OPAN | Older Persons Advocacy Network

Submission to the Independent Expert on the enjoyment of all human rights by older persons

Call for input: Autonomy, participation and human dignity of older persons with cognitive impairment

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Opening position

The Older Persons Advocacy Network (OPAN) welcomes the opportunity to provide input to the Independent Expert on the enjoyment of all human rights by older persons on autonomy, participation and human dignity of older persons with cognitive impairment.

OPAN's position is that older people with cognitive impairment retain their full human rights, will, preferences, identity and personhood. Cognitive impairment may affect how a person communicates, processes information, makes decisions or participates in daily life. It does not diminish their rights to autonomy, dignity, privacy, relationships, cultural identity, self-determination, participation, care, support, liberty, security, access to justice, and protection from abuse and neglect.

OPAN urges the Independent Expert to affirm that autonomy, participation and dignity are not aspirational concepts for older people with cognitive impairment. They are human rights obligations that require States to design aged care, health care, disability, legal, housing and community systems around the person's will, preferences, identity, relationships, culture and communication needs.

The central policy question is not whether an older person has legal capacity in an abstract or fixed sense. Equal recognition before the law is affirmed in international human rights law. The practical question is what support, time, information, communication method, trusted relationships, independent advocacy and safeguards are required to enable the person's will and preferences to be identified, understood and respected.

Executive summary

Older people with cognitive impairment are too often treated as passive recipients of care rather than rights-holders. In aged care, health care, legal and community settings, assumptions about incapacity can result in older people being excluded from decisions about their own lives, denied meaningful participation, subjected to restrictive practices, or having their preferences overridden by systems, services, family members or substitute decision-makers. These practices are inconsistent with a human rights-based approach.

OPAN urges the Independent Expert to reject the false binary between autonomy and dependency. The notion of dependency can be used as though it is an objective fact located in the limitations of the individual. This deficit approach obscures the institutional, social and power relationships that often create or intensify dependency. Measures to address limitations on older persons' enjoyment of rights must therefore focus not only on impairment, but also on the systems, environments and relationships that restrict autonomy.

Many older people exercise autonomy through relationships, communication support, cultural obligations, advocacy, memory prompts, trusted supporters, advance planning and practical assistance. The need for support is not evidence of lost autonomy. It is the reason systems must be designed to uphold autonomy.

OPAN recommends that the Independent Expert affirm the following principles:

- Older people with cognitive impairment have the same human rights as all other people, including rights to autonomy, dignity, participation, privacy, liberty, security, health, care, housing, family and community life, culture, access to justice and non-discrimination.
- Cognitive impairment must not be used as a basis for exclusion from decision-making, informed consent, complaints processes, service design, legal recourse, civic participation, research, consultation or public policy.
- The starting point must be the presumption that older people retain legal capacity and decision-making ability. Where support is required, supported decision-making should be available as the default response rather than substitute decision-making becoming the fallback.
- Substitute decision-making is a contentious area under international human rights law. At a minimum, it must never become the routine, convenient or cost-saving response to cognitive impairment. Where it is used, it must be exceptional,

safeguarded, reviewable, time-limited where possible, and directed toward giving effect to the person's will and preferences. It must also respect a person's own decision to defer, abstain from, or appoint a trusted person to assist with decisions.

- Supported advance planning, including post-diagnostic dementia planning, should be strengthened so that people can project their will, preferences, values, identity, relationships and safeguards into the future.
- Aged care systems must be person-led and designed around the person's will, preferences, communication needs, culture, relationships, privacy and sources of meaning, rather than institutional convenience, risk avoidance or family preference.
- Restrictive practices, including physical, chemical, environmental and mechanical restraint and seclusion, pose serious risks to autonomy, dignity, liberty, bodily integrity, participation and the right to life. They must only ever be used as a last resort, in the least restrictive way, for the shortest possible time, with consent where possible, strong safeguards, oversight and review.
- Governments must collect better data and strengthen accountability mechanisms. People with cognitive impairment and their representative organisations must be involved in design, collection, interpretation and evaluation.

About OPAN

OPAN is the national peak body for individual aged care advocacy support in Australia. OPAN comprises a network of state and territory organisations that have delivered advocacy, information and education services to older people across Australia for more than 30 years. Our members are:

ACT	ACT Disability, Aged and Carer Advocacy Services	SA	Aged Rights Advocacy Service (ARAS)
NSW	Seniors Rights Service (SRS)	TAS	Advocacy Tasmania
NT	Darwin Community Legal Service	VIC	Elder Rights Australia (ERA)
NT	CatholicCare NT (Central Australia)	WA	Advocare
QLD	Aged and Disability Advocacy Australia (ADA Australia)		

OPAN receives funding from the Australian Government to deliver the National Aged Care Advocacy Program (NACAP). OPAN's free, independent and confidential services support older people and their supporters to understand and address issues related to Commonwealth-funded aged care services. OPAN provides a national voice for aged care advocacy and promotes excellence and national consistency in advocacy delivered under the NACAP.

In 2024-25, OPAN's network members provided 52,206 instances of information and advocacy support to older people, their families and other supporters, an increase of 18 percent on 2023-24. OPAN's recommendations in this submission are informed by this direct advocacy experience and by the insights of older people, their supporters and advocates across Australia.

OPAN is always on the side of the older person we are supporting. This independence is a key strength for individual advocacy and for systemic advocacy. OPAN works to amplify the voices of older people seeking and using aged care services and to build human rights into all aspects of aged care service delivery. OPAN also recognises the importance of consultation with older people, people with cognitive impairment, their

chosen supporters, advocates and representative organisations in the design, implementation and monitoring of law, policy and service systems.

International human rights framework

The rights of older people with cognitive impairment are protected across the international human rights framework. This includes the right to equality and non-discrimination, equal recognition before the law, liberty and security of person, freedom from violence, abuse and neglect, privacy, family and community life, health, participation, an adequate standard of living, culture, work, access to justice, and participation in public affairs.

The Convention on the Rights of Persons with Disabilities (CRPD) is particularly important. Article 12 requires equal recognition before the law and access to the support people they may require to exercise legal capacity. In practice, this means that a diagnosis of dementia or cognitive impairment must not be treated as a blanket finding that a person cannot make decisions, give consent, participate in proceedings, make a complaint, manage relationships, or determine what matters in their own life.

OPAN acknowledges the distinction between legal capacity and decision-making ability. Legal capacity is a human rights guarantee and must be recognised on an equal basis with others. Decision-making ability may vary depending on the decision, the context, the person's health, communication environment, time pressure, distress, available information and support. A rights-based system must respond to fluctuating or impaired decision-making ability by providing support and safeguards, not by removing the person from the decision.

The CRPD also requires States to closely consult with and actively involve people with disability, including through their representative organisations, in decisions that affect them. For older people with cognitive impairment this requires accessible and supported engagement methods, including supported conversations, visual information, Easy Read material, interpreters, culturally safe engagement, peer-led methods, trusted supporters were chosen by the person, and sufficient time.

Data collection is also a human rights issue. Article 31 of the CRPD requires appropriate information, including statistical and research data, to support implementation. People with cognitive impairment and their representative organisations should be involved in deciding what data is collected, how it is interpreted, and how it is used to improve rights protection.

Australian context: opportunity and implementation risk

Australia's rights-based aged care reforms provide an important opportunity to strengthen autonomy, dignity and participation for older people with cognitive impairment. The new Aged Care Act, including its Statement of Rights and supported decision-making framework, is an important development. However, rights-based reform will only be meaningful if it changes practice at the point where older people interact with assessors, providers, staff, family members, substitute decision-makers, complaints bodies and regulators.

Implementation must therefore be monitored by asking whether older people with cognitive impairment are actually being heard, supported, believed and protected. The test of reform is not just whether rights are named in legislation, but whether older people can exercise those rights across their interactions with aged care and other service delivery systems, including assessment, care planning, service delivery, complaints, transitions, relationships, behaviour support, end-of-life planning and everyday life.

Independent oversight is particularly important in institutional and closed or semi-closed settings where older people may be isolated, subject to restrictive practices, unable to leave freely, or dependent on the service provider for care, communication and access to complaints. OPAN encourages stronger independent inspection and preventive oversight of residential and institutional settings, including consideration of how Optional Protocol to the Convention against Torture (OPCAT)-style preventive

monitoring can better protect older people with cognitive impairment from ill-treatment, neglect, coercion and unnecessary restriction of liberty.

In Australia, residential aged care has been excluded from the OPCAT process, with consideration of its inclusion deferred until an unknown future time. People living with cognitive impairment who move into residential aged care may be segregated into dementia-specific care units, including locked units. This can prevent the person from interacting with other residents and participating in the broader community.

Segregation can mean that a person with cognitive impairment is not afforded the same opportunities, considerations or treatment as other people in residential aged care or the broader community. The continued use of locked units raises serious human rights concerns and should be subject to stronger oversight, safeguards and review.

Advice

1. Human rights concerns experienced by older people with cognitive impairment

Older people with cognitive impairment experience multiple and intersecting forms of discrimination. Ageism, ableism, dementia stigma, gender inequality, racism, poverty, language barriers, digital exclusion, social isolation and institutionalisation can combine to reduce autonomy and participation.

These risks are intensified by broader social assumptions that people with dementia are non-persons, persons only in the past, or people who can no longer know or express their current will, preferences and desires. A human rights approach requires a paradigm shift away from the medical and deficit models that locate the problem solely in the person, and toward systems that provide support, accommodation and respect for the person's continuing identity and agency.

In practice, older people with cognitive impairment may be:

- spoken about rather than spoken with;
- excluded from care planning, assessment, legal or complaints discussions;
- assumed to lack legal capacity or decision-making ability because of diagnosis, age or communication difficulty;
- denied opportunities to make ordinary choices or take ordinary life risks;
- prevented from maintaining relationships, routines, culture, spirituality or community connection;
- subjected to restrictive practices in the name of safety or behaviour management;
- denied access to complaints processes because they are not considered credible;
- placed in residential care or moved between services without adequate attention to their will and preferences;
- unable to access independent advocacy, legal support or supported communication;

- pressured by family, providers or systems to accept decisions that do not reflect their will and preferences;
- denied accessible information about rights, care options, fees, services, restrictive practices or complaints pathways.

These concerns are not only matters of service quality. They are human rights issues. They affect equal recognition before the law, liberty and security of person, freedom from violence, abuse and neglect, privacy, family life, health, access to justice, participation in cultural and community life, and the right to live with dignity.

2. Autonomy, legal capacity and supported decision-making

A diagnosis of dementia or cognitive impairment should never be treated as a blanket finding of incapacity. Legal capacity belongs to the person on an equal basis with others. Decision-making ability is decision-specific, context-specific and may fluctuate. The first response must be to provide support, not to remove the person from the decision.

Autonomy for older people with cognitive impairment must be understood as supported autonomy. A person may require assistance to understand information, compare options, communicate preferences, recall past wishes, manage risk, resist undue influence, or express decisions over time. This support should enhance the person's own decision-making authority, not replace it.

Supported decision-making requires practical changes in service systems. Information must be available in accessible formats. People must be given time to make decisions. Communication must be adapted to the person's needs. Trusted supporters should be involved where the person wants this. Providers should record the person's will and preferences and review them regularly. Staff should be trained to distinguish between cognitive impairment, communication barriers, distress, trauma, delirium, unmet need, undue influence and genuine refusal.

In aged care, supported decision-making should apply to decisions about assessment, care planning, daily routines, personal care, meals, medication, mobility, social participation, relationships, visitors, cultural practices, advance care planning, risk-taking, complaints, restrictive practices, and transitions between care settings.

OPAN also recognises that autonomy may include a person's decision to abstain from a decision, defer a decision, request assistance, or appoint a trusted person to support or act for them in particular circumstances. This should not be treated as the same as a system defaulting to substitute decision-making because it is administratively convenient. The person must remain the moral centre of the process.

3. Supported advance planning and dementia

Feedback from the OPAN Human Rights Advisory Group (HRAG) highlights the need for stronger post-diagnostic and supported advance planning pathways for people with dementia and other progressive cognitive conditions. Dementia is often treated as though it is only an end-stage condition. In reality, many people live for years with changing but continuing insight, self-awareness and the ability to express will, preferences and values when they are given time, support and respectful communication.

A rights-based approach should therefore support people as early as possible after diagnosis to document the matters that help them retain moral authority into the future. This may include their values, identity, relationships, cultural and spiritual preferences, financial safeguards, communication methods, preferred supporters, unacceptable risks, care preferences, behaviour support preferences, end-of-life wishes and circumstances in which they want others to pause, redirect or assist them.

OPAN encourages the Independent Expert to recognise supported advance planning as a core safeguard for autonomy. Advance planning should not be limited to clinical end-of-life choices. It should enable people to project their will and preferences into future care, support, financial, relationship, behaviour support and restrictive practice decisions. It should also be independent, accessible, culturally safe, trauma-informed, free from coercion and reviewable over time.

Advance planning must not be used to give providers blanket permission to restrict or control a person. Its purpose should be the opposite: to strengthen the person's own voice, reduce coercion, prevent abuse, minimise restrictive practices and provide clear guidance where future decision-making ability fluctuates or declines.

4. Participation, access to justice and inclusion

Participation has several distinct human rights dimensions. First, older people with cognitive impairment have the right to have their own personal choices respected in decisions directly affecting their rights, interests, body, care, home, relationships and daily life. This is stronger than merely being invited to participate in a process. It requires systems to identify and give effect to the person's will and preferences.

Second, where governments, tribunals, complaints bodies, providers or other authorities make decisions affecting an older person's individual rights or interests, the person must have access to fair, accessible and supported processes. This includes access to advocacy, supported communication, legal assistance, interpreters, reasons for decisions, review rights and protection from reprisal.

Third, older people with cognitive impairment have the right to participate in public policy, law reform, service design, research, monitoring and evaluation. Participation should not be limited to people who can engage in formal meetings, written consultations or digital processes. Governments and providers should actively involve older people with cognitive impairment and their representative organisations through inclusive, supported and accessible methods.

Fourth, participation includes everyday life. Older people with cognitive impairment should be supported to maintain relationships, social roles, cultural practices, spiritual life, community connection, hobbies, movement, outdoor access, work or volunteering where relevant, and ordinary routines. Aged care should not reduce a person's life to clinical tasks or risk management.

5. Human dignity, privacy and person-led care

Dignity requires more than respectful language. It requires systems that recognise the personhood, identity, privacy, rights and continuing agency of older people with cognitive impairment.

Dignity is undermined when care is rushed, task-based, infantilising, culturally or spiritually unsafe, overly restrictive or organised around institutional convenience. It is also undermined when older people are denied privacy, prevented from taking reasonable risks, overmedicated, ignored, isolated, restrained, or excluded from decisions because staff or family members believe they "know best".

OPAN supports person-led care. This means care and support should be guided by what the person chooses to share about their life, values, relationships, culture, routines, preferences, fears and sources of comfort. It should not require older people to trade their full life history, trauma history or private experiences for access to respectful care. Providers should know what they need to know to support the person safely and respectfully, but the older person must retain control over privacy and disclosure wherever possible.

A dignity-based approach also requires adequate staffing, training, leadership, supervision, environmental design and accountability. Without these conditions, rights-based language can be overwhelmed by task pressure, institutional routines and risk avoidance.

6. Restrictive practices

Restrictive practices are among the clearest threats to autonomy and dignity for older people with cognitive impairment. Physical restraint, chemical restraint, environmental restraint, mechanical restraint and seclusion can cause physical harm, psychological distress, loss of mobility, trauma, isolation and loss of trust.

OPAN encourages the Independent Expert to treat restrictive practices as a priority human rights concern. Restrictive practices are not simply clinical or behavioural management tools. They interfere with liberty, bodily integrity, freedom of movement, privacy, dignity, autonomy, participation and, in some circumstances, the right to life.

OPAN supports strong regulation to ensure restrictive practices are only used as a last resort, in the least restrictive form, for the shortest possible time, and only after alternatives have been attempted. However, regulation alone is not sufficient. Providers need workforce capability, staffing levels, clinical governance, environmental design, dementia expertise, behaviour support expertise and access to one-to-one support where required to prevent restrictive practices from being used as a substitute for person-led care.

Greater attention is needed to the reasons distress occurs, including pain, fear, infection, trauma, communication barriers, loneliness, sensory overload, boredom, cultural disconnection, unmet needs, medication effects, financial distress and environmental triggers. These should be addressed before behaviour is framed as a problem located within the person.

HRAG feedback also raises an important issue for progressive cognitive conditions: how people can be supported to plan in advance for foreseeable situations where distress, disinhibition, unsafe movement or altered behaviour may arise. OPAN recommends that governments explore independent, person-led, supported advance planning mechanisms for behaviour support and restrictive practices. These mechanisms should allow a person to express in advance how they wish to be supported to pause, redirect, remain safe, protect others, preserve relationships and maintain dignity if their future decision-making ability changes.

Any such mechanism would require strong safeguards. It must be independent, voluntary, specific, reviewable, free from coercion, based on the least restrictive alternative, and never used to authorise blanket restraint, provider convenience, cost saving or punitive control. Its purpose should be to keep the person's will and preferences at the centre, not to give systems greater power over them.

7. Advocacy, complaints and safeguards

Older people with cognitive impairment must have access to independent advocacy and accessible complaints pathways. Without these safeguards, rights may exist on paper but remain unavailable in practice.

Complaints systems must be designed for people who may have memory loss, communication difficulty, fear of reprisal, fluctuating decision-making ability or limited digital access. They should allow complaints to be made verbally, with support, through advocates, through trusted persons, or through proactive outreach. Systems should not rely only on written forms, online portals or formal processes.

Independent advocacy is particularly important where an older person has no family or trusted supporter, where there is conflict within families, where a substitute decision-maker may not be acting in accordance with the person's will and preferences, or

where the person is at risk of abuse, neglect, coercion, undue influence or financial exploitation.

Safeguards should also protect older people from being silenced by fear of reprisal. Older people with cognitive impairment, their supporters and advocates must be able to raise concerns without fear that care will be withdrawn, relationships with staff will deteriorate, or the person will be labelled difficult or non-compliant.

Aged care information, admission documents, contracts, consent forms, complaints systems, digital tools and restrictive practice processes must be designed for older people themselves, not only for family members, attorneys, guardians or provider administration. The known risks of financial elder abuse, inheritance impatience, coercion and undue influence make this essential.

8. From rights on paper to rights in practice

OPAN is concerned that older people with cognitive impairment can lose autonomy not only through formal legal orders, but through everyday service practices. Rights may be displaced when staff speak only to family members, when assessments are rushed, when complaints processes are inaccessible, when digital systems assume literacy and memory, when providers prioritise risk avoidance over preference, or when substitute decision-makers are treated as the primary client.

These practices may appear administrative or routine, but they can have profound human rights consequences. They can determine where a person lives, who they see, what care they receive, whether they can complain, whether they are restrained, whether they can access their own money, and whether their identity and preferences continue to shape their life.

For this reason, OPAN encourages the Independent Expert to focus not only on legislative recognition, but on implementation mechanisms. These include workforce training, provider accountability, accessible information, independent advocacy, complaints reform, inclusive policy design, supported advance planning, data collection, public reporting, independent inspection and regulatory oversight.

Recommendations to the Independent Expert

OPAN recommends that the Independent Expert call on States to:

1. Recognise older people with cognitive impairment as equal rights-holders before the law, with the same rights to autonomy, dignity, participation, care, support, privacy, access to justice and non-discrimination as all other people.
2. Reject diagnosis-based or age-based assumptions of incapacity and prohibit exclusion from decision-making, consent, complaints processes, care planning, legal recourse, civic participation, policy consultation, research or service design.
3. Recognise the distinction between legal capacity and decision-making ability, and require systems to respond to impaired or fluctuating decision-making ability through support, accommodation and safeguards.
4. Ensure supported decision-making is available whenever support is required, and prevent substitute decision-making from becoming the routine fallback across aged care, health care, disability, guardianship, legal and social support systems.
5. Ensure substitute decision-making, where used, is exceptional, safeguarded, monitored, reviewable and directed toward giving effect to the person's will and preferences, while respecting the person's own decision to defer, abstain or appoint a trusted person for particular decisions.
6. Fund independent, supported advance planning pathways after diagnosis of dementia or other progressive cognitive conditions, including planning for care, identity, communication, relationships, financial safeguards, behaviour support, restrictive practices and end-of-life preferences.
7. Require care systems to identify, document, review and act on the person's will, preferences, communication needs, cultural identity, relationships, privacy choices and sources of meaning.
8. Regulate and reduce restrictive practices, with the aim of eliminating them, including chemical restraint, and require public reporting, independent oversight and clear accountability for identifying and addressing underlying causes of distress.

9. Guarantee access to free, independent and confidential advocacy, supported communication, legal assistance, access to justice and accessible complaints mechanisms.
10. Fund inclusive participation methods so older people with cognitive impairment and their representative organisations can shape law, policy, service design, research, monitoring, data collection and evaluation.
11. Collect and publish disaggregated data on cognitive impairment, restrictive practices, complaints, advocacy access, decision-making arrangements, abuse, neglect, service outcomes and unmet need, with people with cognitive impairment involved in the design and interpretation of that data.
12. Strengthen independent inspection and preventive oversight of residential and institutional settings, including consideration of OPCAT-style monitoring to prevent ill-treatment, neglect, coercion and unnecessary restriction of liberty.
13. Actively and constructively engage in the work of the intergovernmental working group established by the UN Human Rights Council to elaborate a new legally binding instrument on the human rights of older persons, in order to reaffirm, strengthen and more effectively implement guarantees relevant to older persons with cognitive impairment.

Recommendations to the Australian Government

In the Australian context, OPAN recommends that the Australian Government:

1. Implement the rights-based Aged Care Act in a way that demonstrably changes practice for older people with cognitive impairment at assessment, care planning, service delivery, complaints, restrictive practices and transitions between care settings.
2. Recognise older people with cognitive impairment as rights-holders with equal rights to autonomy, dignity, participation, privacy, access to justice and non-discrimination.
3. Ensure supported decision-making is available whenever support is required and is not replaced in practice by provider convenience, family preference or risk avoidance.
4. Review substitute decision-making settings to ensure they are safeguarded, monitored, reviewable, directed toward the person's will and preferences, and compatible with supported advance planning.
5. Develop independent, supported post-diagnostic planning pathways for people with dementia, including planning for identity, communication, care, financial safeguards, behaviour support, restrictive practices and palliative or end-of-life preferences.
6. Require aged care providers to identify, document, review and act on the will, preferences, communication needs, cultural identity, relationships, privacy choices and sources of meaning of older people with cognitive impairment.
7. Strengthen regulation, monitoring, public reporting and independent oversight of restrictive practices in aged care, including chemical restraint, and require providers to identify and address underlying causes of distress.
8. Invest in workforce training on dementia, cognitive impairment, supported decision-making, communication, human rights, cultural safety, trauma-informed practice, privacy, financial abuse, undue influence and alternatives to restrictive practices.
9. Ensure older people with cognitive impairment have meaningful access to free, independent and confidential advocacy, supported communication, legal assistance and accessible complaints pathways.

10. Design aged care information, assessments, consent processes, contracts, complaints systems and digital tools to be accessible to people with cognitive impairment.
11. Include older people with cognitive impairment and their representative organisations in the design, implementation and evaluation of aged care, dementia, disability, health, housing and community policies.
12. Strengthen data collection and accountability to monitor whether the rights of older people with cognitive impairment are being respected in practice.

Conclusion

The autonomy, participation and dignity of older people with cognitive impairment must be actively protected and supported. Rights are not lost because a person develops dementia, experiences memory loss, communicates differently, or requires support with decision-making.

A human rights-based approach requires systems to adapt to the person, rather than requiring the person to fit systems that are inaccessible, risk-averse or institutionally convenient. Older people with cognitive impairment must be supported to remain authors of their own lives, connected to their communities, respected in their relationships, and protected from practices that diminish their dignity.

The Independent Expert's report provides an important opportunity to affirm that autonomy is not the absence of support. Autonomy is the right to receive the support needed to make choices, express preferences, participate meaningfully and live with dignity.

OPAN also encourages the Independent Expert to recognise this issue as further evidence of the need for a dedicated UN convention on the rights of older persons. Existing human rights instruments provide important protections, but older people with cognitive impairment continue to fall between ageing, disability, health, care and guardianship systems. A dedicated convention would help clarify State obligations to uphold autonomy, dignity, participation, legal capacity, care and support in older age.

The test of a rights-based system is whether older people with cognitive impairment remain visible, heard and respected when decisions are difficult, risks are present, communication is complex, and systems are under pressure.

Consulted Sources

- OPAN, Human Rights Advisory Group (HRAG)
- Australian Government Department of Health, Disability and Ageing, About the new rights-based Aged Care Act: https://www.health.gov.au/our-work/aged-care-act/about
- OPAN, New Aged Care Act: https://opan.org.au/new-aged-care-act/
- OPAN, NACAP Presenting Issues Report 2024-2025: https://opan.org.au/presenting-issues-2024-2025/
- Aged Care Quality and Safety Commission, Minimising restrictive practices: https://www.agedcarequality.gov.au/older-australians/safety-care/minimising-restrictive-practices
- Australia's Optional Protocol to the Convention against Torture (OPCAT) monitoring system https://www.ombudsman.gov.au/industry-and-agency-oversight/monitoring-places-of-detention-opcat
- United Nations Committee on the Rights of Persons with Disabilities, General Comment No. 1 on Article 12: Equal recognition before the law, CRPD/C/GC/1: https://digitallibrary.un.org/record/812024
- United Nations Committee on the Rights of Persons with Disabilities, General Comment No. 7 on participation through representative organisations, CRPD/C/GC/7: https://docs.un.org/en/CRPD/C/GC/7

OPAN | Older Persons Advocacy Network

OPAN member organisations by state or territory:

ADAAustralia Your Aged and Disability Advocates

ADACAS Advocacy

Advocacy Tasmania in your corner

Advocare Empowering older people in WA

aras Aged Rights Advocacy Service

CatholicCare NT

Darwin Community LEGAL SERVICE

ERA Elder Rights Australia Promoting the human rights of all older people

Seniors Rights Service

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