

**Submission
No 53**

**INQUIRY INTO SUPPORT FOR OLDER VICTORIANS FROM MIGRANT
AND REFUGEE BACKGROUNDS**

Organisation: North and West Metro Elder Abuse Prevention Networks

Date Received: 7 January 2022

Elder Abuse Prevention Network Northern and Western Metro



Merri Health
Healthcare that moves with you

**Submission from the North and West Metro
Elder Abuse Prevention Networks
December 2021**

Inquiry into Support for Older Victorians from Migrant and Refugee Backgrounds

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1. Executive Summary

The North and West Metro Elder Abuse Prevention Networks (EAPNs) welcome the opportunity to contribute to the Parliamentary Inquiry into Support for Older Victorians from Migrant and Refugee Backgrounds. This submission focuses exclusively upon the issue of elder abuse and related supports.

Elder abuse is an under-researched, under-reported and complex public health issue that has historically not been adequately addressed by policy and service system responses. The causes of elder abuse and the barriers to seeking support are considerably more complex, multifaceted and challenging for those from a migrant or refugee background. This is compounded by public health measures and relevant services being considerably less equipped to prevent and respond to elder abuse in this cohort in comparison with the broader senior population. A greater understanding of elder abuse experienced by this cohort and the implementation of effective prevention and service responses is a vital and pressing task.

This submission is based on the insights and ideas of staff members working within member organisations of the North and West Metro EAPNs who have direct experience in supporting people from a migrant or refugee background regarding elder abuse.

The submission includes contributions from:

Anglicare

Darebin City Council

Ethnic Communities' Council of Victoria

Merri Health

Moreland City Council

Western Health (Aged Care Assessment Service, and the Elder Abuse Liaison Officer)

Wyndham City Council

Contributing staff members emphasised the importance of a ‘multipronged’, long-term approach with sustained resourcing. Their suggestions broadly align with key priorities within the Council of Attorneys-General’s *National Plan to Respond to the Abuse of Older Australians (Elder Abuse) 2019–2023* (the National Plan) (1).

A summary of the recommendations within this submission is as follows:

Recommendation 1

For the Victorian government to direct long-term resourcing for anti-ageism campaigns that reflect cultural diversities and are also accessible to various language communities, to enable a sustained shift in community attitudes.

Recommendation 2

For the Victorian government to set ambitious long-term targets to further increase social housing supply to enable ongoing security of tenure for seniors experiencing socio-economic disadvantage, and to increase the supply of crisis accommodation for seniors fleeing elder abuse.

Recommendation 3

For the Victorian government to advocate to the Commonwealth to increase funding for the Assistance with Care and Housing program via My Aged Care, to enable seniors at risk of or experiencing homelessness to receive sufficient support.

Recommendation 4

For the Victorian government to advocate to the Commonwealth for increased informational promotion about My Aged Care and Carer Gateway in various community languages, and for these resources to be co-designed with applicable language speakers to ensure they are culturally relatable.

Recommendation 5

For the Victorian government to advocate to the Commonwealth for increased and sustained recruitment of and investment in bilingual aged care workers, including aged care service navigators.

Recommendation 6

For the Victorian government to invest in a sustained increase in the capacity of community transport providers, and also advocate to the Commonwealth for their recent funding increase to be sustained, to promote seniors developing or maintaining social networks.

Recommendation 7

For the Victorian government to fund an expansion of social prescription and similar programs, including within social service organisations that specifically support CALD communities, to support seniors to overcome barriers to developing social and community connections.

Recommendation 8

For the Victorian government to fund co-designed, place-based elder abuse awareness campaigns, including culturally relatable educational material within settings such as healthcare, local shops, via aged care home support and culture-specific media, to promote prevention and early intervention.

Recommendation 9

For the Victorian government to invest in the expansion of bilingual peer education initiatives about elder abuse, so that seniors from migrant or refugee backgrounds are informed and have culturally appropriate pathways through which they feel safe seeking support.

Recommendation 10

For the Victorian government to advocate for the National Research Agenda's agreed research priorities to include co-designed research into elder abuse within specific cultural communities, and for participation by those with lived experience in the evaluation of prevention and intervention initiatives that are tailored to their cultural backgrounds.

Recommendation 11

For the Victorian government to extend the availability of elder abuse training (inclusive of cultural considerations) across applicable health and social services, and advocate for elder abuse to be included with GP education and professional development, to ensure that all relevant professionals can undertake effective intervention.

Recommendation 12

For the Victorian government to invest in adequate long-term resourcing for elder abuse prevention and response, including resources tailored to seniors from a migrant or refugee background, to mitigate risk of elder abuse and ensure adequate detection of, and culturally safe responses to, elder abuse.

2. About the North and West Elder Abuse Prevention Networks

Elder Abuse Prevention Networks (EAPNs) were formed in response to recommendations from the Royal Commission into Family Violence and are one component of the Integrated Model of Care (IMoC) for responding to suspected elder abuse. The IMoC “aims to strengthen elder abuse responses and support within Victorian health services... by creating multiple entry points for older people and their carers and families to access specialist support services to address suspected elder abuse” (2).

EAPNs are comprised of community organisations that collaborate to:

- strengthen a network of community and professional representatives motivated to prevent elder abuse in their local community
- explore the causes of elder abuse and work on targeted and inclusive activities to challenge and change social attitudes
- conduct activities with the broader community including older people, to raise awareness and provide information of where to get help
- build the capacity of service providers to understand elder abuse and conduct primary prevention activities.

The North and West Metro EAPNs have a combined total of 79 member agencies and are led by Merri Health. The North and West Metro EAPNs undertake activities such as developing resources for professionals, including the Elder Abuse Prevention Toolkit, coordinating World Elder Abuse Awareness Day events and developing partnerships to undertake other primary prevention activities i.e. delivering educational webinars, and engaging in regular Network meetings to share knowledge and build workforce capacity (3).

3. About Merri Health

Merri Health creates healthy, connected communities through local health services for people at every age and stage of life. We provide services across Victoria and therefore understand the needs of rural as well as metropolitan communities. We support people throughout life, with a range of wraparound services available throughout our network of services. Our approach addresses the medical, social, environmental and economic aspects that affect health, with services spanning across:

- children and families
- young people
- carer support
- management of chronic conditions
- dental
- mental health
- disability services
- health and wellness
- aged care.

We've been the trusted health service of local communities for over 40 years. As a not-for-profit organisation, our focus is on partnering with people, responding to local needs, and strengthening the health of entire communities.

4. Elder abuse

The World Health Organization defines elder abuse as “a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person” (4). Elder abuse can be physical, psychological/emotional, sexual, financial and/or involve neglect (1 p. 3). The impacts of elder abuse can be profoundly detrimental to physical and mental health (5 p. 10).

Very little research has been conducted on elder abuse in Australia, including into prevalence rates. International studies suggest that approximately 16% of seniors are affected each year, however those with a disability or cognitive impairment are under-represented in this research (5 p. 8-9). The limited Victorian data indicates that the most common form of elder abuse is financial, that sons and daughters are most frequently reported as using violence toward or controlling older people (6 p. 6) and that “[e]lder abuse affects people of all genders and all walks of life” (7).

Elder abuse can involve numerous and cumulative societal, cultural, and interpersonal contributors (5 p. 11) and is a highly ‘hidden’ form of abuse. Broadly, the contributors to elder abuse and barriers to seeking support are more complex and challenging for those from a migrant or refugee background. Research indicates that culturally and linguistically diverse (CALD) seniors experience higher rates of elder abuse (5 p. 12). As the Australian Institute of Family Studies explains;

“older people from culturally and linguistically diverse (CALD) communities may face additional risks of abuse as a result of increased social isolation, language barriers and greater dependence on family members [...]. There may also be cultural variations in understanding elder abuse, including differences in expectations of caring roles within families or attitudes towards reporting abuse and seeking assistance.” (5 p. 16).

An intersectional approach is required to understand the compounding disadvantages involved in elder abuse experienced by this cohort (6 p. 7), which aligns with the emphasis on intersectionality within the Victorian Government’s Ending Family Violence 10 Year Plan (8 p. v).

A staff member within the Northern EAPN recounted the example of a client who had previously been living overseas in her own home, where she had family and friends nearby. On an extended visit to her son, daughter-in-law and grandchildren in Victoria, her son told her she needed to live with them ongoing, and sold her home overseas against her wishes. The proceeds of the house sale went towards applying for her Permanent Residency and the building of a new home in which the client and family would live. The client undertook all the domestic tasks while her son and daughter-in-law were at work and did not have access to her own money. The client wished to return to her home country.

The staff member explained that “this is actually quite a common scenario with elderly migrants and they feel helpless to navigate the system to get the required help”.

5. Contributors and barriers

The following is not an exhaustive list of contributors to elder abuse and barriers to prevention and mitigation, however reflects the concerns that EAPN representatives understand to be of particular relevance at this time.

5.1 Contributors to elder abuse experienced by those from a migrant or refugee background

5.1.1 Ageism

As the National Plan emphasises, addressing ageism is integral to efforts to prevent abuse of older people (1 p. 5-6) of all demographics, including abuse experienced by seniors from a migrant or refugee background. Research suggests that ageism is a strong contributor to interpersonal situations where seniors are devalued and those in which there is a sense of entitlement towards an older person’s resources (5 p. 3-5). Further, as the National Plan explains;

“it can contribute to an environment in which individuals who abuse older people fail to recognise that their behaviour constitutes abuse; other members of society fail to

notice these negative behaviours or take action to stop them; and older people experiencing elder abuse blame themselves and are too ashamed to seek assistance” (1 p. 5).

Whilst current public awareness work such as that undertaken by EAPNs and EveryAGE Counts (9) is valuable, it needs to be greatly expanded to raise sufficient awareness of how normalised and pervasive ageism can be and its detrimental effects, and to develop societal norms around respect for seniors. Tackling elder abuse requires ageism to become socially unacceptable. The potential of EAPNs to undertake this important work is limited by short-term and at times fragmented funding arrangements. EveryAGE Counts explains “change can take years to grow and embed in individual and collective attitudes, interpersonal relationships, community behaviours, professional practices and government policies, programs and laws” (9), and therefore long-term strategies and funding commitments are essential.

Recommendation 1

For the Victorian government to direct long-term resourcing for anti-ageism campaigns that reflect cultural diversities and are also accessible to various language communities, to enable a sustained shift in community attitudes.

5.1.2 Disadvantage

Reducing the prevalence of elder abuse across the community is dependent upon tackling socio-economic disadvantage, which is often particularly pertinent for seniors of a migrant or refugee background. Population studies overseas have demonstrated that poverty places seniors at increased risk of elder abuse (5 p. 13). Elder abuse “often occurs in a relationship of co-dependency between the perpetrator and victim” (6 p. 13), and poverty can lead to situations in which a senior and/or a family member may be unable to afford basic living expenses without financial assistance from the other. Such situations can lead to younger family members engaging in financial abuse or seniors being unable to afford to leave an abusive situation. In cases where issues of substance dependency or gambling is involved in elder abuse, socio-economic disadvantage can entail limited options for a perpetrator to seek adequate professional support (6 p. 17).

In particular, the issue of affordable housing has been identified in the literature as “a key issue in elder abuse” (6 p. 29). Seniors Rights Victoria explains that both victims and

perpetrators often experience housing difficulties (6 p. 29). Living with the perpetrator is associated with an increased risk of elder abuse, and resolution of abuse often necessitates either the senior or perpetrator moving elsewhere (6 p. 29). A lack of viable alternative housing options however can force seniors to remain living in an abusive situation or the perpetrator becoming homeless if they left the senior's home.

The relationship between affordable housing and elder abuse is particularly relevant in Victoria as it currently has the lowest level of social housing stock in Australia. 1 million Victorians experience housing stress and over 100,000 need to access homelessness services annually (10). Older women are currently the demographic experiencing the most rapid rise in homelessness within Australia (11 p. 15). Homelessness agencies, including those who receive funding to deliver the Assistance with Care and Housing program via My Aged Care, are unable to meet the scale of demand for their services.

Seniors from a migrant or refugee background broadly experience higher rates of disadvantage compared to other seniors (12 p.8). Economic disadvantage that may be related to issues such as lower levels of superannuation can be compounded by language barriers, lower digital literacy, lower rates of engagement in services, and their visa status. Seniors from a migrant or refugee background also often experience discrimination in the private rental market and are at elevated risk of homelessness (12 p. 7).

The significant investment in social housing within the Victorian government's 'Big Build' is positive progress, however insufficient to meet the scale of need (10).

Recommendation 2

For the Victorian government to set ambitious long-term targets to further increase social housing supply to enable ongoing security of tenure for seniors experiencing socio-economic disadvantage, and to increase the supply of crisis accommodation for seniors fleeing elder abuse.

Recommendation 3

For the Victorian government to advocate to the Commonwealth to increase funding for the Assistance with Care and Housing program via My Aged Care, to enable seniors at risk of or experiencing homelessness to receive sufficient support.

5.1.3 Insufficient appropriate aged care

A staff member at Merri Health explained of her own grandmother, a migrant from Italy; “She has not accessed the services that are available due to the language barrier and not trusting people that she can’t speak fluently to”.

The lack of culturally appropriate aged care service provision places seniors from a migrant or refugee background at increased risk of elder abuse. An absence of timely access to formal care can increase pressure on informal supports such as family to provide care that may be beyond their capacity. The relationships between informal care and elder abuse are complex and under-researched, however studies suggest a correlation between high levels of carer stress and elder abuse (5 p. 13). In particular, there is a high incidence of elder abuse by informal carers towards those with a diagnosis of dementia (6 p. 25). Aged care services provide a vital role in preventing and mitigating elder abuse through the alleviation of carer stress as well as serving a monitoring function (6 p. 15).

Long waitlists currently exist for some types of aged care services in different localities, which are often longer if the client requires care staff who speak their language of origin and/or who are the same gender (which may be particularly important for cultural reasons). Having a formal carer with whom one can readily communicate and therefore build trust, and who also can understand cultural nuances that may be relevant to a situation of elder abuse, can be crucial to disclosure. The lack of timely and appropriate formal care has been greatly exacerbated by the COVID-19 pandemic.

EAPN representatives reported that the detection of elder abuse has reduced during the COVID-19 pandemic, which they attributed primarily to the lack of transparency created by reducing or eliminating face-to-face service provision. An EAPN representative explained that “there are a lot more serious, complicated cases of elder abuse presenting to acute hospital services, which have resulted in serious medical issues, and which at times involve deep neglect.”

EAPN representatives explained that although the introduction of My Aged Care aimed to simplify a fragmented and confusing aged care system, seniors and their families continue to experience significant difficulty understanding and navigating the system. This challenge is more profound for those who do not speak English fluently. In such situations, informal carers who do not speak English fluently themselves can experience considerable frustration and increased carer stress, or seniors may have their independence limited by having to rely on younger family for access to and ongoing communication with services.

A cultural preference or expectation for care to be provided solely by family, limited awareness of the aged care system and/or (particularly for survivors of persecution in their country of origin) distrust of government services can be common experiences within culturally and linguistically diverse communities (12 p. 8-9).

An EAPN representative provided a case study of a female CALD client living alone with advanced dementia, unable to undertake activities of daily living independently and at high risk of falls. The client's family did not have capacity to provide sufficient care, however her son prevented her from receiving any aged care services. This staff member reflected that aged care services and dementia appeared not to be culturally relatable to the son and he distrusted potential intervention. This case involved recurrent engagement with the Victorian Civil and Administrative Tribunal (VCAT) over numerous years.

Recommendation 4

For the Victorian government to advocate to the Commonwealth for increased informational promotion about My Aged Care and Carer Gateway in various community languages, and for these resources to be co-designed with applicable language speakers to ensure they are culturally relatable.

Recommendation 5

For the Victorian government to advocate to the Commonwealth for increased and sustained recruitment of and investment in bilingual aged care workers, including aged care service navigators.

5.1.4 Social isolation

A strong relationship exists between social isolation and elder abuse. Socially isolated seniors are less likely to have elder abuse noticed by others and have less opportunity to seek support themselves (5 p. 13). A common tactic employed by those who control and/or use violence toward older people is to progressively isolate the older person from other forms of support, such as family and friends as well as formal supports including home-based services and case management. Elder abuse prevention is therefore in part dependent upon effective measures that support seniors to build and maintain social and community connections. Research demonstrates that seniors from CALD communities, newer migrants and refugees in particular, experience higher levels of social isolation and loneliness than the broader population (13 p. 17).

The quality of the social fabric and built environment of local neighbourhoods heavily influences opportunities for seniors to develop and retain social connections. A lack of infrastructure such as affordable and accessible transport, pedestrian accessibility, cafes and other shared spaces, lighting and public seating can pose considerable barriers to social and community participation, and particularly affect seniors in disadvantaged neighbourhoods (13 p. 37), rural areas and new suburban growth corridors (13 p. 19) (including the fast-growing corridors in Melbourne's outer north-west). Difficulty accessing information about social opportunities is also common (13 p. 42).

The severe shortage of affordable and accessible transport for seniors to enable community participation was highlighted by EAPN representatives. The recent increase in Commonwealth Home Support Program (CHSP) funding via My Aged Care for community transport is positive, however as the VICTAS Community Transport Association (VTCTA) has explained, this funding "must continue to rise if the sector is going to support current demand let alone the future demand" (14). Increased community transport provision is also vital for many seniors who are not in receipt of aged care services, particularly in areas that are not well serviced by public transport.

EAPN representatives emphasised the need for an expansion in social programs and community development initiatives, including intergenerational, for seniors from a migrant or refugee background. Further, social prescription and other similar programs that support seniors to find community activities and to overcome barriers to engagement are currently limited. Many of these barriers to engagement, such as a lack of confidence accessing the community, have been exacerbated by the COVID-19 pandemic for many seniors.

Recommendation 6

For the Victorian government to invest in a sustained increase in the capacity of community transport providers, and also advocate to the Commonwealth for their recent funding increase to be sustained, to promote seniors developing or maintaining social networks.

Recommendation 7

For the Victorian government to fund an expansion of social prescription and similar programs, including within social service organisations that specifically support CALD communities, to support seniors to overcome barriers to developing social and community connections.

5.2 Challenges to preventing and addressing elder abuse experienced by those from a migrant or refugee background

5.2.1 Lack of community awareness

Prevention of and intervention into cases of elder abuse is hampered by widespread lack of understanding throughout the general community about elder abuse, related legal rights, and how to seek support. In particular, as the ‘Respect Older People: ‘Call It Out’ campaign explains; “older people may not recognise that what they are experiencing is elder abuse... may feel that they are responsible for the behaviour of the perpetrator... [or believe] that aggression and violence is a normal part of family life” (15).

An EAPN representative explained that not understanding what constitutes financial abuse and what early warning signs can be makes it difficult to arrest what is often a “slippery slope” that may, for example, begin with helping a family member out financially and eventually lead to finances being controlled.

A lack of awareness about support options prevents seniors from overcoming their fears about potential consequences of disclosing elder abuse. Many seniors experiencing elder abuse are fearful of ramifications such as retribution from the perpetrator, embarrassment and shame, the perpetrator being subject to legal consequences (5 p. 19), the loss of contact with grandchildren or other family (6 p. 17), the loss of practical support and the perceived possibility of being placed in residential aged care (15).

Seniors from a migrant or refugee background can experience greater complexity and challenges in identifying behaviour as elder abuse and being able to access support. There is insufficient accessible information about legal rights and relevant support services in community languages, and seniors may also have concerns about the possibility of experiencing discrimination or that their particular situation would not be understood if they were to seek help. Certain values and expectations that may be more prevalent in some cultural communities than others, such as women being less included in financial matters or issues within the family remaining private, may conflate and obscure situations of elder abuse in some families.

An EAPN representative shared the story of a client who staff suspected was experiencing elder abuse from one of her adult children. An Elder Abuse Liaison Officer provided helpful, expert secondary consultation to staff, however the client did not feel able to consent to being referred to the available support services. Therefore, staff could only provide ongoing monitoring through regular 'check ins' and continue to offer pathways that the client perhaps did not feel culturally safe or confident to access.

This representative explained that written resources on elder abuse are not available in the languages required, and in addition low literacy levels may hamper uptake of written advice. Staff felt that connecting older clients with people they can more readily trust and easily converse with was key; "I feel that it must already be really hard for an older person to admit that those they love are abusing them in some form. To have to tell two people would be really difficult. This is where an interpreting service might be more of a hindrance".

As the National Plan acknowledges, seniors from CALD communities are more likely to disclose elder abuse to a known and trusted person, such as another family member or someone within a cultural organisation they may be familiar with (1 p. 16). It is therefore imperative that initiatives that raise awareness about elder abuse and available supports reach various language communities.

Community education programs are provided by various organisations (6 p. 15), including a state-wide project coordinated by the Ethnic Communities Council of Victoria (ECCV) that delivers “training and support to bicultural community educators to deliver culturally and linguistically appropriate information sessions to raise awareness of elder abuse in their communities and direct them to the appropriate support services available” (16). Further, the National Plan includes an intention to increase awareness of elder abuse amongst CALD communities (1 p. 16).

EAPN representatives emphasised the importance of learning from specific cultural communities about cultural nuances, concepts and language related to elder abuse, and how elder abuse might be framed and discussed, to enable effective prevention and intervention.

An EAPN representative explained; “What COVID has shown is that every locality and community will be different, the local leaders of cultural communities need to be identified, and where members of these communities meet and the places they go to. We need to start making these relationships so that information can filter in and out – only when that happens will elder abuse be identified”.

Recommendation 8

For the Victorian government to fund co-designed, place-based elder abuse awareness campaigns, including culturally relatable educational material within settings such as healthcare, local shops, via aged care home support and culture-specific media, to promote prevention and early intervention.

Recommendation 9

For the Victorian government to invest in the expansion of bilingual peer education initiatives about elder abuse, so that seniors from migrant or refugee backgrounds are informed and have culturally appropriate pathways through which they feel safe seeking support.

The recent Respect.Connect campaign, in which SA Health partnered with Aboriginal community representatives, provides a useful example of how awareness-raising campaigns about elder abuse can be co-designed to enhance their cultural legibility and therefore efficacy. Respect.Connect involves Aboriginal campaign ambassadors engaging with their communities about the issue, as well as the dissemination of co-designed posters and social media messaging.

5.2.2 Lack of research

A comprehensive understanding about prevalence, contributors and barriers to seeking support as well as the efficacy of prevention and intervention initiatives is essential to tackling elder abuse, however very little research has been undertaken within Australia (5 p. 22). As part of the National Plan, the Commonwealth is currently funding a National Research Agenda; a national prevalence study is underway, and a set of agreed research priorities will soon be developed in conjunction with state and territory governments (1 p. 14). Research findings will inform the development of services to prevent and address elder abuse (1 p. 13). The National Research Agenda acknowledges the importance of an understanding of “the dynamics and contexts of abuse” (1 p. 14).

EAPN representatives emphasised the need for research to explore how different cultural contexts may influence how elder abuse is experienced, understood and most importantly prevented. Greater understanding of different cultural nuances and considerations are integral to providing culturally safe and effective interventions. EAPN representatives suggested that research and evaluation would greatly benefit from seniors from migrant and refugee backgrounds being meaningfully involved in projects that pertain to their own cultural communities.

Recommendation 10

For the Victorian government to advocate for the National Research Agenda’s agreed research priorities to include co-designed research into elder abuse within specific cultural communities, and for participation by those with lived experience in the evaluation of prevention and intervention initiatives that are tailored to their cultural backgrounds.

5.2.3 Lack of professional education

The National Ageing Research Institute (NARI) has called for education and training on elder abuse to be provided for all professionals working within health and aged care (6 p. 12). As seniors may not feel comfortable reporting elder abuse, “a non-intrusive monitoring role” undertaken by health and aged care professionals skilled at recognising signs of abuse and gently opening conversation is valuable (6 p. 17). It is important that such education and training has an intersectional approach, and more specifically, provides guidance about culturally appropriate practice. As Better Place Australia (formerly Family Mediation and Counselling (FMC)) explains, “elder abuse cases from CALD communities can be far more complex and challenging to progress when considering the multitude of cultural nuances at play” (17).

The elder abuse training provided to specialist family violence services (6 p. 22), and the elder abuse training provided (as part of the Integrated Model of Care for responding to Elder Abuse (IMoC) by the Bouverie Centre to staff at health and community aged care services (2), represents welcome progress. Such training initiatives however must be available to all relevant professionals across different sectors, including those within the banking/finance sector. EAPN representatives highlighted a lack of specific training for GPs as a significant gap, and that providing training to GPs about elder abuse, including relevant cultural considerations and referral pathways, could make a substantial contribution to successful intervention. EAPN representatives explained that knowledge about elder abuse, including relevant cultural considerations, varies widely amongst GPs and some share cultural norms that may reduce their ability to identify elder abuse. Furthermore, GPs often hold unique positions of trust and rapport with older people, most often forged over extended periods of service. Formally educating GPs to become effective first responders to elder abuse is highly recommended by EAPN representatives.

Recommendation 11

For the Victorian government to extend the availability of elder abuse training (inclusive of cultural considerations) across applicable health and social services, and advocate for elder abuse to be included with GP education and professional development, to ensure that all relevant professionals can undertake effective intervention.

5.2.4 Lack of sustained resourcing

The focus on expanding specialist family violence support to CALD communities and funding support for Seniors Rights Victoria within Victoria's '10-year plan for change' following the Royal Commission into Family Violence is an important development (8). It is crucial however that these services are also adequately equipped on an ongoing basis to engage with the specific needs of seniors from a migrant or refugee background.

EAPN representatives expressed concern that resourcing for elder abuse prevention and response is insufficient to meet the scale of need, and that short-term funding arrangements are problematic as funding needs to be long-term to effect meaningful and sustained change. Health and social services have unique opportunities to intervene with older people at risk of or experiencing elder abuse, often without the presence of the person using violence toward and/or controlling the older person. A sustained commitment to promote the ability of older people to access family violence (elder abuse) support in health care is required, particularly as this type of access may be their only opportunity to seek meaningful support. Furthermore, piecemeal funding creates uncertainty regarding the planning of projects and programs, including job security, and therefore creates additional barriers to effective prevention, recognition and response to elder abuse.

Recommendation 12

For the Victorian government to invest in adequate long-term resourcing for elder abuse prevention and response, including resources tailored to seniors from a migrant or refugee background, to mitigate risk of elder abuse and ensure adequate detection of, and culturally safe responses to, elder abuse.

6. Further information

We are available and willing to attend a public hearing to provide additional information.

For further information on this submission, please contact [REDACTED]

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