



National Ageing Research Institute submission to the Victorian Government's Gender Equality Strategy

About the National Ageing Research Institute (NARI)

NARI is a recognised centre of excellence for research and research translation with extensive networks in the ageing sector both nationally and internationally. Our aim is to improve the quality of life and health of older people.

NARI has a dynamic, experienced team with a proud 40 year history of rapid translation of evidence into policy and practice to enable better outcomes for older people.

NARI is acknowledged as a leader in research and research translation in older people's mental and physical health, health and aged care service development. NARI also has a strong track record in education and capacity building for researchers and practitioners in gerontology.

NARI is a foundation member of the International Longevity Centre – Australia. ILC-A is part of the International Longevity Centre Global Alliance, a multinational consortium sharing research, policy and knowledge related to population ageing, and includes centres in the UK, US, Japan, Singapore, Brazil, and South Africa. The mission of the centres is to help societies address longevity and population ageing in positive and productive ways.

Their work encompasses the entire diversity of ageing, from promoting healthy lifestyle choices to end of life care, including people from cultural and linguistically diverse backgrounds, Indigenous elders, older people who are lesbian, gay, transgender and intersex, and older people in rural and remote settings.

NARI's past achievements include conducting the research that led to the establishment of aged care assessment teams, multidisciplinary assessment services for pain, dementia and falls and a person-centred approach to care of older

people in Victorian hospitals. In recent years, NARI has built on this foundation, developing tools, education programs and consumer resources that have promoted best quality health and community care for older people.

NARI is a company limited by guarantee with an independent Board of Directors. It is affiliated with the University of Melbourne and Royal Melbourne Hospital. The Institute is not for profit and has tax deductible gift recipient status.

About this submission

NARI is pleased to present this submission as a vital contribution to the development of a gender equality strategy for Victoria.

NARI strongly supports the Andrew Government's commitment to women and gender equality.

This submission focuses solely on gender equality and older Victorians, and specifically looks at elder abuse, affordable housing, health and wellbeing, research funding, carers.

We believe it is more important than ever that the needs of older women are framed as an integral part of any gender equality strategy, not as a special interest group or as a subset of reproductive health issues. Gender equality in turn must be framed within other major debates such as affordable housing, economic growth and productivity, better life and family balance, and environmental concerns.

Understanding why older women matter

Women are different to men, and experience life differently both in sickness and in health. In general, they also live longer.

There are some health conditions that affect only men, such as prostate cancer, and some that affect only women, such as breast cancer. Here in Australia women over the age of 74 are not sent an invitation to have mammogram screening, they have to apply for it. This is despite evidence that women aged 65 and over are at a higher risk of dying from breast cancer than younger women (van de Water et al. 2012). This finding has been linked to evidence that doctors undertreat breast cancer in older women than in younger women, even though they may have a good chance of survival (van de Water et al. 2012).

There are some conditions that affect more women than men such as arthritis, major depression, osteoporosis, falls, health impacts of all forms of violence. There are other conditions that affect women differently than they affect men. Heart attack is a serious condition that doctors can overlook in women because the signs and symptoms look different than they do in men.

There are more single older women than men, due to men's earlier mortality rates coupled with the rising rates of divorce (Loue & Sajatovic 2008). Older women are assumed to be asexual and discussions surrounding their sexual health are usually

ignored by health professionals (Hinchliff 2015). This is despite evidence that many single older women are sexually active and more are presenting with sexually-transmitted infections than ever before (Minichiello et al. 2012). To date, there is no sexual health policy targeting older women.

The specific benefits of adopting a gender perspective policy, as well as one that accounts for age, as identified by the World Health Organization European Region (WHO, 1999), include that it:

- Recognises the need for the full participation of women and men in decision-making
- Gives equal weight to the knowledge, values and experiences of women and men
- Ensures that both women and men identify their health needs and priorities, and acknowledges that certain health problems are unique to, or have more serious implications, for men and women
- Leads to a better understanding of the causes of ill-health
- Results in more effective interventions to improve health
- Contributes to the attainment of greater equity in health and health care

NARI contends that better health results can be reached through policies that specifically account for gender issues and which include a whole of government commitment.

Recommendations

- Funding for research and data collection on older women's economic health and well-being, including women from CALD backgrounds and ATSI backgrounds
- Funding research to evaluate the translation of evidence into practice
- Continued and improved access to publicly funded health services, such as breast screening for older women, with the provision of more women's health services
- Increased provision of health information (based on evidence-based research) for older women in both prevention and treatment, together with healthy ageing information and mental health
- Women's participation in decision making at government and community levels, and as consumers
- Training of health care providers, undergraduate and postgraduates, around older women's health needs with a focus on abuse
- The Victorian Women's Health Atlas, produced by Women's Health Victoria, should continue to be funded and with older women's needs prioritised

What are the most urgent areas of gender inequality that Victoria should tackle first?

NARI's research findings and expert knowledge of issues facing older people and particularly older women, suggest these five areas are of priority:

- Economic inequality and wellbeing
- Mental health
- Elder abuse
- Affordable housing
- Funding for research and data collection into the gendered nature of older women's health, and application of evidence into practice

Of these, research and data collection are vital if the Victorian gender equality strategy is to have a long lasting effect and impact. We note that the recent *Index of Wellbeing for Older Australians* produced by the Benevolent Society (2016) was unable to differentiate by gender, indigenous or cultural identity because the data does not allow such a breakdown. This is a shortfall for forward planning around a growing older population, and the especial needs of older women.

Economic wellbeing and health

Older women are subjected to sex role stereotyping. They are frequently seen as a drain on society, overlooked in terms of work, asexual, invisible and incompetent.

The reality of an older woman's life is that she is reaping the disadvantage of her younger years, which included less time in the paid workforce, more time out from work to care for children and family members, fewer career opportunities and reduced job security because of the need to take on part-time and casual work.

As a consequence older women are faced with fewer savings, significantly lower superannuation savings and lower levels of home ownership. Furthermore, due to a lack of stable accommodation and financial reserves, many older women are increasingly becoming homeless (Australian Housing & Urban Research Institute 2014).

NARI understands that entrenched views take time to overturn but emphasises the need for any gender equality strategy to acknowledge these views and set out a platform for action to turn them around.

Until women's economic wellbeing is seriously addressed at all stages of life, it will compromise their general health and wellbeing and their status in older life.

Recommendations

- Funding the development of awareness and empowerment programs for all older adults but particularly older women
- Funding research and practical solutions aimed at eliminating gender pay gaps
- Increasing levels of secure part-time work as opposed to casual employment for older women throughout the Victorian public service
- Working with the Council of Australian Governments to remove inequities in retirement savings and superannuation schemes
- Providing older women-specific outreach services through the Living longer, Living better initiative (Department of Health and Ageing 2012)

Mental health

Mental health problems and illnesses include short-term anxiety and depression (more commonly reported by women) as well as a range of longer-term conditions.

Women also more commonly report very high levels of psychological distress and higher levels of psychiatric disabling conditions than men (AIHW, 2006, p.99).

Dementia is a major health problem for older women largely as a result of an ageing population and women living to an older average age than men.

Older women make up the vast proportion of informal carers, spending an average of 80 hours per week caring for their spouses or other family members at home (Loi et al. 2015). This can have an adverse effect on their mental health and wellbeing, with many experiencing high levels of depression (Cuijpers 2005).

Same-sex attracted older women also have higher incidence and prevalence rates of depression (Guasp 2011).

NARI undertakes research regularly into the affect of mental health on older people. This includes reviewing current practices and the development of guidelines for Victorian Aged Care Assessment Services.

Current projects include the development of a range of tools, including a resource kit targeting depression and anxiety among older LGBTI people and an innovative physical activity program designed specifically for older carers and the people they care for to do together in their own home. This is the first time such a project has been conducted in Australia. Research into same-sex attracted older women and their later life care provisions has also been undertaken.

These research projects are already providing answers to how older Victorians can manage their mental health more effectively.

Recommendations

- With mental health attracting significant new funding in recent years, it is important that state contributions and future policy directions take into account the gendered nature of mental and emotional health so that more appropriate services and responses are provided
- Further research is required to investigate mental health and older women specifically
- Strategies to support older women carers are desperately needed, particularly in terms of providing respite care and ongoing assistance at home

Elder abuse

NARI defers to its submission to the Royal Commission into Family Violence on elder abuse (2015) in which we argued that elder abuse is a form of family domestic violence. Elder abuse is largely a gendered issue – with the victim more likely to be female (72.5 per cent) and the perpetrator more likely to be male (60 per cent).

Importantly, the impact on older victims of any abuse may be exacerbated by the challenges of ageing, and this needs to be taken into consideration in any policy development or service provision.

Elder abuse is defined as any act which causes harm to an older person and is carried out by someone they know and trust, such as a family member or friends. Like other forms of family domestic violence, elder abuse may be psychological, financial, physical, social or sexual, and can also involve neglect.

Lack of recognition and under-reporting means that the extent of elder abuse is difficult to estimate, but research indicates it is experienced by approximately two to six per cent of older people in Australia (Cooper, Selwood & Livingston 2008; Kurrle & Naughtin 2008).

Recent research undertaken by NARI with Seniors Rights Victoria indicates that approximately 67 per cent of elder abuse is perpetrated by a son or daughter of the older person, and 92 per cent of alleged perpetrators are related to the older person (including those in a de facto relationship) – clearly demonstrating that elder abuse is a family issue.

Many of the same factors that contribute to family violence contribute to elder abuse, including gender inequality, the use and abuse of power within relationships, a history of family conflict, as well as community attitudes, and particularly societal ageist attitudes that see older people as a burden on the wider population.

Recommendations

- Any campaign regarding family violence, the rights of women and the responsibilities of men, should also address attitudes to older people and aim to increase public awareness of elder abuse
- Funding should be provided for projects to investigate women's elder abuse both at home and in aged care
- Service provision, including the provision of information about family violence, needs to be accessible by older people and inclusive of their particular circumstance
- There needs to be education and training to ensure health professionals, law enforcement, financial institutions, counsellors and service providers understand elder abuse, and are able to identify possible occurrences, and know how to respond
- Further research is needed about possible conflict arising within intergenerational family homes, including adult children moving back in with elderly parents, and older parents moving in with adult children
- Increased public awareness and understanding of the possible conflict in these circumstances may help families and older people make better plans for their future
- Further research is needed into the motivations of perpetrators of elder abuse

Homelessness and affordable housing

Women are a particularly vulnerable group to homelessness and require different types of policy and practice responses (Petersen & Parsell 2014). However, there is limited understanding of the nature and extent of older women's homelessness in Australia and how it can be alleviated.

However recent research highlights that older women who are homeless for the first time have largely led conventional lives, whereas older women who had experienced homelessness over the long term may have been in and out of shelters or had mental health or substance abuse issues (Petersen 2015).

Petersen's research also highlights that traditional homelessness programs and specialised supportive housing are appropriate for older women who have lived with ongoing disruption and substantive health concerns.

Nevertheless, there is a lack of understanding that most older women in housing crisis have limited knowledge of the welfare sector and, with provision of mainstream housing (and community aged care if needed), want to and will live independently.

NARI contends that addressing older women's homelessness and lack of affordable housing in Victoria requires a range of services and housing responses, with increased attention given to a discourse of housing – affordable, secure housing – rather than continued discourse of homelessness.

As Victoria's population ages, more older women are retiring without owning a home or possessing sufficient superannuation, and risk housing stress or homelessness in old age if unable to find affordable private rental accommodation or enter social housing.

Recommendations

- Housing needs to be seen as an aged care issue and the two policy areas should be more closely linked
- Victoria's housing policy and programs need to be gendered in their response to ensure effective and appropriate responses to older people, especially women, particularly as older women's response to homelessness is different to men's
- The Victorian government should be encouraged through the Council of Australian Governments to ensure that the Federal Government review of aged care policies includes how policies could better assist older women living in rental accommodation, particularly relating to insecure tenure
- Funding should be directed to specialist and targeted housing and support services for older women, rather than the current skew towards rough sleepers and men
- Funding should also be directed towards research to get a clearer understanding of the life course of a woman, the accumulation of disadvantage and other structural concerns

Conclusion

NARI thanks the Commission for the opportunity to provide a submission on this important topic. Our submission argues for a clear delineation of older women in policy development and program initiatives. Whilst it is clear that women generally are still not equal, older women in particular are invisible and often overlooked. This Gender Equality Strategy is a first step in addressing this inequity in Victoria.