

ELDER ABUSE IN CULTURALLY AND LINGUISTICALLY DIVERSE COMMUNITIES:

DEVELOPING BEST PRACTICE

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GLOSSARY OF ACRONYMS

APEA: WA	Alliance for the Prevention of Elder Abuse: Western Australia
CALD	Culturally and Linguistically Diverse
HACC	Home and Community Care
INPEA	International Network for the Prevention of Elder Abuse
TIS	Translating and Interpreter Service
UNESCO	United Nations Economic and Social Council
WA	Western Australia
WANPEA	Western Australian Network for the Prevention of Elder Abuse
WHO	World Health Organisation

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EXECUTIVE SUMMARY

This study set out to identify ‘best practice’ in service delivery with older Australians at risk of elder abuse, whose first language is not English. This report includes a review of State, national and international research literature and government reports addressing this complex personal, family, community and political problem.

There is a review of major models of service delivery designed to intervene in situations of elder abuse – both through the review of relevant publications and through the community forums with older Australians and agency professionals who work within the complexities of cross-cultural service delivery in aged care.

The researchers were mindful of four reports about elder abuse conducted in Western Australia since 2002 which touch on these issues – Boldy, Webb, Horner, Davey and Kingsley (2002); the Office of the Public Advocate (2006); Black (2008), and Clare, Black Blundell, and Clare (2011); there is an attempt to identify the commonalities in the findings and recommendations from these local studies.

The researchers were also aware of limitations and challenges in the research design; elder abuse is an emotionally-provocative topic for many people – and the researchers were mindful of the challenges of raising this topic in the first and only community forum with groups of older Australians whose first language is not English. There is further discussion of the limitations and challenges in Chapter Six.

One hundred and fifty-two older people from culturally and linguistically diverse communities (CALD) took part in one of eight language group community forums – Polish, Italian, Cantonese, Mandarin, Sikh, Iranian, Vietnamese, as well as a mixed group of Indian, Pakistani, Burmese and Sri Lankans who spoke good English. Aside from the last group, a translator was present at all forums. Fifteen professionals also participated in a series of three focus groups exploring the topic; some of them were present at more than one of these. Essentially, this study concludes that the current Western Australian policy and practice emphasis is seriously flawed for two major reasons:

- There is an over-emphasis on reacting, or being unable to react, to critical events in the lives of vulnerable older Australians – with an imbalance in the more universal, preventative and non-stigmatising community education and network-developing strategies.

- Services for vulnerable people who cannot speak and/or read English are inadequate for the current level of service demand – and there is a predicted tidal wave of increases in demand from older CALD Australians.

Finally, the researchers are cautious about the likelihood – or the value – of a training policy emphasis on front-line practitioners being expected to learn about ‘ethnic cultures’; there is considerable diversity within any ethnic cultural group – as well as between the 200 ethnic groups in Western Australia – with implications for the quality of skills in cross-cultural communication in aged-care services.

Both researchers are migrants to Australia. To illustrate the complexity of ‘ethnic cultures’, one of the researchers has traced his family history to an Irish village cemetery where his four grand-parents are buried, while the other researcher has two Spanish-speaking grand-parents from the Philippines and two from the USA, one with a German-speaking heritage and the other with a Scottish heritage.

The starting point for this study is that ***‘Families are like every other family (in their functions, roles in the life-cycle) – but more like some other families (in size, class, ethnicity, religious belief) – but, ultimately, like no other family given the idiosyncratic opportunities, events, crises and choices that come their way’.***

The challenge for the front-line professional is to develop skills in cross-cultural communication to be able to recognise and work effectively within the family culture embedded in the uniqueness in every presenting situation.

FINDINGS

A number of findings were made as a result of the research process, specifically in relation to data provided by the community forums and focus groups. These are located in Chapter Seven – ***Analysis of Results and Findings***, but have been summarised here:

7.2.2 Cultural Responses to Abuse

Finding 1 – Culture has an impact on the way elder abuse is perceived and responded to in the case of professionals and also clients. It is important that elder abuse information and education is flexible enough to embrace these different responses.

7.2.3 The Impact of Migration

Finding 2 – It is important to be aware of and compensate for the loss of informal support networks in the case of migrants and understand and appreciate the fact that they may be uncomfortable in using mainstream services. Migrants are not a heterogeneous group, and experience different levels of integration into Australian society, both within and between different cultural groups.

7.3.1 Translation and Interpreter Issues

Finding 3 – Involving interpreters in elder abuse responses is often vital in building understandings and relationships between the worker and the client. People with little English are very reliant on the intermediary of an interpreter to contact mainstream services, and interpreters are also important for workers to have a clear understanding of what the client is trying to communicate. Thus, it is important that interpreters be easily accessible to both clients and workers. Issues with objectivity may always occur in small language communities, and procedures should be put in place to minimise this.

7.3.2 Language barriers, increased vulnerability, and decreased access

Finding 4 – People who speak little English are at increased risk of elder abuse due to the difficulties in gaining information about services available and also due to challenges when navigating complex service systems and communicating their needs. Information about elder abuse and services available needs to be communicated in a variety of media and specifically targeted to reach those who are most isolated in the community.

Finding 5 – Older people from non-English speaking backgrounds may need intensive assistance from interpreters to engage in mainstream services.

7.4 Isolation

Finding 6 – Isolation and increased vulnerability to elder abuse is a consequence of not being fluent in English and this is exacerbated by migration and loss of informal support networks. This may be addressed by programs designed to rebuild community support networks.

Finding 7 – Cultural mores as well as a desire to keep private matters within the family may also be barriers to seeking help in dealing with elder abuse. This may be combated by raising awareness of elder abuse and available service responses in a variety of languages and media.

7.5.1 Issues dealing with Elder Abuse – For Clients

Finding 4 – People who speak little English are at increased risk of elder abuse due to the difficulties in gaining information about services available and also due to challenges when navigating complex service systems and communicating their needs. Information about elder abuse and services available needs to be communicated in a variety of media and specifically targeted to reach those who are most isolated in the community.

Finding 5 – Older people from non-English speaking backgrounds may need intensive assistance from interpreters to engage in mainstream services.

Finding 8 – It may be difficult for people experiencing elder abuse to seek help if they live with the perpetrator of the abuse as they may fear that taking action will leave them worse off. It is important to find ways of assisting people that will alleviate this fear.

7.5.1 Issues dealing with Elder Abuse – For Workers

Finding 9 – It is important for the emotional welfare of professionals working with elder abuse that feedback protocols between agencies be established so that they are not left in doubt about the outcome of cases, where possible.

Finding 10 – Working with elder abuse cases involving CALD clients may involve additional challenges when compared to mainstream cases. Understandings and responses to abuse may be coloured by cultural interpretations on behalf of both the worker and the client. Interpreters may have to be used. It is important that elder abuse response procedures and protocols take into account these challenges.

7.6.1 Information, Education, and Training

Finding 11 – For older people, elder abuse information is most often received at the point of crisis, long after it can assist in prevention. It may be useful to develop broader education strategies in a variety of media that target the general population. More specific in-depth information could be provided on as part of a mandatory education program about ageing issues and linked to the age pension, seniors card or migration education for new arrivals.

Finding 12 – There is a need to ensure that CALD specific services for older people regularly raise awareness of elder abuse. These services are also well placed to assist people to contact Advocare and other services which respond to elder abuse.

Finding 13 – Key individuals such as health workers, GPs, and religious leaders within CALD communities are well placed to get the message out about elder abuse to their communities and even act as intermediaries in putting people in touch with services that may assist them.

7.6.2 Building Alliances and Professional Relationships

Finding 14 – Building relationships and strategic alliances with key individuals and organisations may be an important step in developing strategies to reach out to CALD older people who are isolated and vulnerable.

7.6.3 Service Development

Finding 15 – Several services could be modified to provide better monitoring and screening of CALD older people who may be vulnerable to elder abuse. Mandatory GP health checks every six months for people over a certain age could assist in screening for abuse if the GPs were adequately trained to look for it. In any case, health care providers from CALD communities should receive elder abuse education and training so that they can assist people experiencing elder abuse.

Finding 16 – CALD HACC services play a vital role in helping people from non-English speaking backgrounds contact formal services. It is important that these services are adequately funded and resourced in order that they can reach out to those most isolated and vulnerable in the community. Bi-lingual workers are well placed to assist clients experiencing elder abuse to contact services for support and assistance, and so they should be well trained and supported in this work.

Finding 17 – Several services used to respond to crises in other areas could be adapted and developed to respond to elder abuse, such as a telephone hotline service, the Carelink Personal Alarm, or a Seniors' Resource Centre.

RECOMMENDATIONS

A series of recommendations have come about as a result of this project. These were generated as a result of the interactions between a review of relevant national and international research literature, the suggestions of research participants, and a thematic analysis of the transcripts of the community forums and focus groups. Thinking systemically, the recommendations are clustered under the following headings – ***Personal and Professional Relationships; Community and Social Relationships; Enhancing Professional Education*** and ***Public Awareness; Agency and Policy Development***. Wherever possible, recommendations are also located in relation to the State or Commonwealth government agency responsible for the identified area of policy development. The recommendations have been listed again in numerical order at Appendix One.

Personal and Professional Relationships

Recommendation Seven (p.65): *Advocare and the WA HACC Program ensure that information and responses to elder abuse are flexible and creative in order to encompass cultural differences in perceptions and responses to elder abuse.*

Recommendation Ten (p.69): *The WA HACC Program ensures HACC service providers access interpreters where it is required, including when dealing with elder abuse responses.*

Recommendation Twelve (p.71): *Advocare works together with the WA HACC Program and CommunityWest to ensure that bi-lingual workers have access to on going training about elder abuse.*

Recommendation Twenty-eight (p.102): *That Government considers the use of geneograms in cross-cultural residential aged-care services and home-based aged care services.*

Recommendation Thirty-one (p.106): *Explore the introduction of training programs to support carers in their early stages of caring responsibilities. It is suggested that the Department of Communities explore the introduction of Pre-Retirement Courses to inform carers of resources and programs available to support them in their caring role, and that the WA HACC Program explores the introduction of Carer Courses to support carers in the early stages of taking on carer responsibilities.*

Community and Social Relationships

Recommendation Four (p.44): *Advocare provides the WA HACC Program with information on the Rockingham Social Connector Program for consideration.*

Recommendation Five (p.44): *That APEA:WA explore the opportunities for research to identify and report on national and international projects which have investigated the potential benefits of social media as universal services for socially-isolated and non-English-speaking older people.*

Recommendation Eight (p.67): *The WA HACC Program continues to fund HACC service providers to develop culturally relevant networks to support HACC CALD clients.*

Recommendation Nine (p.67): *APEA:WA explores how different waves of migration from different countries, both new migrants and those that have partially integrated into Australian society in past decades, can inform future planning.*

Recommendation Thirteen (p.73): *The WA HACC program continues to support HACC service providers to further develop and target services to HACC CALD clients most isolated.*

Recommendation Twenty-three (p.83): *The WA HACC Program continues to provide funding for aids and equipment to support the reduction of risks to HACC clients.*

Recommendation Twenty-four (p.83): *The Department for Communities considers the funding of a Seniors' Resource Centre.*

Enhancing Professional Education and Public Awareness

Recommendation Three (p.39): *Advocare, and HACC service providers continue to access community newspapers and community radio – both about 'good news stories' of the achievements of older Australians to challenge the level of ageism in the community, and about community education about the risks of elder abuse and how to access services in the event of need or concern.*

Recommendation Six (p.65): *HACC service providers ensure that all staff receive initial and advanced training in cultural competency including identifying elder abuse and appropriate follow up.*

Recommendation Eleven (p.70): *Advocare and the WA HACC Program ensure that information about elder abuse and the services available to assist people being abused is developed in a variety of media formats and specifically targeted to reach those most isolated and vulnerable.*

Recommendation Fourteen (p.73): *Advocare and APEA:WA ensure that an elder abuse information and communication strategy be developed for getting information out about elder abuse to CALD communities in a variety of languages and media.*

Recommendation Sixteen (p.78): *APEA:WA ensures the development of broad education strategies to target the wider community; this would include a consideration of mandatory education linked to aged pension, the seniors card, and migrant education for new arrivals.*

Recommendation Seventeen (p.79): *Advocare, CommunityWest and the WA HACC Program ensure that HACC CALD-specific service providers have access to training, development and information about elder abuse and services.*

Recommendation Eighteen (p.79): *APEA:WA recognises and support courses for first-line medical, legal and caring professionals (including religious leaders) both mainstream and within CALD communities. These courses to include information about signs and symptoms of elder abuse, culturally-appropriate interviewing skills, assessing risk, and decision-thinking both in the client's home and in the office, and ways of assisting CALD people in contacting mainstream services for assistance. Fridge cards, brochures and similar items should be produced in key languages identifying Advocare as the lead information and response agency for elder abuse.*

Recommendation Twenty-nine (p.105): *Government give greater attention during and immediately after the migration processes for older migrants from CALD backgrounds to provide information – in their own language – about aged care policies and services, including those about elder abuse.*

Agency and Policy Development

Recommendation One (p.31): *APEA:WA engage in a review of current needs and risk assessment practice tools and coordinate a process by which appropriate tools for working cross-culturally with vulnerable older people are identified, designed, reviewed, and piloted with a view to implementing a State-wide assessment tool(s).*

Recommendation Two (p.34): *APEA:WA consider seeking financial resources to explore the capacity of government and non-government agencies in WA to design and introduce a sustainable Restorative Justice model of intervention to complement the other models available for vulnerable older Australians in the State.*

Recommendation Fifteen (p.75): *Advocare continues to review and evaluate its elder abuse response models to ensure they are sufficient, varied, and flexible enough to protect the rights and best interests of people experiencing elder abuse when they live with the perpetrators of the abuse.*

Recommendation Nineteen (p.80): *Advocare continues to form and develop strategic alliances with CALD HACC services and other CALD organisations, including the Office of Multicultural Interests, and the Ethnic Communities Council.*

Recommendation Twenty (p.81): *Government should consider the idea of GP health checks for people over a certain age being used as a screening device for elder abuse.*

Recommendation Twenty-one (p.82): *Advocare and CALD HACC services are adequately funded and resourced in order to reach out to those most isolated and vulnerable in the community.*

Recommendation Twenty-two (p.83): *Advocare and the WA HACC Program explore the usefulness of a telephone hotline for elder abuse including learning from the experience of hotlines in other jurisdictions.*

Recommendation Twenty-five (p.83): *APEA:WA explore what further protections be put in place to protect people from experiencing elder abuse, such as registration and auditing of Enduring Powers of Attorney and the banks better monitoring the transactions of vulnerable people.*

Recommendation Twenty-six (p.84): *APEA:WA consider the concept of mandatory reporting of elder abuse for professionals and care workers working with older people.*

Recommendation Twenty-seven (p.95): *APEA WA review the relevance of the recommendations of this report and other WA elder abuse research, such as the Office of the Public Advocate Report (2006) and the Advocare/Crime Research Centre Report (2011).*

Recommendation Thirty (p.106): *WA HACC Program continues to promote Advocare as the link for all HACC service providers and their CALD clients in relation to information about elder abuse.*

CHAPTER ONE: BACKGROUND AND CONTEXT

1.1 INTRODUCTION AND BACKGROUND TO THE PROJECT

Each case of elder abuse is different and occurs for many reasons, and is potentially influenced by the abuser's individual personality, family of origin, social class, race or ethnicity, religion or religiosity, age and gender.

(Podnieks, Penhale, Georgen, Biggs, and Han 2003: 84)

Aged-sensitive practice recognises cultural assumptions from a different 'time' if not also from a different place, highlighting the relativity of value systems and the extent to which they are culturally determined.

(Clare 1992: 7)

In this introductory chapter, there are five sections:

- Introduction and background to the project – the purposes and funding sponsors of the project and recognition of previous State studies of elder abuse
- Information about a number of the recent West Australian studies into the complex issues of recognising and addressing elder abuse
- Introduction to the Advocare/HACC Project and the structure of this report
- Exploration of some of the problematics of key concepts, including 'elder' and 'older' and the demography of the aged in Australia
- The range of behaviours included in the term 'elder abuse'

The aim of the project is to identify culturally appropriate ways of responding to elder abuse experienced by people from culturally and linguistically diverse (CALD) backgrounds. Elder abuse is defined as a single or repeated act, or lack of appropriate action, which causes harm or distress to an older person and occurs within a relationship where there is an expectation of trust, such as that of family and friends (WHO/INPEA 2002). The project explores the perspectives of CALD older people on elder abuse in their communities, including their views about how it should best be dealt with. It must be noted that this project has its main focus on CALD older people. It has not explored issues for Aboriginal and Torres Strait Islander people or focussed on the needs of people from the deaf community. While some of what has been explored and developed in this report may apply to the above groups,

we believe it is important, due to their individual circumstances, characteristics, and history that separate research focussing on their needs is conducted.

This project was funded by the Health Department of Western Australia and developed by the Department jointly with Advocare Inc. (an aged care advocacy agency which is funded by the Health Department to respond to elder abuse). The project was undertaken in response to recommendations from previous Western Australian (WA) elder abuse research that proposed further exploration of elder abuse in this vulnerable population, namely:

Boldy, D., Webb, M., Horner, B., Davey, M., and Kingsley, B. (2002). *Elder Abuse in Western Australia*. Perth, Curtin University of Technology: Division of Health Sciences. Freemasons Centre for Research into Aged Care Services.

Office of the Public Advocate. (2006). *Elder Abuse in Culturally and Linguistically Diverse Communities*. Perth, Office of the Public Advocate.

Black, B. (2008). *The Human Rights of Older People and Agency Responses to Elder Abuse*. Perth, Centre for Human Rights Education, Curtin University of Technology.

Clare, M., Black Blundell, B., and Clare, J. (2011). *Examination of the Extent of Elder Abuse in Western Australia*. Perth, Advocare/Crime Research Centre, UWA.

These studies are discussed further in the following section.

1.2 PREVIOUS WA ELDER ABUSE STUDIES

Over the last decade, several notable elder abuse research projects have been undertaken in Western Australia.

1.2.1 Elder Abuse in Western Australia (Boldy et al. 2002)

The Office for Seniors Interests and Carers commissioned Curtin University's Freemasons Centre for Research into Aged Care Services to conduct research in order to establish baseline data about the prevalence of elder abuse in Western Australia. 1,017 organisations in Western Australia identified as potentially having contact with older people (defined as people 60+ years) were surveyed by mail questionnaire. A sample of 129 GPs was also surveyed. The study explored the extent of elder abuse by type and provided information regarding aspects such as the relationship of the abuser to the older person being abused, risk factors and desirable interventions, as well as knowledge and use of relevant protocols. Among

other recommendations, the research recommended that specific attention be focused on people from culturally and linguistically diverse (CALD) backgrounds and Aboriginal and Torres Strait Islander communities.

1.2.2 Advocare's Speak Out Survey – "S.O.S" on Elder Abuse (Faye and Sellick 2003)

This survey was conducted in 2002 by Advocare. The research involved a week-long, anonymous State-wide elder abuse telephone survey. It aimed to explore elder abuse and gather empirical evidence about it in Western Australia. Ninety-nine cases of elder abuse were reported, with 87 falling clearly within the definitions of elder abuse adopted by the research. The study provided details and description of the experiences of people who had experienced elder abuse or witnessed it being perpetrated on other people.

1.2.3 Mistreatment of Older People in Aboriginal Communities (OPA 2005)

In 2005, the Office of the Public Advocate commissioned research to identify and develop local responses to the mistreatment, abuse and neglect of older people in Aboriginal communities. This research was prompted by the findings of the Boldy et al. (2002) study, which indicated that relatively high levels of abuse were reported in Aboriginal communities. The Boldy et al. (2002) research was not designed to specifically explore elder abuse in Aboriginal communities in a culturally-sensitive and appropriate manner, and so recommended that further investigation and discussion was required to take into account Aboriginal people's lifestyles, worldview and cultural obligations. The Office of the Public Advocate's (2005) research found that the impact of abuse and mistreatment was felt earlier among Aboriginal people, where the mortality age was lower and an older person was often considered to be someone in their forties. It was found that mistreatment and neglect of older people does exist in Aboriginal communities and is a major concern affecting many families.

1.2.4 Elder Abuse in Culturally and Linguistically Diverse Communities (OPA 2006)

In 2006, the Office of the Public Advocate commissioned research to examine elder abuse in culturally and linguistically diverse (CALD) communities. As with the above research, this project was prompted by a recommendation of the Boldy et al. (2002) study. Over two hundred CALD seniors and more than thirty organisations working with CALD seniors were consulted during this project. The research indicated that some CALD seniors are at greater risk of elder abuse due to poor English skills, social isolation and dependency on family members, unwillingness to disclose abuse

because of social stigma, and cross-generational factors resulting in differing expectations of care and support. The research concluded that there is significant under-reporting for this group, and this requires further exploration.

1.2.5 The Human Rights of Older People and Agency Responses to Elder Abuse (Black 2008)

This project explored agency responses to elder abuse in Western Australia in order to identify gaps and duplications in the field. It also aimed to lay the foundations for the development of a whole of sector rights-based model for responding to elder abuse. Three focus groups and seven interviews were conducted in order to collect qualitative data about responses to elder abuse in Western Australia. These involved 23 service providers who had interest in and expertise with elder abuse issues. Qualitative data was collected about responses to elder abuse in WA, and there was a specific focus on issues for Aboriginal and Torres Strait Islander people and people from CALD backgrounds. Current service responses to elder abuse in WA were mapped and documented. The research highlighted service gaps identified by the study participants and no service duplications were identified.

1.2.6 Examination of the Extent of Elder Abuse in Western Australia (Clare et al. 2011)

This research examined the extent of elder abuse in Western Australia, synthesising both qualitative and quantitative information from organisations working with elder abuse in order to provide an estimate of the scope of elder abuse in Western Australia and the capacity of agencies to address this issue. Twenty-six professionals from 10 organisations that respond to elder abuse in Western Australia were interviewed, and de-identified quantitative data from four organisations was compared and analysed in order to give insight into the volume and variety of elder abuse that each agency encounters. Two focus groups were also conducted with representatives from a variety of non-APEA: WA agencies that may come across elder abuse in their work.

The research found that there are problems with the definition of elder abuse that require further exploration. Financial abuse was the most commonly reported type of abuse recorded in both the qualitative and quantitative data. The qualitative data showed an overall trend for increased volume of elder abuse cases. However, there was also a consistent degree of uncertainty about the relevance and quality of data provided. It was found that there is no uniformity in the way that statistics are gathered; therefore, it is not easy to collate information to gain a picture of what is occurring in relation to elder abuse in Western Australia. The research

recommended that a strong government department take leadership of this issue and develop a broad and articulate multi-level and integrated elder abuse strategy. It also recommended a public education campaign to promote the importance of this issue and alert people about older people's rights and the assistance available.

1.3 INTRODUCTION TO THE ADVOCARE/HACC PROJECT (2012)

The researchers were mindful of the findings and recommendations of these above studies as they engaged in this project – and will build on the studies when formulating recommendations about 'best practice' in services for older Australians whose first language is not English. Reflecting on good practice in aged care requires a capacity to think systemically – and to be informed by a complex ecological framework which synthesises family information and theoretical material on the spiritual, psychological, family and ethnic cultural, organisational, professional and policy/political levels. This is the covert context informing the Advocare/HACC project which set out to identify 'best practice' in care and protection service delivery processes with older Australians through a series of community meetings with older Australians whose first language is not English – and the project methodology is described and critiqued later in Chapter Six.

In preparation for this review of national and international publications, the authors were able to locate research reports, State and federal government project reports, as well as published books and journal articles. The current chapter seeks to address the policy and practice ambiguities and challenges embedded in this HACC-funded project. Subsequent chapters will report and reflect on this literature in a number of over-lapping sections – namely:

- Explanations and causes of elder abuse
- The demography of ethnic groups in Western Australia
- Published studies of elder abuse in ethnic communities
- The concept of 'risk' and the challenges of assessing risk in aged care
- Rights-based advocacy and other models of intervention in elder abuse
- The challenges of cross-cultural practice both for the vulnerable older person, their 'family' and the paid professionals and carers
- A 'Family of Origin' perspective and aged-care practice
- The concept of 'community' care as a key to prevention of elder abuse

1.4 THE PROBLEMATICS OF ELDER AND OLDER

In an earlier report (Clare et al. 2011: 38), we asserted:

The way in which we conceptualize 'elder' must be considered. Is it an age range, a relationship status within the family and community, a measure of frailty or vulnerability? Also, how may abuse and mistreatment be defined objectively? Some forms of abuse are easily apparent, for example, bruising as a result of physical abuse, but others, such as psychological abuse, can remain invisible to others.

Clearly, elder abuse is a serious social condition which, arguably, has not yet been sufficiently recognised by the community and by governments as a significant social problem. In the Clare et al. (2011) project review of national and international literature on the concept of 'Elder Abuse', a number of intellectual and moral concerns were highlighted - namely:

- To what extent is the current conceptualization of elder abuse in Western Australia and in other Australian States and Territories a flawed concept – with the use of problematic and poorly operationalised terms including 'elder', 'abuse', and 'relationship of trust' influencing the quality of current policy and practice?
- Whether 'elder abuse' is a bland formulation to avoid, deny, or minimise the challenging realities of the experiences of many elderly people who are victims of the crimes of assault, fraud and neglect – often from within their own families?
- To what extent does the current Western Australian political, legislative and human services system have the capacity to advise, intervene, lead and monitor services to protect the most vulnerable elderly?
- What lessons about services of care and control in the privacy of family life of elderly people can be learned from the development of human services, legal and medical practice models from the 1960's case study of Child Protection and the 1980's case study of Domestic Violence?

These intellectual and moral concerns surface when reflecting on the two concepts, older and elder; it is clear that 'older' is a comparative term while 'elder' is either a proper noun or a synonym for older. According to the recent publication by the Office of the Public Advocate and the Queensland Law Society (2010: 2), the term 'elder' is not defined at common law and has no legal meaning.

This level of ambiguity is even more important in cross-cultural policy and practice since it enhances a risk of developing and maintaining a single and ageist stereotype amongst the 'elderly', their families and friends and amongst the professional community that works with them (Clare 1992). Current ways to operationalise these two concepts include:

- The age of 'retirement' of men aged 65 years and of women aged 60 years
- The age of access to a government pension
- The age of access to superannuation
- The age of access to a State government Senior's Card when no longer working full-time and aged 60 years
- The age of 50 years or younger for older Aboriginal people

Later in this report (Chapter Eight), the complexities of cross-cultural practice, ethnic sensitivity, and racism awareness are addressed – but the challenges of policy and practice in service delivery for 'older Australians' requires sufficient training for practitioners involved in the complex task of assessing risk and vulnerability; at the same time, there is need for an informed needs and risk assessment tool to focus on the key issues when thinking about age, vulnerability and risk of types of abuse including an informed appreciation of:

- The older person's capacity for self-care and sound decision-making
- The quality, capacity and integrity of their personal community of family, friends and neighbours
- Their visibility and active participation in public activities

However, at the same time, there is also need for sufficient training for practitioners, managers, and policy-makers to appreciate the nature and extent of ethnic diversity across – and between – the client population and their carers. This requires sufficient focus on the self-awareness of those delivering aged-care services given the likelihood of overt and covert dimensions of differences clustered under the general categories of race and ethnicity (see Clare and Jayasuriya 1991).

Given that needs assessment and service delivery requires a level of trust and sensitivity during information-gathering between the 'provider' and the 'customer', good practice requires self-awareness in practice and in supervision of practice – and ethnic sensitivity to the beliefs and assumptions of the client and their carer. This complex practice focus is the subject of further discussion of the work of Safta (2011)

and the importance of training for 'cultural competence' in health care (Page 88) and of Clare (1992; 2000) and a 'family of origin' perspective as part of awareness-raising for family-based practice (Chapter Nine).

Ozanne (2009) explores the nature and range of diversity among Australian 'baby-boomers' – making an important distinction between:

- The first wave born between 1946 and 1955 and at time of economic prosperity, full employment, together with significant changes in the culture of sexuality and of civil rights
- The second wave born between 1956 and 1965 were more likely to experience the oil crisis, recession, unemployment and the crisis of AIDS.

The 'baby-boomer' generation is characterised by opportunities to enjoy better education, greater travel and being more mindful of their health and well-being than their parents' generation. However, they are also more likely to have been divorced and to be better informed about their service choices – including more actively managing their identities, activities and relationships in later life.

Ozanne (2009) reflects on the greater rates of divorce, separation and marital disruption – and a higher likelihood of impact on intergenerational obligation and a sense of neighbourhood belonging; Ozanne (2009) asserts that baby-boomers are:

- Less likely to be currently married,
- Have a greater level of cohabitation, multiple marriages, same-sex partnerships and childlessness
- More likely to be living in a complex inter-generational household
- More likely to be living alone

Ozanne (2009: 140) reflects on the implications for access to family carers in later life with more unresolved inter-generational conflicts – and asserts:

It is likely that baby-boomers will reach maturity with a more diverse set of family structures compared with members of preceding generations.

There are clear implications for policies and practices in aged-care services with the baby-boomer generation; there is more likely to be some inter-generational tensions, a greater level of assertiveness by the older person and the possibility of disconnection with important people in their personal and family networks. Best practice in aged care service responses will need to demonstrate a greater level of

openness to these variations by the practitioner – rather than based on their personal and/or stereotypical assumptions of ‘normal’ – to be in a position to assess personal needs and ‘family’ capacities. Also, services designed to re-connect isolated older people with their personal networks will be important.

There is further focus on ‘Best Practice’ through effective communication skills, including the Rockingham Community Connector Programme (Page 43), the Exchange Model (Page 87), and a ‘Family of Origin’ perspective (Page 98) which will build on this profile of the baby-boomer generation. The implications and challenges of policies and practices triggered by the nature and extent of cultural diversity among older Australians are also addressed in Chapter Five (Page 46).

Stammer (2011: 9) reflects on a recent publication by the Productivity Commission to provide the following table:

Table 1: Relative percentage (and absolute numbers) of the Australian population by age category for 2010 with estimates projected to 2050

Age group		2010	2020	2030	2040	2050
0-69 years	Millions	19.2	21.5	23.6	25.6	27.7
	%	86.5	83.6	80.7	78.7	77.4
70-84 years	Millions	2.1	3	4.1	5.3	6.2
	%	9.4	11.5	14.2	16.2	17.4
85 plus	Millions	0.4	0.5	0.8	1.3	1.8
	%	1.6	2.1	2.8	4.1	5.1

To focus the minds of politicians, policy-makers, human services professionals – and the Australian community – the above table identifies predictions of the significant growth trajectory in the numbers of older Australians by 2030 – and the implications for demand on aged care services including monitoring care and protection.

Currently, there are 2.5 million Australians aged 70 or over (11%); by 2030, the number is predicted to almost double to 4.9 million (17%) and, by 2050, a predicted 8 million (22.5%). Clearly, maintaining reliance on the construct of chronological age will be arbitrary and even more problematic when seeking to identify those most vulnerable to potential and actual abuse and neglect. There is work to be done to re-frame the concept of ‘older’ for a variety of reasons including the self-esteem of older

people and the design and funding of a continuum of necessary services for their care and protection. The emerging concept of **Vulnerable Adult** in the UK legislation (Fitzgerald, Blake, and Thurlow 2009: 97) means:

...a person aged 16 or over whose ability to protect himself from violence, abuse or neglect is significantly impaired through physical or mental disability or illness, through old age or otherwise.

There is a pressing need for a comprehensive review of the current age-based definition of older/elder to move towards a working definition which can lead to the identification of those vulnerable to the various types of abuse and neglect listed above; the evidence of the anticipated increase in the numbers of older Australians over the age of 60 years highlights the critical nature of this review. The ABS (2008) enables focus on the voting populations between 2010 and 2050 – an opportunity for the ‘baby-boomer’ generation alert to the political process and social justice?

Table 2: Percentages of non-voters, voters aged between 18 and 60 years and voters over 60 years in 2010 in Australia – and predictions for very ten years until 2050 (ABS 2008)

	2010	2020	2030	2040	2050
Under 18	23%	22.6%	22.6%	21.7%	21.1%
18 to 60	59%	56.4%	53.8%	52.8%	51.5%
Over 60	18%	20.8%	23.5%	25.5%	27.5%

1.5 THE RANGE OF BEHAVIOURS INCLUDED IN THE CONCEPT OF ELDER ABUSE

From the outset of the project, the researchers were mindful that elder abuse is a difficult subject to broach with older people; it is a deeply private issue occurring within significant interpersonal relationships. There is often discomfort with and denial of the problem as well as a culture of secrecy that exists in relation to it (INPEA 2002; OPA 2006). There are varying definitions of elder abuse, and the APEA: WA and the WHO/INPEA definitions are presented below:

Elder abuse is defined as any act which causes harm to an older person and occurs within an informal relationship of trust, such as family or friends.

(APEA: WA 2006: 3)

Elder Abuse...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.

(WHO/INPEA 2002: 3)

However, elder abuse is a problematic concept and there are several different ways of defining it. Some definitions include abuse by institutions and paid carers (McDonald and Collins 2000; UNESCO 2002), while others include self-neglect as an elder abuse category. Also, there are several issues that must be considered in relation to defining elder abuse and its scope. These will be explored further in Chapter Two.

Throughout the data-collection phase of the project, the most commonly adopted categories of abuse were identified in the community forums; these were:

- **Financial or material abuse:** including the illegal or improper use of a person's finances or property.
- **Emotional or psychological abuse:** inflicting mental anguish through actions or words that cause fear of violence, isolation or deprivation, and/or feelings of shame, indignity and powerlessness.
- **Physical abuse:** inflicting physical pain or injury or physical coercion.
- **Sexual abuse:** incorporates a broad range of unwanted sexual behaviour, including rape, indecent assault, sexual harassment and sexual interference. Also includes such practices as inappropriate administration of enemata or cleansing of the genital area.
- **Social abuse:** the forced isolation of an older person – limiting or preventing access to grand-children, other relatives, friends and services, etc. Sometimes it may have the additional effect of hiding abuse from outside scrutiny.
- **Neglect:** the failure to provide the necessities of life to an older person for whom

(APEA: WA 2006: 6-10).

CHAPTER TWO: EXPLANATIONS AND CAUSES OF ELDER ABUSE

The changing demographic profile of ethnic communities can impact on their capacity to provide close links and networks, and service providers and others need to be constantly alert to changing patterns and service gaps.

(Warburton, Bartlett, and Rao 2009: 175)

The aged pose a 'psychic threat' in contemporary, secularizing societies. They remind us of our own mortality and that of those we love and/or may feel obligations towards. We are confronted by central questions about meaning and purpose as the bedrock of personal values and beliefs.

(Clare 1992: 7)

There are two main sections in this chapter:

- An exploration of the evidence of the multi-faceted, usually covert and universal nature of elder abuse
- A review of national and international studies of the causes of elder abuse

2.1 ELDER ABUSE – MULTI-FACETED, COVERT AND UNIVERSAL

Given the six types of elder abuse described in the previous chapter – and the private nature of much 'abuse' which is recognized as impacting on at least 4.6% of the Australian population aged 65 or older (Clare et al. 2011) – it is important to identify the explanations and causes of elder abuse; in this way policy and 'best practice' developments can be shaped to address the social problem.

Financial and psychological abuse are generally the most commonly reported types of abuse (Cripps 2001; Faye and Sellick 2003; Clare et al. 2011), and typically more than one type of abuse is experienced at a time (Boldy et al. 2002; Faye and Sellick 2003). The effects of abuse may culminate when multiple types of abuse are being perpetrated (UNESCO 2002). Abuse often takes the form of a process rather than a specific event (Faye and Sellick 2003), and James and Graycar (2000) comment that, when a family or duty of care relationship exists, any abuse is usually part of an established pattern of behaviours rather than a single event in isolation.

Therefore, elder abuse is a multi-faceted concept involving intentional and unintentional actions of both a passive and an active nature. Much abuse takes place in the context of family relationships – whether carer or friend assault, neglect, violence or financial abuse. Given the growing impermanence of the contemporary

'family' and the complexities of 'blended family' cultures, professional workers will need an appreciative enquiry stance of openness and flexibility when gathering information about the structure and quality of 'family' relationships (Clare 2000). Elder abuse has emerged as an issue of growing prominence due to an ageing population and increasing public awareness of interpersonal violence and emotional and financial abuse of the human rights of vulnerable or minority populations.

Elder abuse prevalence studies estimate that between two and five per cent of the older population are at risk of or have experienced some form of abuse (Westhorp, Cape, Sebastian, and Belford 1997). A recent Western Australian study estimated the prevalence of elder abuse among people aged 60 years and above to be 4.6% (Clare et al. 2011). The prevalence of elder abuse is difficult to establish given that taboos about this issue are likely to result in considerable under-reporting.

Elder abuse crosses national, class, religious and ethnic cultural boundaries. Both men and women are abused, and older people who are physically and mentally fit are subject to abuse as well as the frail and dependent. Given the dramatic population projections of an increasingly ageing population in Australia and the probability that elder abuse appears to increase with age, it is vital for humanitarian and economic considerations that a greater understanding of elder abuse is obtained as well as working towards developing effective 'best-practice' intervention models.

2.2 REVIEW OF NATIONAL AND INTERNATIONAL STUDIES

One of the earliest published studies of elder abuse in an international context by Kosberg and Garcia (1995) reflected on universal explanations of elder abuse and identified three major explanations – namely:

The level of dependency of the older person and the consequent level of responsibility on family caregivers; this requires recognition of the impact of physical, economic and social dependency in situations of elder abuse which is exacerbated by the special requirements and demands of bathing, toileting and feeding. The challenges of 'tending' in aged care and disability services had previously been addressed with thoughtful intellectual rigor and emotional sensitivity by Parker (1981); he recognised the implications for family carers of the political and policy decision to move away from residential care towards home-based 'community care' services. One obvious implication was the recruitment of in-home carers without preparatory training or access to sufficient respite care – to say nothing of the recognition of the anticipatory loss and grief experiences facing the carers.

The economic consequences and context of family care with the likely reduction in the carer's family income and growing access to the older person's pension and other resources. All of this may be against a background of professional ageism and assumptions of family responsibilities - the 'common sense' of aged care (Clare 1992) – when seeking to access resources and services.

Macro societal and cultural changes, most notably industrialization and westernization, and their impact on family processes throughout the world; these would include the impermanence of the family throughout the family life-cycle (Ozanne 2009) – with social mobility, geographical mobility, divorce and disconnection between and across the generations; this can lead to changes in assumptions about inter-generational rights and responsibilities as evidenced in the experiences of children whose parents are divorced and the tensions about access visits and contact with grand-parents.

Warburton et al. (2009) are alert to the rise of individualism, discontinuities in traditional family cultures and changes in life-styles and reference groups of growing numbers of people in the developed world which all serve to challenge assessment and decision-thinking in aged care practice; there may well be ethnic cultural variations in the ways that families manage these tensions in Australia – but there will also be variations within any ethnic culture – depending on other variables such as the nature of inter-family relationships, the number of years living in Australia, levels of assimilation into the host culture, educational qualifications and opportunities and the nature of employment.

Kosberg and Garcia (1995) view these changes as impacting on the nature and extent of community and professional ageism in the developed world; they go on to identify seven specific risk factors in relation to elder abuse:

- **Socio-economic levels** – both from the more affluent at risk of exploitation and those from poorer backgrounds suffering from financial hardship.
- **Marital status** – with the abuse of elderly women as a continuation of the cycle of marital violence; this also leads to the possibility of role reversal in later life when the vulnerable child becomes the fraught carer.
- **Substance abuse** – whether alcohol and /or drug abuse.
- **Personal problems** – which include a broad range of challenges facing carers living with the challenges of emotional problems, cognitive impairments and physical disabilities.

- **Isolation** – either not married, or widowed and lonely which can lead to depression and greater vulnerability.
- **Gender** – with women at greater risk. Penhale (2003: 168) reports that women are more likely to be abused than men in situations of elder abuse – and asserts, *“It can be asserted with some certainty that abuse within the domestic setting occurs across all ethnic and socio-economic groups and both urban and rural areas”*.
- **Cultural homogeneity** – with the impact of inter-generational changes or a history of ethnic conflicts.

More recently, in the Australian context, Budd (2010) has reviewed the literature on the prevention of elder abuse and identified eight risk factors which, hopefully, are embedded in current risk-assessment practice tools. These risk factors are:

- **Ageism** – by medical professionals, health and social care professionals, carers, politicians and the general public, so that the voice of the elderly person is disregarded, resulting in low self-esteem and increased vulnerability.
- **Dependency** – vulnerability is increased when an elderly person depends on others for social, emotional, physical, financial and spiritual support; this vulnerability is heightened when the perpetrator is heavily reliant on the victim.
- **Social isolation** – affects both physical and mental health of the elderly person when he or she is less likely to access health and community support services, spiritual support, and networks of family and friends. This is also a risk factor for carers whose experience of social isolation is likely to increase – with the increased risk of carer stress and abuse.
- **Health and cognitive impairment** – illnesses, including dementia, depression, and Alzheimer’s disease which reduce the elderly person’s capacity to protect themselves because of increased social isolation and dependency, with lack of access to appropriate health and community services.
- **Family dynamics and living arrangements** – including family violence as stress release, spouse violence over the years, financial abuse by older children, and shared living arrangements leading to increased social contact and heightened risk of conflict and abuse.

- **Substance abuse** – drug and/or alcohol dependency can heighten risk factors including social isolation, and can contribute to family violence.
- **Carer stress and abuse** – especially when risk factors such as dependency, social isolation and substance abuse are present, resulting in the carer's inability to cope with the needs and wishes of the elderly person, resentment of the carer role and poor communication.
- **Declining number of faith-based families** – this can reduce the benefits of spirituality and religious participation to the elderly person, as well as the family's access to counseling, guidance, and a supportive community.

Finally, in this review of the literature exploring the causes of elder abuse, the World Health Organisation (Krug, Dahlberg, Mercy, Zwi and Lozano 2002: 125) published the *World Report on Violence and Health* in which the authors assert that elder abuse dates back to ancient times – and needs to be recognized as a complex social problem because it is both a private matter which is also a social welfare issue; it is also a public health and a criminal justice concern. Krug et al. (2002) also assert that elder abuse is a universal problem across nations, social classes and communities:

Although elder abuse was first identified in developed countries, where most of the existing research has been conducted, anecdotal evidence and other reports from some developing countries have shown that it is a universal phenomenon.

Krug et al. (2002) have developed a comprehensive multi-systemic framework of needs explanations and policy/practice responses on four levels – namely:

1 Individual Factors – aggressive abusers are more likely to have personality disorders, alcohol and/or drug related problems and mental health problems; with the significance of having to face financial difficulties such as gambling or drugs-use. Whereas victims are likely to be more cognitively and/or physically impaired and as likely to be men as much as women.

2 Relationship Factors – three particular aspects – namely:

- Carer stress, which needs to be seen in the wider context of the overall quality of the relationship as a causal factor. This has been shown in studies of carer retaliation in research about dementia care which suggest that 'abuse' is a result of the

interplay between stress levels, the relationship between the carer and the recipient, the recipient's disruptive behavior, and depression in the carer.

- Living arrangements – particularly the level of overcrowding and the lack of privacy, which has been shown to be associated with conflict in families; this goes back to the implications of the move to home-based care and the 'working conditions' of the unpaid carer volunteer.
- Dependency and the risk of abuse – with the initial focus on the dependency of the victim on the carer/abuser but a more recent awareness of the focus on dependent abusers (adult children dependent for housing/money).

Krug et al. (2002: 131) summarise the complexity of this dependency; in some of these cases, a 'web of inter-dependency' was evident – a strong emotional attachment between the abused and the abuser that often hindered efforts at intervention.

It would seem likely – but remains under-explored in the literature reviewed for this report - that the impact of the carer's sense of pending loss and anticipatory grief is also a significant factor in these fraught situations.

3 Community and Societal Factors – with two key aspects – namely:

- ***Social isolation*** which was recognized as a significant risk factor; this was seen as both a cause and a consequence because of the impact of physical and/or mental infirmities and the reduced social interaction with family and friends
- ***Cultural norms and traditions*** – including a powerful combination of ageism, sexism and a culture of family violence which results in older people being viewed as frail, weak and dependent; this can contribute to reduced demand for necessary services, tensions around inheritance norms amplified by the loss of traditional domestic and family rituals.

4 Education and Public Awareness Campaigns – aimed at two main audiences:

- ***Professional education and development*** – designed to teach new information and to change attitudes and behavior through professional development workshops and conferences targeting

practitioners and researchers. There are two levels in a relevant syllabus – an introductory focus on awareness-raising, signs and symptoms and a sense of the service network and a more advanced syllabus with interviewing skills, assessment and risk, ethical and legal matters and multi-disciplinary practice.

- **Public and community education** – seeking to inform the general public (friends and neighbours, bank tellers and postal workers) about the various types of abuse, how to recognize possible signs and where to go for information and help. The recent Advocare/UWA Workshop identified the importance of preparatory sessions for both retirees and for potential family carers (see Appendix Three).

A different dimension of community education is through the use of the print and electronic media as powerful tools in raising public awareness by challenging negative ageist stereotypes to develop more positive images of the aged and their contributions to society. This important point was raised in the Advocare/UWA Workshop (see Appendix Three) and in the final meeting of the Research Reference Group.

Recommendation One: APEA:WA engage in a review of current needs and risk assessment practice tools and coordinate a process by which appropriate tools for working cross-culturally with vulnerable older people are identified, designed, reviewed, and piloted to implementing a State-wide assessment tool.

This recommendation supports **Recommendation 24** in Clare et al. (2011: 93):

APEA: WA to coordinate a process by which appropriate needs and risk assessment tools for working with vulnerable older people are identified, reviewed and piloted to agree on a state-wide assessment tool which is fit for the purpose and administered in a professional rather than a technical manner through relationship-building not just information-gathering – as in other risk scenarios of child abuse and domestic violence.

CHAPTER THREE: REFLECTIONS ON RISK, VULNERABILITY AND MODELS OF INTERVENTION IN ELDER ABUSE

[Walsh et al. 2007] argue that participatory models hold the most potential to address the ageist context in which abuse occurs, allowing older people to own responses instead of relying on professional expertise.

(Bagshaw, Wendt, and Zannettino 2009: 9)

Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological; it may be an act of neglect or an omission to act or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented or cannot consent. Abuse can occur in any relationship and may result in significant harm to or exploitation of, the person subjected to it.

(Dixon et al. 2010: 404)

This chapter explores the concept of risk in delivering to child and family services, including those involved in aged care and elder abuse. While a legal response is a necessary component of a continuum of care and control services, there are often unintended consequences arising from the introduction of statutory services, particularly the mandatory reporting of abuse. There appeared to be concerns about the introduction of greater statutory powers into this complex issue – expressed directly both in the focus groups and in the Advocare/UWA workshop.

There are three sections in this chapter:

- A review of the concept of risk assessment and risk management in services for the care and protection of the vulnerable older Australians
- A review of multi-systemic models of elder abuse and their practice implications
- An emphasis on the advocacy model currently adopted within the WA context

3.1 THE RISK OF RISK

Later in this chapter, a case will be argued for a rights-based partnership model of intervention in which the older person is engaged as a citizen. This is a very different model of practice to those deployed in statutory services with mandatory reporting, including child protection and mental health, in which the client's expressed view may not be taken into account by the practitioner professional – whose task is to manage risk to the client and to the community of the client.

Over the past twenty years, in many of the jurisdictions working with children and families, there has been a heightened awareness of 'risk', and its consequences amongst the public and the professional workers. As Blomfield and Holzer (2008: vii) note:

Rather than being a neutral term to describe statistical probability, the term risk has become value-laden and implies heightened risk.

This can then become a categorical 'identity' label that can be applied to individuals or groups. This label carries the potential for stigmatizing and marginalizing those so identified, because of associated notions of incompetence and incapacity that:

...subtly pervade our thoughts and actions and influence us in ways which we do not recognise.

(Thompson 2006: 31).

The more neutral association between risk and probability informs Brearley's (1982) seminal text in which he notes that risk is associated with the possibility of a loss and/or an unwanted outcome. The notion of risk is associated with two key concepts:

- **Hazard** – an existing factor which introduces the probability of undesirable outcomes, and
- **Danger** – the feared outcome of the hazard

Hazards are further described as predisposing and situational factors. Predisposing hazards are those likely to affect groups or collectives of people, for example a polluted environment poses a health hazard for a whole population; an additional, situational, hazard would be experienced by someone with asthma. To counter these hazards, Brearley (1982) considers the protective factors present for individuals and collectives, in the case of environmental pollution for example, the person with well-insulated accommodation will be able to seek protection from the pollution. This perspective informs the review of universal and preventative proposals in the final chapter on Policy and Practice Recommendations.

A further risk-related concept offered by Brearley (1982) is that of *vulnerability* - a concept embedded in this review of research and practice literature, and in the earlier report (Clare et al. 2011). The notion of vulnerability is closely associated with the distinction made by Brearley (1982) between risk-taking behaviour, which he argues is an integral element of human experience, and exposure to the possibility of loss outcomes of those in circumstances of dependence as a consequence of the actions of others with greater power. Brearley (1982) argues that, as with risk, there are degrees of vulnerability to unwanted outcomes, with those people exposed to immediate or serious loss circumstances referred to as *endangered*.

3.1.1 RISK ASSESSMENT

Risk assessment in Brearley's (1982) terms involves measurement of both the *likelihood* and the *cost* of loss situations or unwanted outcomes, measured across multiple domains: material, psychological, social, cultural, spiritual etc. Brearley (1982) argues that costs are likely to be weighted differently when there are multiple stakeholders involved, likely to have different interests, values, and frameworks for understanding the situation with challenges:

- For the professional - between principles of duty of care and dignity of risk, and the likelihood of cultural variation risk measurement and interventions
- For the elderly person – between loyalty to the perpetrator and disclosure to a stranger, and the fear of further abuse or further isolation and loneliness.

Brearley (1982) argues that a risk assessment is a form of cost-benefit analysis, in which four key factors are weighed against each other:

- Level of awareness of potential outcomes – knowledge and information-based
- Certainty and likelihood of outcomes
- Value ascribed to the importance of the potential outcomes – gravity of loss or intensity of benefit
- Imminence of outcome

3.1.2 RISK, DECISION-MAKING AND RISK MANAGEMENT

When discussing the responsibilities held by professionals, Brearley (1982: 22) comments that decision making is inherently risky because of the requirement to:

...assess situations and make decisions, [and] carry out actions which will affect their clients, themselves and the agency for which they work.

More recently, O'Sullivan (2011: 14) argues similarly that:

Making decisions involves an element of risk where there is ambiguity about what is happening in a situation or when there is uncertainty about what the outcome of a course of action will be...risk management endeavours to assess the level and nature of risk so stakeholders can make informed decisions about minimizing the chances of losses and harms, while enhancing the chances of seeing benefits sought.

O'Sullivan (2011) reflects on the current risk-averse environment associated with a 'culture of fear' (Furedi 1997, cited in Sullivan 2010: O'Sullivan 2011: 133) in which

fears of blame, retribution and litigation prevail. These circumstances increase the likelihood that practitioners will assume an over-cautious approach and seek focus on immediate protection rather than risk management and longer-term good.

O'Sullivan (2011) defines risk management as informed risk-taking, the process of balancing the potential benefits and harms of alternative actions and choosing those options that “do more good than harm” (Gambriel 2011: 29), increasing the likelihood of positive outcomes and reducing the potential for unwanted outcomes. He notes:

Important components of risk management include ongoing risk assessment, active hazard reduction capacity building and providing support and services. It can develop opportunities to take informed, acceptable and fair risks, rather than restrict self-determination.

(O'Sullivan 2010: 134).

Clearly, along this notional continuum of care in aged care and elder abuse, there is an embedded need to recognise risks to a vulnerable older person – whether of physical, sexual, emotional or financial abuse.

Recommendation One: APEA:WA engage in a review of current needs and risk assessment practice tools and coordinate a process by which appropriate tools for working cross-culturally with vulnerable older people are identified, designed, reviewed, and piloted with a view to implementing a State-wide assessment tool(s).

This recommendation supports **Recommendation 24** in Clare et al (2011: 93):

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3.2 ELDER ABUSE – MULTI-SYSTEMIC MODELS AND PRACTICE RESPONSES

Unfortunately, some vulnerable older people experience more than one type of abuse – and some incidents of abuse are extremely damaging to their physical and emotional health – and to their bank-balances. Given that a significant amount of the known abuse of older people occurs in the context of their personal communities of family and friends, there are challenges to the identification and response to financial, physical, sexual and verbal abuse and neglect of older people. There are obvious parallels with community, political, and professional responses to child

abuse and domestic violence which also occur in the privacy of 'the family'. Sacco (1993: 73) writes helpfully on the problematic of definition and response:

The literature on elder abuse lacks any standardised, non-arbitrary procedure by which the at-risk population may be identified.

Sacco (1993) goes on to identify the challenges facing professional workers who are responding to the ambiguity of the degree and frequency of some types of abuse, the family culture of abuse throughout the life-cycle, the reasons for tolerance by the victim of the abuse and the intention of the abuser. Sacco (1993) argues that the abusive behaviour identified in much elder abuse is already covered by existing laws and is a crime, for example fraud and assault. Kinnear and Graycar (1999: 1) assert:

We need to discuss whether, because of a person's age, we are comfortable about redefining criminal acts (assault, sexual assault and theft) as 'abuse'.

Fitzgerald et al. (2009) differentiate between abuses by a stranger (e.g. mugging or email fraud) and those carried out by people in a position of trust, including members of the family, friends and neighbours and paid practitioners (direct care staff, health professionals, financial and legal advisors). They reflect on three key concepts in a comprehensive needs and risk assessment and response to elder abuse – namely:

- **Abuse** – an illegal, improper or harmful practice
- **Harm** – an act that causes physical, mental or moral impairment or deterioration
- **Crime** – an action prohibited by law or a failure to act as required by law

The following review of recent Australian and international publications explores models of intervention in elder abuse - Bagshaw et al. (2009), Carter (2010), and Budd (2010) in Australia, Fitzgerald (2004) in the United Kingdom, and Krug et al. (2002) from the World Health Organisation. The continuation of support for a rights-based advocacy approach in this complex area of policy and practice is underlined as a result.

Six models of intervention in situations of elder abuse have been identified from Bagshaw et al. (2009), Budd (2010), and Carter (2010), namely --

Adult Protective Services – with use of criminal justice interventions in serious cases of elder abuse in some States in the USA; this model can have unintended negative outcomes for the older person and was resisted in recent consultation about the possible introduction of mandatory reporting of elder abuse in Victoria which:

...suggested that interventions in suspected elder abuse situations should be based on an understanding of the rights and decision-making capacities of the older person.

(Bagshaw et al. 2009: 9)

Domestic Violence Prevention Model which can be used in situations of spouse abuse grown old, and seeks to address power imbalances in relationships by working with Domestic Violence agencies and their multi-disciplinary teams.

Restorative Justice Model which focuses on repairing family relationships and controlling the level of risk through engaging the victim, their family network and the offender in mediation and family conferencing processes. Bagshaw et al. (2009) report on a South Australian study in 2001 which found that mediation had been effective in 75% of cases – and assert that:

Many victims want to stop the abuse and neglect but also want to see that their abusive family members helped, so criminal prosecution is rare

(Bagshaw et al. 2009: 10).

Carter (2010) also reflects on the potential benefits and risks of a Restorative Justice Model in elder abuse situations, arguing that:

- Police and Justice interventions can have unintended negative consequences for the elderly person (shame; further isolation; housing need)
- It allows flexibility by operating preventatively alongside other interventions and approaches

BUT – They also make a highly contentious point that the conference process can be damaging for the victim – particularly in situations of violence.

Carter (2010: 6) concludes:

Perhaps the principal advantage of restorative justice in the elder abuse context is its flexibility. It can operate to involve communities in identifying solutions to elder abuse cases.

Advocacy Model – used in Western Australia and South Australia; this model aims to uphold the rights and entitlements of older people through the advocacy process, including supporting them to speak for themselves while also representing their needs and concerns. Through practice links with aged care services, the rights, dignity and autonomy of the older person in their decision-making is supported.

Wellness Approach/Active Service Model – The development of this approach has been seen mainly within HACC funded agencies over several states and territories including WA, QLD and VIC (Ryburn, Wells, & Foreman 2008; Budd 2010). This is not an intervention solely directed toward the prevention of elder abuse, but it is seen as a strategy that may dramatically reduce the risk of abuse. The Wellness approach works to decrease an older person's dependency while promoting preventative and proactive measures to ageing which may have the outcome of preventing abuse (Budd 2010). The importance of this model is as a primary intervention to increase quality of life, and it is hoped that, as a consequence, the older person will be at less risk of abuse and that abuse will be prevented at the community level.

Public Health Model which assumes that governments must legislate and act to protect the public through such processes as screening of needs and risk, community education and political action; policies such as education about financial planning, GP screening and building support networks e.g. Elderly Friendly Communities in the USA to address social isolation and increase independence through social support.

While there are examples in Western Australia of Adult Protective Services – without mandatory reporting, an Advocacy Approach, the Public Health Model and the Domestic Violence Prevention Model, there is a strong case for the development of a Restorative Justice Model.

Recommendation Two: APEA:WA consider seeking financial resources to explore the capacity of government and non-government agencies in WA to design and introduce a sustainable Restorative Justice model of intervention to complement the other models available for vulnerable older Australians in the State.

This recommendation supports **Recommendation 20** in Clare et al. (2011: 87):

APEA: WA to conduct an audit of family-based practice models in child protection, juvenile justice and domestic violence services which are of relevance to the challenges of inter-agency and inter-disciplinary collaboration in the care and protection of older people, including Family Group Conferencing as early intervention.

3.3 RIGHTS-FOCUSED ADVOCACY AND ELDER ABUSE

This section expands on the advocacy model of elder abuse practice that is primarily used in Western Australia and its roots in the human rights movement.

Current WA interventions into elder abuse tend to follow an advocacy model with strong foundations in empowerment and human rights (Black 2008), and Advocare is the non-government agency mandated to provide advocacy for people experiencing or at risk of elder abuse in Western Australia. The rights-based advocacy model used by Advocare and endorsed by the Alliance for the Prevention of Elder Abuse: Western Australia (APEA:WA), involves providing information and support to an older person in order to empower them to address their situation of abuse (Faye & Sellick 2003). The advocacy model works with the individual and their concerns, while seeking to redress macro level disadvantage, for example, disadvantage in relation to age or frailty, which may have contributed to the abuse (Cripps 2001). The focus is on empowering and supporting the older person to assert themselves in order to redress the abuse being experienced and to uphold their own rights and best interests where possible.

Underpinning advocacy interventions into elder abuse is a human rights framework and the concept of educating and empowering the older person to take action to protect their own rights and best interests. The keys to successful empowerment include:

- Receiving and understanding information about rights and what constitutes abuse
- Understanding all possible choices and the consequences of those choices
- Having privacy, dignity and the right to undertake risk respected
- Being supported throughout the process
- Receiving support and respect for the decisions they make and the action taken

(Health Canada 1994)

The human rights based empowerment approach underlies current responses to elder abuse in Western Australia (Black 2008). This approach provides older people with strategies and choices to overcome the abuse which are tailored to their individual circumstances, with the paid advocate supporting the older person to implement the choices they have made (Cripps 2001). Empowerment is crucial, especially in the long term, and although it may take time to empower someone who has been abused for a long period, much can be achieved through this process and the older person should not be rushed to suit the needs of the worker or the organisations (Pritchard 1999). Ideally, as a result of the advocacy process, the person experiencing elder abuse experiences an increase in the power and control they have over their situation and feels more able to assert their rights (Faye and

Sellick 2003). An understanding of the links between human rights and abuse are important in ensuring that elder abuse interventions are empowering.

The use of rights-focused advocacy in assisting older people to overcome situations of elder abuse has not been widely evaluated. However, a study into its effectiveness was recently conducted by the Aged Rights Advocacy Service in South Australia (Cripps 2001). It was concluded that the rights-focused advocacy model enabled older people to stop abuse in 50% of the cases analysed and take some action in a further 34% of cases. No change was recorded in 16% of cases, and this category included people who did not wish to progress their case beyond the initial stage. The study concluded that rights focused advocacy is a holistic model that is effective in supporting older people to take steps to overcome abuse (Cripps 2001).

In a study by Black (2008) into service responses to elder abuse in WA discussed earlier, it was found that agency responses were informed and underpinned by a human rights framework that placed great emphasis on the older persons' right to self-determination and dignity of risk.

CHAPTER FOUR: ENHANCING HUMAN RIGHTS AND PREVENTING ELDER ABUSE THROUGH COMMUNITY DEVELOPMENT

Community social work emphasises local definitions of need, forming partnerships with a wide range of people and building teams to provide services or to change local realities.

Smale, Tuson, Cooper, Wardle, and Crosbie (1988: 86)

Public awareness campaigns can make a significant contribution to the prevention of abuse. They are more effective if backed up by information and advice about where to get help and training for staff and services to respond

Faulkner and Sweeney (2011: 12)

There are three sections in this chapter which explore the potential for the prevention of elder abuse through enhanced community development – namely:

- Enhancing the prevention of elder abuse through community development policies and practice
- Important policy and practice principles from a UK model of Community Social Work
- Community Connection – and re-connection – as central to addressing the isolation of vulnerable older people – a Rockingham pilot project

4.1 ENHANCING THE PREVENTION OF ELDER ABUSE THROUGH COMMUNITY DEVELOPMENT

Fitzgerald (2004), Krug et al. (2002) and Budd (2010) provide arguments in support of the development and introduction of more universal and preventative policies and services – to complement and stand alongside the more reactive crisis intervention models in response to known need and concern to provide a continuum of aged care services.

From the United Kingdom, Fitzgerald (2004) reflects on the work of the help-line service provided by *Action on Elder Abuse*; as CEO, Fitzgerald (2004) identifies underlying principles of successful interventions in elder abuse work. He asserts that prevention is always better than intervention, and that:

The dynamics of family-related elder abuse are often similar to those within domestic violence settings.

(Fitzgerald 2004: 7)

Fitzgerald (2004) makes a strong case for collaborative working because successful intervention in elder abuse situations requires multi-layered strategies that operate

simultaneously with inter-agency coordination, information-sharing, and a willingness to seek expert advice from colleagues in the team. That said, Fitzgerald (2004) argues for a rights-based advocacy approach in working with vulnerable older people:

Adults with capacity have choice, and while they may be frail and vulnerable, they have the right to exercise that choice.

(Fitzgerald 2004: 7)

From the more traditional Social Work theoretical perspectives of empowerment through community practice, McDonough and Davitt (2011) focus on the Village movement in the USA and its consumer-driven and volunteerism as the locus for developing the quality of neighbourliness between the residents in the Village. This initiative seems very timely given the demographic evidence of the ageing of the population and the discontinuities within many families, following separation and divorce. McDonough and Davitt (2011: 533) identify the commitment to community capacity-building:

Members and volunteers share a vision of social engagement recognising the valuable role of older adults in their communities and the importance of helping these individuals to remain in the community.

Both Budd (2010) in a New South Wales paper, and Krug et al. (2002) from the World Health Organisation, provide further analysis of needs and arguments for different but related elements of preventative services; Budd (2010) reviews the literature on risk factors in elder abuse and argues for two policy initiatives:

- Community awareness through effective and informative community education campaigns and the provision of up-to-date targeted information about services; the goal is to build community awareness and to develop optimism amongst all citizens.
- Reinforce the principles of dignity and respect – and enhance the capability – for all elderly people in the community; only in this way, can they make informed decisions about their best interests. Adopting a community development strategy can address the risk factors of isolation, dependency and financial exploitation.

Krug et al. (2002) focus on individual and family relationship factors in elder abuse – and this has been explored in Chapter Two; they also focus their analysis on public awareness campaigns which inform the general public about types of abuse and how to access services. They argue for a focus on community education about the

aged (pre-retirement and wellness) as key to awareness-raising and building a firmer platform for shared understanding; this is another way of looking at a continuum of awareness-raising from addressing the negative stereotyping of the aged in the media through preventative social and health activities to public campaigns about elder abuse. Krug et al. (2002: 139) assert:

Public education and awareness-raising are equally important elements in preventing abuse and neglect

The potential importance of building effective working relationships between ethnic aged care agencies and community newspapers and community radio was recognised in the final meeting of the Research Reference Group.

Recommendation Three: Advocate, and HACC service providers continue to access community newspapers and community radio – both about ‘good news stories’ of the achievements of older Australians to challenge the level of ageism in the community, and about community education about the risks of elder abuse and how to access services in the event of need or concern.

This recommendation supports OPA (2006:45) Recommendation 4:

That a culturally appropriate community education campaign which targets CALD seniors, CALD communities and service providers and which raises awareness of services available be developed and implemented.

This recommendation also supports Clare et al. (2011: 40) **Recommendation 1:**

APEA: WA to lead a community debate to move from the ageist and ambiguous notion of an age definition for elder abuse to one informed by an assessment of capacity for self-care and self-protection.

and **Recommendation 10** (p.60):

In the light of the reported “invisibility” of this social issue, Advocate needs to be funded to provide an annual public education campaign of multi-media information (television and newspaper coverage; brochures of agency information and referral information) which is regularly updated.

4.2 PRACTICE PRINCIPLES OF COMMUNITY SOCIAL WORK

We are suggesting that Village initiatives have a role to play in supporting ageing in place by expanding access to critical resources within communities and raising awareness of the need for long-term care.

McDonough and Davitt (2011: 539)

From the mid-1980's in the United Kingdom, over a period of twenty years, in deprived inner-city neighbourhoods such as Earls Court in London or Barlanark in Glasgow, or in industrial towns such as Rotherham (Lancashire) and Castleford (Yorkshire) and rural areas such as Aviemore in the Highlands of Scotland, a number of 'organic' projects were developed which represent a more systemic approach to family needs and services. Known as the Community Social Work approach, these projects were encouraged, analysed, and reported by Smale et al. (1988), Smale and Tuson (1988), Smale and Bennett (1989), and Darvill and Smale (1990). The work of the Practice and Development Exchange of the National Institute for Social Work is presented by Smale, Tuson, Biehal, and Marsh (1992).

The projects range from unique pilot initiatives within a rural or urban local authority (State) to a comprehensive policy development for all District offices and all practitioners and managers in a local State. Essentially, the projects involve the development of more localised neighbourhood-based services through the active encouragement of greater negotiated contact and openness between workers and other agency colleagues and their clients, neighbours, and members of the local 'community'. Practice assumptions and principles are detailed by Henderson and Thomas (1983) and Barr (1989).

Essential characteristics of these attempts to reduce the fragmented and dependency-generating nature of assessing needs and providing services include collaboration and partnership between clients, 'informal carers', and 'formal carers' - in line with Griffiths' assertion (see Page 42). There is also a consistent commitment to inter-agency collaboration to articulate and negotiate to meet agreed goals.

A detailed analysis of the complexities inherent in efforts to achieve such collaboration across agencies is provided by Morrison (1993). The systemic approach - shifting from locating a social or inter-agency difficulty within an individual person or agency to a consideration of the patterns of relationships, interactions, and inter-reactions – is the target of this model. Smale et al. (1988: 123) assert:

We should recognise that social problems are the malfunctioning of a network of people.....People's needs only become a 'social problem' when they are not met.

Barr (1989) presents four inter-related practice principles in community social work:-

- i) **The achievement of appreciative understanding** of the nature of problems and needs from the consumer's perspective; this is consistent with Quality Assurance principles of involving consumers in planning and evaluating services. Also, as with negotiation skills in conflict resolution practice, Barr (1989) makes a clear distinction between an 'appreciative approach' (recognition of multiple perspectives) and the more colonial 'corrective approach' (a coercive power – or technical – relationship) this is consistent with some family mediation assumptions about the capacity of 'family kinship networks' to formulate solutions to family-based concerns.
- ii) **Private troubles and public issues** involving both collective and individual action raising questions about the nature of responsibility for difficulties and solutions and about the various levels of target systems for intervention. Whether prompted by evaluation research about under-reported abuse, by ideological debate about citizenship and responsibility or by a financial imperative to develop preventative strategies, this systemic perspective does incorporate a multi-systems assessment and action framework.
- iii) **Liberation not domestication** so that people are encouraged to retain responsibility for identified concerns and to seek to promote their own solutions. This practice principle also informs some models of individual, family, and group practice. It involves actively working to develop genuine community participation in identifying needs and developing responses from within the resources of those directly involved. This principle is central to the effective work of the HACC Coordinators who participated in this project.
- iv) **Prevention not reaction** by building alliances with other professionals, interest groups, and political parties. In the context of years of structural unemployment and reduced welfare budgets, this was a critically important element of the community social work model. Interest in building partnerships in welfare has been the focus of significant practice and research effort in the UK (Department of Health 1991; 1995).

4.3 THE PRACTICE OF COMMUNITY CONNECTION AND RE-CONNECTION IN THE PREVENTION OF ELDER ABUSE

Families, friends, neighbours and other local people provide the majority of care in response to needs which they are uniquely placed to identify and respond to ... the first task of publicly provided services is to support and where possible to strengthen these networks of carers.

Griffiths Report (1988: 5)

Sir Roy Griffiths (1988) was invited by Mrs Thatcher to chair a committee reviewing community-based services in the UK for aged and disabled citizens. With his background as chairman of the board of Marks and Spencers, he was expected to have an open mind about necessary policy and service delivery changes. Griffiths became alert to the network of carers involved in the provision of significant informal care in the community which he recognised as a key perspective in 'community care' and 'community development' policies and practice models in aged care and in elder abuse. The focus of analysis is not the neighbourhood per se, but the nature and quality of the actual and potential 'personal communities' of the referred older person.

There has been an important re-examination of the concept of 'community' in contemporary society – to recognise the impact of educational and employment opportunities, enhanced technological development and greater social mobility on the traditional notion of 'community as place'. While this is clearly the case for those locations with a relatively stable population, an optimum physical size and with clear 'natural' boundaries, most suburbs, towns and cities – and the families living in them – have experienced considerable external (and internal) changes and challenges to such key concepts in the analysis of community as '*a sense of involvement*', '*a sense of significance*', '*reciprocal ties and obligations*' and '*quality of informal support*'.

Much of this orthodox, and flawed, analysis flounders on the centrality of geographical location (place) whereas many citizens do not have a prime commitment to local relationships. Analyses of 'personal communities', using the social network perspective of Barnes (1954), Boissevain (1974), and Mitchell (1971) - elaborated by Seed (1990) - emphasise the importance of 'communities of interest', of membership groups and associations, of reference groups influencing a sense of involvement, identity, significance and obligation beyond local boundaries.

Rather than gather information about the nature and quality of a neighbourhood (place), the focus shifted to the nature and quality of an individual's personal community (network) – a 'mapping' exercise with particular emphasis on:

- **Anchorage** – the number of separate links in a person's network
- **Reachability** – the extent to which the central person can contact important others and their ability to contact him/her - mobilisability.
- **Content** – the meaning to both parties of their relationship in the network
- **Density** – the extent of contacts between members of the network
- from close-knit with more than one reason for contact between

members to loose-knit with individual reasons for contact; this would influence the speed that information was dispersed.

- **Directedness** – whether the contact and the relationship is one-sided or reciprocated
- **Durability** – for how long has there been what sort of recognition of rights and responsibilities between members of the network
- **Frequency** – of contact between people in the personal network.

A more practical way to begin a sensitive conversation to operationalise the nature and quality of the 'personal community' of many – but not all - frail elderly people would be to ask about the number of Christmas cards that had been sent and to whom – and the number of cards received and from whom – recognising that important contacts in a personal community can range from local to international in range, with important scope for reminiscence work while reflecting on Christmas past.

In the United Kingdom there was a community development project initiated by Islington Social Services in the mid-1970's which identified a community visitor scheme by which clients receiving services from the department were recruited as 'community visitors' for house-bound people in their neighbourhood (for shopping/emergencies) – with all of the challenges of monitoring criminal records and risk.

During the data-gathering stage in the Advocare/HACC project, the researchers had the opportunity to learn about the Rockingham Social Connector Pilot Programme which is based on the work of colleagues in the Plan Institute in Vancouver, Canada. Burgoyne (2011) identifies that it is projected that 24.4% of households in Rockingham will have a single occupant by 2021; also, Rockingham has a greater than WA average proportion of people aged 65 and over (12.6% in 2011) as well as 4.5% in receipt of a Disability Pension.

The programme seeks to develop the social networks of socially disadvantaged people in Rockingham - beginning with opportunities seeking to develop the social networks for families where an adult child with a disability will soon have to manage without their parents' full-time help. In conversation with the Manager of the Community Support Services in Rockingham, it became clear that other vulnerable groups soon to be considered for this approach are socially isolated elderly people, those with mental health difficulties and recently-arrived non-English speaking migrants and refugees.

The programme provides special training to Community Connectors to build on their very good communication skills to assist vulnerable people to build and sustain their social networks; the aim is to re-build a social network of family members who have drifted away, lost friends, neighbours and to locate new people with similar interests. The benefits of re-establishing contacts with family and friends – and making new contacts to build a richer and fuller personal community – are obvious.

Clearly, this pilot project is of real importance for older and isolated people, particularly those from ethnic minority cultures whose first language is not English; there is recognition of the importance of promoting social inclusion and the quality of health of isolated older people. Of very real interest is the use of computers by those who cannot leave their homes who will receive training to be able to access their Community Connector volunteer in an emergency – and to access information though ‘surfing the web’ (Tyze Personal Networks 2012).

Following a very impressive local initiative, Hollier (2012) has recently published a review of accessibility to and the potential benefits of social media; there is a comprehensive review of Facebook (over 10 million users in Australia), Youtube (almost 10 million users in Australia), Blogging (4.6 million users in Australia), LinkedIn (2 million users in Australia), Twitter (1.9 million users in Australia) – as well as access to Skype.

Hollier (2012) set out to help consumers with disabilities to participate on-line and to learn which social media applications are accessible to them. In relation to older people; this potential access to technology could also include access to English language and other learning opportunities for those who are house-bound – or for those participating in the Community Connector Project.

Recommendation Four: Advocate provides the WA HACC Program with information on the Rockingham Social Connector Program for consideration.

Recommendation Five: That APEA:WA explore the opportunities for research to identify and report on national and international projects which have investigated the potential benefits of social media as universal services for socially-isolated and non-English-speaking older people.

CHAPTER FIVE: CULTURAL AND LINGUISTIC DIVERSITY IN AUSTRALIA AND ELDER ABUSE

Ethnic baby-boomers may be particularly at risk in Australia because of their history of low-paid and unskilled jobs and greater likelihood of being retrenched in mid-life.

(Ozanne 2009: 144)

The proportion of older people from culturally and linguistically diverse (CALD) backgrounds is predicted to grow significantly over time, reaching 22.5% of the total older population by 2011.

(Warburton et al. 2009: 169)

There are three sections in this chapter:

- The changing patterns of migration to Australia
- Evidence of differences between and within ethnic communities
- Ethnic communities and differential access to health and community services

5.1 CHANGING PATTERNS OF ETHNIC MIGRATION TO AUSTRALIA

Warburton et al. (2009) highlight the changing patterns of migration to Australia since 1901 – from primarily an Anglo-Celtic base through the White Australia policy and:

- 1900-1940 saw the acceptance of migrants from Eastern, Western, and Northern Europe.
- Post-war migration policy saw the arrival of migrants from Southern Europe and the Middle East.
- The mid-1970's and the end of the White Australia policy saw the beginnings of non-European migration, especially from Vietnam and other countries in Asia
- 1990's onwards and the arrival of migrants and refugees from Chile, the former Yugoslavia, Iraq, Afghanistan, Sri Lanka and other war-torn countries.

Warburton et al. (2009: 169) assert:

These patterns are important because they highlight the many different cultures and languages in the migrant population, as well as differences in the length of time migrants have been in Australia, their reasons for coming, and their settlement experiences.

5.2 DIFFERENCES BETWEEN – AND WITHIN – ETHNIC COMMUNITIES

An international study entitled *Missing Voices: Views of Older Persons on Elder Abuse*, (Krug et al., 2002) was conducted by the World Health Organisation and the International Network for the Prevention of Elder Abuse. The study had a cross-cultural component and was conducted in eight countries, five being developing countries. These were Argentina, Austria, Brazil, Canada, India, Kenya, Lebanon and Sweden. The research involved focus groups with older people and with primary health care workers. The study sought to elicit older people's (people aged 60 years and over) views and perceptions about elder abuse.

The researchers found that elder abuse was a difficult topic to raise with older people and that discussions often resulted in discomfort and denial. The study found that physical abuse and sexual/spousal abuse were not regarded as being of major concern to participants. Psychological, emotional and verbal abuse were the forms of abuse most frequently raised as being perpetrated within families and in society (disrespect and ageist attitudes and structural and societal abuse respectively). Women and the poor were found to be most susceptible to elder abuse although there was recognition that abuse occurred across all socio-economic groups (WHO/INPEA 2002).

The term 'elder abuse' has different connotations for different people, especially for those from CALD backgrounds. A comparative analysis of elder abuse within 10 different countries (Kosberg and Garcia 1995) found that there is diversity in definitions of elder abuse as well as differences in the level of concern and awareness about the subject. Such variations between and within countries and cultural groups point to a need to develop conceptual frameworks for elder abuse that are able to encompass such diversity (Kosberg, Lowenstein, Garcia, and Biggs 2003); this is key to effective cross-cultural communication and ethnic-sensitivity.

It is important to consider cultural expectations and dynamics when working with elder abuse in CALD communities, otherwise we run the risk of failing to address and meet the needs of these people (Sanchez, 1996). Looking at particular family dynamics from a cultural perspective may help in assessing interactions that have generally been seen as exploitative by majority cultural standards (Sanchez, 1996). An individual's definitions of elder abuse may be influenced by cultural and familial expectations, and case examples described in Sanchez (1996) point to the fact that while from the outside they may be deemed as exploitative interactions, they were not perceived as such by the participants in the research, rather as exchanges rooted in familial and cultural expectations of exchange and support of the family and the larger community.

Cultural factors may impact on perceptions of elder abuse, but they may also affect risk of abuse and approaches to problem-solving among different CALD populations (Moon, 2002). Moon and Williams (1993) compared Korean immigrant women, Caucasian women, and African American women's perceptions of elder abuse and found that older Korean immigrant women were significantly less sensitive to, or more tolerant of, potentially abusive situations than Caucasian or African American women. The research also reported that three major factors were carefully considered when deciding whether or not to define a given situation as abusive: the intention of the person involved, circumstantial factors, including the availability of alternative actions, and the nature of the possibly abusive act. Importantly, the study found that identification and tolerance of elder abuse were significant predictors of the older person's intention to seek help (Moon and Williams 1993).

An issue to consider when conducting research with people from CALD backgrounds is that there is diversity within cultural groups as well as between groups, as people come from a range of social, economic and educational backgrounds (Kosberg et al. 2003). A similar study to that of Moon and Williams (1993) mentioned above, which explored attitudes toward elder abuse, found more similarities than differences among older people from eight different cultural groups (Moon et al. 1998, in Moon 2002: 76). However, significant differences among cultural or ethnic groups were also found.

A considerable percentage of Japanese American and non-Hispanic Caucasian respondents (23% and 30%, respectively) perceived verbal abuse (occasional yelling) to be an acceptable behaviour for adult children toward their elderly parents, while almost all respondents in the other groups did not. The study also suggested that some Korean American older people may be at high risk of financial exploitation by their children, as this group was more likely to approve of their children's unconditional use of their money. This tolerance may reflect the long-standing Korean norm of the older generation transferring wealth and property to their children, particularly to the eldest son, when they retire or get old. In contrast, over 90 percent of older Native American respondents disapproved of adult children's use of their parent's money for themselves (Moon et al. 1998, in Moon 2002: 76).

There is growing evidence that researchers may gain useful insights into understanding similarities and differences in perceptions of elder abuse among different culturally and linguistically diverse communities by studying the degree of acculturation, rather than ethnicity alone (Moon 2002). A study by Pablo and Braun (1998) found more similarity between Filipino American, Korean American,

Caucasian and African American older people interviewed than between Hawaiian Korean Americans and Korean Americans in Minnesota regarding their perceptions of elder abuse and help seeking behaviours. A major difference between the Korean American groups was that most of the Hawaiians were born in Hawaii whereas all of the Minnesotans were relatively recent immigrants to the United States (Pablo and Braun 1998).

Families from CALD backgrounds face different issues from those from English-speaking backgrounds. For example, in many ethnic families there are differing intergenerational attitudes about how the older generation should be cared for. This may be due to the older generation holding on to cultural beliefs from their countries of origin, while the younger generation has often began to accept values and beliefs more like those of the host society (Ethnic Communities Council of Victoria 2009; Wainer, Owada, Lowndes and Darzins 2011).

A recent Australian study has found that older non-English speaking Australians are not only at risk of being financially abused by their family members, but may also deny it will ever happen to them (Wainer et al. 2011). There is also a preference among CALD older people to sort through issues within the family and a reluctance to speak out about problems (Wainer et al. 2011). CALD older people may fear exclusion and abandonment from their family, who may be the sole providers of support, or loss of face in their community for reporting a family member to authorities, shaming the entire family in the eyes of the community, or being blamed and held accountable for an adult child's behaviour (OPA 2006; Wainer et al. 2011). For those CALD older people who feel that some kind of abuse is occurring, seeking outside help may not be seen as an option, as many CALD older people lack confidence in government institutions and police due to previous negative experiences in their country of origin (OPA 2006; Wainer et al. 2011).

It has been proposed that, while mainstream health and welfare systems remain important to the health and economic well-being of CALD older people, their social well-being is much more dependent on their families and ethnic communities (National Seniors Productive Ageing Centre 2011). This is particularly the case when they do not speak English well or have a tradition of strong family networks that encourage co-residence and co-dependence across generations (National Seniors Productive Ageing Centre 2011).

5.3 ETHNIC COMMUNITY ACCESS TO HEALTH AND COMMUNITY SERVICES

Ozanne (2009) identifies that 33.9% of baby-boomers were born overseas – with 17.7% born in predominantly non-English-speaking countries of Greece and Italy. Both Ozanne (2009) and Warburton et al. (2009) point to a tendency within non-English-speaking minority communities to under-use residential and community care services; this has significant implications for the care demands on middle aged women in these ethnic communities.

Warburton et al. (2009) conducted a study to identify the problems facing older people from CALD backgrounds who require support and care to maintain their physical, emotional and social well-being; their findings are similar to those identified in many European countries, Canada and the USA - namely that their needs may differ or become more complex because of their cultural and linguistic diversity, arising from:

- Their migration and post-settlement experiences
- Ethnic and family cultural differences and practices
- Language and communications skills and patterns
- Refugee migrants and the possibility of torture and trauma in their country of origin – with likely fear of government officials
- Diversity of levels of understanding and of experiences of services which is exacerbated by financial disadvantage, limited superannuation and reliance on the aged pension – or by geographical access difficulties to health and aged care services.

Warburton et al. (2009) reflect on the under-utilisation of mental health services by older people from ethnic communities, including for those with dementia, because of the lack of awareness of available services and the impact of the stigma of mental illness. They point to the challenges facing older people and their families with restricted English language skills; difficulties in accessing a broad range of services (exercise programmes; help-lines for grand-parents looking after their grand-children; relevant web-sites) are exacerbated when older migrants may lose their ability to speak and to understand English – and revert to using their first language.

They also caution about the importance of accessing appropriate services, the difficulties in communication in English and the impact of growing social isolation are challenges facing many older Australians from ethnic minority communities. Access to culturally-appropriate care services is essential for positive ageing and for aged care service delivery – and Warburton et al. (2009) underline the importance of being

able to access services delivered in a familiar cultural context and language group; they also warn of the need to recognise the diversity within ethnic communities to avoid the worst of ethnic stereotyping by practitioners.

According to Warburton et al. (2009), culturally-sensitive aged care practitioners need to build on the existing strengths of the older person and their family and community network – and that such good practice requires:

- Sufficient time to build trust and rapport
- Learning about cultural meanings of events and responses
- Taking the approach of observer/enquirer
- Exploring the place and importance of spirituality

Further exploration of models and methods of cross-cultural practice are provided in Chapter Eight.

CHAPTER SIX: PROJECT METHODOLOGY

6.1 BACKGROUND

This research may be seen to be a follow up project to the *Care and Respect: Elder Abuse in Culturally and Linguistically Diverse Communities* research project (OPA 2006), as it further explores elder abuse in CALD communities in Western Australia. However, where the OPA (2006) project was more an exploration of elder abuse within a range of CALD communities, the current project is more firmly focused on developing best practice in working with elder abuse in these communities.

The aim of this research was to discover the best ways in which to respond to the abuse and mistreatment of older people from CALD backgrounds. The three major tasks of the researchers were to:

- Identify core elements of good practice in cross-cultural aged care services to older Australians whose first language is not English
- Offer strategies to increase the level of awareness of elder abuse in ethnic minority communities
- Identify further research areas arising from this project.

The project explores current responses to elder abuse and mistreatment and looks at developing alternatives, with a view towards developing a best-practice approach. The research involved a literature review, three focus groups with aged care professionals experienced in working with elder abuse in CALD communities, and eight community forums with different language/cultural groups of older people from CALD communities.

6.2 RESEARCH REFERENCE GROUP

A Research Reference Group was established in order to guide and advise the course of the research. The Reference Group was comprised of professionals with relevant experience in working with CALD older people and included:

- Greg Mahney (Advocare)
- Krystyna Cieslawski (Advocare)
- Mary Kepert (Alliance for the Prevention of Elder Abuse: WA)
- Eva Mwakichako (Independent Living Centre - Multicultural Aged Care Service)
- Amar Varsani (Independent Living Centre - Multicultural Aged Care Service)
- George Vassiley (Fremantle Multicultural Centre)

- Theresa Kwok (Chung Wah Association)
- Amrik Pala (Consumer Representative)
- Iren Hunyadi (Consumer Representative)

The Reference Group met three times throughout the course of the research to discuss the detail of the project, including - how the research would proceed, which cultural/language groups should be targeted, where and when the community forums would be held, and what issues should be focused on in the focus groups and community forums. It must be noted that the Research Reference Group suggested that the community forums be conducted by bi-lingual facilitators in order to assist in obtaining rich qualitative data. However, due to the project's time constraints and the necessity of re-applying for ethics approval in order to alter the research design, this option was not able to be pursued. In light of this, in future projects, it is recommended that a Reference Group be established before the research design is finalised and Ethics Approval is applied for.

6.3 RESEARCH PARTICIPANTS

Two cohorts of participants took part in the research – namely older people (aged 65+) from CALD communities, and professionals working in the aged care field who were likely to come across cases of elder abuse of people from CALD communities.

6.3.1 Older people (aged 65 +) from CALD communities

When the research project was designed, it was decided to recruit as participants older people who were clients of CALD HACC services, specifically adult day centres. This was because they are a relatively accessible group to draw from, having a central point of contact. The adult day centres also provided a familiar place to hold the community forums that was easily accessible for the participants and the researchers. These participants were recruited by advertising through a flyer distributed to them by their HACC service (see Appendix Five). A Research Information Sheet was included with the flyer (see Appendix Six). The flyer and Research Information Sheet were translated into the participants' first language, as well as being available in English. Family and friends were also invited to provide support for the older person, if required; however, only one person in this category attended a forum.

Table 3 below shows that 171 people took part in the focus groups and forums. However, as two people took part in all three of the focus groups, and two others were present for two different group sessions, the actual number of participants in the project was 163. As the Mandarin and Cantonese groups were held

concurrently, it was not possible to separate the number of attendees into a specific language group.

Table 3: Participant numbers by group attended

Group attended	Number of attendees
Focus group 1	4
Focus group 2	7
Focus group 3	8
Polish	28
Italian	24
Mandarin	40
Cantonese	
Mixed group (Indian, Pakistani, Burmese, Sri Lankan)	14
Sikh	20
Iranian/Farsi	12
Vietnamese	14
TOTAL	171¹

6.3.2 Aged Care Professionals

Aged care professionals with experience of working with elder abuse in CALD communities also took part in focus groups. Specialised CALD community care service providers were contacted by letter and asked to assist with the research project by being part of the Research Reference Group. These service providers were also asked if they were able to assist with the research in several capacities; firstly, by taking part in a focus group made up of other aged care professionals with experience in working with elder abuse in CALD communities. Secondly, by advertising the research project to clients of their adult day centres, and thirdly, by hosting a community forum for a particular language group at their premises in order that their clients were easily able to participate in the project.

¹ Table 3 above shows that 171 people took part in the focus groups and forums. However, as two people took part in all three of the focus groups, and two others were present for two different group sessions, the actual number of participants in the project was 163.

6.4 FOCUS GROUPS

Three focus groups were held with elder abuse professionals in order to draw out issues relating to the aims of the study. The first two focus groups were held before the community forums in order to assist in the planning of the forums. One focus group was attended by four Advocare staff. The second focus group was composed of seven participants, including members of the Western Australian Network for the Prevention of Elder Abuse (WANPEA) as well as key staff from a range of CALD-specific HACC service providers (who may or may not be members of WANPEA already). The first two focus groups were largely unstructured, with only a few set questions asked, including:

1. What are some of the issues you have encountered when working with elder abuse in CALD communities?
2. How might elder abuse in CALD communities be better dealt with?
3. What questions should we ask the CALD older people who attend the community forums?

The responses to these questions were then explored with more questions for further understanding.

The third focus group was held after the community forums were concluded; it was comprised of members of the Research Reference Group as well as some service providers who had hosted community forums. Preliminary findings were presented and discussed, with further feedback and suggestions provided by the participants. This focus group was attended by eight people. All focus group participants were provided with a Focus Group Information Sheet (Appendix Eight) and asked to sign a Consent Form (Appendix Seven)

Two people took part in all three of the focus groups; one other was present for two of the sessions. This means that a total of 14 people participated in the focus group meetings which ranged in time from between one and 1.5 hours.

6.5 COMMUNITY FORUMS

The content for a series of CALD community forums was planned using data gathered during the first two focus groups and through discussion with the Research Reference Group. Several community care services with adult day centres that host specific language groups were targeted and asked to host forums in order that the researchers could speak with their clients for the project. The language groups we decided to focus on were chosen with reference to two groups of statistics from the ABS (2006) - the Top 10 Overseas Language Groups in WA, and the Top 10

Overseas Language Groups of People over 65+ years in WA (depicted respectively in Figures 1 and 2).

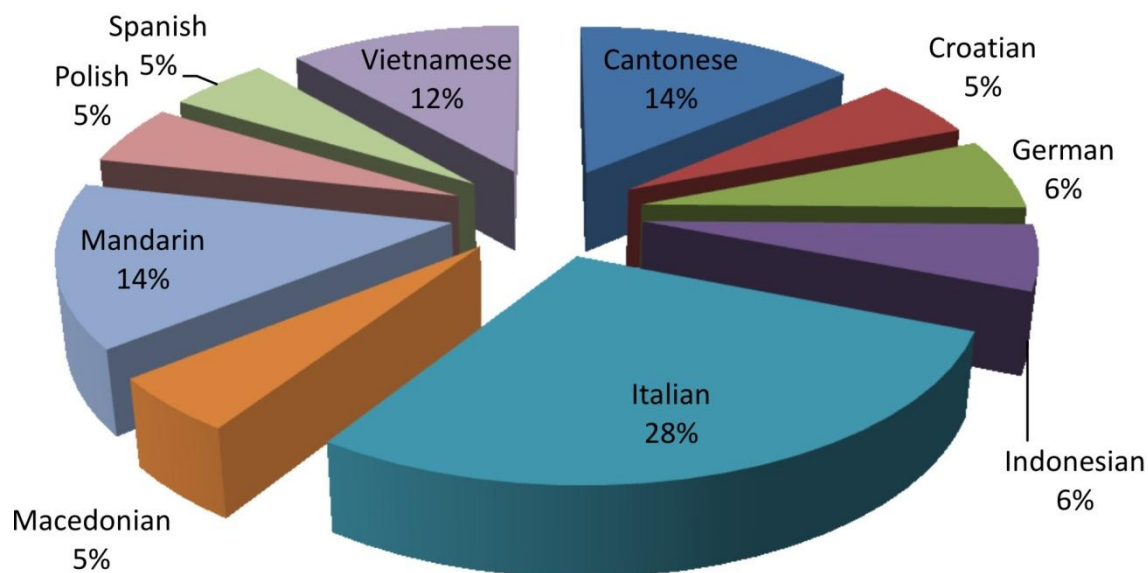


Figure 1: The Top 10 Overseas Language Groups in Western Australia (ABS 2006)

However, not all services contacted were able to host forums; two of the language groups targeted, Greek and Croatian, were not able to be included in the research. Instead, these were substituted with other groups that were interested and able to participate, such as a group of Iranian- speaking people and a mixed group of Indian, Pakistani, Burmese, Sri Lankan speakers who also spoke good English. Eight language/cultural groups took part in the research, including Polish, Cantonese, Mandarin, Italian, Sikh, Iranian (Farsi), Vietnamese and the mixed group. Numbers of participants in each of the community forum are listed at Table 3 on page 53 above, and the percentages of these are depicted in chart form at Figure 3.

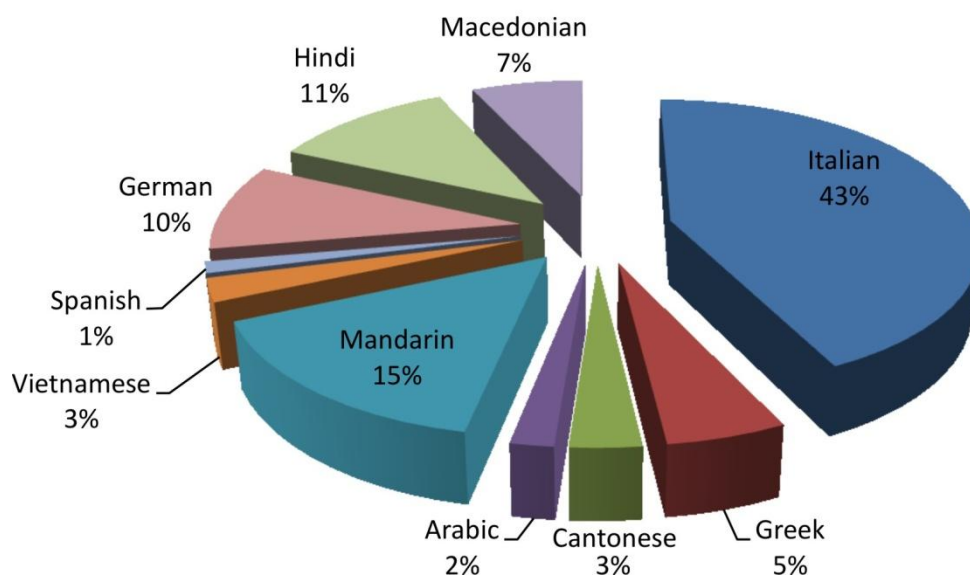


Figure 2: The Top 10 Overseas Language Groups of People 65+ in WA (ABS 2006)

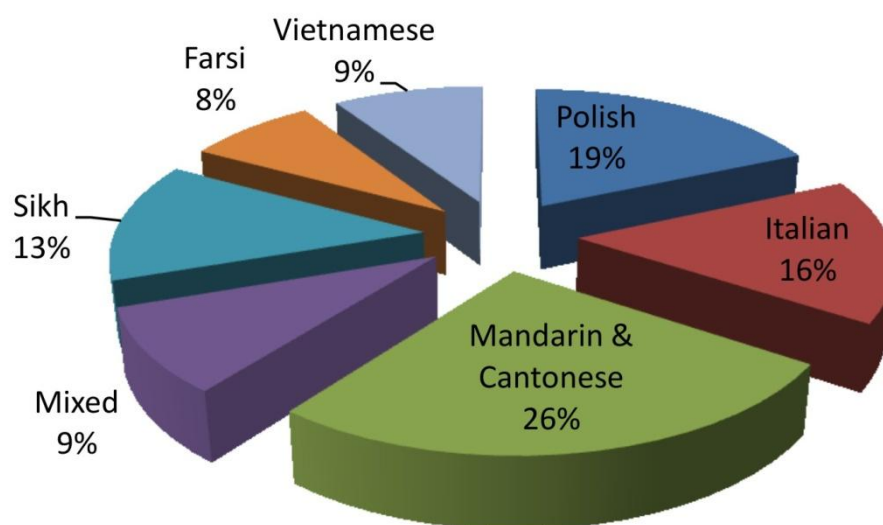


Figure 3: Language groups of Community Forum participants

At the start of the forums, the aims of the research project were explained, and a Research Information Sheet (Appendix Six) was provided in the participant's language, or in English if requested. Participants were then asked to sign a Project Consent Form (Appendix Seven), also provided in their language. Documents were translated by NAATI (National Accreditation Authority for Translators and Interpreters Ltd) accredited translators.

During the forums, interpreters were present to interpret the session (with the exception of a mixed group of Indian, Pakistani, Burmese, and Sri Lankan speakers who spoke a high standard of English and did not require an interpreter).

Professional interpreters were sourced from the Translating and Interpreting Service (TIS) for four of the groups, and HACC bi-lingual staff members were used in three others. In the case of one language group, a TIS interpreter could not be sourced for the planned session, and in the other two, the service offered the services of their in-house language specialists.

Due to the nature of the research and the language barriers, at the beginning of the community forums the researchers spent some time explaining the background and purposes of the research and the concept of elder abuse. The following definition of elder abuse was read out and the categories explained:

Elder Abuse...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.

(WHO/INPEA 2002: 3)

The most commonly adopted categories of abuse include:

- **Financial or material abuse:** the illegal or improper use of a person's finances or property.
- **Emotional or psychological abuse:** inflicting mental anguish through actions or words that cause fear of violence, isolation or deprivation, and/or feelings of shame, indignity and powerlessness.
- **Physical abuse:** inflicting physical pain or injury or physical coercion.
- **Sexual abuse:** incorporates a broad range of unwanted sexual behaviour, including rape, indecent assault, sexual harassment and sexual interference. Also includes such practices as inappropriate administration of enemata or cleansing of the genital area.
- **Social abuse:** the forced isolation of an older person – limiting or preventing access to grand-children, other relatives, friends and services, etc. Sometimes it may have the additional effect of hiding abuse from outside scrutiny.
- **Neglect:** the failure to provide the necessities of life to an older person for whom one is responsible.

(APEA: WA 2006: 6-10)

However, in discussing these definitions, participants were also made aware that there may be other ways elder abuse is perceived and understood by themselves and others.

An Advocate from Advocare was also present at all sessions, and after this introduction, the Advocate introduced themselves and talked about Advocare's role and purpose - and how Advocates were able to assist people experiencing elder abuse. This was a requirement of the research's ethics approval, as a safeguard in the case that the discussion should uncover any unresolved elder abuse issues. The Advocate also informed the participants that they would be available after the session, should anyone wish to speak with them about any particular issues. An Advocare brochure and other relevant informational material (in the appropriate language where possible) was also given to each participant.

Participants were then shown a short four minute elder abuse scenario - 'No Goodbyes', from an educational DVD – "*As Life Goes On*" (UnitingCare Ageing 2010)². The scenario was in English but was explained by the researchers and the interpreter, both before and after screening. The remainder of the community forum was then only semi-structured, with participants asked the following questions:

1. What would you do if a friend of yours was involved in a situation similar to that shown on the DVD? How would you help?
2. How could information about elder abuse be better communicated to your community?
3. How could people from your community who do not attend day centres, and are perhaps more vulnerable, be given information and assistance with elder abuse?
4. Do you have any suggestions of ways in which people in your community dealing with elder abuse could be better helped or the services improved?

The responses to these questions were then explored with more questions for further understanding. The length of time of the community forums ranged between 45 minutes and 1.5 hours.

² This DVD was produced by the NSW Government in conjunction with St Ives Uniting Church and UnitingCare Ageing for the purpose of increasing awareness of domestic and family violence affecting older people.

The focus groups and forums were digitally recorded with the permission of the participants, and then the English portions were transcribed verbatim. The transcripts were collated and analysed for themes and issues pertinent to the research aims.

6.6 THE RESEARCH PROCESS

The project was conducted in a thirteen month period beginning March 2011, with the initial report-writing being concluded at the end of March 2012. However, it was necessary to make some updates and changes to the draft, and the report was finalised in September 2012. The two researchers were contracted to conduct the project jointly, with a combined allocation of hours of approximately three days a week. Barbara Black Blundell was employed through Advocare, and Mike Clare employed through Clare Consultancy and linked with the Centre for Vulnerable Children and Families at the University of Western Australia. Ethics approval was applied for in April through the University of Western Australia's Human Research Ethics Committee, but not received until August 2011 as some additional information and safeguards were requested due to the vulnerability of the participant group of older people. Two focus groups were held in September 2011. Community forums were held from the end of October through until the beginning of February 2012. A final focus group with members of the Research Reference Group was held in February 2012.

6.6.1 LIMITATIONS OF THE STUDY

There were two main limitations of this study:

- As the community forums were run over a short time period, with a single group meeting of strangers to the researchers, it was difficult to build a good relationship with the participants in order to extract rich qualitative data. This was also hindered by the language barrier and the sensitivity of the topic of elder abuse.
- Due to the research design, which includes a limited numbers of participants from different language and cultural groups, the findings cannot be generalised to the broader language or cultural group.

6.6.2 RESEARCH BENEFITS

It is hoped that the research was able to benefit the older people involved by increasing their knowledge of the area of abuse and mistreatment of older people, their individual rights, and the services available to assist. The research may also

have served to empower them in feeling part of a process to improve responses to abuse in their community.

It was also anticipated that the research would benefit the professionals involved by increasing their knowledge of the area of abuse and mistreatment of older people, older people's rights, and the services available to assist. This may assist them in their future work with older people experiencing abuse. Their participation in the project also had the benefit of allowing them the opportunity to contribute information that will lead to more culturally-appropriate services in the future and well as building professional networks with others working in the area.

It was expected that the community care agencies that participated in the research would benefit by building their capacity in the area of elder abuse and being able to pass on a positive message of support to their clients. The research may also have served to foster better connections and supportive relationships between individual agencies. It is anticipated that Advocare will also benefit through a better appreciation of CALD issues and services, greater awareness by CALD HACC service recipients of Advocare's services, and in all likelihood, an increase in the number of clients that are CALD older people.

It is hoped that the project will benefit CALD communities in Western Australia by improving culturally-appropriate responses to elder abuse. In addition, it is anticipated that the research will strengthen the economic and social fabric of the State by ensuring safety nets are in place for at risk elderly people. Although the research was conducted in Western Australia, the findings of this research may be applicable in other States and Territories throughout Australia. The project will also be of significance internationally as it will contribute to the existing knowledge base in the discipline of elder abuse and best-practice interventions in addressing issues of elder abuse in CALD communities.

CHAPTER SEVEN: ANALYSIS OF RESULTS AND FINDINGS

7.1 PROCESS OF ANALYSIS

The 150 pages of transcripts from the focus groups and community forums were transcribed, then collated and analysed to identify key themes relating to core elements of best practice in working with elder abuse and people from culturally and linguistically diverse communities. Five major themes were uncovered in the analysis, each with a number of sub-themes. These were:

- Culture
- Interpreting and Communication
- Isolation
- Issues dealing with elder abuse
- Developing best practice: suggestions

As culture and language were two of the important variables of the research, it is not surprising that they emerged strongly in the thematic analysis. Isolation is also an important risk factor in elder abuse, and older people from CALD communities may be particularly isolated due to language and cultural barriers, loss of significant people in their social networks through migration, and the degenerative physiological effects of ageing on sight, hearing, mobility, etc.

In the focus groups and community forums, a number of suggestions were also made about ways to develop best practice in working with elder abuse in CALD communities, and these are compiled at the end of this chapter. Several case examples were discussed during the focus groups and community forums, and several of these have been used for illustration purposes where appropriate.

7.2 CULTURE

This theme is about how culture may affect the ways in which abuse is perceived and dealt with. Three sub-themes emerged in the analysis:

- Cultural interpretations of abuse
- Cultural responses to abuse
- The impact of migration

Most of the data in this theme came from the focus group participants, with only one community forum participant making a comment relating to broader cultural issues.

7.2.1 Cultural Interpretations of Abuse

There was much discussion about the ways in which culture may impact on the way that elder abuse is perceived and dealt with, both on the part of the CALD older person and the professional who is trying to assist them to deal with the abuse.

Participants spoke about the fact that what might be considered abusive in one culture may not be perceived as abusive in another:

...there's different cultural interpretations - what we think is abuse, sometimes they don't think is abuse. So that's a big dilemma.

...especially in other cultures, they may not agree with what's happening in their life, but they ... have this male figurehead. They have the head of the family and even if it's to their detriment, they will still do what that person dictates to them. They won't speak up, because he's the male, he's the head of the family

(Focus group 1: 11)

It was acknowledged that there are cultural practices which may lead to an older person being more accepting of abuse or more vulnerable to it:

...a particular lady I'm thinking of and [have] been working with recently didn't see that the neglect or the physical abuse that her son was perpetrating was abuse; "Oh, it's just part of the culture. It's just the way we do it back in...[country of origin]"

(Focus group 2: 7)

I have to say to her, it's not acceptable for you to be treated this way. But she just seemed to accept it. She just seemed to say, "Well, this is the way it is in our culture". So that I think goes back to the understanding of what is abuse in certain cultures and what's acceptable and what's not.

(Focus group 2: 10)

It was mentioned that in some cultures, placing your older relatives into a nursing home is seen as abusive:

...certainly in our culture, if you put somebody into an aged care facility, that is considered that you are disrespectful and you're abusing your loved one

(Focus group 3: 4)

and that when older people from these cultures are moved into a nursing home:

"They die, because they give up"

(Focus group 3: 3)

It was also mentioned that this decision to put their loved one in a nursing home against cultural mores often causes the family a great burden of guilt, which some never get over as they feel that they have failed in their familial duty.

Cultural differences in attitudes to older people were also discussed. It was mentioned that some cultures seem to place more value and reverence on their older members than others:

There are some communities who revere their elderly so much, to the point that, you know, dad is practically senile and everything, but people are still asking for his opinion, you know, and that's the other end of the scale.

(Focus group 2: 19)

One participant spoke about the way in which a helping professional's own cultural stereotypes and biases may impact on the elder abuse response:

"...there's always the risk that the worker...may have...a bias about the nature of people from a particular ethnic group"

(Focus group 1: 7)

The participant spoke about an elder abuse case they were working on in conjunction with another professional who formed a different view of which family member was responsible for the abusive situation, perhaps influenced by cultural bias or stereotype. This also impacted on the way in which the case was dealt with:

"I think it was [name] that was dealing with it, and [name] felt that she...[name] just got this spin on it that the daughter was wanting to get the mother's money, but when it came to me, I don't know, I just sort of felt that she was genuine, because I met her, and the mother had no money anyway."

(Focus group 1: 5)

7.2.2 Cultural Responses to Abuse

Participants spoke about the ways in which an abused older person's culture may impact on the way they deal with the abuse. It was acknowledged that we are all products of our culture and conditioning. Participants mentioned that small CALD communities may be very insular, and so community members may be well aware of what is going on within a particular family. In some cases, this may be helpful, as other community members may be able to provide help and support to the older person, however, in others, cultural mores of keeping family business private may make it difficult to seek support in the community:

A woman who's been abused rings up the shelter and says, "I'm being abused. Help me". I said, "We'll organise a taxi for you", and

then, there are two cases they had heard of in the last few weeks...where the taxi driver was a friend of the husband, because he was from the same ethnic group, and in one case, he just refused to take her, you know, and told her off, and the other one, the whole time he took her, but he berated her and told her, you know, she was doing the wrong thing, and he, of course, he also knew where he'd taken her.

(Focus group 1: 4)

In my culture, I know what goes on in your home is your business, and I would just give you an example – last week my mum was telling me something... “Oh, this is what you should be doing”, and I heard my dad shouting from the background, “Leave her alone; that is her home”. So it is even that close. My dad doesn't want to be involved in the domestics of his own daughter's home, because I'm married. So it's very hard to even get somebody from the community stepping in to that family's business. So some cultures are like that.

There's fear attached to it sometimes because, as much as you want help, especially if there's anyone else [present] in the house, you wouldn't let that [helping professional] in. If you're by yourself you could actually let them in but tell them, “Please... [you] shouldn't tell anybody in the community”, or “Please don't even tell my husband that I've talked to you”. But you're trying to get help secretly. I don't know if that comes out in a dodgy way, but they need help, but they won't... they don't want everyone to know about it.

(Focus group 2: 4)

Participants also spoke about the fact that there may be fear in some communities about seeking help with the abuse, as this may be viewed in a negative way by the community and result in the person being ostracized and further isolated:

If they do access the help then maybe they won't get the support of their family or their community. So if they were feeling isolated that time, after that they'll really be isolated.

(Focus group 2: 4-5)

However, this potential ostracism may be mitigated by the seriousness of the crime:

...but some crimes are worse than others, you know, like if it was sexual abuse then people around the community might understand; might. So it depends on how much the crime is impacting on the person. Most of the time, especially matters sexual abuse and all that, it's very secret; nobody wants their business known outside, but if it did come out then people would say, “Oh my goodness, you mean they did that? It's understandable if the person went out and reached out for help”. So it depends on the circumstance and the crime.

(Focus group 2: 5)

The participant also spoke about gender differences in the way help seeking behaviour may be viewed in their community:

It's harder when it's a woman because you're sort of under your husband's or your father's protection. Or you rely actually on your husband or father or brother to take care of you. Financially they're the ones who are in control of everything. Whereas if it was a man he would try and justify it and... he would still have the fear but it wouldn't be seen as negative as if it was a woman, unfortunately.

(Focus group 2: 5)

Finding 1 – Culture has an impact on the way elder abuse is perceived and responded to in the case of professionals and also clients. It is important that elder abuse information and education is flexible enough to embrace these different responses.

Recommendation Six: *HACC service providers ensure that all staff receive initial and advanced training in cultural competency including identifying elder abuse and appropriate follow up.*

Recommendation Seven: *Advocare and the WA HACC Program ensure that information and responses to elder abuse are flexible and creative in order to encompass cultural differences in perceptions and responses to elder abuse.*

7.2.3 The Impact of Migration

Participants discussed the impact of migration on older people and the ways in which this may serve to isolate and marginalize the CALD older person. In migrating to Australia, older people lose traditional support networks, such as friends and family, familiar community services (whether they be formal or informal), and cultural and religious support systems. During a discussion of ways of dealing with elder abuse, one participant remarked:

...but had this been in India, we would have gone to our parish priest and asked him to come to some agreement or something. They don't have Advocare in India, so the priest is Advocare.

(Mixed community forum: 5-6)

Participants spoke about how the loss of these traditional networks may lead to the perpetration of abuse in the new country as the family lacks support and assistance:

But then here you hear a story of maybe a Chinese family where an elderly father had come to live with his family but they owned a restaurant downstairs, so because there would be no one to take care of him during the restaurant hours, because the children and the

grandchildren are all working in the restaurant, they would tie him to a chair, and he would try to escape. So the cord or the rope that was on his leg became tighter and tighter, so the only reason this was picked up is when he was taken to the GP, because it was too tight and the blood circulation had started causing problems. And so that was definitely abuse, but if this was in China, they wouldn't do that at all, because this is their father; he's their patriarch. There would be people employed to stay with him while the restaurant was running. You know, there would be a cousin or someone who would come and stay with him. But because they're in Australia he... they had to do that, and because he had dementia he used to wander, so that's why they tied him to the chair.

(Focus group 2: 19)

So another way of looking at that is that in the original community there was a system, but the whole system hasn't migrated, so as a result the Australian system is unattractive, but there is a gap in the communities' network, so there's a problem.

(Focus group 2: 20)

Participants spoke about how older migrants may turn back to their cultural heritage as they get older:

As I've got older, I'm turning more towards my culture, and more towards the Hungarian community, and I've got more Hungarian friends now than I've ever had. And I was ten when I came here, and my sister was four, and it's happening to her as well. So I think you do go back to your roots.

(Focus group 3: 1)

There was also some discussion around the fact that there are always people from new language and cultural groups migrating to Australia, and catering to the elder abuse educational and service response needs of these 'emerging' communities will have to be focused on more in the future:

I think the 20 years' time situation will be the same, because you'll have new cultures coming to Australia from countries that have non-English-speaking backgrounds. So that will be the same [as] the current situation now where we have the old established communities who [have] aged a lot, and their children in 20 years' time will be ageing, so they will be more aware of these issues, aware of the specialist services too to assist them. But the newer communities coming to the country as refugees or... mostly refugee communities coming from developing countries, and that may be more rigid about their culture and adapting to [Australian culture].

(Focus group 2: 6)

Participants also spoke about the children of migrants integrating their country of origin culture with mainstream Australian culture, and how there are negative elements of Australian culture as well as the country of origin's culture:

If they integrate and keep part of their cultures... the positive parts, like you mentioned... I try and keep the positive parts from both [cultures] going. I would see negative parts in the Anglo-Saxon culture, and I try and educate my children to see those as well; not just negative bits about the Greek culture.

(Focus group 2: 7)

Finding 2 – It is important to be aware of and compensate for the loss of informal support networks in the case of migrants and understand and appreciate the fact that they may be uncomfortable in using mainstream services. Migrants are not a heterogeneous group, and experience different levels of integration into Australian society, both within and between different cultural groups.

Recommendation Eight: *The WA HACC Program continues to fund HACC service providers to develop culturally relevant networks to support HACC CALD clients.*

Recommendation Nine: *APEA:WA explores how different waves of migration from different countries, both new migrants and those that have partially integrated into Australian society in past decades, can inform future planning.*

7.3 INTERPRETING AND COMMUNICATION

This theme is about the ways in which language barriers affect perceptions and interpretations of elder abuse, and about the challenges faced to provide information and assistance to people from non-English speaking backgrounds and for them to seek help from mainstream services. The two sub-categories relating to this theme are:

- Translation and Interpreter issues
- Language barriers, increased vulnerability and decreased access

7.3.1 Translation and Interpreter Issues

Research participants spoke a great deal about the ways in which language barriers increase the vulnerability of older people from CALD backgrounds to elder abuse and make it difficult for them to seek help from mainstream services. Some professionals spoke about the difficulties in accessing interpreter services and the way this may impact on assisting an older person experiencing elder abuse:

...the difficulty in accessing an interpreter is often...I think one of our previous [staff] had to wait two weeks before we could access an interpreter through the main interpreting service, and in that time, anything could have happened to that older person

(Focus group 1: 3)

Others spoke about challenges faced using the interpreter services:

the [agency] set up an interview with an interpreter - this was before I became involved with it - and that failed, because...the lady was deaf in one ear, so that didn't work.

(Focus group 1: 5)

There were difficulties with interpreters for this particular lady, because, I think she was Greek Macedonian, but she lived close to a border, so there were two issues about the interpretation. One was, you know, the infusion of the languages of the other country, and there was another problem because of the difference in levels of language between a peasant language, which this lady would have had at home, and a professional language.

(Focus group 1: 6)

It was mentioned that, due to the difficulties in accessing interpreters, some professionals have used family or friends to interpret for the older person they are trying to assist; however, this is not ideal:

...you can't rely on family member, because you don't know which side of the fence they're sitting on, and what interpretation they're going to tell you. You really do need someone that's totally independent. And that's one of the reasons why you don't use a family member, because you don't know which side of the story they're going to give you, which is, we can't say, you know, they're not telling the truth. The older person usually doesn't want to go against that family member, because, you know, it's family.

(Focus group 1: 3)

One participant also spoke about the fact that there can even be problems with professional interpreters being unbiased in small and insular communities:

I had an issue in [small town], of an elderly lady who was suffering abuse from her spouse. They didn't have children. They tried to use someone from the home and community care that spoke the same language, but the person that they wanted to use as an interpreter, and we're talking, you know, (small town) area, where there's...zilch. It turned out that she was, through marriage, related to this one, who was related to that one, who knew the husband anyway, and so, in areas, country areas, it's exceedingly difficult to get anything like that done.

(Focus group 1: 4)

Community forum participants also spoke about their reliance on interpreters:

Because the biggest problem is people's lack of English. They need someone to interpret for them who can speak English and Vietnamese so they will be able to talk to that person.

(Vietnamese forum: 2)

Definitely they need an interpreter [to contact Advocare].

(Iranian forum: 3)

Finding 3 – Involving interpreters in elder abuse responses is often vital in building understandings and relationships between the worker and the client. People with little English are very reliant on the intermediary of an interpreter to contact mainstream services, and interpreters are also important for workers to have a clear understanding of what the client is trying to communicate. Thus, it is important that interpreters be easily accessible to both clients and workers. Issues with objectivity may always occur in small language communities, and procedures should be put in place to minimise this.

Recommendation Ten: The WA HACC Program ensures HACC service providers access interpreters where it is required, including when dealing with elder abuse responses.

7.3.2 LANGUAGE BARRIERS, INCREASED VULNERABILITY AND DECREASED ACCESS

Participants spoke about the fact that, as people from non-English speaking backgrounds age, they often revert back to their first language:

...you revert back to your language, but also back to your dialects, which is even more difficult...like in our situation, with Italians, yes, there's the proper Italian, and then you've got your dialects. And they go back to their childhood, a lot of them that have dementia, they're reverting back to what was happening when they were younger, and not what is the present time. And they might have been speaking English perfectly well, and all of a sudden, there you are with their dialect. And that's even more difficult to understand.

(Focus group: 2)

This may make it more difficult for them navigate the system and communicate in English. The research participants spoke about how language barriers make it difficult for older people from non-English speaking backgrounds to seek help from mainstream services. There are also issues for service providers in trying to communicate information about their services in many different languages, both written and spoken:

It's explaining to the client that doesn't speak a lot of English what we're about, and getting them to understand, because, very often, they don't get what we're actually saying, and I don't have all the languages of the Aboriginal culture.

(Focus group: 1)

Participants spoke about how older people with little English were very dependent on the bi-lingual workers at the HACC services for information and assistance:

They come to us for everything. Even when they get a letter. Who do they come to? To a person that will read it and explain it to them. They don't... I think they feel like they're imposing on the family, and so they come to us to clarify. Even if there's something to do with their pensions and things like that, it's always, you know, where they're confident.

(Focus group 3: 12)

I'm saying that I often, I personally, I go between you, yourself, Advocare, and the client, because of the trust, because we can inform you or ask for help, because it's very hard to ring you, if they don't speak English, to communicate.

(Polish forum: 7)

Community forum participants spoke about the difficulties they face in communicating their needs to mainstream service providers:

...she went to the medical centre and...she said she had no English patient and they just [told her] go and ask you son or daughter and she couldn't find them anywhere. She went home and [overtalking] and started crying.

(Iranian forum: 4)

Some forum participants said they would definitely need the assistance of an interpreter to contact Advocare for assistance. Others spoke about the fact that they try to go to doctor that speaks their language:

[Interpreter] She said that if they can go...they just go in the GP, to explain their situation, because the best way is for them to be in there with the doctor.

(Vietnamese forum: 3)

Finding 4 – People who speak little English are at increased risk of elder abuse due to the difficulties in gaining information about services available and also due to challenges when navigating complex service systems and communicating their needs. Information about elder abuse and services available needs to be communicated in a variety of media and specifically targeted to reach those who are most isolated in the community.

Recommendation Eleven: Advocare and the WA HACC Program ensure that information about elder abuse and the services available to assist people being abused is developed in a variety of media formats and specifically targeted to reach those most isolated and vulnerable.

Finding 5 – Older people from non-English speaking backgrounds may need intensive assistance from interpreters to engage in mainstream services.

Recommendation Twelve: Advocare works together with the WA HACC Program and CommunityWest to ensure that bi-lingual workers have access to on going training about elder abuse.

7.4 ISOLATION

Isolation emerged as a subtle theme in the analysis in several different ways. Firstly, when we met with the Research Reference Group to develop the project, it was pointed out that the research design was limited in not being able to reach and include CALD people not attending CALD-specific day centres, who may be more isolated and vulnerable than those people who were able to attend:

But what I do find is that amongst communities, the people who actually attend [day centres], especially amongst some of the Asian communities who actually go to day care centres or so... they are the people who actually understand English. My concern is more about the people who actually even don't come there because they cannot.

(Focus group 3: 14)

There's a far bigger number of people who are isolated in their own homes who don't get the chance to come out and speak to anyone. Only family.

(Focus group: 12)

One participant spoke about how language barriers may increase CALD older people's isolation and thus increase their vulnerability to elder abuse:

...the oldest people, around the world, they have the problems, physical, emotional, or something. But you know, when the people are immigrated to the new country, the problem is barrier language, the friends which they lose, they are counting on the family. When the family is start to ignore them, they are problem. They can't connect with their friends, or the people which they met, because they can't drive or they can't go, and, you know, that's, I am thinking, is the problem, big problem, not only for Polish community, I think for the other community as well, for the people which, they don't use their, fluently, the languages.

(Polish forum: 7)

There was also much discussion about the fact that isolation is an unfortunate side effect of migration, where people are stripped of many informal support networks through relocation, and people from non-English-speaking backgrounds are isolated further due to language and cultural barriers in the new country. Community forum participants spoke about the difficulties in maintaining social networks:

...those people that [have] always been around and never had a chance to create a social network and that's how you become like that because you are isolated and you don't have the confidence to go out.

(Italian forum: 6)

And also sometimes you've got to find out that a lot of them that become widows, they close themselves off and to get them to come here is a really big step and some of them do come back and some of them don't.

(Italian forum: 6)

People who migrate to Australia may find it difficult to engage with mainstream services due to lack of information about them, difficulty in accessing them due to language barriers, and there may also be discomfort or unfamiliarity utilizing them due to lack of availability or abusive systems in their country of origin.

Some participants spoke about how cultural mores may be a barrier to seeking help and further isolate vulnerable older people:

The problem is that because the Polish community is very proud of them themselves, and even in the community, if [someone has] some emotional problems, they don't tell everyone.

(Polish forum: 5)

Usually Chinese seniors are more shy to [unclear] so usually their friends will not include them to [unclear] because they don't want to be [unclear] by their friend or [unclear] so usually if they can help they will help, if not they will just keep it to themselves.

(Chinese forum: 3)

This issue was also discussed earlier in this chapter in the section *Cultural responses to abuse*. It is also common across cultures for families to desire to keep private family matters private. This practice may also isolate vulnerable older people and make it very difficult for services to assist:

We never actually got to the bottom of that one, because the family closed ranks and stopped anyone talking to her, so what are the powers of people to help people with elder abuse, you know, in that case?

(Focus group 1: 8-9)

Finding 6 – Isolation and increased vulnerability to elder abuse is a consequence of not being fluent in English and this is exacerbated by migration and loss of informal support networks. This may be addressed by programs designed to rebuild community support networks.

Recommendation Thirteen: The WA HACC program continues to support HACC service providers to further develop and target services to HACC CALD clients most isolated.

Finding 7 – Cultural mores as well as a desire to keep private matters within the family may also be barriers to seeking help in dealing with elder abuse. This may be combated by raising awareness of elder abuse and available service responses in a variety of languages and media.

Recommendation Eleven: Advocare and the WA HACC Program ensure that information about elder abuse and the services available to assist people being abused is developed in a variety of media formats and specifically targeted to reach those most isolated and vulnerable.

Recommendation Fourteen: Advocare and APEA:WA ensure that an elder abuse information and communication strategy be developed for getting information out about elder abuse to CALD communities in a variety of languages and media.

7.5 ISSUES DEALING WITH ELDER ABUSE

This section is about issues that arise in dealing with elder abuse, and is divided into two parts:

- Issues for clients
- Issues for workers

7.5.1 Issues for Clients

During the community forums, in order to provide background to the participants, the researchers spent some time at the beginning of each session explaining the project's definition of elder abuse and an Advocate from Advocare also spoke about how Advocare was able to assist with cases of elder abuse. Following this, there was also some discussion about who else people could contact for assistance.

Many groups were interested to find out about the available services:

We are always being assessed ,I don't know by whom, like from here somebody came to assess me, and will always ask you, "Are your meals done for you? Does somebody see to it?" Are those people all right to complain to it if,...will they intervene?

(Mixed forum: 8)

Mike: Could people name three agencies as well as Advocare that could be a first contact for somebody who had a concern about their safety?

Interpreter: No, I don't think so. [Farsi] Excuse me. They said they have no information. If something happened, where can they go?

(Iranian forum: 3-4)

Older people from non-English speaking countries may find it exceedingly difficult to navigate our complex system of organizations and agencies available to assist with health and ageing issues. Participants mentioned that it was often difficult for people from non-English-speaking backgrounds to access mainstream services as there is often no information about what is available in their language and they would need to use an interpreter to make contact. Some people from CALD communities may also not be accustomed to using formal services to seek help, and instead be more familiar with relying on informal social networks for assistance:

I think another issue is the services model, where they're used to being the community [and] family helping them. Sometimes they're not used to, you know, ringing up services, complete strangers, and saying, "Hey, can you help me?"

(Focus group 1: 12)

As mentioned previously in the section about Interpreters and Communication, often bi-lingual staff are required to act as go-betweens to assist clients in contacting services:

I'm saying that I often, I personally, I go between you, yourself, Advocate, and the client, because of the trust, because we can inform you or ask for help, because it's very hard to ring you, if they don't speak English, to communicate.

(Polish forum: 7)

Another issue discussed by participants is that people experiencing elder abuse may not seek help as:

...what prevents people doing anything is a fear that they will somehow be worse off by complaining than if they don't.

(Mixed forum: 5)

Other participants spoke about the complications of seeking help when living with the people who are committing the abuse:

Most seniors...the majority of them are living with their children. That's a very awkward situation. If the elder abuse gets raised, how are those elders going to approach it because [unclear] and that is not good.

(Sikh forum: 9)

As stated in previous findings, it is extremely difficult for people with limited English to find out about elder abuse and the services available.

Finding 4 – People who speak little English are at increased risk of elder abuse due to difficulties in gaining information about services available and due to challenges navigating complex service systems and communicating their needs. Information about elder abuse and services available needs to be communicated in a variety of media and targeted to reach those who are most isolated in the community.

Recommendation Eleven: *Advocare and the WA HACC Program ensure that information about elder abuse and the services available to assist people being abused is developed in a variety of media formats and specifically targeted to reach those most isolated and vulnerable.*

Finding 5 – Older people from non-English speaking backgrounds may need intensive assistance from interpreters to engage in mainstream services.

Recommendation Twelve: *Advocare works together with the WA HACC Program and CommunityWest to ensure that bi-lingual workers have access to on going training about elder abuse.*

Finding 8 – It may be difficult for people experiencing elder abuse to seek help if they live with the perpetrator of the abuse as they may fear that taking action will leave them worse off. It is important to find ways of assisting people that will alleviate this fear.

Recommendation Fifteen: *Advocare continues to review and evaluate its elder abuse response models to ensure they are sufficient, varied, and flexible enough to protect the rights and best interests of people experiencing elder abuse when they live with the perpetrators of the abuse.*

7.5.2 Issues for Workers

Several issues for professionals working with elder abuse were also discussed. Some participants spoke about difficulties in the nature of the work, in that often workers receive no feedback from clients or from other agencies about what has occurred, and so they are often left wondering about what happened:

The other thing with that case that I mentioned was that I referred it on to [agency] at one stage, and then it just sort of disappears into the atmosphere, and you don't hear anything. There's no feedback.

(Focus group 1: 9)

I think that's generally the case for a lot of advocacy cases, is that, especially the ones where they do self-advocacy. You say, okay, you can go and do this. You can choose A, B, or C, and then leave them to it, and then you often don't hear what happens, and I think that's sad for workers.

[General agreement] Because you don't know...you wonder, did I help them, or are they still in that situation?

(Focus group 1: 10)

One participant also spoke about the challenges they faced in trying to assist a particular client from a CALD background:

So there we a lot of barriers for us, because the son was always there; the interpreter didn't really interpret what was happening properly, because they didn't speak the dialect; the lady had a lot to lose because... well, the community would ostracised her making accusations about her family, and she'd have nowhere to go.

(Focus group 2: 7)

Another participant spoke about differences in approaching elder abuse cases that they had witnessed between some CALD specific services and mainstream services:

I found that a lot of the CALD people would just get in there... because they were part of their community so they just get in there and they'd sort it out, they'd say, "Look", to the daughter, "You can't be doing this". So it's sort of one step removed... I mean, the Advocare approach is one step removed from what they were doing. It's not going through unbiased professionals. They'd already be part of that community, they'd know all the players, and they'd actually themselves go and, "Look, we're going to stop this happening. I'm going to talk to this person". Whereas, you know, professionals, when we're [unclear] we'd probably feel that wasn't appropriate.

(Focus group 2: 14)

Another participant spoke about how staff from CALD communities may experience negative repercussions from their community for getting involved:

I was talking to a support worker about an incident, and she said, "I had my suspicions; this person spoke to me about it". And I said, "You know very well within your conditions of employment you need to report things like this". She goes, "One, I couldn't, because the person had asked me to maintain some confidentiality; two, it would have made this person's situation worse, and three, it would have made my position in the community even worse and I probably would lose my job over it and would not get a job anywhere else within the community". So it's now... the repercussions have now flowed over to somebody else who earns an income from supporting other people as well. And it has connotations with her family as well.

(Focus group 2: 17)

Finding 9 – It is important for the emotional welfare of professionals working with elder abuse that feedback protocols between agencies be established so that they are not left in doubt about the outcome of cases, where possible.

Finding 10 – Working with elder abuse cases involving CALD clients may involve additional challenges when compared to mainstream cases. Understandings and responses to abuse may be coloured by cultural interpretations on behalf of both the worker and the client. Interpreters may have to be used. It is important that elder abuse response procedures and protocols take into account these challenges.

Recommendation Six: HACC service providers ensure that all staff receive initial and advanced training in cultural competency including identifying elder abuse and appropriate follow up.

Recommendation Seven: Advocare and the WA HACC Program ensure that information and responses to elder abuse are flexible and creative in order to encompass cultural differences in perceptions and responses to elder abuse.

7.6 DEVELOPING BEST PRACTICE: SUGGESTIONS

As has been previously stated, the main focus of this project was to seek input into the development of best practice strategies in working with elder abuse and older people from CALD communities. To this end, input and suggestions were sought from participants of the community forums and focus groups, and these suggestions have been compiled in this section. Many ideas were put forth, and participants proposed that no one strategy is going to work as it is an extremely diverse population. Suggestions fell into four main categories:

- Information, education and training
- Building alliances and relationships
- Services
- Policy and legislation

Disaggregated suggestions from the focus groups and forums are listed in dot point form at Appendix Nine.

7.6.1 Information, Education, and Training

By far the largest category in this section was information, education and training. Participants spoke about the need for more information produced about elder abuse and services to assist people dealing with elder abuse both in different languages and through different media, such as the newsletters of CALD services, the community newspaper, the web, ethnic radio, and that dedicated resources needed

to be made available to pay for them. It was mentioned that one of the CALD HACC services has a website in three different languages, and this may be a medium for getting out information. Participants mentioned that it is important to remember that different generations and communities have different ways of communicating. For example, during the Iranian forum we learned that this community apparently keeps in touch via text messaging.

Recommendation Eleven: Advocate and the WA HACC Program ensure that information about elder abuse and the services available to assist people being abused is developed in a variety of media formats and specifically targeted to reach those most isolated and vulnerable.

The role of education and training was also emphasized. Participants suggested that new migrants be educated about elder abuse and be given information and the contact phone numbers of services that can assist when they first come to Australia. Broad community education was also seen as important, and some suggested that it was important to educate the younger generations as well as older people. During the final focus group, ideas were floated about developing mandatory pre-retirement education programs about a range of issues that would be important in retirement, such as wills and enduring powers of attorney, but also elder abuse. It was suggested that this education could be linked with the aged pension or seniors card so that the older person would need to attend the education to receive the benefit. This was seen as an important preventative measure, as under the current system, often elder abuse education and information comes at the point of crisis, where it is often already too late. It was suggested that these 'senior's workshops' could also be available on online in different languages.

Finding 11 – For older people, elder abuse information is most often received at the point of crisis, long after it can assist in prevention. It may be useful to develop broader education strategies in a variety of media that target the general population. More specific in-depth information could be provided on as part of a mandatory education program about ageing issues and linked to the age pension, seniors card or migration education for new arrivals.

Recommendation Sixteen: APEA:WA ensures the development of broad education strategies to target the wider community; this would include a consideration of mandatory education linked to aged pension, the seniors card, and migrant education for new arrivals.

It was also proposed that services catering to CALD older people could raise awareness of elder abuse by regularly having guest speakers in to speak to their clients, and that the bi-lingual staff of these services could receive ongoing training in how to assist their clients in dealing with elder abuse, as the clients are often quite dependent on the services for information and assistance and it is already the case that staff members often act as trusted intermediaries in contact other agencies for assistance for their clients.

Finding 12 – There is a need to ensure that CALD specific services for older people regularly raise awareness of elder abuse. These services are also well placed to assist people to contact Advocare and other services which respond to elder abuse.

Recommendation Seventeen: Advocare, CommunityWest and the WA HACC Program ensure that HACC CALD-specific service providers have access to training, development and information about elder abuse and services.

Recommendation Twelve: Advocare works together with the WA HACC Program and CommunityWest to ensure that bi-lingual workers have access to on going training about elder abuse.

It was suggested that key individuals within each CALD community could receive elder abuse education and training, for example, religious leaders, and that they also may be a medium for getting information and education about elder abuse to their communities.

Finding 13 – Key individuals such as health workers, GPs, and religious leaders within CALD communities are well placed to get the message out about elder abuse to their communities and even act as intermediaries in putting people in touch with services that may assist them.

Recommendation Eighteen: APEA:WA recognises and support courses for first-line medical, legal and caring professionals (including religious leaders) both mainstream and within CALD communities. These courses to include information about signs and symptoms of elder abuse, culturally-appropriate interviewing skills, assessing risk, and decision-thinking both in the client's home and in the office, and ways of assisting CALD people in contacting mainstream services for assistance. Fridge cards, brochures and similar items should be produced in key languages identifying Advocare as the lead information and response agency for elder abuse.

7.6.2 Building Alliances and Professional Relationships

There were many suggestions about building strategic alliances with key individuals, services and organisations. As mentioned in the previous section, it was suggested that perhaps prominent individuals, including religious leaders, in CALD communities assist in spreading information about elder abuse and the assistance available to their communities. It was suggested that it would be helpful to inform them about the current project. It was also proposed that stronger links be forged between elder abuse agencies, such as Advocare, and CALD specific services. Organizations and individuals specifically mentioned included the Office of Multicultural Interests, the Ethnic Communities Council, and the President of the Italo-Australian Welfare Association, who apparently has a spot on an ethnic radio program that could be used to provide information about elder abuse issues.

Participants also spoke creating support networks within the community for older people isolated by language barriers who lack natural support systems. One community forum participant mentioned that it would be good if there were volunteers available to visit people in their homes and teach them English. A pilot project currently happening in Rockingham, WA, was discussed. This project (see Chapter Four, Page 43) works on building community networks and reconnecting people with support systems. Another participant mentioned an online community similar to Facebook, but smaller and more specific, that has been developed to reconnect people with the community in Canada (Tyze Personal Networks 2012).

Finding 14 – Building relationships and strategic alliances with key individuals and organisations may be an important step in developing strategies to reach out to CALD older people who are isolated and vulnerable.

Recommendation Nineteen: *Advocare continues to form and develop strategic alliances with CALD HACC services and other CALD organisations, including the Office of Multicultural Interests, and the Ethnic Communities Council.*

Recommendation Eighteen: *APEA:WA recognises and support courses for first-line medical, legal and caring professionals (including religious leaders) both mainstream and within CALD communities. These courses to include information about signs and symptoms of elder abuse, culturally-appropriate interviewing skills, assessing risk, and decision-thinking both in the client's home and in the office, and ways of assisting CALD people in contacting mainstream services for assistance. Fridge cards, brochures and similar items should be produced in key languages identifying Advocare as the lead information and response agency for elder abuse.*

Recommendation Thirteen: The WA HACC program continues to support HACC service providers to further develop and target services to HACC CALD clients most isolated.

7.6.3 Service Development

Participants also made a number of suggestions in relation to service development. Several participants suggested that GPs could play a role in early detection of elder abuse by making it compulsory for older people over a certain age group to have six monthly GP health checks during which the doctor could screen for elder abuse and provide advice, information, and support to the older person about the issue. Even without compulsory checks in place, it was suggested that health care providers, including GPs, be targeted for education about elder abuse so that they would be alerted to the issue and better placed to assist older people who come to their attention. As some community forum participants mentioned that they try to use GPs who can speak their language, it may be important to provide elder abuse information and education to GPs from CALD communities in order that they can act as intermediaries and assist people in contacting the correct services for assistance.

Finding 15 – Several services could be modified to provide better monitoring and screening of CALD older people who may be vulnerable to elder abuse. Mandatory GP health checks every six months for people over a certain age could assist in screening for abuse if the GPs were adequately trained to look for it. In any case, health care providers from CALD communities should receive elder abuse education and training so that they can assist people experiencing elder abuse.

Recommendation Twenty: Government should consider the idea of GP health checks for people over a certain age being used as a screening device for elder abuse.

Recommendation Eighteen: APEA:WA recognises and support courses for first-line medical, legal and caring professionals (including religious leaders) both mainstream and within CALD communities. These courses to include information about signs and symptoms of elder abuse, culturally-appropriate interviewing skills, assessing risk, and decision-thinking both in the client's home and in the office, and ways of assisting CALD people in contacting mainstream services for assistance. Fridge cards, brochures and similar items should be produced in key languages identifying Advocare as the lead information and response agency for elder abuse.

Some participants spoke about the important role played by the CALD HACC services in assisting clients to navigate bureaucratic systems. Participants who were clients of these services mentioned that they were extremely grateful for the help they received from staff members in reading and interpreting the contents of official letters, and also in contacting organizations, such as Centrelink, on their behalf. The CALD HACC services were acknowledged to provide invaluable assistance, however, it was suggested that there could be more funding for these services, given the many more vulnerable people in the community who did not access these services due to demand and lack of information about what is available.

Finding 16 – CALD HACC services play a vital role in helping people from non-English speaking backgrounds contact formal services. It is important that these services are adequately funded and resourced in order that they can reach out to those most isolated and vulnerable in the community. Bi-lingual workers are well placed to assist clients experiencing elder abuse to contact services for support and assistance, and so they should be well trained and supported in this work.

Recommendation Twenty-one: Advocare and CALD HACC services are adequately funded and resourced in order to reach out to those most isolated and vulnerable in the community.

Recommendation Twelve: Advocare works together with the WA HACC Program and CommunityWest to ensure that bi-lingual workers have access to on going training about elder abuse.

Several people suggested that it would be helpful if there was an Elder Abuse Hotline with built-in interpreter services; also that the Carelink Personal Alarm³ could be more widely available and its usage broadened, so that people could also press the alarm to call for help in situations of abuse. Another participant mentioned that it would be great to have Seniors Resource Centres around the metropolitan area where seniors could go for information and advice about seniors issues in different languages. Lawyers, JPs, and other professionals could be available to assist between certain times. Participants also mentioned that they would like to see cheaper and easier to access interpreting services.

Finding 17 – Several services used to respond to crises in other areas could be adapted and developed to respond to elder abuse, such as a telephone hotline service, the Carelink Personal Alarm, or a Seniors' Resource Centre.

³ More information about the Carelink Personal Alarm and fall detector is available at: <http://www.silverchain.org.au/carelink-personal-alarm-pendant-and-fall-detector/> (accessed 21 March 2012).

Recommendation Twenty-two: Advocare and the WA HACC Program explore the usefulness of a telephone hotline for elder abuse including learning from the experience of hotlines in other jurisdictions.

Recommendation Twenty-three: The WA HACC Program continues to provide funding for aids and equipment to support the reduction of risks to HACC clients.

Recommendation Twenty-four: The Department for Communities considers the funding of a Seniors' Resource Centre.

7.6.4 Policy and Legislation

Several suggestions were made about improvements in policy and legislation. One participant proposed that it is an enormous task to educate the entire community about elder abuse, and instead suggested that it would be more helpful to have better systems in place to protect people from abuse, such as registration and auditing of Enduring Powers of Attorney. Other participants spoke about the fact that they thought banks should have more responsibility to monitor transactions and identify cases of financial abuse. Other participants suggested that they would like to see mandatory reporting of elder abuse for care workers. Several participants spoke about their real fear of being attacked and robbed in their homes. They said they believe there is not enough protection available for older people at home and that there should be harsher penalties for people who commit crimes against older citizens.

As there are so many issues relating to communication, translation and interpretation when working with elder abuse and CALD communities, it was suggested by some participants that it would be valuable to develop an information and communication strategy for getting information out about elder abuse to CALD communities.

Predictably, there were several findings that echoed findings from the OPA (2006) report and from the Advocare/UWA report (2011) – particularly in relation to community education about the role of the banks and concerns about Enduring Powers of Attorney; there was also expressed fear and anxiety about the personal safety of vulnerable older Australians. Finally, in this section of the report, there were numerous concerns about the problems of access to information about elder abuse – and about the need for improved communication and interpreter services.

Recommendation Twenty-five: APEA:WA explore what further protections be put in place to protect people from experiencing elder abuse, such as registration and auditing of Enduring Powers of Attorney and the banks better monitoring the transactions of vulnerable people.

This recommendation supports **Recommendation 8** (Clare et al. 2011: 55):

That a national system for registering and auditing Enduring Powers of Attorney is implemented, which includes comprehensive education about their useage and limitations for donees and donors.

and **Recommendation 26** (Clare et al. 2011: 95):

APEA: WA continue to work with the major banks to design and implement an integrated strategy to address the risks of financial abuse and fraud which victimize older people in Western Australia; such work to include an invitation for the network of the major banks to become an active member of APEA: WA.

Recommendation Twenty-six: APEA:WA consider the concept of mandatory reporting of elder abuse for professionals and care workers working with older people.

Recommendation Fourteen: Advocate and APEA:WA ensure that an elder abuse information and communication strategy be developed for getting information out about elder abuse to CALD communities in a variety of languages and media.

This recommendation supports **Recommendation 26** (Clare et al. 2011 : 95):

There needs to be a review of the current network of service agencies responding to allegations of different types of elder abuse with particular attention to the balance of voluntary and statutory authorities and capacity to intervene in situations of abuse.

CHAPTER EIGHT: THE CHALLENGES OF CROSS-CULTURAL PRACTICE

Individuals feel no discomfort about describing their own family life as 'unusual' and yet believing that they are seen by other people as having a 'usual' family life and finally asserting that most families 'conform' to a pattern or type.

(Bernades 1985: 203)

In general, the ideal culture is prescriptive and located in the realm of expectations, values, ideas and belief systems; and as a normative consensus, provided the blueprint for society.

(Jayasuriya 2008: 32)

In this chapter, there are five sections reflecting on the challenges of service delivery in a cross-cultural context – with particular reference to the report of the Office of the Public Advocate (2006):

- The nature and extent of cultural and linguistic diversity in Australia and Western Australia
- Challenges in cross-cultural communication
- The concept of culture – and challenges in practice and service delivery
- Additional material about cross-cultural practice issues from the Advocare/UWA study (Clare et al. 2011: 115)
- Recommendations from 'Care and Respect: Elder Abuse in Culturally and Linguistically Diverse Communities' (OPA 2006)

8.1 CULTURAL AND LINGUISTIC DIVERSITY IN AUSTRALIA AND WESTERN AUSTRALIA

Western Australia is a culturally diverse State made up of the original owners of the land, those who arrived in the early nineteenth century to settle in Albany and the Swan River and since from the United Kingdom and Ireland and from other European countries, those who were attracted by the prospects of opportunities in mining and farming – to those who arrived as post-war refugees and those who have arrived from both peaceful and from war-torn countries in the past twenty years.

Figures from the 2006 Census state that almost one in five, or 19%, of the overseas-born population were aged over 65, compared with 11% of the Australian born population (National Seniors Productive Ageing Centre 2011). Australian residents born overseas have an older age structure than people born in Australia. Population projections for this group estimate that between 2011 and 2025, the number of

people from CALD backgrounds aged 65 years and over will increase from around 650,000 to 950,000 (Gibson, Braun, and Benham 2001).

A recent report by the National Seniors Productive Ageing Centre (2011) which analysed data from the 2006 Population Census related to the ageing experience of people from CALD backgrounds, concluded that CALD older people differ in their social and economic well-being by country or region of origin and ancestry, even after taking into account differences in demographic and other characteristics. This may suggest that cultural factors and migration experiences have some influence on their well-being and ageing experiences.

Australia is a culturally diverse society. Bagshaw et al. (2009) report that the Australian Bureau of Statistics identified that, at June 2008, there were migrants from more than 200 countries living in Australia – with an increase in non-English-speaking migrants. Bagshaw et al. (2009) also report that the migrant population in South Australia is more concentrated in the older age categories than the Australian-born population; 45% of migrants in South Australia were 55 years and older – as compared with 21.7% of the Australia born population.

Western Australia has the largest proportion of residents born overseas of all States and Territories (27.1%); almost half of the total State population (49.2%) have one or both parents born overseas (Office of Multicultural Interests 2011). The proportion of the WA population born overseas varies across age groups. While 27.1% of all WA residents were born overseas, the comparable proportion for people aged 60 years and over is 41 % (Office of Multicultural Interests 2011). The WA population is comprised of people from more than 200 countries, speaking as many as 270 languages (Office of Multicultural Interests 2011).

However, it must be noted that ethnic diversity is not uniform across the country and there are also differences across States and Territories and between cities and regional areas (Khoo 2003; Khoo and Lucas 2004, both in NSPAC 2011: 17). Different immigrant groups seem to prefer certain locations because of the presence of relatives and friends, employment and lifestyle choices. Western Australia has disproportionate numbers of older people from India, Malaysia, and Singapore, perhaps due to the fact that it is closest to their home countries (NSPAC 2011).

8.2 CHALLENGES IN CROSS-CULTURAL COMMUNICATION

Jayasuriya (2008: 32) reflects on culture and identity – and draws an important distinction between *maps of real culture* and *blueprints for an Ideal culture*; this is a critical distinction for practitioners engaged in cross-cultural service delivery. In

undertaking a needs and risk assessment, the key question is whether the client is providing information which is based on their sense of the ideal or their experience of the real? Whereas the real culture includes cognitive elements and the lived reality of individuals functioning within the given social, economic, and political institutions of the society, the ideal culture more reflects on how things ought to be and answers are more likely to reflect the 'blue-print'.

This is a hugely relevant distinction in cross-cultural practice when the practitioner's challenge is to gain an understanding of the personal meanings, beliefs, and experiences of someone from a different family and ethnic culture; the challenge is to move beyond ethnic cultural stereotypes to an appreciation of the idiosyncratic real culture of the other person.

Smale et al. (1993) make an important contribution to effective cross-cultural communication in undertaking what can be a complex needs and risk assessment in their differentiation of three major practitioner – and supervisor - styles when undertaking a needs and risk assessment; the three styles differ in how professional power is used and its impact on the voice of the client. The three styles are:

The Questioning Model – in which the professional is assumed to be the expert in identifying need and in interpreting the client's responses.

The Procedural Model – a variation of the Questioning Model in which it is assumed that managers and policy-makers drawing up practice guidelines have expertise in setting the criteria for resource and service allocation.

The Exchange Model – in which it is assumed that the 'client' family and other people are the experts in their situation and, together with the professional worker, all have equally important perceptions of the problem and can contribute to their solution or to their continuation.

While all three models are necessary in needs and risk assessment practice and supervision, the Exchange Model with its commitment to the use of 'open questions', to respect for difference and commitment to Appreciative Enquiry (Davys and Beddoe 2010) is more likely to encourage exploration of sensitive and complex issues, such as possible elder abuse.

Learning how to recognise and respond appropriately to people from other cultures has been a challenge to educators, managers, students and practitioners in the helping professions since the 1980's and the emergence of an awareness of individualised and institutionalised racism in child and family services, in mental

health and in aged care. The risks of ethnic stereotyping and likely educational challenges are usefully explored by Quinn (2003) and by Maidment (2009) – and the complexity of preparation for cross-cultural practice is explored in the following chapter.

8.3 THE CONCEPT OF CULTURE – CHALLENGES IN SERVICE DELIVERY

The complexity of the central concept of *culture* is thoroughly explored in a recent study of service exchanges in the multicultural dementia care context by Safta (2011); there is no universally recognised definition of culture – and Safta (2011: iii) offers a helpful definition:

For the purposes of this report, culture is concerned with enduring yet evolving intergenerational attitudes, values, beliefs, rituals/customs and behavioural patterns into which people are born but that is structurally created and maintained by people's ongoing actions.

Safta (2011) provides a comprehensive overview and critique of the concept of culture – and the implications for professional practice in health care (specifically dementia care) in a culturally diverse society. The comprehensive focus on models of cultural competence in the context of dementia care is a valuable contribution to the national policy and practice literature. However, Safta (2011) does offer a crisp appreciation of the core components of cultural competence – central to cross-cultural practice in human services; there are three elements – namely self-awareness, knowledge and skills which need to be developed in a particular order:

- The first level is self-awareness (also known as emotional intelligence) which requires the worker to develop an appreciative awareness of what they take for granted about their own culture, how they differ from other people and how their own cultural beliefs, values and attitudes influence their practice. This is the focus of a 'Family of Origin' perspective (Clare 1990; Clare 1991; Clare 1992) in the next chapter.
- The second level is learning about other cultures, how different cultural values, assumptions and belief systems shape cross-cultural communication. For two reasons, this is a huge challenge. Firstly, there is cross-cultural difference with the high level of ethnic cultural diversity identified by Bagshaw et al. (2009) and the arrival of migrants from more than 200 societies. Secondly, there is the more covert intra-cultural differences because of the number

of years of living in Australia, the degree of 'openness' to the wider culture through the level and impact of formal education, marriage, work and social activities, and the subsequent level of attachment and compliance to the original ethnic culture. In Jayasuriya's (2008) terms, is information from a cross-cultural needs and risk assessment interview based on ***ideal or real*** knowledge?

- The third level is the need to learn the skills of effective cross-cultural communication – particularly with people whose first language is not English; this level is one of the covert outcomes from the Advocare/HACC study which involved meetings with older Australians and the need for interpreters to facilitate the discussions.

Safta (2011) goes on to present a summary of barriers and issues facing people from CALD communities who are seeking dementia services – these amplify Warburton et al's (2009) findings (see Page 45) and include:

- Lack of knowledge and understanding about dementia, its symptoms, causes and progression
- Unfamiliarity with the term 'carer', the role of carers and the carer's status in Australian health care
- Unfamiliarity with availability of services and how to access them
- Intergenerational conflict and loss of contact with social networks – compounded with the onset of dementia
- Poor English proficiency and low literacy in their own language – compounded by the use of professional jargon
- Cultural norms including fear of community disapproval towards the use of external help; overwhelming sense of duty to provide care and feelings of guilt, shame or inadequacy when seeking outside help
- Cultural stigma surrounding disability, mental illness, and cognitive dysfunction
- Emotional responses such as grief, guilt, anger, anxiety, helplessness, depression, and fatigue
- Linguistic and cultural isolation are compounded by dementia and the caring process

In a West Australian study of research literature on family and domestic violence, Bonar and Roberts (2006: 22) assert:

Women from CALD backgrounds are less likely to use mainstream services due to a perception that these services would not be responsive to, nor understanding of, their particular situation.

Bonar and Roberts (2006) identify a number of barriers preventing women from CALD backgrounds from accessing services or assistance relating to family and domestic violence, including:

- Lack of knowledge of Australian law and services
- Communication and language difficulties which can result in victims tolerating abusive behaviour
- Fear of shame and further isolation from their family and community
- Fear of deportation
- Lack of multi-lingual and culturally-appropriate information on legal entitlements and processes
- Lack of awareness of what constitutes family and domestic violence
- It can be difficult for men to access domestic violence services- with a perception of agency bias against men coping with unemployment, poverty, the changing role of women, inter-generational conflict, and lack of family support.

Bonar and Roberts (2006: 52) assert that within these communities:

This tolerance (of domestic violence) is reinforced by traditional gender roles and feelings of loneliness and isolation, which may be deliberately maintained by abusive partners

National and international examples of policies and programs designed to reduce the level of social isolation, dependency, and vulnerability of the ethnic minority aged include the work of Bowes and Dar (2000) in the UK who report on their study of patterns of welfare and mutual care among older Pakistani people and their families in relation to their use or lack of use of social care services – with a particular emphasis on the complex issues of staff recruitment and the importance of linguistic and cultural communication between minority ethnic staff and service recipients,

These findings emphasise the need for service providers to recognise, value and support their minority ethnic staff as part of the effort to provide appropriate and effective services.

(Bowes and Dar 2000: 318)

8.4 ADDITIONAL MATERIAL FROM THE ADVOCARE/UWA REPORT (Clare et al. 2011: 115)

The full summary of evidence obtained during interviews with senior managers from the WANPEA agencies included material addressing the particular needs and concerns about elder abuse from a cross-cultural perspective. The full summary of the data is included as Appendix Four in this report – and a brief summary of concerns is presented below:

- Cultural and experiential issues relating to having no rights in their home countries
- Clients with English as a second language and as cognitive impairment increases they have less capacity in English.
- Have few Asian clients, but lots of middle European ones
- Probably do not know enough about how the elderly get abused in all forms – some ethnic groups are closed to us
- Often kept inside the family –

The nature of immigration is you become that rock of a family, or that rock that nothing goes outside because you need to be...there isn't the support network for you, so whatever's in the family is sacred and held, and it's very difficult to get through to those sorts of agendas.

(Focus Group One)

- Difficulties of getting the story from people about the abuse because of interpreter issues.
- Issues with deafness and telephone interpreters
- Deaf people often feel excluded because they are often forgotten about – have their own language and culture
- Use very simple language in brochures to be translated
- Cultural mores of caring for older relatives, some don't want to put them into aged care facilities in some cases where it may be detrimental to their health to be living at home.

While much of this material is consistent with findings from this study, there is an important additional concern about the needs of older Australians living with both English-language difficulties and deafness.

Before moving to consider a 'Family of Origin' perspective (Clare 1990; Clare 1991; Clare 1992; Clare 2000), as one strategy to address the first two levels outlined above – developing self-awareness and learning about other cultures - it is salutary to consider on Safta's (2011: 2) reflection on the messages from her literature review of research reports and articles:

This approach, with focus groups from various cultural communities or with population samples from the target communities, has been undertaken for the last 20 years and the research continues to identify the same issues and the project reports to make the same recommendations. It must be said that few of these recommendations appear to be implemented.

8.5 RECOMMENDATIONS FROM ‘CARE AND RESPECT – ELDER ABUSE IN CULTURALLY AND LINGUISTICALLY DIVERSE COMMUNITIES’ (OPA 2006)

As discussed in Chapter One, in 2006 the Office of the Public Advocate commissioned research to examine elder abuse in culturally and linguistically diverse (CALD) communities. The research reported that the older people in these communities that they spoke to were reluctant to talk about or report issues of elder abuse due to cultural beliefs about non-disclosure of private matters (OPA 2006). Although the study did not collect prevalence data, it concluded that there is evidence to suggest that elder abuse exists in CALD communities at similar or higher levels than in the mainstream population and that, in fact, these people may experience a higher risk due to additional vulnerabilities, as described in the paragraph below. The research concluded that there is significant under-reporting for this group, and that this area required further exploration.

CALD older people are seen as being at an increased risk of elder abuse for several reasons, including:

- Poor English skills, particularly in relation to understanding official documents
- Reduced access to information, particularly through advanced forms of technology such as the internet
- Social isolation and dependency on family members
- Lower education and economic status
- Unwillingness to disclose mistreatment or neglect because of social stigma
- Feeling ashamed for making a report against a family member
- Cross-generational factors resulting in differing expectations of care and support
- Lack of knowledge of Australian laws and services
- Lack of awareness of what constituted ‘elder abuse’ in CALD communities
- A strong preference for remaining in the community rather than moving into institutional care

- Are more likely to live at home with family for longer than Australian born older people

(OPA 2006: 7; Wainer et al. 2011 :22)

The OPA (2006) recommendations are reproduced below – before a review of their impact on policy and practice:

Research and Maintenance of Statistical Data

Recommendation 1: *That further research to determine the incidence of abuse and key risk factors for CALD seniors be undertaken.*

Recommendation 2: *That the statistical data presented in the report (OPA 2005) be used to identify and target CALD seniors for services and programs relating to elder abuse and that an up-to-date statistical profile of CALD seniors be maintained for the purposes of research, strategy development, program/ service delivery and evaluation. Maintaining this profile could be the responsibility of the lead agency responsible for elder abuse in CALD communities (see Recommendation 5).*

Recommendation 3: *That further research into what constitutes elder abuse in CALD communities is undertaken.*

Community Awareness and Education

Recommendation 4: *That a culturally appropriate community education campaign which targets CALD seniors, CALD communities and service providers and which raises awareness of services available be developed and implemented.*

Responsibility for Elder Abuse and CALD Seniors

Recommendation 5: *That:*

A lead government agency be appointed to develop and coordinate a whole of government approach to the prevention and response to elder abuse, and a particular focus be given to addressing elder abuse in CALD communities; and

Partnerships be developed with agencies in the non-government sector to formulate local initiatives to combat elder abuse.

Recommendation 6: *That a position be created and resourced in a government or non-government agency with responsibility for promoting the interests of CALD seniors and the prevention of elder abuse in CALD communities.*

Recommendation 7: *That this report be referred to the Western Australian Alliance for the Prevention of Elder Abuse (APEA: WA) for its endorsement and support in implementing the report's recommendations. Implementation of these recommendations should be in consultation with the Alliance.*

Recommendation 8: *That continued evaluation, monitoring and accountability is required in order to address positive outcomes for Western Australian CALD communities in identifying, responding to and addressing the issues of elder abuse.*

CALD Service Providers

Recommendation 9: *That:*

*CALD services and ethnic community workers are adequately resourced and trained to raise awareness and respond to elder abuse in their communities;
A casual pool of trained CALD workers, from across the different CALD communities be established to work specifically in the area of elder abuse;
and*

The Commonwealth Department of Health and Ageing expand funding for programs (such as the Community Partnerships Program) able to assist with preventing and responding to elder abuse in CALD communities by improving links between CALD and mainstream agencies and access for CALD seniors to aged care services.

Cross Cultural Training

Recommendation 10: *That service providers and policy makers, particularly those working in the aged care and family/domestic violence areas, receive cross-cultural training, training about the CALD sector and training about issues for CALD seniors and communities.*

A Helpline

Recommendation 11: *That a telephone hotline/helpline service providing readily accessible assistance to seniors who wish to discuss concerns about elder abuse be made available. Interpreter services will need to be readily available to the hotline to ensure that CALD seniors who have difficulty with English can access the service.*

Social Activities and Programs

Recommendation 12: *That resources be allocated to increase the number of social activities and programs available to CALD seniors to prevent social isolation and reduce the risk of elder abuse.*

Recommendation 13: *That the Department of Immigration and Multicultural Affairs (DIMA) provide more information and assistance to parents coming to Australia to joining their children. This information could include the kinds of problems they may encounter and, in particular, make them aware of the need to clarify expectations and have clear agreements on matters related to their support once in Australia.*

Welfare and Safety Checks

Recommendation 14: *That further consideration be given to the appropriateness and viability of developing service to provide safety and welfare checks for frail seniors.*

Recommendation Twenty-seven: *APEA WA review the relevance of the recommendations of this report and other WA elder abuse research, such as the Office of the Public Advocate Report (2006) and the Advocare/Crime Research Centre Report (2011).*

CHAPTER NINE: A FAMILY OF ORIGIN PERSPECTIVE AND CROSS-CULTURAL PRACTICE

In no other area of our existence are ideology, feelings, fantasy, wishes and reality so completely intermingled.

(Flex 1982: 223)

Popular myths and idealised images of normal family life are transmitted in the folk-lore of every culture, both shaping and reflecting normative values and expectations.

(Walsh 1988:16)

This chapter reflects on the challenges for both the client and the front-line practitioner in cross-cultural service delivery in aged care – and takes further Safta's (2011) identification of the importance of self-awareness and emotional intelligence in cross-cultural aged care needs and risk assessment and service delivery practice. There are three sections in this chapter:

- Viewing 'families as systems' experiencing developmental and accidental crises and transitions throughout the family life-cycle
- The contribution of the 'family of origin' perspective in aged-sensitive and culturally-sensitive service delivery
- The use of geneograms in aged-care practice

9.1 FAMILIES AS SYSTEMS AND THE FAMILY LIFE-CYCLE TRANSITIONS

The introduction of family systems thinking and practice into a broadening range of health and public welfare tasks and settings raises a number of questions about necessary agency training and supervision processes to enhance this method. Preparation for competence in family-based practice with children and families, in domestic and family violence, in mental health and in aged care is intellectually problematic because of the breadth of theoretical knowledge relevant and necessary for informed judgement and effective communication.

Of importance for this project addressing good practice in cross-cultural aged care services, both Flex (1982) and Walsh (1988) identify additional difficulties given the potential impact of private experiences – both of the aged person and of the practitioner - shaping complex professional judgements and behaviour. The beginning practitioner may be challenged on many levels – simultaneously - when working with 'other people's families'. The whole process becomes even more complex when the selection of relevant theoretical perspectives about 'normal' behaviour is made in a context of cultural 'difference'.

Preparation for complex practice with families requires academic knowledge about families as systems - both how they develop over time and how they embrace or resist the challenges and changes throughout the family life-cycle. However, there is more to learning about understanding and action than complying with 'the correct formulation'. There is more to attempting to understand and sometimes to try to challenge the assumptions, beliefs, and behaviour of others than 'a good idea'. Firstly, there is the need for informed professional judgement in the particular. Then, there is the likelihood of objection, of argument, of hostility, of covert sabotage on occasions - whether from direct recipients of services, their carers and friends – or from colleagues and managers of services. This set of reactions will be even more strident in situations of high-risk, such as investigations of family violence or elder abuse – or when responding to potential adolescent suicide or family breakdown.

Salt (2010) reflects on the current formulation of eight stages in the life-cycle before arriving at number nine, the final inclusive stage covering 30 years of life, the Over-55's; he points to Infancy: Toddlers; Pre-School; Primary School; Secondary School; Young Adulthood/Young Parents between 20 and 30 years; Household Formation between late 20's and late 30's and Mature Family from 40's to 54 years. Salt (2010) then seeks to disaggregate the single stage of Over 55's given their expectation of life over their next 30 years; Salt (2010) proposes four stages from 55 years onwards:

- **Portfolio Lifestyle** from 55 to 64 years - currently 2.5 million Australians with an expected increase of 18% by 2020; this stage involves pre-retirement transitions to part-time and consultancy work.
- **Active Retirement** from 65 to 74 years - currently 1.6 million Australians with an expected increase of 47% by 2020; this stage includes a focus on wellness (clubs, spirituality, and volunteering), travel and connecting with grand-children.
- **Going Solo** from 75 to 84 years - currently 994,000 with an expected increase of 33% by 2020: this stage involves living in a single person household, with a smaller personal network and greater reliance on family and community support.
- **Frail** from 85 onwards - currently 401,000 with an expected increase to 547,000 by 2020; this stage involves a greater likelihood of being alone and reliant on family and institutional support.

The complexity of the Salt's final, and more descriptive stage, **Frail**, is explored by Barusch (1987) who uses the more general term, **Disability**; she addresses the likelihood of the risk factors of isolation and dependency – and the covert challenges to the carer of three final stage in the life-cycle - namely:

- Locality-bound
- House-bound
- Bed-bound

Family life is a series of psycho-social transitions and there are significant implications for a family system when managing the opportunities and costs of these transitions; there can be both planned and unintended implications for others in the family. When a child begins school, parents have to manage the transition which allows other adults into their child's world. When a baby is born, there are implications for the new grand-parents and challenges for the new parents who need to grow into the roles of parenting while managing the losses entailed in the transition. When a person retires or when an older person is becoming frail, there are significant implications for the person and the family system.

9.2 A 'FAMILY OF ORIGIN' PERSPECTIVE IN AGED-SENSITIVE AND CULTURALLY-SENSITIVE PRACTICE

A professional rather than an administrative/technical service for the frail aged requires a capacity both to recognise the uniqueness of each referral and to draw, with discretion, on knowledge about cultural norms and values – whether of a religious, political, class, gender, or ethnic culture. Whereas these 'cultures' develop out of different but current world views, the aged person may hold a different world view located in a different 'time'.

Aged-sensitive practice recognises cultural assumptions from a different 'time', if not also from a different place, highlighting the relativity of value systems and the extent to which they are culturally determined – within the family systems of both the aged person and of the front-line practitioner with care and protection responsibilities. Competent professional practice requires a capacity to stand back from one's own cultural assumptions (personal and professional) to offer an aged sensitive service - and this is the hoped-for outcome of a 'Family of Origin' perspective.

Professional norms relating to self-awareness, a respect for difference, and a capacity to recognise the uniqueness of each family's culture are core elements of qualifying education and of competent practice supervision (Clare 1992). The Family of Origin perspective is informed by trans-generational family theory (Bowen 1978;

Lieberman 1979; Ault-Riche 1987); this perspective underlines the uniqueness of each family's culture – whatever the intervening variables of ethnicity, class or religion. Useful practice assumptions include:

- Marriage (or a stable de facto relationship) is a '**collision between representatives of two tribes**' with implications for the nature and quality of ongoing negotiation of differences, management of power and conflict-resolution between the partners, their immediate and wider families and, later, with and between their children.
- A child is socialised into a family with the potential influence of, at least, five generations of experiences, attitudes, beliefs, myths, secrets, and allocation of life-scripts to 'newcomers' – whether partners or children. A conversation with one's grand-parent can provide information about at least five generations of a family's story.
- A careful family assessment based on the preparation of a geneogram is a valuable practice tool for arriving at an accurate and informed formulation of a family's history, norms, beliefs, transitions and coping strategies.

Of particular relevance to the complex and stressful transitions involved in family care of the frail aged, Framo (1976) identifies four adaptations for the important family life-cycle transition of physically 'leaving home'; while they are idealised adaptations to describe different ways of managing this significant transition towards adult independence, they can serve to make sense of differences between family cultures when undertaking a needs and risk assessment. The adaptations are:

Enmeshment – describing family systems in which trans-generational cultural norms pose difficulties for members in establishing their separate identity and independence; this can prevent an authentic sense of personal authority in relationships inside and outside of the family.

Superficial and impersonal – describing a family culture of polite and dutiful contact at such family rituals as Christmas, birthday, and funeral celebrations. The personal authority of adult children is masked because of inadequate negotiation and conflict resolution experiences with their parents; the family culture is one of polite and cautious interaction because of 'unfinished business'.

Completely cut-off – describing the outcome of severed emotional and physical connectedness between family members. Independence and a sense of personal authority are achieved by complete emotional and physical separation from the family of origin. This is a particularly flawed method of conflict resolution within the family – with likely repercussions throughout other transitions given pessimism about the worth of negotiating difference; it is particularly challenging for helping professionals from this family culture experience who are working with families managing their own conflictual relationships and transitions.

Adult to adult relationships – describing the desirable state of parent and adult child relationship described by Williamson (1981) who asserts that earlier family cultural norms will be maintained when caring for an elderly relative, unless work has been done to achieve a '*termination of the hierarchical boundary*' (Williamson 1981: 441). In this process of terminating parental rights, the adult child takes emotional responsibility for their own lives – and leaves home emotionally as well as physically, having established an adult-to-adult relationship with each of their own parents.

According to trans-generational family theory, there are implications for a family system facing the personal and family life cycle transition such as hospitalisation of a frail relative – and for the personal/professional approach of front-line human services practitioners in such tasks. There are significant and painful implications for the older person and for their family as a system, in terms of the range of acceptable care options and decisions when an aged relative becomes frail and dependent. The potentially emotionally-provocative duty to care can challenge on a number of levels:

- Parent-child histories (for example of physical and/or sexual abuse),
- Family cultural norms, expectations and values – of immediate and wider family members
- The family carer's capacity to care, given other demands and responsibilities (career; personal challenges and opportunities).

For a variety of reasons, including anticipatory bereavement reactions, the psychic threat of the aged and the family's idiosyncratic cultural norms, expectations and values, this is a potentially major personal and family transition – making significant demands on the family's emotional capacity and competence in decision-thinking and planning – with parallel demands on the front-line worker's capacity to transcend the technical and practical level in needs and capacity assessment.

At the same time, there are overt and covert challenges to professionals whose role and responsibilities include making a needs-assessment and a risk-assessment of an elderly person reliant on family care. When reflecting on the slow emergence of public awareness of child abuse within birth families and in foster care and residential care since the 1960's focus on 'baby-battering' and 'non-accidental injury', it would seem highly likely that there is a parallel under-reporting of elder abuse in 2012. Reasons for under-reporting of elder abuse include:

- A sense of shame – and fear of retaliation by the family member
- A fear of the alternative to family care – namely social isolation and/or a move to a residential care home
- Wanting the abuse to stop but not involving police and the courts
- An absence of systematic recording and reporting of concerns (as in child protection) across the health and human services sector
- Growing isolation and dependency of the older person
- Quality of family assessment tools available to practitioners
- Practitioner ambivalence about the authority and control aspects of statutory intervention – beyond providing care and support

Penhale (1993) identifies some similarities between child abuse and elder abuse – including the risk of violence and harm to the victim; abuse of a dependent person usually by a family member; the dependent person may well be a source of stress (emotional, physical, and financial) with abuse often as a desperate response to an intolerable situation. However, Penhale (1993) goes on to identify important differences between child abuse and elder abuse – including:

- Elder abuse remains a hidden social condition because of a lack of cultural precedent with the increased expectation of life and the emergence of four-generational 'families' with multiple inter-generational dependencies.
- Children are viewed as vulnerable and becoming less dependent whereas there is more pessimism and discrimination about elderly people (Thompson 1998).
- There is a public, political, and an institutional awareness and response to child abuse since the emergence of community concerns following the child death enquiries in Australia, the United Kingdom, and elsewhere since the early 1970's.

- Older people have more legal, economic, and emotional independence than do children – including the capacity to refuse intervention by Police and other services.
- But – many victims of elder abuse are mentally or physically frail, socially isolated and it is difficult to monitor their well-being; they also present a likely worse future set of challenges for their carers.

9.3 THE USE OF GNEOGRAMS IN AGED CARE PRACTICE

Their own awareness and thinking about themselves may be altered just by making up a geneogram or the family chronology.

(Carter and Orfanides 1976:205)

An important assessment tool and practice process in emotionally-sensitive professional practice with the aged and their families is the geneogram (McGoldrick and Gerson 1985; Nichols 2010) to achieve an accurate and systematic assessment of a family's history and culture through time. This can provide important information about the present situation and, also, insights into areas of omission, awkward silences or disagreement so that case planning is based on an informed appreciation of the unique family culture with its family history and social geography of members.

This process can also help to identify the nature of previous transitions in the family, including 'leaving home' – and the possible challenges facing the nominated family carer; this can move beyond a focus on rights and duties towards recognition of the likely stresses and conflicts involved. The notion of 'invisible loyalties' emphasises the importance of norms, assumptions, beliefs, rituals and traditions of a family culture – beyond stereotypical 'common-sense', technical and prejudicial practice. An effective service for the frail aged will demand knowledge and skills, as well as self-awareness, of competent helping professionals.

Culturally-sensitive practice with older Australians requires an appreciation by front-line practitioners of the central importance of a needs and risk assessment tool and process which explores the information about and the embedded feelings within the processes of exploring the family history and the personal community of the client.

Recommendation Twenty-eight: That Government considers a review of the use of geneograms in cross-cultural residential aged-care services and home-based aged care services.

CHAPTER TEN: POLICY AND PRACTICE RECOMMENDATIONS

Elder abuse is a hidden issue in the increasing ethnic aged population. Older people from culturally and linguistically diverse backgrounds are more vulnerable to abuse and neglect because of barriers to accessing services and support.

(Ethnic Communities Council of Victoria 2009: 18)

The changing demographic profile of ethnic communities can impact on their capacity to provide close links and networks, and, service providers and others need to be constantly alert to changing patterns and service gaps

(Warburton et al. 2009: 175)

10.1 PROJECT AIMS

The three major tasks for the research team were to,

- Identify core elements of good practice in cross-cultural aged care services for older Australians whose first language is not English;
- offer strategies to increase the level of awareness of elder abuse in ethnic minority communities;
- identify further research areas arising from this project

Efforts to disaggregate the stereotype of heterogeneous 'ethnic cultures' is an essential first step to point to the extent to which there is an in-built tension within most migrant groups as a consequence of differences resulting from:

- Their number of years living in Australia
- Whether they have ever lived in a country with a form of 'Welfare State' – with implications for their expectation about access to universal health and welfare services
- Their capacity to speak and understand written and spoken English
- The extent of their involvement in community activities outside of their ethnic cultural group (local to cosmopolitan)
- Their level of education – as an indicator of social class, employment and community participation
- Their participation in the paid work-force (local to cosmopolitan)

That said, there is the probability that a significant difference impacting on aged care and elder abuse needs and responses in WA is a consequence of whether the older person and their 'family/personal community' have lived in a Western society with

assumptions about State responsibility for social policy services – or in a society where ‘family’ is the responsible provider? This will have implications about recognising eligibility and seeking to access services. But - again, this may or may not be a binary construct – and could be a source of tension within a ‘family’.

Also, to what extent is there an in-built tension within migrant groups as a consequence of their assumptions and prior experiences of,

- The behaviour of the State (police; politicians; doctors)?
- The quality and access to human services and a ‘Welfare State’?

WHO/INPEA (2002), the Ethnic Communities Council of Victoria (2009) and Warburton et al. (2009) are mindful of the higher level of vulnerability to elder abuse of overseas-born older Australians; the risk increases when their first language is not English. Culturally and linguistically appropriate community education campaigns are key - using mainstream media, ethnic media, social media, and the web to raise community awareness of ageism and of elder abuse and neglect; this could be enhanced through the development of a social media network – with all of the protections in place – to enable all older Australians to have access to information on web-sites, including culturally-appropriate HACC services, particularly Advocare and the Office of the Public Advocate.

10.2 NECESSARY MULTI-LEVEL POLICY FRAMEWORK

10.2.1 Primary Prevention

In the earlier Advocare/UWA Report (Clare et al. 2011: 90), there was reference to Brown (2009) and her three-level strategy in policy development in relation to elder abuse. The first level, **Primary Prevention**, seeks to avoid abuse occurring by creating informed and responsive communities with community-based formal and informal services supported by a community education program. A West Australian study of community attitudes to elder abuse by D’Aurizio (2008: 6) involving a survey of over 800 people highlighted a low level of community awareness of available support services for vulnerable older people:

It is evident from the research that the need exists for an educational campaign directed at the general population of Western Australia that raises awareness about the issue of elder abuse and provides people with information on the support services available.

Also, from the United Kingdom, Fitzgerald et al. (2009) conducted a telephone survey of people who had previously contacted the Elder Abuse Response Line and concluded that more needs to be done in terms of awareness-raising among the

public to enhance early recognition of abuse and prompt action by and on behalf of vulnerable older people.

10.2.2 Enhancing Primary Prevention in Ethnic Minority Aged Care

Conversations with older Australians in the Community Forums underlined the importance of universal, non-stigmatised preventative policies, services and processes for older Australians – using the parallels from other areas of health and safety including,:

- The routine involvement of community nurses in the early home-care services for new-born babies and their mothers
- Financial assistance for a child to attend pre-school
- Health and safety policies aimed at adult protection through compulsory seat-belts, installation of smoke alarms and the banning of smoking in work-places, cinemas and restaurants.

Recommendation Twenty-nine: Government give greater attention during and immediately after the migration processes for older migrants from CALD backgrounds to provide information – in their own language – about aged care policies and services, including those about elder abuse.

This recommendation supports OPA (2006: 51) **Recommendation 13:**

That the Department of Immigration and Multicultural Affairs (DIMA) provide more information and assistance to parents coming to Australia to joining their children. This information could include the kinds of problems they may encounter and, in particular, make them aware of the need to clarify expectations and have clear agreements on matters related to their support once in Australia.

Reflecting on the community forums underlined that being able to access the Day Centre (transport provided; participate in social activities; maintain contact with peers, language and culture) – and having access to the co-ordinator and colleagues as a potential bridge with services - reduced their vulnerability and isolation. Coordinators and staff in the agencies that mounted a community forum demonstrated the importance of these services – and the Chung Wah Association has developed a useful ‘Smart Card’ access to staff and their web link access for their clients.

Recommendation Thirty: WA HACC Program continues to promote Advocare as the link for all HACC service providers and their CALD clients in relation to information about elder abuse.

This recommendation supports OPA (2006: 45) **Recommendation 5:**

That (inter-agency) partner-ships be developed with agencies in the non-government sector to formulate local initiatives to combat elder abuse.

Finally, returning to the earlier consideration of the personal and family life-cycle of transitions – and the likely stresses and tensions in the management of these predictable transitions in the later stages of the life-cycle leads to the following recommendation:

Recommendation Thirty-one: Explore the introduction of training programs to support carers in their early stages of caring responsibilities. It is suggested that the Department of Communities explore the introduction of Pre-Retirement Courses to inform carers of resources and programs available to support them in their caring role, and that the WA HACC Program explores the introduction of Carer Courses to support carers in the early stages of taking on carer responsibilities.

The courses could be in the form of:

Pre-Retirement Courses – as part of the process of acquiring a Seniors' Card in Western Australia, with a syllabus developed to provide information about wellness programs, accessible health and leisure services, the range of community aged care services with contact details, making a will, the complexities of Enduring Powers of Attorney – along with a fridge card for Advocare as the lead information and response agency for elder abuse.

Carer Courses – in the early stages of taking on carer responsibilities after a needs assessment process, with a syllabus developed to provide information about such things as - the emotional challenges of caring, bathing, and other tending activities, contact details and information about available community services and crisis services - along with a fridge card for Advocare as the lead information and response agency for elder abuse.

This recommendation supports and complements OPA (2006: 45):

Recommendation 4:

That a culturally appropriate community education campaign which targets CALD seniors, CALD communities and service providers and which raises awareness of services available be developed and implemented.

10.2.3 Secondary Prevention

At the Secondary Prevention level, both Brown (2009) and Fitzgerald et al. (2009) underline the importance of relevant and clear policies and guidelines – as well as guidance and training about roles and boundaries – for paid care staff, including good recruitment, induction and screening policies and procedures. They also talk about the importance of strengthening the safe routes for whistle-blowers to report their concerns about abusive attitudes, practices and behaviour.

Dixon et al. (2010: 414) studied the expectations of those in ‘positions of trust’ of more than 2,000 people in the UK aged 65 or older; they underline the importance of the high level of practice wisdom required by those who need to work effectively with likely ambivalence, denial and minimising of risk and harm at this tertiary level,

A strong message emerging from the in-depth interviews... policy and practice discourses surrounding ‘elder abuse’ must acquire a more subtle and realistic understanding of the nature of trust and its role in vulnerable people’s dealing with others

10.2.4 Enhancing Secondary Prevention in Ethnic Minority Aged Care

Both from the review of recent literature and from the Project Reference Group meetings and the Advocare/UWA Workshop comes support for ongoing professional development programmes.

Recommendation Eighteen: APEA:WA recognises and support courses for first-line medical, legal and caring professionals (including religious leaders) both mainstream and within CALD communities. These courses to include information about signs and symptoms of elder abuse, culturally-appropriate interviewing skills, assessing risk, and decision-thinking both in the client’s home and in the office, and ways of assisting CALD people in contacting mainstream services for assistance. Fridge cards, brochures and similar items should be produced in key languages identifying Advocare as the lead information and response agency for elder abuse.

This recommendation supports and complements **OPA (2006: 48)**

Recommendation 9: That:

CALD services and ethnic community workers are adequately resourced and trained to raise awareness and respond to elder abuse in their communities;

A casual pool of trained CALD workers, from across the different CALD communities be established to work specifically in the area of elder abuse;

Also, **Recommendation 10** (p. 49):

That service providers and policy makers, particularly those working in the aged care and family/ domestic violence areas, receive cross-cultural training, training about the CALD sector and training about issues for CALD seniors and communities.

and **Recommendation 11** (p. 49):

That a telephone hotline/helpline service providing readily accessible assistance to seniors who wish to discuss concerns about elder abuse be made available. Interpreter services will need to be readily available to the hotline to ensure that CALD seniors who have difficulty with English can access the service.

Finally, in line with Clare et al (2011: 61) **Recommendation 11:**

Given the importance of risk and needs-assessments carried out by front-line practitioners involved directly and indirectly in monitoring concerns, Advocare needs to be funded to provide a sector-wide training program to service-provider agencies about types of elder abuse, the network of agencies funded to respond and current research information about needs and risks.

Given the research evidence from published studies – and from the Community Forums and Reference Group meetings, of the risk to vulnerable older people from social and physical isolation, there is good reason to recommend further development and introduction of a crisis alert tool and strategy:

Recommendation Twenty-three: The WA HACC Program continues to provide funding for aids and equipment to support the reduction of risks to HACC clients.

This recommendation supports and complements OPA (2006: 51)

Recommendation 14:

That further consideration be given to the appropriateness and viability of developing service to provide safety and welfare checks for frail seniors.

10.2.5 Tertiary Prevention

Finally, at the Tertiary Prevention level, there is a need for a paradigm shift from a primarily 'helpful and caring' service to develop a continuum of services and programs that includes a statutory 'care and control' authority informing the role and responsibilities of some helping professionals and the WA Police. This level would reflect organisational and professional lessons from both child protection and domestic violence services and would include,

- A designated government department as lead agency; this could be the ACAT Teams in the Department of Health or the creation of a new Department for Protection of Older People.
- An integrated and inter-agency Case Management model of practice in the assessment and response to risk in the new tertiary level service – not case management (see Clare et al. 2011: 88).
- The use of a form of family mediation service when appropriate as early statutory intervention.
- A professional supervision policy and practice culture to address decision-thinking and decision-making in statutory intervention.
- Referral to WA Police for investigation when there are concerns about the risk of harm to an elderly person – whether physical, emotional, sexual or financial.

10.2.6 Enhancing Tertiary Prevention in Ethnic Minority Aged Care

The earlier Advocare/UWA Report (2011) included 21 recommendations for changes at the Tertiary Prevention level – which was beyond the identified priority focus of this study. The complete list of the Advocare/UWA Report recommendations and their location in the report by Clare et al. (2011) are included as Appendix Two. Two of the recommendations are included below because they echo two of the OPA (2006) recommendations:

1. CENTRALISED DATA

OPA (2006: 43) Recommendation 2:

That the statistical data presented in the report (OPA, 2006) be used to identify and target CALD seniors for services and programs relating to elder abuse and that an up-to-date statistical profile of CALD seniors be maintained for the purposes of research, strategy development, program/service delivery and evaluation. Maintaining this profile could be the responsibility of the lead agency responsible for elder abuse in CALD communities.

Clare et al. (2011: 84) Recommendation 14:

Quantitative data analysis and databases should contribute to the process of identifying vulnerability and risk, and data should be used to drive a risk-assessment process that ensures the most vulnerable are not falling through the gaps. This process should then be used to operationalise resources, across agencies, in the most effective manner to ensure vulnerable people are being best served. Data systems for agencies involved with managing risk for vulnerable sections of the community in WA must develop to better capture relevant information and these developments should be informed by theoretical models that explain variations in risk between individuals and undertaken in consultation with statisticians/researchers.

2. LEAD GOVERNMENT AGENCY FOR ELDER ABUSE

OPA (2006: 45) Recommendation 5:

That a lead government agency be appointed to develop and coordinate a whole of government approach to the prevention and response to elder abuse, and a particular focus be given to addressing elder abuse in CALD communities.

Clare et al. (2011: 85) Recommendation 15:

That a lead government agency is identified and given the responsibility to develop and coordinate responses to elder abuse across metropolitan and regional Western Australia – including a review of the concept of elder abuse itself, as well as developing agreed referral processes to the WA Police.

10.3 FUTURE RESEARCH PROJECTS

10.3.1 From the Advocare/UWA study, we learned from the interviews with agency managers that we probably do not know enough about the rates of elder abuse in ethnic communities because some ethnic groups are closed to the services. Given that, a study of referrals to Advocare over recent years could help to identify the pattern of referrals and non-referrals in relation to ABS demographic data.

10.3.2 Initiate a follow-up project - in partnership with a number of non-government service-provider agencies - to build on lessons learned from the current Rockingham Social Connector Programme to explore the possible benefits for other HACC programmes.

10.3.3 Develop a research strategy to identify and report on national and international projects which have investigated the potential benefits of social media as contextual universal services for socially-isolated frail clients - and for all non-English-speaking older Australians.

10.3.4 Conduct a review of current Elder Abuse Needs and Risk Assessment Tools with a view to including any new material from this study.

10.3.5 Identify the needs of older Australians who are eligible for - but not attending - an appropriate ethnic Day Care Centre; this would complement the findings from this project.

10.3.6 Initiate an action research project to track the process and the impact of the first wave of cross-government agency conversations about the development of a compulsory health and welfare 6-monthly check-up programme for frail older Australians living at home.

10.3.7 Further explore different meanings and interpretations of elder abuse, both between and within different cultural groups.

10.3.8 Evaluate current models of elder abuse intervention used in WA.

10.4 AND - FINALLY

Finally, from a slightly different perspective, Krug et al. (2002: 143) identify a number of effective elder abuse prevention strategies, some of which have been included elsewhere in this study. However, they did identify an important new range of strategies in which older people themselves play a leading role – with a likely cluster of benefits for those involved in providing and/or in receiving these services - including:

- Recruiting and training older people as visitors and companions for isolated, perhaps house-bound peers (such as in the Community Connector Project in Rockingham)

- Introducing and maintaining support groups for victims of elder abuse and for potential and/ or current carers
- Becoming volunteers in existing programmes such as those offered through the Australian-Asian Association, the City of Stirling, the Chung Wah Association, or the Umbrella Multicultural Community Care Services.
- Building social networks of older people in their localities – through existing institutions such as the local church or the library
- Working with older people to design and introduce ‘self-help’ programmes of various kinds.

Krug et al. (2002: 143) summarise their sense of the challenges – and the necessary vision needed to address these challenges - facing all of the countries of the world:

The nations of the world must create an environment in which ageing is acceptable as a natural part of the life cycle, where anti-ageing attitudes are discouraged, where older people are given the right to live in dignity – free of abuse and exploitation – and are given opportunities to participate fully in education, cultural, spiritual and economic activities.

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APPENDIX ONE - REPORT RECOMMENDATIONS IN NUMERICAL ORDER

Recommendation One (p.31): APEA:WA engage in a review of current needs and risk assessment practice tools and coordinate a process by which appropriate tools for working cross-culturally with vulnerable older people are identified, designed, reviewed, and piloted with a view to implementing a State-wide assessment tool(s).

Recommendation Two (p.34): APEA:WA consider seeking financial resources to explore the capacity of government and non-government agencies in WA to design and introduce a sustainable Restorative Justice model of intervention to complement the other models available for vulnerable older Australians in the State.

Recommendation Three (p.39): Advocare, and HACC service providers continue to access community newspapers and community radio – both about ‘good news stories’ of the achievements of older Australians to challenge the level of ageism in the community, and about community education about the risks of elder abuse and how to access services in the event of need or concern.

Recommendation Four (p.44): Advocare provides the WA HACC Program with information on the Rockingham Social Connector Program for consideration.

Recommendation Five (p.44): That APEA:WA explore the opportunities for research to identify and report on national and international projects which have investigated the potential benefits of social media as universal services for socially-isolated and non-English-speaking older people.

Recommendation Six (p.65): HACC service providers ensure that all staff receive initial and advanced training in cultural competency including identifying elder abuse and appropriate follow up.

Recommendation Seven (p.65): Advocare and the WA HACC Program ensure that information and responses to elder abuse are flexible and creative in order to encompass cultural differences in perceptions and responses to elder abuse.

Recommendation Eight (p.67): The WA HACC Program continues to fund HACC service providers to develop culturally relevant networks to support HACC CALD clients.

Recommendation Nine (p.67): APEA:WA explores how different waves of migration from different countries, both new migrants and those that have partially integrated into Australian society in past decades, can inform future planning.

Recommendation Ten (p.69): The WA HACC Program ensures HACC service providers access interpreters where it is required, including when dealing with elder abuse responses.

Recommendation Eleven (p.70): Advocare and the WA HACC Program ensure that information about elder abuse and the services available to assist people being abused is developed in a variety of media formats and specifically targeted to reach those most isolated and vulnerable.

Recommendation Twelve (p.71): Advocare works together with the WA HACC Program and CommunityWest to ensure that bi-lingual workers have access to on going training about elder abuse.

Recommendation Thirteen (p.73): The WA HACC program continues to support HACC service providers to further develop and target services to HACC CALD clients most isolated.

Recommendation Fourteen (p.73): Advocare and APEA:WA ensure that an elder abuse information and communication strategy be developed for getting information out about elder abuse to CALD communities in a variety of languages and media.

Recommendation Fifteen (p.75): Advocare continues to review and evaluate its elder abuse response models to ensure they are sufficient, varied, and flexible enough to protect the rights and best interests of people experiencing elder abuse when they live with the perpetrators of the abuse.

Recommendation Sixteen (p.78): APEA:WA ensures the development of broad education strategies to target the wider community; this would include a consideration of mandatory education linked to aged pension, the seniors card, and migrant education for new arrivals.

Recommendation Seventeen (p.80): Advocare, CommunityWest and the WA HACC Program ensure that HACC CALD-specific service providers have access to training, development and information about elder abuse and services.

Recommendation Eighteen (p.79): APEA:WA recognises and support courses for first-line medical, legal and caring professionals (including religious leaders) both mainstream and within CALD communities. These courses to include information about signs and symptoms of elder abuse, culturally-appropriate interviewing skills, assessing risk, and decision-thinking both in the client's home and in the office, and ways of assisting CALD people in contacting mainstream services for assistance. Fridge cards, brochures and similar items should be produced in key

languages identifying Advocare as the lead information and response agency for elder abuse.

Recommendation Nineteen (p.80): Advocare continues to form and develop strategic alliances with CALD HACC services and other CALD organisations, including the Office of Multicultural Interests, and the Ethnic Communities Council.

Recommendation Twenty (p.81): Government should consider the idea of GP health checks for people over a certain age being used as a screening device for elder abuse.

Recommendation Twenty-one (p.82): Advocare and CALD HACC services are adequately funded and resourced in order to reach out to those most isolated and vulnerable in the community.

Recommendation Twenty-two (p.83): Advocare and the WA HACC Program explore the usefulness of a telephone hotline for elder abuse including learning from the experience of hotlines in other jurisdictions.

Recommendation Twenty-three (p.83): The WA HACC Program continues to provide funding for aids and equipment to support the reduction of risks to HACC clients.

Recommendation Twenty-four (p.83): The Department for Communities considers the funding of a Seniors' Resource Centre.

Recommendation Twenty-five (p.83): APEA:WA explore what further protections be put in place to protect people from experiencing elder abuse, such as registration and auditing of Enduring Powers of Attorney and the banks better monitoring the transactions of vulnerable people.

Recommendation Twenty-six (p.84): APEA:WA consider the concept of mandatory reporting of elder abuse for professionals and care workers working with older people.

Recommendation Twenty-seven (p.95): APEA WA review the relevance of the recommendations of this report and other WA elder abuse research, such as the Office of the Public Advocate Report (2006) and the Advocare/Crime Research Centre Report (2011).

Recommendation Twenty-eight (p.102): That Government considers a review of the use of geneograms in cross-cultural residential aged-care services and home-based aged care services.

Recommendation Twenty-nine (p.105): Government give greater attention during and immediately after the migration processes for older migrants from CALD backgrounds to provide information – in their own language – about aged care policies and services, including those about elder abuse.

Recommendation Thirty (p.106): WA HACC Program continues to promote Advocare as the link for all HACC service providers and their CALD clients in relation to information about elder abuse.

Recommendation Thirty-one (p.106): Explore the introduction of training programs to support carers in their early stages of caring responsibilities. It is suggested that the Department of Communities explore the introduction of Pre-Retirement Courses to inform carers of resources and programs available to support them in their caring role, and that the WA HACC Program explores the introduction of Carer Courses to support carers in the early stages of taking on carer responsibilities.

APPENDIX TWO - ADVOCARE/UWA REPORT RECOMMENDATIONS (Clare et al. 2011)

The list of the 26 Recommendations developed throughout this report is presented below; there are four headings which cluster the key issues and recommendations and identify their inter-connected nature. The Recommendations are numbered according to the sequence they are made throughout the body of the report, and the page number locates where each Recommendation can be found.

Review of the Concept of Elder Abuse

Recommendation 1 (p.40)

APEA: WA to lead a community debate to move from the ageist and ambiguous notion of an age definition for elder abuse to one informed by an assessment of capacity for self-care and self-protection.

Recommendation 2 (p.44)

APEA: WA to seek financial support to convene a national conference in Perth by June 2012 in which visiting international and national speakers focus critical academic and professional attention on the current definition of – and responses to – elder abuse in Western Australia.

Recommendation 3 (p.46)

APEA: WA convene a series of community seminars in which senior managers, practitioners and policy-makers from child protection and domestic violence services explore the commonalities and the key differences with elder abuse policy and practice; this could be a major theme of a future National Conference convened by APEA, WA.

Recommendation 4 (p.47)

APEA: WA undertake a review of the current definition of elder abuse informing policy and practice in Western Australia specifically to address the construct of ‘positions of trust’ and the central issue of ‘abuse or crime?’

Recommendation 10 (p.60)

In the light of the reported ‘invisibility’ of this social issue, APEA: WA needs to be funded to provide an annual public education campaign of multi-media information (television and newspaper coverage; brochures of agency information and referral information) which is regularly updated.

Recommendation 23 (p.93)

APEA: WA to explore with the Minister for Seniors and with possible funding sources, including LotteryWest, the advantages of mounting a national conference in Perth by June 2012 to explore the challenges of a more integrated model of primary, secondary and tertiary responses to respond to the needs of vulnerable older people.

Financial Abuse, Fraud, Enduring Power of Attorney Legislation and the Banks

Recommendation 5 (p.51)

That a representative sample of Centrelink nominee arrangements be subject to a system of auditing each year in order to determine that payments are being used appropriately.

Recommendation 6 (p.53)

That Banks develop policies, practices, educational programs, and regulatory measures that reduce the risk and incidence of financial abuse. These may include better education of vulnerable older people about the potential for financial abuse, an alert system (similar to AUSTRAC) to identify suspicious transactions, as well as better arrangements to ensure the currency of third party signing rights

Recommendation 7 (p.55)

That uniform federal legislation on Enduring Powers of Attorney is developed.

Recommendation 8 (p.55)

That a national system for registering and auditing Enduring Powers of Attorney is implemented, which includes comprehensive education about their useage and limitations for donees and donors.

Recommendation 9 (p.56)

That ways of resolving elder abuse be further investigated and research conducted into the effectiveness of current and alternative methods of resolution.

Recommendation 26 (p.95)

APEA: WA continue to work with the major banks to design and implement an integrated strategy to address the risks of financial abuse and fraud which victimize older people in Western Australia; such work to include an invitation for the network of the major banks to become an active member of APEA: WA.

Statutory Authority and Responses to Elder Abuse

Recommendation 14 (p.84)

Quantitative data analysis and databases should contribute to the process of identifying vulnerability and risk, and data should be used to drive a risk-assessment process that ensures the most vulnerable are not falling through the gaps. This process should then be used to operationalise resources, across agencies, in the most effective manner to ensure vulnerable people are being best served. Data systems for agencies involved with managing risk for vulnerable sections of the community in WA must develop to better capture relevant information and these developments should be informed by theoretical models that explain variations in risk between individuals and undertaken in consultation with statisticians/ researchers.

Recommendation 15 (p.85)

That a lead government agency is identified and given the responsibility to develop and coordinate responses to elder abuse across metropolitan and regional Western Australia – including a review of the concept ‘elder abuse’ itself, as well as developing agreed referral processes to the WA Police.

Recommendation 21 (p.89)

APEA: WA to explore the establishment of a pilot programme involving Advocare, the Health Department of WA, the WA Police and other service-providing agencies to explore the strengths and concerns of the Case Management inter-agency model of family meetings as one response strategy when there are concerns about possible abuse of older people.

Recommendation 22 (p.90)

That APEA,; WA consider the way forward in Western Australia to developing an inter-agency investigation and intervention service aimed at protecting vulnerable older people – informed by the case study outlined in the London Borough of Slough Framework.

Recommendation 25 (p.94)

APEA: WA recommends to the State Minister for Seniors that a review of Elder Law is undertaken with specific attention to the law in relation to Enduring Power of Attorney, the Guardianship and Administration Act and the introduction of legislation requiring the registration of wills.

Towards Integrated Policy and Practice

Recommendation 11 (p.61)

Given the importance of risk and needs-assessments carried out by front-line practitioners involved directly and indirectly in monitoring concerns, APEA: WA needs to be funded to provide a sector-wide training programme to service-provider agencies about types of elder abuse, the network of agencies funded to respond and current research information about needs and risks.

Recommendation 12 (p.62)

There needs to be a review of the current network of service agencies responding to allegations of different types of elder abuse with particular attention to the balance of voluntary and statutory authorities and capacity to intervene in situations of abuse.

Recommendation 13 (p.62)

APEA: WA to seek funding to explore the arguments for and against the design of an inter-agency data-base of reported concerns to build a picture through time of the possible vulnerability of an older person. Confidentiality and privacy issues will need to be addressed but there is a precedence in child protection services.

Recommendation 16 (p.86)

That the development of elder abuse protocols in all agencies instrumental to responding to elder abuse be supported and encouraged in conjunction with interagency protocols to encourage consistent responses.

Recommendation 17 (p.86)

That a comprehensive elder abuse referral and resource guide for service providers and professionals be developed.

Recommendation 18 (p.86)

That elder abuse networks for service providers in both the metropolitan and rural and remote areas of Western Australia be supported and facilitated.

Recommendation 19 (p.87)

APEA: WA to explore the design and implementation of a state-wide inter-agency electronic data register of concerns with the capacity to store, access and weigh evidence of concern and possible risk in a more integrated, aggregated and accessible way.

Recommendation 20 (p.87)

APEA,: WA to conduct an audit of family-based practice models in child protection, juvenile justice and domestic violence services which are of relevance to the challenges of inter-agency and inter-disciplinary collaboration in the care and protection of older people, including Family Group Conferencing as early intervention.

Recommendation 24 (p.93)

APEA: WA to coordinate a process by which appropriate needs and risk assessment tools for working with vulnerable older people are identified, reviewed and piloted to agree on a state-wide assessment tool which is fit for the purpose and administered in a professional rather than a technical manner through relationship-building not just information-gathering – as in other risk scenarios of child abuse and domestic violence.

APPENDIX THREE - ADVOCARE/UWA WORKSHOP REFLECTIONS ON ELDER ABUSE – DEFINITION AND RESPONSE

BACKGROUND

In line with Recommendation 3 of the Clare et al Report (2011), Advocare and the Crime Research Centre at the University of Western Australia invited over 30 senior managers and practitioners from 18 different agencies, government departments and universities to a workshop in December, 2011 at the University Club.

Recommendation 3 stated: *Advocare to convene a series of community seminars in which senior managers, practitioners and policy-makers from child protection and domestic violence services explore the commonalities and the key differences with elder abuse policy and practice; this could be a major theme of a future National Conference convened by APEA: WA.*

The agencies represented at the seminar included Aboriginal Legal Service, Advocare, Bankwest, Department for Child Protection, Department for Communities, Department of Health, Disability Services Commission, Edith Cowan University (Department of Occupational Therapy), Legal Aid, Mental Health Commission, Office of the Public Advocate, Older Person's Mental Health Service, Older Persons Rights Service, Police (WA), The University of Western Australia - Crime Research Centre and Discipline of Social Work and Social Policy), Women's Domestic and Family Violence Services

BRIEF SUMMARY OF POINTS FROM THE WORKSHOP DISCUSSIONS

Different views emerged about the definition of elder abuse:

- The WA definition is too narrow – and the World Health Organisation definition is a better reflection
- However, by dividing into categories may assist in marginalising groups. Abuse against individuals in most cases is a crime
- The problem is that a lot of abuse does not meet the criteria of a crime
- Disability Services Commission has the same response to abuse regardless of age but takes a different tack according to age. Younger people who have lost capacity may also be vulnerable to the same types of abuse

Abuse is the appropriate word – but it can be quite frightening – need to consider the deterrent effect on disclosure. Victim of crime resulting from a trust relationship with an important difference between a stranger and a trusted person inflicting the abuse.

Abuse is not a binary concept – at the tertiary end of the continuum, people already identify needs, review outcomes and have better system surveillance. The question is whether there is evidence of ‘enough abuse’ to be of public interest. Look at it as on a continuum and set a benchmark standard for a response. Need to address ‘blind spots’ – generalist knowledge framework for screening then specific risk assessments

The definition needs to be broadened to recognise the vulnerability of older people - perhaps use ‘Elder Exploitation’? Also, ‘Elder Law’ might be a good idea – statutory changes may be needed to recognise different professional roles and interventions

Abuse by family members fits within the family violence perspective. Recognise deliberate and non-deliberate abuse. Terminology – abuse is a complicated construct – older adults often still have decision-making capacity but children don’t. Older people are dependent – but who are we talking about?

There is a relationship between Family and Domestic Violence and Elder Abuse – but there is not a lot of value in terming Domestic Violence among older people as ‘Elder Abuse’ because it could ‘define’ people out of a service ***We cannot lose Elder Abuse as a term or concept – it is a known and identifiable label but it can sit within a Domestic Violence framework***

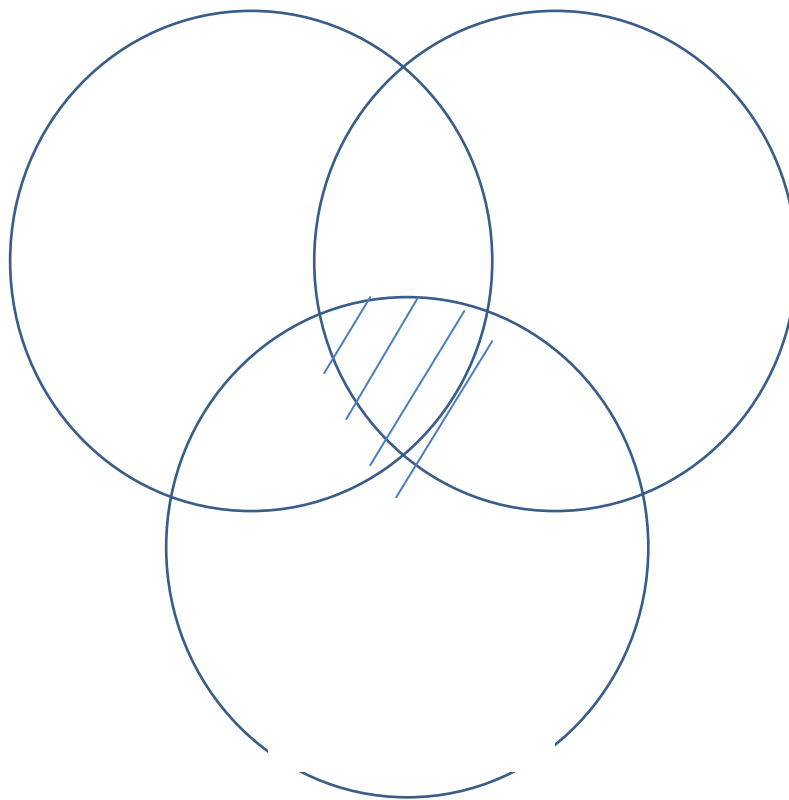
Three levels – legislative / broad policy / professional intervention. Are there unique things about older people and their vulnerability? Older people need protection from those in a ‘trust relationship’ including lawyers, accountants etc plus informal friends and family. No doubt that there is a crime element – although there is sometimes a reluctance to take action against relatives.

Full citizenship is an important concept because of disability or age when some people are not seen as full citizens. Strategies are needed to protect from abuse – to promote well-being – and to engage.

Need to take the lid off elder abuse – with a wider distribution of brochures, leaflets, educational sessions as all vital – to include schools and seniors groups and all in-between – including the use of social media. ***Strategy needs to make it clear that ELDER ABUSE IS NOT OK.***

A national approach is important – including registering Enduring Powers of Attorney Register EPA’s. Perhaps there should be the potential to audit EPA’s – there could be a mechanism that banks could request. People might be disinclined to act as an EPA if they were more monitored. Could be required to attend an education seminar before taking it up?

Elder abuse has a strong relationship with Family and Domestic Violence – given that the majority of elder abuse is familial. The shady area below is what is lacking in the current definition – matters of ‘power and control’



There is limited capacity in the current system – with no lead agency or authority in a siloed system in the sense that each agency has its own role.

Which agency is going to take the lead in terms of monitoring and visibility? ‘Beyond Blue’ is an example of a lead social ‘pillar’ to raise awareness about mental health issues. Who could be the Peak? State or commonwealth ? Need for further discussion about where the Peak can come from. We do not have a clear idea yet. The Department for Communities continues the exploration agenda but recognises the limitations and need for adequate resourcing –

- Legislative
- Programme and policy
- Service system
- Community awareness
- Capacity to collect accurate data

Learning from child protection and family and domestic violence includes:

- Raising public awareness
- Increasing the capacity of the community to identify and respond to the concerns of older people

- Preventative work – including budgeting and financial management which is increasingly electronic with no face-to-face engagement

Increased education and training made a difference in child protection. Child abuse is more picked up when children are at school – more visibility. Need to target potential perpetrators and victims with education which requires a more formal process of educating carers about the potential stresses and difficulties they are about to transition into.

Problems with visibility – children go to school, women working. Older people can be more isolated – with less physical and social indicators. Elder abuse cues can be put off as a normal part of ageing

Older people are more vulnerable already – with EPA's or with someone getting a carer's pension. There is risk of depression for carers – 3 or 4 times greater than the general population – need a service system around them

Develop an integrated system – with **'No wrong door' and / or a 'wrap-around'** service to develop a system response not reliance on individual agencies. Need to create opportunities to pick up abuse e.g. child health checks. Need to use current systems to find opportunities:

- Centrelink and carer's pension opportunities
- GP checks – with prescriptions – “An over 75 year old check”
- Within the general population screening, there are many different risk assessment tools for different issues (mental health: drugs and alcohol)
- Find ways of safely giving people opportunities to speak

An emerging profile at the national level – awareness of the issue has come a long way. Need to continue efforts in chunks given the almost overwhelming nature of the complexity of the issue. Can we solve all areas at the same time? ***What are our priorities – Safety of Individuals.***

Examples of ***Knights in Shining Armour and Coordination*** in child protection – but we do not appear to have the equivalence in elder protection where there is fragmentation and we are in siloes. It is hard to have one monolithic organisation given there will always be a range of services e.g. Department for Child Protection has an organisational role and an operational role with service delivery and funding

Concern about developing a 'Nanny State' but people have rights so need to ensure people have necessary information. The general population and the target population need screening leaflets informing them of the evidence of elder abuse

and the range of service responses. Often a client and carer are involved with other service providers at the same time – need to develop a mechanism to increase other service providers' knowledge, capacity and role in monitoring/referral

Need a hot-line for the general abuse area as part of the individual and family abuse framework. Concern that mandatory reporting may make situations worse when reporting leads to issues of addressing that the responsibility for reporting no longer rests with the person

- We have moved away from institutional care – resulting in more social isolation of older people
- Mediation services – who investigates?
- Reporting – we need to be frank about what people do and be clear about who is the 'go to person (agency?)
- Prevalence – reporting leads us to know that 4.6% is a guess – statistics are haphazard. To what extent is the problem under-reported?

Multi-agency Case Management for Domestic Violence with a common risk assessment and risk management for every entry point and clear referral pathways will pick up older people experiencing DV. ***It took two years of negotiations to get the multiple agencies to work together***

Mitchell, J. (1969). *Social Networks in Urban Situations*. Manchester Uni Press.

Smale, G. (1993). *Empowerment, Assessment Care Management and the Skilled Worker*. London, National Institute for Social Work.

Mike Clare (9 February, 2012)

HACC/CALD PROJECT – REFLECTIONS AFTER THE UNI CLUB WORKSHOP

There is a huge need to challenge the use of binary constructs in professional discourse about aged care – ***abuse/not abuse: English-speaking/ not English-speaking; Australia-born/born overseas*** – when there is a need for a thorough assessment of capacity/extent/degree of whatever variable is being assessed

That said, I am increasingly aware of the probability that a significant difference impacting on aged care and elder abuse needs and responses in WA is whether the older person and their 'family/personal community' have lived in a Western society with ***assumptions about State responsibility for social policy services*** – or in a society where 'family' is the responsible provider? This will have implications about

recognising eligibility and seeking to access services. But- again, this may or may not be a binary construct – and could be a source of tension within a ‘family’

Evidence from national and international studies has identified the significance of ***isolation and dependency*** when assessing vulnerability and risk of older (all?) people; this lends itself to re-visiting the concepts of ***‘community as network’*** and ***‘community care’*** when using the frameworks of Mitchell and Smale to explore and assess the nature and quality of an older person’s ***‘personal community’***

Islington Social Services in the mid-1970’s – and many projects since? – identified a community visitor scheme by which clients of the department were recruited as ***‘community visitors’*** for house-bound people in their neighbourhood (for shopping / emergencies etc? – with all of the challenges of monitoring criminal records and risk. There is a pilot scheme in Rockingham – and a number of projects in Canada

Addressing vulnerability and risk through identifying the most isolated and dependent, in relation to vulnerable children, has been recognised in the importance of monitoring their well-being through universal services including :

- health visitors who call to meet new mums and to assess the baby’s well-being (Maria Colwell in the early 1970’s)
- school-attendance (Jasmine Beckford in the mid-1980’s)

There are parallels in aged care services – both for the older person and for their potential carer(s)? Given the demographic evidence about increased expectation of life, there is an argument for a more formal transition ritual for all aged 60 or when receiving a Senior’s Card? To complete a Work Leavers and Carers Course - and ***undertake a short course about positive health care/ insurance/ Enduring Powers of Attorney/ making a will and making life-changing decisions.***

There is a need to develop preventative, supportive and therapeutic intervention levels of response – as universal services without stigma. For the most isolated and dependent in the community, a community nurse visitor scheme – paralleling Health Visiting – ***as a universal service*** could be an important innovation?

FURTHER REFLECTIONS ON PROJECT ONE

Current terminology (abuse/ vulnerability/ relationship of trust) is ‘soft’ and fudges the underlying realities of crime? It also serves to blur the issues of concern – from the initial ‘granny-bashing’ to the current ‘loss of capacity/ vulnerability’ in 50 years.

There is material about frameworks of ‘risk’ and levels of policy response

Concept of 'equifinality' from the family therapies – implying multiple causes of a social problem and more than one right response – could be useful. Need to disaggregate the possible causes of elder abuse in the family:

- Personal problems in the carer (mental health / drug and alcohol etc)
- Problematic inter-personal relationship over time between victim and carer (pay-back)
- Carer-stress – situational and exacerbated by poverty/ lack of respite care/ feeling abandoned by family and friends
- Family and ethnic cultural norms about inheritance/ lack of respect for the older person/ discrimination against women
- Cultural misunderstanding about access and availability to government and non-government services (language difficulties and assumptions about the role of the State)

The notion of a life-cycle as we outlined in the report is hugely problematic ; it leaves the issues of concern embedded in a woolly and poorly-conceptualised framework to alert the community (alongside my article - Shakespeare and the family therapies). Salt's disaggregation to four category stages is an improvement

The tension generated by a rights-based process which recognises the power of the 'victim' to refuse intervention is problematic – allowing unsatisfactory situations to remain 'stuck' – with implications for the 'victim' and for the 'practitioner' involved (powerless/ impotent). Need to explore the different assumptions about statutory intervention in child protection, DV and elder abuse – with the strong possibility that a family-based mediation service would be useful in the array of services

One thought – there are a number of universal statutory interventions into the freedoms of adults (smoke alarms/ seat-belts/ driving licences etc) where there is no 'choice'? Is protection against elder abuse one such?

Probably the Slough framework is a step too far for WA in 2012? Whereas, Case Management as a model of inter-professional and inter-agency intervention is within capacity? It speaks to the current concerns about reporting and responding ('pass the parcel').

FURTHER REFLECTIONS ON CURRENT PROJECT

There is a potent problem facing those older Australians who cannot speak and understand English – implications for dependency and citizenship? This feeds into the research evidence that those in greatest risk are more:

- Dependent
- Socially-isolated

To what extent is there an in-built tension within migrant groups as a consequence of their assumptions and prior experiences:

- of the State (police/ politicians / doctors)?
- of human services and the 'Welfare State'?

Using the classic quote – families are like all/ some / no other family – to disaggregate the stereotype of 'ethnic cultures' is an essential first step. Then, pose the question about the extent to which there is an in-built tension within migrant groups as a consequence of differences such as:

- Their number of years living in Australia
- Whether they have ever lived in a country with a form of 'Welfare State' – with implications for their expectation about access to universal health and welfare services
- Their capacity to speak and understand written and spoken English
- The extent of their involvement in community activities outside of their ethnic cultural group (local to cosmopolitan)
- Their level of education – as an indicator of social class and community participation
- Their participation in the paid work-force (local/ cosmopolitan)

Conversations with older Australians in the project forums underlined the importance of universal / preventative processes for older Australians – using the parallel of community nurses/ attendance at pre-school/ seat-belts/ smoke alarms for other generations. Being able to access the Day Centre (transport / social activities / contact with peers/ access to the co-ordinator) reduced their vulnerability and isolation – raising the question of concerns about those who were eligible but did not access the Day Centre

Pre-retirement courses – information about wellness/ leisure services/ community services / making a will/ Enduring Powers of Attorney – along with a fridge card for Advocare as the lead information and response agency

Courses for first-line professionals (doctors / nurses / Silver Chain carers etc) – with information about signs and symptoms of abuse / interviewing and assessing risk/ decision-thinking in the home and back in the office - along with a fridge card and brochures in key languages for Advocare as the lead information and response agency.

Pre-Carer courses – information about emotional challenges / bathing and other tending activities / available community services / crisis services - along with a fridge card for Advocare as the lead information and response agency.

Develop a neighbourhood watch and care policy starting with the concept of a 'personal community map' – based on the work on social networks (Christmas cards send and receive) – to identify the nature and quality of an older person's 'personal community' – going back to Islington visitors' scheme?

Develop a crisis response strategy – like the Silver Chain Buzzer which is worn at all times – as part of the ACAT tool-kit – which can access a 24 hour emergency service (like Crisis Care).

Develop a social media network – with all of the protections in place so that access to information on web-sites (Advocare / Office of the Public Advocate).

APPENDIX FOUR – FROM EXAMINATION OF THE EXTENT OF ELDER ABUSE IN WESTERN AUSTRALIA PROJECT (Clare et al. 2011: 113-114).

Question 10b – Does your organisation have the capacity to respond effectively to people experiencing elder abuse from vulnerable groups such as from CALD backgrounds?

The pattern of responses to this question about people from CALD backgrounds was more positive (*than the previous interview question about services for older Aboriginal people*) including:

- Have two staff members that speak other languages and we use TISC. Have brochures in different languages
- Provide education to CALD services
- Have developed strategies in terms of developing brochures for CALD people, but have resourcing issues.
- Have the capacity, as work on a grass roots level and have lots of contact with people from CALD communities
- Do 80+ education sessions in CALD communities a year.
- Agency staff are experienced at working with CALD people
- Challenges with cultural expectations of family members staying at home
- Second generation migrants are quite culturally integrated, so not difficult to work with.
- Provide cultural training to staff and use interpreter services.
- Cultural differences about who did what within a family between males and females sometimes
- Do not have difficulty engaging CALD people as they more than likely have English-speaking kids
- Always issues with interpreting but not for lack of engagement.
- Have Indigenous and Community Diverse Unit, which is an access point for advice and information.
- Do have the capacity to act appropriately and sometimes very quickly if necessary.
- Reasonable amount of abuse reported within the Chinese-Asian population, but people might not open up about it as shame is another issue.

However, there were some cautionary observations:

- Cultural and experiential issues relating to having no rights in their home countries
- Clients with English as a second language and as cognitive impairment increases they have less capacity in English.
- Have few Asian clients, but lots of middle European ones

- Probably do not know enough about how the elderly get abused in all forms – some ethnic groups are closed to us
- Often kept inside the family –

The nature of immigration is you become that rock of a family, or that rock that nothing goes outside because you need to be...there isn't the support network for you, so whatever's in the family is sacred and held, and it's very difficult to get through to those sorts of agendas (Focus Group One).

- Difficulties of getting the story from people about the abuse because of interpreter issues.
- Issues with deafness and telephone interpreters
- Deaf people often feel excluded because they are often forgotten about – have their own language and culture
- Use very simple language in brochures to be translated
- Cultural mores of caring for older relatives, some don't want to put them into aged care facilities in some cases where it may be detrimental to their health to be living at home.

APPENDIX FIVE – COMMUNITY FORUM FLYER

Research project: concerns and responses to elder abuse in culturally and linguistically diverse communities

We would like to invite older people from culturally and linguistically diverse communities to attend a community forum to discuss culturally appropriate ways of dealing with elder abuse in your community.

The forum will be held at:

On:

The aim of the project is to find out what are the best and most culturally appropriate ways of helping older people from culturally and linguistically diverse (CALD) backgrounds to deal with elder abuse. Elder abuse is defined as a single or repeated act, or lack of appropriate action, which causes harm or distress to an older person and occurs within a relationship where there is an expectation of trust, such as that of family and friends.

During the forum, the researchers will ask about the different views of CALD older people about elder abuse, including their perceptions about how common it is, whether or not it is an important issue for their community, and how it should best be dealt with.

An interpreter will be present to assist with clear communication. You are welcome to bring a friend along to the forum as well.

The project is being conducted by Professor Mike Clare of the Centre for Vulnerable Children and Families at the University of Western Australia, and Dr Barbara Black Blundell of Advocare. This research has been funded by the Health Department of WA.

A research information sheet is attached to provide further information about the research, or you can contact either Professor Mike Clare at *****@*****, or Dr Barbara Black Blundell at *****@*****, phone: 04** *** **.

APPENDIX SIX

Concerns and responses to elder abuse in culturally and linguistically diverse communities: Perceptions by HACC/CALD clients and workers

INFORMATION SHEET – COMMUNITY FORUMS

Chief Investigators:

Professor Mike Clare and Dr Barbara Black Blundell

Contact Details:

Mike Clare

Centre for Vulnerable Children and Families

Mail Box 256

Phone: (08) **** *

Email: ****@*****

Barbara Black Blundell

Advocare Inc.

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Belmont WA 6104

Phone: **** * *

Email: ****@*****

The aim of this research is to discover the best way to respond to the abuse and mistreatment of older people from culturally and linguistically diverse (CALD) backgrounds. This research will involve (a) a literature review, (b) two focus groups with aged care professionals experienced in working with elder abuse in CALD communities, and (c) several forums with older people from CALD communities who are HACC clients, and if required, (d) individual interviews with HACC service providers experienced in working with elder abuse in CALD communities. The project will explore current responses to abuse and mistreatment and identify alternative responses with a view towards developing a best-practice approach. Integral to the process will be the collection of data about various CALD groups' perceptions of and attitudes towards elder abuse.

This research has been funded by the Health Department of WA.

As part of this project, you are being asked to participate in a discussion group with us to give your views on the best way to respond to abuse and mistreatment of older people within your cultural or language group. An interpreter will be present to assist with communication between the researchers and people in the group.

With your permission, we will make a digital audio recording of the discussion and take notes. Following the session, the written comments will be stored in a locked filing cabinet and the digital audio files will be stored on password-protected computers. Only members of the research team will have access to the notes, and only the researchers and the transcriber will have access to the audio files.

All participants will remain anonymous, and your privacy will be protected at all times. No individual will be identified as the source of any comments or opinions in any report, presentation, or publication of these research results.

Your participation in this study is completely voluntary. You do not need to answer any question during the forum unless you wish to do so. You are free to withdraw your participation from the research at any time without prejudice in any way. If you do choose to withdraw from participation in this research, all record of your involvement will be destroyed.

At the end of the research a report will be compiled, and it is hoped that this will help to improve responses to the abuse and mistreatment of older people from CALD communities. The project findings may also be presented at relevant conferences and published in appropriate academic journals.

Disclaimer:

Your participation in this study does not prejudice any right to compensation, which you may have under statute or common law.

Questions:

If you have any further questions about the research please contact either Professor Mike Clare at ****@*****, phone: **** **** or Dr Barbara Black Blundell at ****@*****, phone**** *** **.

Complaints:

The research will be conducted in accordance with the National Statement on Ethical Conduct in Human Research. If you have any complaint regarding the manner in which this research project is conducted, it may be given to the researcher or, alternatively to the Secretary, Human Research Ethics Committee, Registrar's Office, University of Western Australia, 35 Stirling Highway, Crawley, WA 6009 (phone 6488 3703).

Thank you

APPENDIX SEVEN

Elder Abuse – concerns and responses in culturally and linguistically diverse communities: Perceptions by HACC/CALD clients and workers

CONSENT FORM

I _____ have read the information provided and any questions I have asked have been answered to my satisfaction. I agree to participate in this activity, realising that I may withdraw at any time without reason and without prejudice. I understand that if I do choose to withdraw my participation in this research, all record of my involvement will be destroyed.

I am aware that all information provided is treated as strictly confidential and will not be released by the investigators. The only exception to this principle of confidentiality is if documents are required by law. I have been advised as to what data is being collected, what the purpose is, and what will be done with the data upon completion of the research.

I agree that research data gathered for the study may be published provided my name or other identifying information is not used.

Name _____

Signature _____

Date: ____/____/____

(Please note that as this document is not a contract between parties, it is not necessary that the researcher sign it. Nor is it necessary to have a witness.)

The Human Research Ethics Committee at the University of Western Australia requires that all participants are informed that, if they have any complaint regarding the manner, in which a research project is conducted, it may be given to the researcher or, alternatively to the Secretary, Human Research Ethics Committee, Registrar's Office, University of Western Australia, 35 Stirling Highway, Crawley, WA 6009 (telephone number 6488-3703). All study participants will be provided with a copy of the Information Sheet and Consent Form for their personal records.

APPENDIX EIGHT

Elder Abuse - concerns and responses in culturally and linguistically diverse communities: Perceptions by HACC/CALD clients and workers

INFORMATION SHEET – FOCUS GROUPS

Chief Investigators:

Professor Mike Clare and Dr Barbara Black Blundell

Contact Details:

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The aim of this research is to discover the best way to respond to the abuse and mistreatment of older people from culturally and linguistically diverse (CALD) backgrounds. This research will involve (a) a literature review, (b) two focus groups with aged care professionals experienced in working with elder abuse in CALD communities, and (c) several forums with older people from CALD communities who are HACC clients, and if required, (d) individual interviews with HACC service providers experienced in working with elder abuse in CALD communities. The project will explore current responses to abuse and mistreatment and identify alternative responses with a view towards developing a best-practice approach. Integral to the process will be the collection of data about various CALD groups' perceptions of and attitudes towards elder abuse.

This research has been funded by the Health Department of WA.

As part of this project, you are being asked to participate in a focus group with the researchers to give your views on the best way to respond to abuse and mistreatment of older people within from CALD communities.

With your permission, we will make a digital audio recording of the discussion and take notes. Following the session, the written comments will be stored in a locked filing cabinet and the digital audio files will be stored on password-protected computers. Only members of the research team will have access to the notes, and only the researchers and the transcriber will have access to the audio files.

All participants will remain anonymous, and your privacy will be protected at all times. No individual will be identified as the source of any comments or opinions in any report, presentation, or publication of these research results.

Your participation in this study is completely voluntary. You do not need to answer any question during the forum unless you wish to do so. You are free to withdraw your participation from the research at any time without prejudice in any way. If you do choose to withdraw from participation in this research, all record of your involvement will be destroyed.

At the end of the research a report will be compiled, and it is hoped that this will help to improve responses to the abuse and mistreatment of older people from CALD communities. The project findings may also be presented at relevant conferences and published in appropriate academic journals.

Disclaimer:

Your participation in this study does not prejudice any right to compensation, which you may have under statute or common law.

Questions:

If you have any further questions about the research please contact either Professor Mike Clare at ****@*****, or Dr Barbara Black Blundell at ****@*****, phone: **** * * * *.

Complaints:

The research will be conducted in accordance with the National Statement on Ethical Conduct in Human Research. If you have any complaint regarding the manner in which this research project is conducted, it may be given to the researcher or, alternatively to the Secretary, Human Research Ethics Committee, Registrar's Office, University of Western Australia, 35 Stirling Highway, Crawley, WA 6009 (phone: 6488 3703).

Thank you

APPENDIX NINE - SUGGESTIONS FROM THE FOCUS GROUPS AND COMMUNITY FORUMS

Suggestion	Source
Perhaps focus on educating GPs as sometimes they are the only point of contact	Focus group 1: 13
Role of education in helping new migrants	Focus group 2: 7
Broad community education but also take into account migration patterns	Focus group 2: 8
Targeting health care providers – GPs	Focus group 2: 8
May help to target some religious leaders, however, they have a limited sway in Muslim communities.	Focus group 2: 9
Religious leaders may be a medium for getting the message out	Focus group 2: 9
Religious leader as a help point or support, but there may be issues with confidentiality	Focus group 2:10
No one answer – many avenues. Message needs to be understood by everyone	Focus group 2:11
Building relationships with ethnic organisations and associations	Focus group 2:15
Train key individuals in the community to assist	Focus group 2:15
Being able to get support from community leaders. Good to inform them about this project	Focus group 2:16
Is there a hotline like the blue line in Poland.	Polish forum: 4
People to teach them English at home.	Polish forum: 7
More access to CALD specific services – more funding	Polish forum: 8
Fear of being attacked in the home. Not enough protection or punishment	Polish forum: 8
Would have gone to parish priest in home country	Mixed forum: 5
6 monthly GP checks	Mixed forum: 7
Talk to an elder or friend. Contact Police.	Sikh forum: 4
Younger generation needs to be educated about abuse.	Sikh forum: 9
Start educating younger generation to respect their parents/older people.	Sikh forum: 11
Need to be given information and contact phone numbers of places that can help when they come to Australia.	Iranian forum: 5
Can go to the Vietnamese doctor to seek help,	Vietnamese forum: 3

however, this may not be good for urgent cases as it can take a while to get an appointment.	
Get help through speaking to the bi-lingual staff member at the HACC service.	Vietnamese forum: 4
Better pre-retirement education programs.	Focus group 3: 4
These days education/information usually comes at the crisis point. The elder abuse network of services available – crisis and reactive services. And people usually bombarded with information = information overload. build in mandatory pre-retirement education. Attend workshop to get seniors card.	Focus group 3: 5
Enormous task to educate the entire population. Perhaps donees need a license that needs renewal. Need a better system to protect people.	Focus group 3: 23
Mandatory education through Seniors Card or through pensions – system has to pick up educated and affluent as well as poor and uneducated.	Focus group 3: 10
Need more preventions in place.	Focus group 3: 9
Seniors workshop on the web in different languages.	Focus group 3: 11
Talk to younger generations at religious services.	Focus group 3: 11
Use staff members as intermediaries.	Focus group 3: 11-12
People very dependent on services for information and assistance. Build stronger links between CALD HACC services and Advocare.	Focus group 3: 12
Raise awareness of services by having guest speakers in.	Focus group 3: 12
Ongoing training for community care workers as it may be easier for clients to engage in a deeper relationship with workers whom they know and trust.	Focus group 3: 15-16
Mandatory reporting for care workers.	Focus group 3: 17
Pilot project in Rockingham. Nature of support systems. Building community networks. Preventative network – reconnecting people with the community and support systems.	Focus group 3: 18

Online community like 'facebook'	Focus group 3: 18
No one strategy is going to work as it's a diverse population. Different process to reach different generations.	Focus group 3: 22
More publicity of different agencies and services in various languages. Compulsory education processes.	Focus group 3: 22
Responsibility of banks to monitor	Focus group 3:2 3-24
Stronger links needed between Advocare and CALD HACC agencies.	Focus group 3: 25
Helplines in different languages for CALD communities	Focus group 3: 26
Target CALD GPs and health providers who speak the language	Focus group 3: 27
Put information in CALD service newsletters.	Focus group 3: 27
One has a website in 3 languages and a telephone inquiry service.	Focus group 3: 28
Put info in different languages in community newspaper and on ethnic radio	Focus group 3: 28
SBS national radio or 6EBA	Focus group 3: 30
Office of Multicultural Interests funding and resources. APEA to form relationship with them.	Focus group 3: 33
Contact president of Italo-Australian welfare Association who speaks on radio program.	Focus group 3: 33
Form relationships with OMI and Ethnic Communities Council in North Perth.	Focus group 3: 34
Free and easier to access telephone interpreting	Focus group 3: 35
Dedicated resources made available to pay for advertising and printing information in different languages.	Focus group 3: 35-36
Concentrate resources into training care support workers as first line of contact with clients.	Focus group 3: 37
Community development of personal communities.	Focus group 3: 37
Develop a communication/information strategy/plan for getting out info about Elder Abuse to the CALD community	Focus group 3: 38
Seniors resource centre	Individual meeting with service provider 12/3/12