriers when navigating housing systems, applying for public housing, and organising relocation. Many experience confusion, mobility limitations, or a lack of digital access, all of which hinder timely access to safe accommodation. Dedicated housing advocacy and relocation support services should be established and properly funded to assist older people throughout the transition process.
116. These services should include trained housing advocates who can identify suitable housing options, assist with applications, connect clients to financial supports, manage logistics, and provide emotional and practical support throughout the move. Personalised, one-on-one assistance significantly reduces stress and ensures older people can relocate safely, confidently, and with dignity.

Service Coordination and Community Engagement

Establish Regional Elder Abuse Coordination Teams

117. Establishing multidisciplinary regional elder abuse coordination teams is critical to managing complex cases through integrated, collaborative approaches. We recommend formalising such teams in every Hospital and Health Service region, drawing participation from health services, police, aged care assessors, guardianship bodies, legal aid, and community agencies. These teams should meet regularly to review high-risk cases, share information via secure portals, and deploy rapid joint responses such as emergency guardianship, Domestic Violence Protection Order (DVPO) applications, or crisis housing referrals.
118. These teams should follow a model similar to existing high-risk domestic violence teams, holding monthly case conferences with clear membership and protocols. Warm referrals, joint action plans, and shared information agreements are essential. While some regions have informal elder abuse networks, these should be formalised and consistently resourced statewide.



119. Regular coordination meetings will streamline interventions, reduce duplication, and ensure that no agency works in isolation. Establishing formal communication protocols and referral pathways will strengthen the timeliness, effectiveness, and consistency of elder abuse responses.
120. Effective coordination also depends on consistent referral guidance across all services. GPs, police, social workers, and community organisations should be supported to identify abuse, respond sensitively, and refer cases appropriately. Currently, the system relies too heavily on individual initiative and professional goodwill. Queensland should develop formal interagency protocols for elder abuse, drawing on successful domestic violence models, including warm referral procedures and privacy-safe information-sharing agreements.

Public Awareness and Community Education

121. A statewide, culturally inclusive public awareness campaign is essential for increasing recognition of elder abuse and encouraging community involvement. These campaigns should use a variety of media platforms, including television, radio, print, and digital formats, to raise awareness of the warning signs, reporting pathways, and available support services. Messaging should also aim to challenge age-based stereotypes, reduce stigma, and promote respect for older people as valued and active members of society.
122. Public awareness efforts should be supported by locally delivered education programs that reflect the needs and values of different communities. These initiatives are most effective when delivered in trusted community settings such as libraries, neighbourhood centres, places of worship, and cultural organisations. Local leaders, including Elders, multicultural workers, and other respected community figures, can play an important role in facilitating these sessions. Programs should be co-designed with Aboriginal and Torres Strait Islander and culturally and linguistically diverse communities to ensure cultural relevance and accessibility. Education approaches that involve storytelling or peer-to-peer learning can be highly effective when backed by appropriate training, funding, and long-term support.



Youth and School-Based Elder Respect Education

123. Embedding elder respect and intergenerational solidarity into school curricula is a proactive strategy for long-term cultural change. Educational programs should highlight the value of older people, challenge age-based stereotypes, and promote empathy, inclusion, and mutual understanding between generations.
124. Interactive initiatives, such as community visits, shared storytelling projects, and joint service activities between schools and aged care or community centres, can create meaningful connections between young people and older adults. At Centacare's Aspley HUB, an intergenerational program with St Dymphna's School offers a clear example. In one session, Year 2 students and older clients shared stories, created reflections using both iPads and pen and paper, and exchanged Easter cards before finishing with a singalong. These encounters build mutual respect and lasting memories for both groups.
125. Supporting and expanding these types of programs – through schools, community organisations, and aged care services – can help shift social attitudes over time and reduce the risk of age-based discrimination and abuse. The Queensland Government should consider partnerships with schools, diocesan education networks, and community providers to embed intergenerational learning into education and wellbeing frameworks.

Family Mediation and Counselling Services

126. Family conflict and breakdowns in caregiving relationships are common contributors to elder abuse. Early access to family mediation and counselling can play a vital role in preventing abuse from escalating. Mediation provides a safe, structured space for family members to openly discuss concerns, explore care arrangements, and agree on sustainable solutions that prioritise the wellbeing and autonomy of older people.
127. Counselling should also be readily available to carers and older individuals experiencing stress, guilt, or relationship strain. Tailored therapeutic support can help reduce the risk of unintentional harm, support sustainable caregiving relationships, and promote healthier family dynamics.



128. Centacare delivers a range of family and relationship services that support this work, including individual counselling, family mediation, and conflict resolution programs. These services already assist older people and their families in navigating complex interpersonal challenges, particularly where care expectations, financial arrangements, or multigenerational living dynamics are involved. Strengthening and expanding access to services like these would help ensure more families receive the support they need before concerns escalate into abuse.



CONCLUSION

129. In conclusion, addressing elder abuse requires comprehensive, coordinated, and culturally responsive reforms across Queensland's legal, healthcare, housing, and social service sectors. The Archdiocese of Brisbane, guided by extensive frontline experiences through Centacare and deeply rooted in Catholic social teaching, emphasises that elder abuse is not merely a legal or social issue but is a profound moral and ethical crisis. =
130. Key gaps identified include inadequate oversight and regulation of legal frameworks, particularly Enduring Powers of Attorney, fragmented service coordination among health, social, and legal services, and insufficient age-appropriate emergency and long-term housing solutions. These shortcomings leave older individuals vulnerable to continued harm and exploitation, exacerbated by persistent barriers to reporting, including fear of retaliation, familial pressures, and cultural stigma.
131. Catholic tradition affirms our belief that every individual has inherent dignity and is created in the image and likeness of God. Pope Francis underscores this, stating: "The elderly are a wealth not to be ignored. It is essential to preserve our roots, our traditions, and our memories, for the elderly are those who transmit history and wisdom". Older people provide invaluable experience, insight, and moral guidance, from which younger generations can and must learn. Thus, elder abuse harms individuals and diminishes society by disrupting these critical intergenerational connections.
132. The Archdiocese of Brisbane's recommendations propose practical reforms aligned with these ethical principles, including establishing an independent Adult Safeguarding Agency, rigorous oversight of legal instruments such as Enduring Powers of Attorney, comprehensive improvements in housing specifically for older individuals, and mandatory elder abuse training for healthcare and aged care professionals. Further, promoting a cultural shift towards respect, inclusivity, and intergenerational solidarity is essential. Educational initiatives and public awareness campaigns should actively challenge ageist stereotypes, reduce stigma, and affirm older people as integral and respected community members.



133. Fundamentally, safeguarding older Queenslanders requires systemic change driven by compassion, respect, and an unwavering commitment to human dignity. The Archdiocese of Brisbane remains committed to collaborative engagement with government agencies, community organisations, healthcare providers, and communities to foster environments where older individuals are protected, honoured, and valued. We respectfully urge the Committee to adopt these recommendations as foundational steps toward meaningful reform and a society that genuinely respects and upholds the dignity and wellbeing of all older Queenslanders.

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