New Zealand
Family Violence
Clearinghouse

Abuse of Older People Research Symposium 2024
Discussion notes

About the Abuse of older people research symposium

The *Abuse of older people research symposium – Exploring current state of knowledge and critical gaps* took place in September 2024 in Auckland. The one-day symposium brought together specialists, researchers and policymakers working to address the abuse of older people (AOP). The event was co-hosted by the New Zealand Family Violence Clearinghouse (NZFVC) and the Ministry of Social Development | Te Manatū Whakahiato (MSD).

The symposium featured speaker panels and workshop discussions that explored the critical gaps in our understanding of and response to abuse of older people in Aotearoa across four themes:

- Understanding and measuring abuse of older people
- Inequities and intersectional identities
- Reflections from practice on barriers and challenges
- Aspirations for wellbeing and hauora.

Following each panel, two questions were asked to prompt discussion among workshop attendees in small groups. Attendees were invited to take notes from their discussions.

About this document

This document is a summary of the discussion notes from the symposium. NZFVC has created this summary document to capture and share insights from the discussions at the symposium. The content in this summary does not represent a formal consultation by either the NZFVC or MSD.

Workshop 1 – Question 1

How do the definitions of abuse of older people impact or limit the work that you do?

Terminology of 'abuse' is problematic

Feedback from workshop 1 identified a number of ways in which the terminology used to identify abuse of older people (AOP) negatively impacted the work that people were undertaking:

- It was noted that the term "abuse" or "elder abuse" creates barriers when working with communities and people who may be experiencing abuse.

- Cultural context is important - the barriers created by terms such as "elder abuse" were particularly significant for tangata whenua as well as other ethnic and minority communities.
- Need to focus more on 'caring'. Several workshop participants noted a preference for strengths-based approaches and conversations that centred ideas about caring for older people rather than focusing on "abuse".
- However, it was also noted by some workshop participants that there were risks in taking a purely strengths-based approach.

Definitional challenges

A tension was identified between the need to be flexible in defining AOP while also having a shared understanding that creates some boundaries and scope for work involving AOP:

- Defining AOP was seen as complex and context dependent.
- Rigid definitions could be constraining and there is a need for flexibility when defining AOP.
- At the same time, it was also recognised that boundaries and scope around terms such as AOP are required for research and to access funding, service response.

Need to focus on who is harming

It is important to understand the context in which abuse is occurring and, in particular, who or what is the source of abuse.

- Recognising the role of the system in creating or perpetuating harm.
- Recognising that AOP is not just perpetrated within families or whānau but may happen in residential care or other institutional settings, services etc.

There is a general lack of understanding about AOP at all levels of the system

Challenges were identified in the use of terminology and defining AOP. These flow into issues around a lack of awareness and understanding within communities and workforces, including:

- People experiencing abuse can't/don't know how to articulate what is happening to them.
- The drivers of harm are not well understood.
- There is a lack of shared understanding as to what constitutes abuse or inappropriate behaviour.

Workshop 1 – Question 2

How can we ensure research, policy and practice captures the actual experiences of older people?

Across all (research/policy/practice)

- Understanding the importance of collaboration and connecting research, policy and practice more closely together.
- Better planning and focus on diversity and equity. This includes considering diverse communities at the beginning of processes rather than as an afterthought.
- Flexible and adequate funding that enables community participation, including resourcing for relationships between response services and communities who may have been under-served including tangata whenua, Rainbow and Takatāpui, migrants, and disabled people etc.
- Ensuring that the voices of older people are heard and included in all spheres of the system. Older people are included in steering groups and governance.
- Exploring options to co-design services, policy and research with families, whānau and communities.

Research

There were a number of areas identified that would improve the quantity and quality of research in relation to AOP including:

- Having an agreed research agenda including identifying research gaps.
- Adequate funding for research.
- Checking definitions with communities/groups targeted by research.
- Ensuring that research was not transactional but collaborative and inclusive of communities. This included involving whānau in research design to ensure that research meets their needs.
- Resourcing for research that is grounded in te ao Māori and prioritises the perspectives and needs of tangata whenua.
- Ensuring that Takatāpui and Rainbow older people are included and visible within research.
- Undertaking work to understand the factors that impede data collection on AOP e.g. stigma, under reporting and how these can be mitigated.
- Ensuring that key workforces and expertise are included in research e.g. services working to support older people, geriatricians, home care providers, district nurses, NASCs (Needs Assessment Service Coordinator) and hospital social workers.
- Ensuring that residential care settings are included in research.
- Better sharing and communication of existing research.

Policy

Workshop participants identified a range of ways in which people working in policy-related roles could be supported to better consider AOP in their work:

- Including AOP in curriculum for tertiary students in public/social policy programmes.
- Ensuring that policy makers are connecting closely with researchers and those working with older people in communities.

Practice

- Working with older people in ways that build trust.
- Rather than sticking rigidly to terminology or definitions, listening and making sense of what is being communicated by older people.
- Need for dedicated workforce.
- Supporting the creation of services that reflect diverse communities.

Workshop 2 – Question 1

What barriers do you see in the work that you do?

Lack of resources/funding

A lack of funding or resourcing was a common theme:

- Funding relationships between community services and government were described as arms-length and transactional.
- Competing needs of many community services in an environment of fiscal constraint is creating stress and a sense of going backwards/things getting worse not better.
- Siloed funding.
- Funding for diverse and marginalised communities identified as a particular gap.

Systemic issues including working in silos

A number of systemic barriers were identified including:

- A lack of intersectional understanding at the system level.
- A lack of attention to the structural factors that exacerbate abuse including poverty, racism, homophobia, ableism, sexism etc.
- Lack of legislation to respond to AOP.

- Challenges of service provision when cohorts have lack of trust in systems, not wanting to self-present to services.
- A lack of focus on prevention.
- Silos between government agencies/sectors dealing with different components of care for older people e.g. Health, social services. Potential for people to be missed.
- Complexity of services across government roles and responsibilities.

Policy barriers

- Relationship and responsibility gaps and a lack of leadership around intersectionality from agencies.
- Bias towards shorter term deliverables over long term preventative policy programmes. Government politically motivated to show "quick wins".
- Limited government mandates – abuse of older people is not in the Aged Care Commission mandate.
- Criteria linked to government funding restricts who can receive services and interventions are narrowly defined.
- Shift away from equity-based approaches towards 'equality' harming groups and communities that are already marginalised.
- Centralised decision-making restricting communities' ability to act in ways that would help older people.
- At the same time, the need for government leadership was also identified with the lack of an overarching agency to oversee the delivery/development of AOP sector seen as a gap.

Workforce challenges

There were a number of barriers identified that related to the AOP workforce including:

- A lack of visibility of the AOP workforce and lack of current and future workforce development plan. In turn this is impacting workforce capacity.
- Staff turnover.
- Inadequate training and education pathways for social workers specific to needs of older people.
- AOP workforce responding to failure in other parts of the system, which adds to pressure.
- There are significant gaps in services including support for carers.

Lack of attention to intersectionality/diversity/human rights

A lack of understanding or acknowledgement of intersectionality was identified as a common theme. In particular, participants commented on:

- The challenges in profiling diverse perspectives when older people already aren't being considered. With limited funding this means that the needs of diverse communities are not prioritised by government.

- Language barriers and lack of services for ethnic and migrant communities.
- Rainbow and Takatāpui people are invisible in research and policy and there is a lack of safe services that meet their needs.
- How bias and a lack of cultural competency within all spheres exacerbates existing inequalities. This includes making cultural assumptions, e.g. that 'Māori have whānau structures of support'.
- The need to give more attention to the intersections of age and disability.

Existing social norms and narratives about ageing and older people further compounds the lack of visibility and awareness of abuse of older people

- Understanding ageism as the scaffolding for elder abuse.
- Narratives around 'Boomers' and economic situation (older people assumed to be rich, to be hoarding resources etc).
- Understanding that culture impacts on where people focus attention – e.g. lots of attention on children in Aotearoa, not so much on older people (this is not uniform across different countries).
- There is significant stigma and shame that surrounds AOP which impedes people disclosing abuse.
- There is a significant gap in terms of understanding and awareness of AOP more broadly across government agencies, primary health care settings and the wider community.

Gaps in evidence and research or poor attention to evidence

- Lack of evidence (research).
- Poor quality of data.
- Reliance on data over understanding the stories of the people behind the data or failing to link stories to provide context to understanding and analysing data.
- Not listening to stories. Noting that there are no safe 'spaces' to allow communities to 'talk' and 'share' their stories.
- Poor uptake of evidence in decision making.
- Risk of "death by framework".
- Few specialist researchers who are able to work with communities – all stretched. Capacity of organisations and groups to take part in research is also stretched.

Workshop 2 – Question 2:

What changes are needed to address these barriers in systems, services, workforce, programmes?

Implementing systems change and improving leadership and governance

- Shifting to integrated narratives and responses that are intersectional and address compounding disadvantage – beyond siloed responses and policy.
- Holistic services and integrated contracts – remove funding and reporting barriers that create silos.
- Have single point of government intervention/lead agency for abuse of older persons.
- Government leaders drive cross agency collaboration on complex issues.
- Address the values underlying the current system – individualistic/focus on productivity etc. Need to value diverse contributions that e.g. disabled whānau can make.
- Boards, leadership teams, Ministerial groups, parliament to include people with lived experience.

Better resourcing and devolving power and decision making to communities

- Creating funding streams and service guidelines that allow services to work with the nuance required.
- Invest in integrated services at community level – communities decide how best to allocate funding and supports. E.g. health and social care.
- Involve community in design of research into their needs.
- Co-design in services, documents and communications.
- Nothing about us without us applies to all communities. Remember those communities are internally diverse.

Workforce development and practice change

Investment in workforce capability and capacity was a key theme. This included:

- Training for policy staff/leadership in intersectional approaches. E.g. Te Ao Māori, LGBTQ+.
- Using conferences and forums to continue to grow awareness of AOP and specific considerations for priority groups. For example, New Zealand Aged Care Association run nurse conferences quarterly – a great forum to bring the topic of Rainbow ageing to.
- Ensuring that new services that are successful in securing contracts for elder abuse have (or can acquire) the appropriate knowledge and skills required.
- Ensuring that tertiary education pathways are built/strengthened with specific focus on AOP practice.
- Supporting practitioners with more information and support around legal advice in relation to enduring powers of attorney.

Suggestions for practice change included:

- Willingness to explore alternative models of service delivery and residential care.
- Ensuring NASC (Needs Assessment Service Coordination) and InteRAI and assessment systems are rights based and person-centred.
- Making sure that services are person centred with flexibility from management to meet needs rather than being service-led.

- Utilising tools and social networks that older migrants may be using from their own community context.
- Working closely with financial institutions such as banks to prevent financial abuse.

Supporting culturally appropriate prevention and responses

- Communities need awareness of the services e.g. health and legal, in their respective languages.
- Better resourcing and promotion of whānau ora approaches.
- Building greater knowledge of the needs of different communities
- Supporting cultural connectedness.
- Understanding our own biases and positive approaches to including difference as enhancing not dividing community.
- Funding streams for structural changes for 'mainstream' services – that enable partnerships with underserved communities.

Education and awareness

- Developing agreed/shared definitions and language.
- Improving awareness of AOP including systems and services. This includes challenging values/worldviews/assumptions.
- Developing and disseminating information and resources to families and community members who want to help older people at risk of being abused.
- Increasing people's awareness of their obligations to report abuse if they see it and how to do this. E.g. Vulnerable persons section 7 in Crimes Act – requires action by people to protect someone in danger or at risk of harm.
- Communities need to know where to go to report. Create safe places/environments to go for legal advice.
- Acknowledge that older people have many reasons <u>not</u> to name or report abuse or neglect.

Legislative and policy change

- Lobbying for regulation and reform including:
    o Relationship Property Act - may not be fit for older/vulnerable adults.
    o PPPR (Protection of Personal and Property Rights Act) is not fit for purpose and is open to abuse.
    o Need to look at substituted decision making. Need to have a way to dismantle this when abuse is discovered.
    o Don't have legislation that is fit for purpose for older, disabled and other people.
- Going through family court is likely to be particularly challenging for older people.

Research

- Developing agreed/share definitions and language.
- Disseminating [research] findings in appropriate formats incl. different languages.
- Ensuring researchers are providing translations of consent forms and participant information sheets that elders need to make informed decisions.

Workshop 3 – Question 1:

What works well for the communities you work with?

Decision making that is closer to communities

- Devolution and control – mana motuhake (albeit a limited version) including hapori and whānau being able to set the policy priorities and where funding goes.
- Valuing community contributions.
- Community-led programs that are locally-led and invested in and resourced.
- Flexibility – communities being able to decide on direction and priorities.

Wrap around supports/ holistic services/ Whānau Ora

- Whānau Ora approach.
- There is no wrong door. Services that – in addition to their kaupapa - also actively advocate, connect and navigate.
- Wrap around service is key, enables all whānau members to be "held". Wraparound = a community of care – use whatever creativity you want to bring people through the door, so you start to talk to them. Establish connection, e.g. through community meals, which allow relationships to develop and other connections to build to address isolation.

Flexible, high trust contracts and adequate resourcing

- Properly resourcing contracts and programmes.
- Flexible contracts/contracting for outcomes.
- Social sector commissioning and sustainable contracting and procurement.
- Creative use of funding – MSD elder abuse funding for supported independent living.
- Funding and systems that support participatory action research including funding for community members.
- Local government, Māori and Pacific contracts and procurement.
- Participatory budgeting ("but let's make a Māori version!").

Family and person-centred approaches (not service-centred) that facilitate building relationships of trust

- Having systems and structures that can adapt to needs rather than having to adhere to rigid structures. People centred.
- Building personal connection and trust with older people. This is the foundation for relational services that meet holistic needs.
- Established services that people already have a relationship with users for all their needs. People need a situation of trust to be able to approach services for support. Addressing elder abuse or neglect is too hard without trust established already.
- Intergenerational approaches.
- Going to [older people] in their safe spaces (e.g. church, club).

Services that are culturally relevant, competent and responsive to specific community needs

- Pacific older people are more courageous to connect.
- Pūrakau, kaitiakitanga, whakapapa, taiao, mana motuhake.
- Māori working together with research centres such as James Henare Research.
- E Tū Whānau approach to preventing harm to older people and whānau.
- Respecting whakapapa and lineages.
- Manaakitanga. Providing kai, providing safe spaces that bring people together. Connecting across generations.
- The separation of trusted services is really important for Takatāpui and Rainbow communities – we need older person services to be safe for us – confidential, deeper understandings of violence, build trust over time.
- Takatāpui and Rainbow communities need to address wider wellbeing. Social connection options.
- Takatāpui and Rainbow communities – our survivors of all forms of violence need some form of safety to ask for help – they don't want to go to Rainbow social support groups – no confidentiality, no understanding of violence or cultural difference, people with social capital can be perpetrators.

Skilled and passionate workforce

- Professionals' passion, commitment and collaboration.
- Empowering our elderly work force. Creating awareness.
- Supporting the volunteers in communities.
- Openness amongst those delivering service about their own identities and needs.
- Good clear processes.
- Interest in research and best practice changes.

Cross sector relationships and feedback loops

- Collaboration between agencies in different communities.
- Being connected with other organisations e.g. Police, law, health etc.

- Government talking to each other.
- Collaboration rather than competition.
- Relationships – knowing each other and tapping into networks to support.
- Community connections with MSD works well – keep it going.
- Keeping communities/stakeholders updated of policy changes/progress on issues they care about. Feeding knowledge back to communities (not leaving them).
- Government talking to communities and listening as policy/programmes are developed.

Continuing efforts to build understanding and awareness of broader issues

- Campaigns and wider work on ageism which underpins abuse of older people. E.g. UN Decade on Healthy Ageing.
- Community education on what abuse and neglect looks like and how to help/intervene with people using abuse and violence.
- More awareness and overcoming stigma.
- Institutional memory - remembering the work that has already happened.

Workshop 3 – Question 2:

How can we do more of what works well?

Do more: more resourcing, more research, more education and awareness raising

- MSD to organise more symposia.
- Security of funding for community providers (the ones who are holding the trust).
- Fund more research showing what works.
- Public education on the needs of older people and how to meet them/respond.
- Increasing discussion between the research/policy and practice.
- Share knowledge of entitlements more openly.

Building workforce capacity and creating communities of practice

- Build caregiver workforce capacity from same ethnic group.
- Connecting communities.
- Knowledge sharing.
- Building communities of practice.
- More career development/networking across different sectors. E.g. secondments for community practitioners to policy work and vice versa.
- Increase training and development across sectors on elder abuse.
- Develop organisational shared understanding and awareness.

- Government needs to <u>trust</u> community organisations to carry out work appropriately.

Work on transforming social norms and attitudes

- Educate our young to value and cherish older people.
- Promote pro-social attitudes towards older people and care for older people.
- Elder abuse is not a 'family issue' but a 'community issue'. We define from a collective lens, e.g. Pasefika is about the collective, which is the extended families and communities, churches etc.
- Build compassionate communities.
- Build it into the culture and you won't need laws.
- Call out the abuse specifically, "need to stop tippy toeing about the reality".
- Consider how we can change practice even when "law" doesn't change.
- People carry a lot of guilt and blame. Naming this is vital, help people not carry blame.

Planning

- Planning for predictable demographic change.
- Consider how fit for purpose and how accessible services and resources are for older people.

Focus on building protective factors and community supports

- Housing policy for securing of tenancy – stable settled communities.
- Building strong community, strong protective factors, e.g. housing, community connections.
- Availability of flexible housing, e.g. 65+ units with regular contact an oversight.
- Get out of the way (govt that is!).

Support culturally relevant services

- For Māori its Te Ao Māori – tikanga, whakawhanaungatanga, manaakitanga, whakapapa.
- Own language communication.

Building services and supports that are person centred

- Ask older people what works for them.
- Centring those who use services.
- Listening to people
- Having the ability to be flexible to respond to people's needs.

Wraparound supports including for families, whānau and carers

- Wrap around multiple service pathways to help. Have people who can walk alongside and help people access support e.g. navigators.
- Offer support to all members of whānau, including people using abuse. Allows opportunity for education with whānau safely (not criminogenic response).