
OUR WATCH

SUBMISSION TO THE ROYAL COMMISSION INTO AGED CARE QUALITY AND SAFETY

October 2019

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Introduction

About Our Watch

Our Watch is an independent, not for profit organisation established by the Commonwealth and Victorian Governments in 2013. The organisation has since developed into a national organisation with all other Australian State and Territory governments as members.

Our vision is shared with the *National Plan to Reduce Violence against Women and their Children 2010–2022* (the National Plan), namely an Australian community free from violence against women and their children.

The specific mandate of Our Watch is to focus on the primary prevention of violence against women and their children. Our mission is to stop violence before it happens. We provide leadership at national, state, regional and local levels to drive change in the social norms, structures, attitudes and practices that underpin, drive and support violence against women and their children.

Our Watch has four key areas of work:

1. Design and deliver public campaigns that engage and educate individuals and the community
2. Promote a sustained and constructive public conversation
3. Enable organisations, networks and communities to effect change
4. Influence public policy, systems and institutions.

Our Watch draws on international human rights frameworks to provide the rationale for our work, based on an understanding of violence against women as a serious and preventable human rights abuse.¹ We adopt the United Nations' Declaration on the Elimination of Violence against Women (1993) definition of violence against women², view violence against women as a fundamental violation of human rights, and point to Australia's obligation under international law to prevent this violence.³ The human rights-based imperative to end violence, and the human rights principles of collaboration, participation and ensuring equality of outcomes for all, inform our work.⁴

About this submission

Our Watch acknowledges the significant mistreatment, abuse and violence against older people in the aged care context⁵ that prompted the Royal Commission into Aged Care Quality and Safety. Previous Inquiries, such as the recent Australian Law Reform Commission's Inquiry into *Elder Abuse: A National Legal Response* have identified a range of conditions in aged care that contribute to abuse of older people.⁶

This submission focuses on responding to the following Terms of Reference:

- a. the quality of aged care services provided to Australians, the extent to which those services meet the needs of the people accessing them, the extent of substandard care being provided, including mistreatment and all forms of abuse, the causes of any systemic failures, and any actions that should be taken in response;

and

- d. what the Australian Government, aged care industry, Australian families and the wider community can do to strengthen the system of aged care services to ensure that the services provided are of high quality and safe;

In line with Our Watch’s mandate and expertise, this submission primarily focuses on violence against older women. However, Our Watch acknowledges that older men, non-binary and gender diverse people can be victims of violence in all its forms, and that any violence is unacceptable regardless of the sex of the victim or perpetrator.

Our Watch considers a primary prevention approach timely and necessary to addressing abuse of older people. Based on our expertise and experience, this submission outlines aspects of a primary prevention approach that we suggest will have benefits for the aged care system, and for older people more broadly. The Commission has a unique opportunity to ensure primary prevention is recognised as a crucial component of addressing abuse against older peopleⁱ by further embedding this approach into the *National Plan to Respond to the Abuse of Older Australians (Elder Abuse) 2019 -23*, and its accompanying Implementation Plan, released by the Attorney General’s department earlier this year.

Our evidence base, expertise and experience

This submission draws on the evidence that guides the national approach to primary prevention of violence against women. This is outlined in [Change the story: a shared framework for the primary prevention of violence against women](#), developed by Our Watch in partnership with Australia’s National Research Organisation for Women’s Safety (ANROWS) and VicHealth, and launched in November 2015 (hereafter referred to as *Change the story*).

Change the story is based on a significant review of the international research evidence on what drives and contributes to the prevalence of violence against women. It was also informed by practice-based knowledge and expertise gathered during an extensive national consultation process, involving over 400 diverse stakeholders from across civil society and all levels of government. Based on this evidence, *Change the story* presents an explanatory model of violence against women, and a comprehensive national approach to its prevention – one that prescribes actions that are explicitly aligned with and designed to address the underlying drivers of this violence.⁷

Primary prevention work needs to reach all people in Australia, across the lifespan and in the various environments where they live, work, socialise, learn and play. Particularly relevant to older women is the priority setting noted in *Change the story* of health, family and community services which encompasses the aged care sector.

Our Watch and other organisations have undertaken preliminary work on the primary prevention of violence against older women and abuse of older people more broadly through a number of projects, which have also informed this submission. These include:

Prevention in Action Across Our Communities (PIA) – Primary Prevention of Elder Abuse

The PIA project is a four-year capability development project funded by Victorian Government’s Office for Women. Our Watch is leading the first year of the project by gauging current understanding and mapping existing activities about primary prevention of abuse in three community contexts: older people, LGBTI and Aboriginal and Torres Strait Islander peoples. It will then scope a plan for the next three years to build primary prevention capabilities in relevant

ⁱ This submission uses the term “older” rather than “elder” wherever possible, as the term ‘elder’ has specific connotations for Aboriginal and Torres Strait Islander people and communities. However, given “elder abuse” is a term frequently used in the field, this submission uses the term “elder abuse” when quoting or directly referencing other sources.

workforces and community groups. This plan will be led and implemented by relevant sector agencies over the next three years (2020 – 22).

Intimate Partner Violence Against Older Women project

The Victorian Government (Office for Women) has funded a primary prevention project focusing on older women experiencing intimate partner violence. Our Watch is partnering with Senior Rights Victoria who will lead the consultation phase of the project, aiming to gain a deep understanding of how ageism and gendered drivers manifest, present and impact older women experiencing intimate partner violence. Key stakeholders who work with older people and older women will be consulted. The consultation will ask stakeholders about the type of primary prevention resources that would be helpful in their practice. From this, Our Watch will develop a workforce capability tool for primary prevention practitioners, the family violence sector and those working with older adults, to enable implementation of primary prevention activities.

Workplace Equality and Respect – Safer and Stronger Communities

The Safer and Stronger Communities project is a pilot that is testing approaches to primary prevention of violence against women in migrant and refugee communities, by working in five regions in Victoria with five place-based organisations. Our Watch is working with the five organisations to implement internal actions that meet the Workplace Equality and Respect standards⁸ in ways that are relevant to multicultural workplaces. As some of these workplaces are aged care providers, the project offers useful learnings about implementing primary prevention of violence against women in the aged care setting.

Summary

This submission outlines a number of aspects of a primary prevention approach which Our Watch recommends should be adopted into national policy. These include:

- A whole-of-population approach, addressing the broad social conditions that give rise to abuse against older people
- Drawing on evidence about the underlying drivers of violence and abuse against older people
- Addressing systemic inequalities, particularly gender inequality, ageism and age discrimination as underlying drivers of violence against older people
- A specific focus on gender inequality, and gendered drivers of violence against older women
- Addressing the multiple factors that drive violence against older people across social structures, norms, and practices, in a systematic way
- Working across a range of settings – with aged care being a priority within the health, family and community services setting identified in *Change the story*
- Addressing the drivers of violence against women and abuse against older people, in the aged care context.

Recommendations

As a national leader in the primary prevention of violence against women, Our Watch recommends that Commonwealth, State and Territory Governments collaborate to:

1. Incorporate a primary prevention approach into the *National Plan to Respond to the Abuse of Older Australians 2019-2023*.
2. Develop a strong research program that builds on existing knowledge to develop sound evidence, not only on the prevalence of elder abuse, but also on its underlying drivers, in order to inform the development and implementation of appropriate primary prevention measures.

3. Invest in primary prevention approaches in settings where older people, particularly older women, live, work, socialise and engage, to challenge the norms, practices and structures that drive violence against women.
4. Establish gender equality initiatives in the aged care sector, particularly in relation to the workforce.
5. Invest in developing and increasing the primary prevention capability of the aged care workforce.

Older women's experiences of violence

Older women, like younger women, can experience violence in their homes and communities. Older women can experience physical, sexual, emotional, verbal, social, spiritual and financial violence, mistreatment and neglect. This violence may be perpetrated by current or former intimate partners, adult children, family members, carers, workers or any individual in the community. At its core, this violence is about power and control and creates fear.

The common definition of elder abuse in Australia is “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”.⁹ This definition has overlaps with many definitions of family violence in Australia, particularly where the abuse is perpetrated by a family member towards the older person.

Prevalence of violence against older women is difficult to measure and is likely to be underestimated due to barriers to older women reporting violence, and a lack of research into the violence experienced by older women. However some measures help to indicate the prevalence of violence experienced by older women. Data collected from elder abuse helplines in Australia indicates approximately 70% of callers are female.¹⁰ Despite myths and misconceptions, older women experience both sexual and physical violence. The ABS 2012 Personal Safety Survey found 0.4% of women aged 55 and older reported experiencing cohabitating partner violence in the preceding 12 months (c. 12,800 women) and 0.2% of the sample aged 55 plus (c. 7,000 women) reported experiencing sexual assault in the preceding 12 months.¹¹

Due to ageism and barriers to reporting abuse, older women and their experiences of violence are often rendered invisible. Older women's experiences of violence may fall under definitions of family violence, sexual violence and elder abuse, yet older women may not identify their experiences as such, or relate to these terms. Despite older women who are victims/survivors of violence being eligible for support from a range of services (including specialist family violence services, sexual assault services, legal services, housing and homelessness services, and health services), older women's experiences are often relatively invisible in the mainstream family violence and sexual assault sector.¹²

Violence and abuse against older people, and older women in particular, manifests in a range of ways in aged care contexts, not limited to that perpetrated by workers in this setting.¹³ This includes:

- Financial abuse of older people in residential care by family members or staff
- Older women living in the community using community aged care services, and experiencing abuse by an intimate partner
- Older people living in the community and experiencing abuse by adult children
- Use of chemical and physical restrictive practices

- Emotional abuse such as threatening to 'out' older people who may be hiding their LGBTI identity
- Social abuse such as family members isolating older people
- Sexual assault in the context of personal care such as assistance with bathing and toileting.

Our Watch acknowledges the significant harm experienced by older people within aged care services that prompted the establishment of this Royal Commission. Aged care services are critical for many older women, and it is important that all steps are taken to not only respond to, but crucially to *prevent* abuse and violence towards those using these services.

Understanding primary prevention of violence against women

Primary prevention of violence against women differs from response and early intervention efforts.

As outlined in *Change the story*, there are three key stages of intervention to address violence against women:

- Action can be taken after violence has occurred in an attempt to avoid it happening again. This is known as tertiary prevention or response.
- Actions can be taken at moments of risk to change the trajectory of violence or to reduce the severity. This is known as secondary prevention or early intervention.
- Actions can be taken to stop violence from occurring in the first place. This is known as primary prevention, or simply prevention.

These three approaches are shown in the figure below:

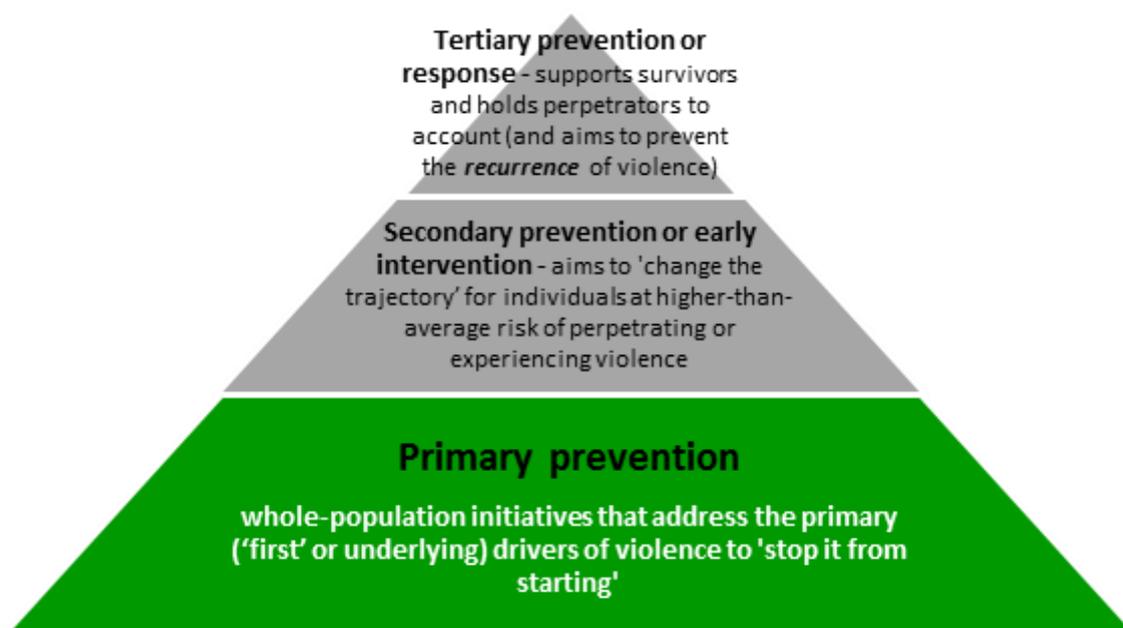


Figure 1: Stages of intervention¹⁴

Primary prevention is the broadest-based of all these approaches. Rather than working only with those individuals already impacted by violence, or those specifically considered 'at risk', primary prevention is a population-based approach. It works with all people, across all levels of society, to shift the underlying drivers of violence and transform the social context in which violence against women is able to be perpetuated. While early intervention and response efforts are important to address existing violence, only primary prevention has the potential to reduce the overall prevalence of violence in the long-term.

What drives violence against older women?

Drivers of violence against women

Research that informed *Change the story* found factors associated with gender inequality are the most consistent predictors of violence against women. These factors are known as the **gendered drivers** of violence against women. They are population-wide factors that have been most consistently correlated with violence against women. These are:

- Condoning of violence against women
- Men's control of decision-making and limits to women's independence in public life and relationships
- Rigid gender roles and stereotyped constructions of masculinity and femininity
- Male peer relations that emphasise aggression and disrespect towards women

A number of other factors, known as **reinforcing factors**, interact with the gendered drivers of violence against women to increase the likelihood, severity, frequency, and influence the expression and consequences of the violence. These reinforcing factors are:

- Condoning of violence in general
- Experience of, and exposure to, violence
- Weakening of pro-social behaviour, especially harmful use of alcohol
- Socio-economic inequality and discrimination
- Backlash factors (when male dominance, power or status is challenged).

Drivers of violence against Aboriginal and Torres Strait Islander women

Violence against Aboriginal and Torres Strait Islander women and their children is disproportionate in both prevalence and severity. Aboriginal and Torres Strait Islander women experience violence at more than 3 times the rate of non-Indigenous women, are 11 times more likely to be killed due to assault, and are hospitalised for injuries caused by family violence related assaults at 32 times the rate of non-Indigenous women.¹⁵

There is no single 'cause' of violence against Aboriginal and Torres Strait Islander women. However, research and consultation that informed the development of *Changing the picture: a national resource to support primary prevention of violence against Aboriginal and Torres Strait Islander women and their children* (2018) points to three main underlying drivers that intersect to produce such high levels of this violence. These drivers can be understood as:

- The ongoing impacts of colonisation for Aboriginal and Torres Strait Islander people
- The ongoing impacts of colonisation for non-Indigenous people and in Australian society
- Gendered factors – both gender inequality in a general sense, and specific gendered drivers that are a consequence of colonisation.¹⁶

While there is limited evidence of the specific prevalence and drivers of violence against older Aboriginal and Torres Strait Islander women,¹⁷ the combination and intersection of colonisation, gender inequality, and ageism needs to be considered in order to understand and address the specific context of violence against older Aboriginal and Torres Strait Islander women.

Drivers of violence against older women

Gender inequality is always influential as a driver of violence against women, however it is not necessarily the most influential factor in every context. Gender inequality cannot be considered in isolation, nor is it experienced in the same way by every woman. Gender inequality needs to be considered and addressed together with a range of other significant systemic factors, such as ageism, racism, homophobia, the impacts of colonisation, and ableism. This is known as an intersectional approach.¹⁸

To understand and prevent violence against older women in particular, it is critical to consider ageism, age discrimination,¹⁹ and other forms of inequality affecting older women at a population level. The design and implementation of initiatives to prevent violence against older women must address the social norms, structures and practices that shape the situation of older women, placing them in a position of inequality compared to men, and to women of younger age groups.

The gendered drivers manifest and impact older women differently than women in other age groups. Older women encounter both sexism and ageism, which adds complexity to their experiences. A lack of respect towards older people, negative language and policy discourse that frames ageing as a burden and as undesirable, and negative stereotypes of older people being an economic cost to society, are some of the complex factors contributing to ageism.²⁰

The intersection of sexism and ageism manifests in a range of ways including:

- Older women being viewed as asexual
- The myth that older women do not experience sexual assault
- Older women being considered physically unattractive (in contrast to descriptions of older men as “sexy” or “silver foxes” and the social acceptance of older men having a younger partner, but not older women)
- Older women being perceived as homogenous and ageing the same way
- The perception that older women are unable to manage their finances and must have a younger person, often a man, manage finances for them
- Patronising stereotypes of older women as “passive” “sweet”, vulnerable and frail, “little old ladies,” which belittle the validity of older women’s views and experiences
- Stigma and difficulties faced by older women separating and divorcing
- Older women facing discrimination in the workforce
- The perception that older women are incapable of making their own decisions
- Older women being expected to care for grandchildren (and other family members) whereas older men are viewed as incapable or not expected to perform this caring role.

For older women, the impacts of gender inequality accumulate over the lifespan. The cumulative effects of gender inequality over a woman’s life are demonstrated particularly in the gender gap in superannuation and in the increasing levels of homelessness experienced by older women. The gender gap in superannuation and retirement income for older women is due to cumulative impacts of gender inequality over the lifespan, through the persistent gender pay gap, the lesser opportunities women access in the workforce, and the disproportionate responsibility for unpaid work being taken by women over the course of their lives.²¹

Older women are also at increasing risk of homelessness. From 2011 to 2016 the number of older women experiencing homelessness increased by 30%, with approximately 7,000 older women

homeless and approximately 5,800 at risk of homelessness.²² Experts however believe due to the hidden nature of homelessness for older women (for example they may stay with friends or family in contrast to men who often sleep rough), that these figures may not represent the full extent of homelessness experienced by older women.²³

There is emerging evidence that ageism and age discrimination are primary drivers of violence and abuse against older people of all genders, with some international examples of primary prevention targeted at changing these social norms.²⁴ Addressing both gendered and ageist drivers of violence against older women can contribute to addressing abuse and violence against older people more broadly.

There may be specific factors in some contexts, e.g. for new parents supporting an older parent to migrate in order to provide support with children, or for older Aboriginal and Torres Strait Islander women who provide significant kinship care support to their adult children. Preventing violence in such circumstances requires a range of other intersecting drivers to be addressed.

Addressing violence against older women in policy frameworks

The *National Plan to Respond to the Abuse of Older Australians 2019-2023* (the National Plan) currently focuses on increasing understanding of prevalence, and strengthening responses to abuse against older people. While these are important goals, adding a more systematic primary prevention approach that addresses the underlying population-level drivers of abuse against older people would significantly strengthen the National Plan.

Previous inquiries, such as the Australian Law Reform Commission Inquiry into Elder Abuse, did not address relevant social norms and practices in any depth. This is an ongoing gap in policy development related to abuse against older people. While law reform and response measures have been canvassed in more depth in these recent law reform and policy processes, there is not yet a systematic approach to primary prevention that addresses the underlying drivers of this abuse, through measures that tackle social norms and practices.

A primary prevention approach emphasises the need to address all of these relevant factors in order to address the underlying drivers of violence, and for these initiatives to be sustained over the long term. The national framework for the prevention of violence against women emphasises the need to address structures, practices and social norms in order for long term change in the prevalence of violence against women. Our Watch recommends a similar multi-factorial approach to primary prevention of abuse against older people.

Such an approach would also be able to draw from the experience of applying an intersectional lens to the primary prevention of violence against women.²⁵ Intersectionality is a concept that helps us understand how multiple types of discrimination and inequality operate together. It takes into account the multiple and complex causes of social inequality and disadvantage, and enables consideration of these multiple factors simultaneously. Intersectional approaches enable primary prevention to move beyond discretely defined population groups that are assumed to be homogeneous, and to identify and address the intersecting, systemic drivers of violence against women. For example, *Changing the picture: A national resource to support primary prevention of violence against Aboriginal and Torres Strait Islander women and their children* identifies intersecting drivers related to colonisation and its impacts on both Aboriginal and Torres Strait Islander and non-Indigenous people, alongside gender inequality, as the underlying drivers of violence against Aboriginal and Torres Strait Islander women.²⁶

Extending the National Plan to include a primary prevention approach to the abuse of older people would include the incorporation of a number of beneficial features primary prevention approaches to violence against women. This would enable the Plan to:

- address the underlying drivers of disrespect and mistreatment of older people, particularly ageism and age discrimination, across the whole of society
- provide a framework that supports prevention activity to be multi-factorial and mutually reinforcing across a range of levels of society (individual, community, institutional, and structural), in a range of contexts (settings such as health, community services, and social settings), and across the manifestations of drivers of abuse in social norms, practices and structures
- adopt an intersectional approach that can identify multiple and complex underlying drivers and support work to address these intersecting drivers
- link evidence to inform policy and practice through evaluation and continual learning.

Recommendation 1

Incorporate a primary prevention approach into the *National Plan to Respond to the Abuse of Older Australians 2019-2023*.

Need for evidence on the drivers of violence against older people

As discussed earlier, *Change the story* is the key evidence base concerning the gendered drivers of violence against women and the corresponding actions needed to prevent this violence. However, there is no equivalent evidence base in relation to the drivers of ageism and violence against older people. While it is positive to see research on the prevalence of elder abuse now being initiated²⁷, there remains a need for additional research into its underlying drivers. This gap needs urgent attention so effective primary prevention strategies can be created based on sound research.

There is also a lack of research and attention to the relationship between violence against older people and sexism.²⁸ Much of the focus on violence against older people has taken an individual approach, rather than looking at population-level factors. The research on elder abuse within the medical model has avoided exploring the connection between ageism and sexism.²⁹

Although the evidence base is not yet broad or robust enough to identify the drivers of abuse and violence against older people, it is a fair assumption that the following factors are among those that are relevant, and that need to be challenged:

- social norms that normalise disrespect towards older people
- negative stereotypes, images and language that represent older people as problematic and burdensome to families, the economy and the health care system
- limitations to older people's independence and decision-making

The Our Watch Prevention in Action Across Our Communities – Primary Prevention of Elder Abuse project has found that most of the current work on preventing abuse of older people is focussed on either early intervention or service delivery and response. Whilst this is shifting and there is greater recognition of the need to stop abuse against older people before it occurs, primary prevention approaches have not yet been well developed or implemented on a broad scale.³⁰

In the absence of a clear evidence base there is a lack of shared knowledge among agencies responding to abuse of older people about how primary prevention differs from early or secondary intervention. Sometimes initiatives that are labelled primary prevention are actually more accurately described as early intervention or response, because they target people at risk of perpetrating or being subjected to abuse, rather than addressing population-level factors and social

inequalities that drive high levels of abuse. For example, discussing with older people the need for legal documentation, such as a Power of Attorney, to protect themselves is an early intervention measure, not a primary prevention approach, as it does not target the underlying norms, structures and practices that give rise to the abuse of older people.

It is not sufficient to focus on reducing risk to individuals – preventing abuse against older people requires challenging the underlying drivers of this abuse at a social or population level, and its manifestations in a range of social settings and contexts.

Whilst the evidence base does not exist yet regarding the drivers of abuse against older people, there is growing consensus this evidence is urgently needed to guide future work. Given the immediate need for action as well as evidence, action research methodologies would be promising in the first instance to build capacity among agencies, programs and practitioners to use and generate evidence, and simultaneously to help build the evidence base.

Recommendation 2

Develop a strong research program that builds on existing knowledge to develop sound evidence, not only on the prevalence of elder abuse, but also on its underlying drivers, in order to inform the development and implementation of appropriate primary prevention measures.

How aged care can contribute to preventing violence against women and violence against older people

Change the story identifies a number of settings that present significant opportunities for action to prevent violence against women because of their reach across the population, and opportunities to influence social norms, practices and structures. Two of these priority settings are relevant to this Inquiry: (1) health, family & community services and (2) workplaces and employee organisations. The aged care sector is both a major employer as well as a sector that impacts the lives of older people in a range of ways. As such work in this setting has the potential to either prevent violence, or, conversely, to reinforce the drivers of violence.

The process of ageing is gendered. The life expectancy of women is longer than men. Women outnumber men in aged care programs; around 2 in 3 people who use aged care services are women.³¹ Aged care therefore has significant potential to contribute to preventing violence against older people generally, and older women in particular.

Certain structures, norms and practices in the aged care system can contribute to the gendered drivers and reinforcing factors that promote violence against women and older people. These include arrangements (such as legal instruments or operational arrangements within services) where a person may be deprived of freedom and does not have control over decisions that affect them; where individuals in positions of power have opportunities to isolate and/or 'groom' a person; and where the attitudes, behaviour and norms in the setting or system minimise and condone violence towards older women.³² Addressing these factors can help address the underlying drivers of violence against older people, and older women in particular.

Primary prevention initiatives must be accompanied by initiatives to strengthen responses to violence against older people, particularly as primary prevention work usually results in more disclosures of violence. This is because it involves a focus on challenging the norms, structures and practices which present barriers to disclosure, and on promoting the voices of victims/survivors of violence, and is therefore likely to result in more victims/survivors feeling safe to disclose their experience of abuse and seek support. Increased disclosures must be met with appropriate

supports and responses; otherwise there is a risk of primary prevention becoming counterproductive.

Possible approaches to primary prevention in aged care contexts include:

- development of a gender equality strategy for the aged care sector
- supporting older people to remain in their own homes (or relocate to suitable independent housing) in order to maintain independence
- social marketing to counteract ageist social norms and stereotypes
- bystander approaches to challenge ageist and sexist attitudes and behaviours among family members and aged care workers
- engaging older men in preventing violence against women and promoting gender equality
- engaging children and adults of all ages in intergenerational programs to reduce ageist attitudes
- considering and addressing how gender- and age-related factors and negative stereotypes affect service provision in aged care, and identifying opportunities to challenge these.

Primary prevention initiatives can strengthen the safety and quality of aged care by implementing evidence-based measures that promote respect and equality.

Recommendation 3

Invest in primary prevention approaches in settings where older people, particularly older women, live, work, socialise and engage, to challenge the norms, practices and structures that drive violence against women.

The aged care workforce

The aged care workforce is national and sizeable, with 235,764 workers, of which 153,854 are in direct care roles.³³ The dynamics of this workforce are revealing. In 2016, 27% of the direct care workforce were aged 55 years and over and 87% of direct care workers were female.³⁴ One-third of workers were born overseas, with 40% of newly employed workers being born overseas.³⁵

There are some examples of existing work that seeks to engage the aged care workforce to promote primary prevention of violence against women. These have sought to address gender inequality, including the conditions that give rise to sexual harassment and other kinds of inequality and disrespect in the workplace.

For example, Our Watch, as part of the Safer and Stronger Communities project,³⁶ has worked with one provider of residential aged care to address gender equality and the drivers of violence against women in the workplace through the Workplace Equality and Respect³⁷ program. This has involved addressing specific factors for the agency's workforce, which is made up of a high proportion of migrant and refugee women. The gender and race based inequalities affecting these workers have been addressed through initiatives with managers and senior executives, and the project has promoted bystander action³⁸ with clients, their families, other allied health professionals and contractors in the aged care facilities operated by the organisation.

Case study: Equality@Work – Multicultural Centre for Women's Health (MCWH)

The Equality@Work project aims to prevent violence against women. The project uses a feminist, intersectional approach³⁹ to primary prevention which means recognising and addressing how gender and social inequality disproportionately affect migrant and refugee aged care workers.

The project was fostered through an ongoing relationship between MCWH and Mercy Health, who have committed to facilitating career pathways for staff for migrant backgrounds, through previous partnerships and initiatives.

The Equality@Work Model is divided into three mutually constitutive levels. Migrant women's leadership is the foundational element of the Model, bringing migrant women's voices into managerial spaces while contributing to the evidence-base on workplace prevention programming and intersectional disadvantage. The Model identifies six key steps which are the enablers and actions taken for the project:

1. ESTABLISH organisational commitment to workplace equality
2. ENGAGE migrant women staff members as project leaders
3. BUILD UNDERSTANDING about the links between structural inequality and violence against women
4. BUILD capacity to plan and deliver tailored workplace prevention activities
5. EVALUATE outcomes and continually improve activities and processes
6. SUSTAIN systems-level change through internal monitoring, and integration into strategic priorities

The project involved the following activities:

- Engaged four groups of migrant women aged care workers in forums at four locations. The forums were an opportunity to share ideas and stories about staff experiences of gender and social inequality, and what it would look like to promote gender equality and respect at Mercy Health.
- Four Gender Equality Advocates training sessions, reaching team leaders, nurses, administrative staff and supervisors.
- Creation of an Equality@Work postcard campaign featuring aged care employees, which has been used for advocacy purposes.
- Creation of an Equality@Work video which includes powerful testimonials from forum participants.

MCWH is currently planning a public forum and developing a new resource to help workplaces implement prevention activities in a way that effectively engages migrant and refugee communities, and that addresses the intersectional drivers of violence against women.

The project was guided by Our Watch's Workplace Equality and Respect Standards and Implementation Guide.

Our Watch recommends further work to explore how gender inequality influences the aged care workforce, and how initiatives to address the gendered drivers of violence against women can be applied in the aged care sector. Factors specific to the aged care sector that could be addressed in a primary prevention approach include:

- Addressing rigid gendered stereotypes that represent caring roles as the domain of women. There have been several initiatives addressing gender roles for new parents,⁴⁰ but few primary prevention initiatives addressing the aged care workforce or family carers of older people. There may be opportunities to reach this population in the aged care system.
- Addressing the working conditions and opportunities for migrant and refugee women in the aged care sector, including:
 - recognising the skills and qualifications of migrant women, and undertaking initiatives to promote their leadership in the aged care sector

- addressing the concentration of migrant and refugee women in more insecure and low-paid roles in the aged care workforce through initiatives to promote job security
- addressing workplace arrangements that have unequal effects on migrant women (such as discriminatory rostering, and barriers to career progression)
- Addressing barriers in visa and work conditions that prevent migrant women from accessing career progression opportunities
- Ensuring aged care workplaces are safe for LGBTIQ workers.
- Addressing pay rates of workers in aged care, who are typically paid lower rates than average.⁴¹

Recommendation 4

Establish gender equality initiatives in the aged care sector, particularly in relation to the workforce.

Building the capacity of the aged care workforce to undertake primary prevention of violence against older women

Primary prevention is a whole of population endeavour, so embedding primary prevention into the aged care sector means there is scope to shift and influence the structures, norms and practices regarding gender inequality and ageism. Primary prevention action should be targeted at the aged care workforce, aged care service providers, systems working with older people and older people themselves. Older people who use aged care services will benefit from a workforce with increased education and knowledge of the drivers of violence and the impacts of ageism.

Our Watch recommends that the aged care workforce, and the environments older people encounter, such as aged care facilities, respite facilities, retirement villages and health settings, as well as their own homes and in broader community settings, are crucial settings where primary prevention actions and initiatives must be implemented. This must be accompanied by initiatives to ensure the aged care environment is safe for older people to disclose abuse, access support to be safe from abuse and violence, and to recover from abuse.⁴²

Recommendation 5

Invest in developing and increasing the primary prevention capability of the aged care workforce.

Endnotes

- ¹ Our Watch, Australia's National Research Organisation for Women's Safety and VicHealth (2015), *Change the story: a shared framework for the primary prevention of violence against women in Australia*, Our Watch, Melbourne Australia
- ² Our Watch, Ibid.
- ³ Our Watch, Ibid.
- ⁴ Our Watch, Ibid.
- ⁵ Lander, Bruce (2018) *Oakden: A Shameful Chapter in South Australia's History*, Independent Commissioner Against Corruption South Australia. Retrieved from <https://icac.sa.gov.au/report/oakden>
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- ⁷ Full references to this literature, research and other evidence can be found in *Change the story*, and the two accompanying 'Framework Foundations' papers, all of which are available on the Our Watch website: [http://www.ourwatch.org.au/What-We-Do-\(1\)/National-Primary-Prevention-Framework](http://www.ourwatch.org.au/What-We-Do-(1)/National-Primary-Prevention-Framework)
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- ¹⁹ This submission uses the following definition from the Australian Human Rights Commission:
- Age discrimination is when a person is treated less favourably than another person in a similar situation, because of their age, while ageism involves “a process of systematic stereotyping of, and discrimination against people’ simply because they are older.”
- Australian Human Rights Commission (2010) *Age discrimination – exposing the hidden barrier for mature age workers*, Sydney. Retrieved from: <https://www.humanrights.gov.au/our-work/age-discrimination/publications/age-discrimination-exposing-hidden-barrier-mature-age>

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- ³⁶ See <http://www.mcwh.com.au/project/safer-and-stronger-communities-pilot-project/>
- ³⁷ See <https://workplace.ourwatch.org.au/>
- ³⁸ Bystander action can include speaking out about, or seeking to engage others in responding to sexism, gender-based discrimination, and inequality, and 'calling out' or challenging sexist and violence-supportive behaviours, attitudes and practices.
- See Our Watch & Kantar Public (2017) *Bystander research snapshot report*, Our Watch. Retrieved from: <https://www.ourwatch.org.au/Bystander-research-snapshot-report>
- ³⁹ Multicultural Centre for Women's Health (2017) *Intersectionality Matters: Engaging immigrant and refugee communities to prevent violence against women*, Melbourne. Retrieved from: <http://www.mcwh.com.au/downloads/Intersectionality-Matters-Guide-2017.pdf>
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