

Response to the Family Violence Reform Implementation Monitor's Call for Submissions: Monitoring the Family Violence Reforms – July 2020

Submission #055 – Organisation – Seniors Rights Victoria

Q1. What are the major changes you have seen in the family violence service system since the Royal Commission into Family Violence made its final report and recommendations in 2016?

1. Recognition of elder abuse as a form of family violence

Since the Commission, elder abuse is more widely recognised as a form of family violence. However, prevention and response to elder abuse continues primarily to be provided by specialist services (such as Seniors Rights Victoria), universal health services and Victoria Police – and not by the family violence system. The integration of elder abuse into the family violence system has been piecemeal and incomplete, and as a result the changes to how elder abuse is dealt with and the service provided to older people have been limited.

Elder abuse is now more widely recognised as family violence amongst professionals – but not necessarily amongst the public, including older people themselves. While some in the family violence workforce may have better knowledge of elder abuse and appropriate responses and referral pathways, older people who have experienced elder abuse that is not intimate partner violence are still unlikely to see family violence services as suitable for their situation and unlikely to seek help from such services, including The Orange Door.

The creation of The Orange Door as referral points is promising but as of yet there is no integration with established elder abuse services or consistency across the various Orange Door sites. While SRV has reached out to individual Orange Door services, which have been responsive, we are not aware of formal service mapping of how The Orange Door works with established services that respond to elder abuse, though this may have been done at a local service level.

The creation of Respect Victoria and a focus on primary prevention of family violence has been welcomed. SRV acknowledges the work of Respect Victoria undertaking community awareness campaigns specifically about elder abuse and we welcome the use of our helpline and associated advice service as the public face and contact point of these campaigns. However, we would appreciate consideration and resourcing given to the extra demand these activities place on our service.

There has been an increase in recognition of elder abuse and ageism amongst the courts and the senior ranks of policing, but this has not yet translated to consistently better responses on the ground.

Overall, the recognition of elder abuse as a form of family violence is at a conceptual and professional level, but has not yet translated the public or, with any consistency, frontline family violence staff.

2. Increased awareness of gender inequity as a driver of violence

We have seen a stronger and unapologetic conversation about gender inequity as a driver of violence against women. This is a welcome and necessary development. However, the strength of this message and the related primary prevention activities overpower the fact that some forms of family violence, including elder abuse, are not primarily attributed to gender inequity.

Gender inequity plays an important role in elder abuse, as it does with youth violence towards parents, with gender inequity influencing family roles and relationships. But the high number of male victims of elder abuse (28% of SRV clients across the last seven years) and female perpetrators of elder abuse (46% of abuse of SRV clients in the last seven years) indicates that gender inequity is only one of the important elements at play.

Intimate partner violence, primarily violence against women and children, is the majority of family violence,

and we are loathe to dilute the messaging around gender inequity as a driver of this. However, the nuances and unique characteristics of other forms of family violence including elder abuse where ageism is the primary driver, should not be displaced.

In addition to primary prevention work based on gender inequity, there needs to be more consideration of other drivers and risk factors when shaping prevention and early intervention work. While public messaging regarding violence against women can, and should be, led by a recognition of a gender power imbalance in our society, behind the scenes we need to ensure a more nuanced understanding of drivers and risk factors that encompasses the sometimes very different forms of family violence. The common factor of various forms of family violence are that they happen within family relationships, and the dynamic of power and control used by one person over another, not that they are the result of gender inequity.

3. Increased demand for Seniors Rights Victoria

Seniors Rights Victoria has been heavily involved in ensuring elder abuse is included in every relevant aspect of the reforms. To this end, SRV has performed an ongoing advisory role to ensure the family violence sector better understands the unique characteristics of elder abuse and the needs of older people.

Prior to the reforms, elder abuse was rarely considered family violence and situated mainly within the health and legal spaces. The reforms have changed this, identifying elder abuse as a responsibility of the family violence sector. However, despite the increased demands on service from clients and from the family violence sector attempting to understand and include elder abuse, core funding to SRV has remained stagnant during this period. It continues to be inadequate to both providing best service to clients and to continuing to increase the wider family violence workforce knowledge of the complexities of elder abuse. This can be considered a result of ageism embedded within the structures of society where the needs of older people are often invisible outside of a health context.

Assistance and leadership from SRV has been required to ensure elder abuse is properly addressed in the family violence reforms – and this is an ongoing need. While some of this work has been supported with short-term funding from the Department of Premier and Cabinet the core funding has not increased – despite an increase in service demand and an increase in commitments for SRV staff as a direct consequence of the family violence reforms.

SRV is soon to publish a report written with the National Ageing Research Institute (and funded by the State Trustees Foundation) that analyses the last seven years of SRV advice call data and confirms the continuing increase in service demand over this time.

Q2. How has the experience of accessing services and support changed since the Royal Commission for victim survivors, including children, and perpetrators of family violence?

1. Increase in demand for Seniors Rights Victoria helpline and advice call service

Since the Royal Commission into Family Violence, Seniors Rights Victoria has experienced a sharp increase in service demand. In the 2013-14 financial year, the SRV helpline received 2236 calls from older people, compared with 3572 calls in 2018-2019, an increase of almost 60 per cent.

SRV's advice call service involves a lawyer and advocate giving free, personalised advice to older people who have experienced elder abuse. The demand for this service has seen an increase from scheduling under 272 calls a year before mid-2015 to scheduling 453 calls in 2017 and 445 in 2018, an approximate increase of 64 per cent over the period.

In 2019, fewer (373) calls were scheduled because staffing constraints resulted in intake guidelines being tightened. During this period, staff were unable to attend to urgent matters and waiting times increased. It is a constant difficulty for a small service such as SRV to balance individual client work alongside systemic advocacy, secondary consultations, community and professional education, and fulfilling an expert and advisory role on elder abuse for the Victorian Government and the family violence, legal, health, ageing and community services systems.

2. Little change to experience of accessing elder abuse services

Accessing services and support for older victim survivors of elder abuse has changed little in the family violence sector, with most still seeking assistance directly from the Seniors Rights Victoria helpline, or receiving a referral to the SRV service, or similar such as Eastern Community Legal Centre. Older people who have experienced family conflict or who are seeking counselling support or family mediation may approach the services provided by Better Place Australia, though family mediation is recognised as not being suitable when elder abuse has been confirmed.

Elder abuse is still seen as predominately an issue to be dealt with by the health services. While most older people use health services, not all are regular users of health services, nor do all people who experience elder abuse access a health service in response to or as consequence of abuse. In particular, there is much evidence to support the fact that men visit health services less frequently than women, and often when a disease or issue is more progressed. As long as elder abuse is seen as a subset of ageing, and ageing seen as only related to physical health, the response will be inadequate.

There has been an increase in professional support and secondary consultations available for health workers in the five areas where the Integrated Model of Care (IMoC) has been implemented. This has allowed for an elder abuse liaison worker to provide support and referrals to healthcare staff who have identified or suspect elder abuse for their patients. As this model is only operating in five locations, it has not changed the service or support available across the state but it may have had some effect on how older victim-survivors access help.

3. Inadequate specialist services for older people or elder abuse victims

The Commission heard of the many reasons that make it difficult for people who have experienced family violence to seek help from services. This can be even more difficult for older people who may not recognise their situation as family violence, or see any sign that services primarily designed for women and children will have the support they need.

SRV staff have found it difficult to identify appropriate services for clients, as many are not equipped for supporting older people. For example, it has been difficult for SRV advocates to find appropriate family mediation and counselling services for clients, which makes it difficult to see how an older person with less knowledge of the service system would have the navigation skills to find the right support. In addition, the appropriate services are not available – for example, despite mediation often being promoted as an appropriate response for older people experiencing family conflict there are only four people in Australia who are accredited to provide Certified Elder Mediation (www.elder-mediation-international.net).

4. Court support services largely inaccessible to older clients

The establishment of specialist family courts and the increased use of intervention orders to address family violence has led to an increase in the supporting systems including duty lawyers, but these services remain largely inaccessible to our cohort of vulnerable older people, who are often from culturally and linguistically diverse backgrounds, and with an age-related disability, and who continue to have difficulty accessing and understanding court processes.

There is a need for the training of duty lawyers at all Magistrates Courts to include elder abuse, working with older people, and a consideration of the effect of court decisions/orders on older people (e.g. when a family violence perpetrator is removed from his own home and it is suggested he lives with parents, the impact on the parents and the potential for elder abuse is never considered).

5. No gains in support for men as victims

Older men (who comprise approximately 28% of Senior Rights Victoria's clients) still have few options in accessing support services as victims of elder abuse. Men, both victims and perpetrators, are still referred to the Men's Referral Service, and these programs are primarily concerned with change-behaviour programs or counselling, so there has been no changes to recognising the needs of older male victims.

6. No increased focus on perpetrators of elder abuse

There are no direct services or support for perpetrators of elder abuse. This means there are no interventions designed to change the behaviours of elder abuse perpetrators, to identify those people or situations where there might be increased risk of elder abuse occurring, or prevention activities aimed at addressing perpetrator needs. The onus for reducing risk is placed heavily on the older person who is the potential victim of abuse.

Two thirds of the elder abuse experienced by SRV clients is perpetrated by an adult son or daughter of the victim-survivor. In many cases the adult child is experiencing difficulties that see them return to live in the home of their ageing parents. In the last two years, 36% of perpetrators of elder abuse against SRV clients had alcohol, substance abuse or gambling issues, while 39% experienced mental ill health. The proportion of abusers with such complex needs has been climbing over the last seven years, placing increased stress on ageing parents who struggle to find the necessary support for their family member.

In the Royal Commission's report (Vol V, p. 92), it was stated:

"In 'Family violence and diversity', we recommend that the Department of Health and Human Services should review and update standards for family violence (including men's behaviour change programs). In particular, standards should address the behaviour of perpetrators of family violence against older people, including where these perpetrators are older and may be affected by age-related issues. In addressing the behaviour of men and women who abuse an older family member, behaviour change programs should take into account the attitudes and behaviours which contribute to it, including ageism."

While the standards have been updated, they make no mention of the behaviour of perpetrators of family violence against older people.

7. Little change to housing options for older people

An ongoing shortage of housing means there are few options for older people wishing to escape an abusive situation, or to house the perpetrator so they are not living with their ageing parent. As long as Victoria continues to disregard the need for more public, social and crisis housing, elder abuse will increase as ageing parents feel they must provide for their children, even within an abusive relationship. There is concern that unemployment and financial insecurity related to the COVID-19 pandemic will increase the number of people returning to live with their ageing parents, as well as financial intergenerational conflict, which may see an increase in incidence of elder abuse.

The Commission made recommendations to improve crisis accommodation, and notes that for those of non-working age and where private rental is not affordable for long-term accommodation, social housing will be required. There is an ongoing shortage of appropriate social housing for people of all ages in Victoria.

Q3. What are the most critical changes to the family violence service system that still need to occur?

1. Better integration of elder abuse services with the family violence service system

There needs to be an overriding framework to guide how the elder abuse system sits with the family violence system. The unique aspects of elder abuse mean prevention and response approaches cannot just be subsumed by the wider family violence system. It is not just about taking an intersectional approach to consider the needs of older people as a cohort but to make efforts to better understand and address elder abuse, including the unique dynamics of the abuse, and to have the appropriate places to refer for expert assistance.

An elder abuse framework would ensure that specialist elder abuse services and programs would integrate with the family violence, legal, health, ageing and community services systems, and there would be regional consistency to the level of support provided through localised services.

2. Ensure family violence workers are skilled in identifying elder abuse

The family violence workforce needs to become increasingly skilled in identifying and addressing elder abuse in a way that supports and empowers victims. While it is not expected that all family violence services would provide ongoing service to victims of elder abuse, it is important that they can recognise abuse and be confident in supporting the older person to access help. An overriding framework would ensure that no matter the location or type of service a family violence professional worked within, they would have consistent knowledge and clear direction of how to support clients experiencing or at risk of elder abuse.

3. Better support for male victims of elder abuse

While family violence services will become better equipped to support older women who have experienced elder abuse, there needs to be more work done to properly support older men.

4. Better resourcing of elder abuse services

This includes specialist services such as Seniors Rights Victoria, as well as elder abuse programs within universal services such as the Integrated Model of Care. There are very few services or programs dedicated to addressing elder abuse therefore the burden of engagement is high. This under-resourcing leads to burn out and missed opportunities, and is not conducive to providing best service for older Victorians.

A major missing element for elder abuse is the provision of ongoing case management for older people who have experienced family violence. The short-term crisis support that is available can help them address immediate concerns, but it is not adequate for more embedded issues. This includes things like counselling, housing support and health and ageing services, where the older person may need ongoing assistance to navigate the various systems and make lasting change.

5. Regional consistency for older victims of family violence

Older people and victims of elder abuse in regional and rural areas have less access to appropriate services than their metropolitan counterparts. Even within metropolitan areas there are vast differences in availability or resources, with some regions having access to either or both an Integrated Model of Care and an Orange Door. While SRV runs a state-wide service, there is a need for more resources to provide community education in regional areas (where a higher proportion of the population is ageing), and to provide ongoing client support where necessary.

6. A focus on perpetrators of elder abuse, including those with complex needs

Little work has been done to keep perpetrators of elder abuse in view, and to encourage behaviour change. The focus of preventative work within the elder abuse space is very much on encouraging older people to adopt safeguarding measures such as enduring powers of attorney or seeking independent legal and financial advice, but little is done to discourage perpetration of elder abuse or make perpetrators accountable for their actions. The responsibility for elder abuse has not been diverted, it is still heavily placed on the victim.

Q4. Are there any parts of the family violence reforms that have not yet progressed enough and require more attention?

Building capacity of Seniors Rights Victoria – Recommendation 139

The Commission identified a series of key principles to inform responses to older people who have experienced family violence. These include ‘all service providers who may come into contact with older victims should be able to identify when family violence is occurring and know what to do in response.’

The Commission identified (Vol V, p. 92):

“There is a need for increased government investment in workforce development and greater support for state-wide services that are currently seeking to address these needs, for example, by building the capacity of Seniors Rights Victoria to provide expertise to support other service providers including family violence services. This would facilitate better referrals, mutual learning and ultimately better outcomes for older people who are experiencing family violence. In ‘Family violence and diversity’, we recommend that Seniors

Rights Victoria should be supported with ongoing additional funding, to reflect Victoria's ageing population."

The recommendation made in 'Family violence and diversity' was 139:

"The Victorian Government fund Seniors Rights Victoria, InTouch Multicultural Centre Against Family Violence and Women with Disabilities Victoria [within 12 months] to:

- provide training to equip specialist family violence service providers and providers of universal services to recognise and provide appropriate services to older Victorians, people from culturally and linguistically diverse communities and people with disabilities who experience family violence
- build partnerships with and provide advice to specialist family violence service providers and providers of universal services to enable them to respond effectively to the needs of people in these communities."

Recommendation 139 is listed as implemented; however, we believe this to be incorrect.

The activity cited is the DHHS program as applicable to older people is the Integrated Model of Care (IMoC), which operates in five health services. SRV received a one-off payment of \$50,000 to contribute to the professional education component of this program as an expert advisory body, but that is the only funding received by SRV against Recommendation 139. SRV has not received ongoing additional funding to support capacity building, which was the intention of the recommendation.

SRV did receive funding in short-term grants provided by the Victorian government as part of a response to family violence and elder abuse, but this was not regarding Recommendation 139. This included:

- \$500,000 emergency grant from Department of Premier and Cabinet spread over 2 years and including funds for policy staff for COTA, of which SRV is a part.
- Two grants of \$100,000 over three years from two Community Legal Centre Legal Assistance grants through the Department of Justice and Community Safety.

While SRV does not dispute the value of the IMoC in the selected health services in which it operates, this model does not provide training for specialist family violence service providers, and the only training of universal services is to the health services where each IMoC is located.

The Elder Abuse Liaison Officer for each IMoC site is available to provide information to other service providers, including family violence services within that health centre region. While the role and model are well-integrated into the health service there is not extensive evidence to suggest that family violence services are aware of or utilise the IMoC Elder Abuse Liaison Officer even when there is one in the area of the client. The Liaison Officer is only one worker to cover a large sector of the health service providing support for primary prevention through to tertiary response.

The funding of InTouch Multicultural Centre under Recommendation 139 highlights the stark differences between how this recommendation was implemented for the different communities.

Q5. Are there any improvements that could be made to the implementation approach of the family violence reforms?

1. Improved and better resourced consultation processes

While the implementation approach has been largely top down (directed by the Victorian Government) it has been consultative. However, this consultation has consistently been time-pressured and under-resourced. SRV is consistently asked to provide expert knowledge, skills and evidence in a short timeframe (e.g. 2-3 days). In order to meet these deadlines, SRV staff have to put aside other work to attend to what is required for the family violence reforms. If SRV did not engage in this process, the experience of older victims of family violence and the unique characteristics of elder abuse would not be addressed.

While there was some short-term funding given early in the reforms to support this kind of consultative work, it was not maintained, and SRV is obliged to continue working to support the reforms without any direct resourcing to do so.

Q6. What has been the biggest impact of the COVID-19 pandemic on your organisation or sector? How have the services that your organisation or sector provides had to change?

1. No face-to-face service

The biggest impact is that SRV is not able to provide face-to-face services for advice or ongoing client work. Older people have been directly impacted by COVID-19 as they are more likely than younger generations to experience serious illness if they contract the illness. In addition, those who have age-related care needs are likely to find the lockdown periods more difficult than those with more independence.

SRV has had to pivot to providing all services over the phone. This can be particularly difficult for older people experiencing age-related hearing loss, or in locations with poor network coverage. In addition, with community groups and services (such as libraries, leisure centres and cafes) closed down there are few places people can go to call SRV, if they are living with the perpetrator or other family members.

The issue of digital inclusion is important, with many older people not having the hardware or network connection to access the internet, or the support to adapt to new communications platforms (and troubleshoot when things go wrong).

As SRV staff have moved to work from home our helpline has been changed to a message bank, with staff then returning calls once the message has been received. Clients have expressed frustration with not having a person to answer the call, and those who speak English as a second language are less likely to leave a message on the phone, worried they won't be understood. If people do not leave contact details their call cannot be returned and they may not attempt to access the service again.

SRV has not been able to assist some older people because it is not possible to always assess a person's capacity if they cannot be met face-to-face.

2. Increased administrative burden

Working remotely has increased administrative tasks and made it very difficult to get documents from people, particularly those without access to computers, scanners or email addresses. This is not a small problem for a legal organisation where hardcopy documentation is necessary.

3. Increased number of calls from people in aged care facilities

This has been a notable issue, with people from aged care facilities concerned about the ways their rights are being encroached by hard lockdowns, and by family members unable to visit or have proper communication. COTA Australia has been doing a significant amount of work to improve the response and communication in this area.

4. Decrease in community education and prevention

As a result of the restrictions imposed upon older people, Seniors Rights Victoria suspended all in-person community education sessions to seniors. COVID-19 and the restrictions have highlighted the significant digital divide in the over 70 year olds and subsequently alternative means of delivering education has been limited. With the potential increase in isolation and feelings of loneliness during this period, older people will be more vulnerable to elder abuse.

Q7. Has the COVID-19 pandemic highlighted any strengths or weaknesses in the family violence service system?

The COVID-19 pandemic has highlighted that older people not accessing services as readily and they are more isolated than ever before. This is particularly noticeable with older people from culturally and linguistically diverse backgrounds who previously met in community groups. It is harder to do in reach into these communities and to contact older people when they are remaining in their homes. The closure of libraries has contributed to this as many older people accessed the internet, newspapers and information

about local government services through the local library.

Across all service systems information is increasingly being provided online, but not everyone has access. There is a concern that even as we move out of the pandemic there will be a push to maintain this increased online behaviour and provide more services and information on the internet. As well as not all older people having the digital literacy to engage with this, online platforms can be difficult to navigate for people with hearing or vision impairment, or a loss of fine motor skills. This means that the engagement is often not as fruitful and supportive as it could be.

Q8. Are there any changes resulting from the COVID-19 pandemic that you think should be continued?

We need to ensure that a range of service delivery mediums are retained and particularly that face-to-face services and helplines answered by real people (not message banks or bots) remain both for the value of human engagement to people in vulnerable situations, but in particular for older people.

There have been some efficiencies for the organisation related to working from home in that we have had to improve our use of various communication platforms and technologies. Court hearings that can be held by phone have made them more accessible, which is beneficial.

Meetings and professional development held online are more accessible to an under-resourced organisation such as ours because we do not have to account for travel time or cost to attend.

Q9. The Monitor invites you to make any final general comments around the family violence service system reform.

Seniors Rights Victoria and COTA Victoria want to commend the Victorian Government for the leading role it is taking in dealing with family violence. It is a complex area and the reforms are ambitious. We look forward to seeing the affects of these reforms increase over time as more abuse is prevented and the safety and wellbeing of victim-survivors is assured.