

Elder Abuse

in the West Moreton district

UQ Boilerhouse Community Service and Research Centre
on behalf of the West Moreton Taskforce for the Prevention of Elder Abuse

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**UQ Boilerhouse
Community Service & Research Centre**

The University of Queensland

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May 2004

Table of contents

Preface.....	5
1. Introduction.....	7
2. Project Background.....	9
3. Methodology.....	11
3.1 Project reference group.....	11
3.2 Key research questions.....	11
3.3 Definitions.....	12
3.4 Development of sampling frame.....	13
3.5 Survey design.....	13
3.6 Data collection.....	14
3.7 Timeframes.....	15
3.8 Respondents.....	15
4. Results.....	17
4.1 Occurrence of elder abuse.....	17
4.2 Service response to elder abuse.....	19
4.3 Problem and barriers to responding to elder abuse.....	23
4.4 Intervention and prevention.....	26
4.5 Training.....	27
4.6 Legal protection.....	28
5. Discussion.....	31
6. Recommendations.....	35
6.1 Production of a resource booklet.....	35
6.2 Provision of information.....	35
6.3 Training and assistance.....	36
6.4 Continuation of collaborative practice.....	36
Appendix 1.....	39

Preface

As a preface to this report, it should be noted:

- This project was initiated by the West Moreton Taskforce for the Prevention of Elder Abuse, and auspiced by Ipswich 60 and Better Program Inc.;
- Funding was provided by the Department of Communities through the Ipswich Community Aid Social Participation Small Grants Program;
- In-kind support was provided by Ipswich City Council;
- Research was undertaken by the UQ Boilerhouse Community Service and Research Centre, University of Queensland.

Acknowledgements

This project has been achieved through a collaborative effort, and my thanks go to all who have shared their time and expertise.

I would like to thank the Department of Communities and Ipswich Community Aid for providing funding for this project through the Social Participation Small Grants Program, and also to Ipswich City Council for providing important in-kind support for the project.

Particular thanks go to the members of the West Moreton Taskforce for the Prevention of Elder Abuse who contributed to this project, especially to Anne Bertram, Robyn Hargreaves, Annette Schoone and Maya Zetlin, who were available to answer questions and lend a hand throughout. Thanks also to all who helped to develop the mailing database, both Taskforce members and others throughout West Moreton, which enabled us to develop a comprehensive sampling frame. Last but not least, thanks to all who took the time to participate in the survey.

I would also like to acknowledge that Question 4 in this survey was originally developed as part of a survey exploring the prevalence of elder abuse in Western Australia, undertaken by Prof. Duncan Boldy et al in 2002.

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Disclaimer

The views expressed in this report are those of the author and do not reflect the view of the Department of Communities or Ipswich Community Aid. Whilst all care has been exercised in the presentation and interpretation of the data, no assumed or implied responsibility is taken for the reliability and accuracy of the underlying data and information.

1. Introduction

This report documents a research project undertaken to explore the issue of elder abuse in the West Moreton district of South East Queensland. Elder abuse, defined as ‘any act occurring within a relationship where there is an implication of trust, resulting in harm to an older person’, is a serious and sensitive issue that, due to the fact it is a largely hidden problem, remains difficult to address. Little empirical research has been undertaken on this issue specifically in West Moreton, and as a result the project had two specific aims:

- To gather information about relevant issues for services that provide responses to elder abuse;
- To gather information about available resources, for inclusion in an information resource booklet, to assist services in providing an effective response to elder abuse.

Limited funding required the project to focus specifically upon these two aims, and hence no review of the available literature was conducted. The project was carried out over a six-month period from October 2003 to April 2004, with funding provided by the Department of Communities, through the Ipswich Community Aid Social Participation Small Grants Program. Additional in-kind support was provided by Ipswich City Council. The project was undertaken in close collaboration with members of the West Moreton Taskforce for the Prevention of Elder Abuse, who provided substantial input to the project.

This research has significant implications for services in West Moreton and their response to the issue of elder abuse. Results provide important evidence relating to issues of most relevance in West Moreton, information that has not been previously available. In the process, the research has engaged those working in the field in an attempt to increase cooperation and establish the most effective ways in which services can address this issue. The major outcomes of this study are a clearer understanding of the way in which services currently respond to elder abuse, the barriers they face when responding, the most important interventions and preventions with which to address the issue, and an awareness of organisations’ training needs.

It is hoped that the research will instigate a number of initiatives aimed at addressing elder abuse, both by working with services in the provision of information and training, and by identifying key interventions and preventative mechanisms to prioritise. Specific areas of focus have been highlighted for the future work of the Taskforce, who is envisaged to continue working with a broad range of stakeholders to address elder abuse. A key outcome of this project is hopefully greater shared understanding of the relevant issues by all who participated in the research, which should assist in significant progress being made in the development of appropriate responses to elder abuse.

2. Project Background

This research was initiated by the West Moreton Taskforce for the Prevention of Elder Abuse (hereafter referred to as Taskforce). The Taskforce is comprised of a number of representatives from community and government agencies, and current members are

- Bluecare
- Elder Abuse Prevention Unit
- Esk Kilcoy Community Services Association
- Fassifern Community Centre
- Ipswich 60 and Better
- Ipswich City Council
- Ipswich Community Aid
- Ipswich Women's Centre Against Domestic Violence
- Lowood/Esk Day Respite
- Queensland Aged and Disability Advocacy
- Queensland Health.

The Taskforce was formed following the identification of elder abuse as an emerging community issue. A Public Forum was held in Seniors Week 1998, which resulted in the formation of a small working party. The aim of this group was to enhance understanding of elder abuse at the local level, and to develop goals and strategies to respond to the issue. Since this time, the initiative has been contributing to the prevention of elder abuse by:

- Educating the target group about preventative strategies and human rights, facilitating change of attitude to age and empowering individuals to stand up to abuse.
- Increasing the skills of service providers to identify abusive situations in the early stages and respond effectively by utilising a collaborative model through clear pathways for action and developing of local resources.
- Enhancing the skills of service providers and community members to facilitate awareness of elder abuse in their organisations and in the community to increase community capacity to prevent and respond to elder abuse.
- The holistic approach addresses the needs of the alleged abusers, who might be family members, as well as the needs of the abused person, and assists in restoring valued relationships. In many situations of elder abuse this is the victim's and community's preferred outcome.

This model has been recognised as a responsive, robust, community strategy that is promoted by the Elder Abuse Prevention Unit throughout Queensland, and has been presented by the Statewide Unit at a National Elder Abuse Conference. The Taskforce has also been nominated for a Department of Families 2004 Queensland Domestic and Family Violence Prevention Award for its work in this area.

In 2003 the Taskforce was successful in receiving funding through the Department of Communities' Social Participation Project. This funding has supported Community forums in Boonah, Rosewood, Laidley, Esk, and Goodna/Gailes, which have gauged local commitment

for a coordinated community response to local issues, and identified unmet needs and gaps in services.

In addition, part of the funding has been utilised by the Taskforce to undertake this research into the capacity of services to respond to elder abuse, and to gather sufficient data to collate a resource directory of local services, thus providing a clear pathway when responding to elder abuse. It was felt to be important to explore this issue, in order to increase understanding about existing referral pathways and to identify particular areas that may need addressing. Such issues are highlighted at the end of the report, to provide guidance to the future work of the Taskforce.

3. Methodology

The project aimed to gather data relating to services that respond to elder abuse in the West Moreton district. Specifically, the aim was to collect information about:

- Relevant issues for services that provide a response to elder abuse;
- Services that provide assistance to those who have encountered elder abuse, for collation into a resource booklet.

A survey was considered to be the most effective method of gathering the required data. The use of a survey would allow a larger number of organisations to participate in the project than would more focused, qualitative research, even though the latter would be more likely to yield more in-depth information.

3.1 Project reference group

The Taskforce, as the initiator of the project, assumed the role of a project reference group. The purpose of this group was to guide the project, and to ensure that the research met the needs of the Taskforce. The Taskforce worked closely with the 'UQ Boilerhouse' Community Service and Research Centre throughout the project, and provided valuable input at all stages.

3.2 Key research questions

The first meeting of the project reference group was used to identify all aims of the study. There was debate as to whether prevalence of elder abuse should be explored; however, given the difficulty of exploring prevalence, and the fact that the overall aim was to look at service response, it was not considered relevant to this project. A follow up meeting focused upon converting the list of aims to key research questions. These were:

1. What level of awareness exists among service providers in relation to elder abuse in West Moreton?
2. How do service providers currently respond to cases of elder abuse?
3. What problems and barriers are encountered by service providers when providing assistance with elder abuse?
4. What are the training needs of service providers, and the education needs of the broader community?
5. What are the opinions of service providers regarding the new legislation on elder abuse?
6. What are the support needs of service providers who assist with cases of elder abuse?

These questions were used to guide the development of the survey, with one key addition being an examination of perceptions of interventions and preventions. This was considered useful to inform the future work of the Taskforce.

3.3 Definitions

The definition of elder abuse used in this project is taken from the Australian Network for the Prevention of Elder Abuse (APNEA), which defines elder abuse as

“any act occurring within a relationship where there is an implication of trust, which results in harm to an older person. Abuse can be physical, sexual, financial, psychological, social, and/or neglect”.

The different types of abuse were further defined as follows:¹

Physical abuse – the infliction of physical pain or injury, or physical coercion, which can include

- Hitting, slapping, pushing, burning
- Physical restraint such as tying a person in a chair or putting them in a chair they can't get out of

Financial abuse – involves the illegal or improper use of a person's finances or property, for example

- Misappropriation of property, money or valuables
- Force changes to a will or other legal document
- Forging of signatures
- Going grocery shopping and not returning the change

Psychological/emotional abuse – the infliction of mental anguish, involving actions that cause fear of violence, isolation or deprivation, and feelings of shame, indignity and powerlessness, for example

- Verbal intimidation – being forced to make decisions against one's will
- Humiliation and harassment – such as being called names, in public or private
- Threats of physical harm
- Threats of institutionalisation

Sexual abuse – sexually abusive or exploitative behaviour, for example

- Rape
- Indecent assault
- Sexual harassment
- Any behaviour that makes an older person feel uncomfortable about their body or gender

Social abuse – involves preventing a person from having social contact with friends or family, or access to social activities, for example

- Moving the victim away or otherwise cutting them off from the support of friends or family members
- Not allowing the victim to use the telephone or monitoring his/her calls

¹ Definitions of different types of abuse were provided by the Elder Abuse Prevention Unit.

- Not allowing the victim to socialise or meet neighbours

Neglect – the failure of a carer to provide the necessities of life to a person for whom they are caring. Neglect can be intentional or unintentional.

- Intentional neglect – when an older person is abandoned, not provided with adequate food, clothing, shelter, medical attention or dental care, improper use of medication, poor hygiene or personal care or the refusal to allow other people to provide adequate care.
- Unintentional neglect – occurs when a carer does not have the skills or knowledge to care for a dependent person. They may not be aware of the types of support that are available, they may be ill themselves and unable to provide care.

Some discussion occurred as to the need to define an “older person”. However, due to the variety of ways in which this can be interpreted in different cultures, it was considered unnecessary to assign a specific age.

3.4 Development of sampling frame

The mailing list of recipients was developed in close collaboration with the Taskforce. The knowledge and experience of various Taskforce members allowed the compilation of a targeted mailing list of services and organisations in West Moreton most likely to have contact with older people. Within many of these organisations, the most appropriate individual to contact was also identified. Once an initial list had been drafted, the Taskforce met to check its comprehensiveness and accuracy. The final list contained 189 potential participants, including Home and Community Care programs (HACC), various health services (both hospital and community-based), respite services, aged care facilities, community organisations and police.

3.5 Survey design

The key research questions were used to inform the design of the survey. The majority of the questions were closed, although limited qualitative information was also sought. The dual aims of the study provided a challenge in terms of survey design, given the need to gather both public and confidential information. It was felt that the honesty of participants could be compromised if identifying information was collected at the same time. This challenge was overcome by the development of a two-part survey:

Part 1 – this part of the survey was designed to gather information about services available to those affected by elder abuse. Such information is to be used to produce an information resource booklet for both individuals and organisations. Participants were asked to complete this part of the survey only if they felt it would be appropriate for their organisation to be included in the resource booklet, and if an appropriately authorised person gave their consent for the organisation’s details to be included in a public document.

Part 2 – this part of the survey aimed to gather information about current awareness and service response to elder abuse by service providers in the West Moreton district. Information collected in Part 2 was completely anonymous, and no identifying information was requested. To ensure anonymity was maintained, two reply-paid envelopes were included with the survey, and participants were requested to return parts 1 and 2 separately.

While Part 1 collected service information, Part 2 asked a range of questions arranged in a number of sections. Given the potential for confusion with the two parts of the survey, Parts 1 and 2 were printed onto different coloured paper.

Each section was designed to address a research question, and included:

1. Prevalence of elder abuse – explored cases and types of elder abuse in the past 12 months;²
2. Service response – explored types of assistance and referral pathways, and protocols for responding to elder abuse;
3. Problems and barriers responding to elder abuse – explored the perceived significance of a wide range of potential issues facing services when responding to elder abuse;
4. Prevention and intervention in elder abuse – explored the perceived importance of various preventions and interventions;³
5. Training – determined interest in participation in training;
6. Legal protection – explored awareness of recent legal protection changes.

The survey was accompanied by a detailed cover letter, which provided a definition of elder abuse and instructions on the completion of the survey. It also advised participants of where the results and further information would be made available. An appendix was included at the end of the survey, to provide definitions of the different types of elder abuse. A copy of the survey is included in Appendix 1.

Prior to distribution, the final survey was piloted among a number of Taskforce members and their colleagues. Feedback was requested regarding the completion time of the survey, the clarity of the directions, questions and covering letter, and the format and layout. Comments were incorporated as appropriate, and the survey was finalised for circulation.

3.6 Data collection

The survey was sent out to a total of 189 services and organisations from across the West Moreton district. Two were returned undelivered, while a further six responded stating the survey was not of relevance to them.

Due to a relatively low response rate, a follow up letter was sent to remind organisations of the importance of their participation. A total of 38 Part 1 surveys and 43 Part 2 surveys were returned, providing a response rate of 21% and 24% respectively. A further four Part 2 surveys were received after the extended response deadline, but were not included in the analysis.

² This section did not strictly speaking explore prevalence. Focus was upon whether organisations had encountered elder abuse in the previous 12 months, but the number of cases was not sought.

³ This question was originally designed and used in a prevalence study in Western Australia (For more information see Boldy, D et al (2002). Elder abuse in Western Australia: Report of a survey conducted for the Department for Community Development – Seniors' Interests. Perth: Freemasons Centre for Research into Aged Care Services).

3.7 *Timeframes*

The survey was sent out on 12 March 2004, with a return date of 16 April. A further one week extension extended the deadline to 23 April.

3.8 *Respondents*

While identifying information was not requested in Part 2 of the survey, participants were asked to indicate the types of services their organisation offered.

Type of organisation	Number of respondents
Information and/or referral	12
Community based health services	11
Volunteering organisation	8
Day care/respite facility	7
Community social support agency	7
Counselling service	6
Emergency/crisis response	6
Education and training agency	5
Police	4
Accommodation	4
Hospital (public or private)	2
Advocacy service	1

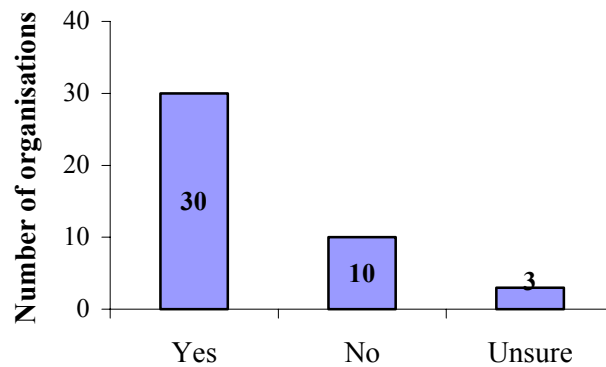
4. Results

This section reports the results of the 43 respondents to Part 2 of the elder abuse survey only. The analysis of the primary data is limited to descriptive statistics, and is divided into the sections of the survey. It should be noted that not all respondents answered all questions, and percentages are based upon the total number of respondents answering each specific question.

4.1 *Occurrence of elder abuse*

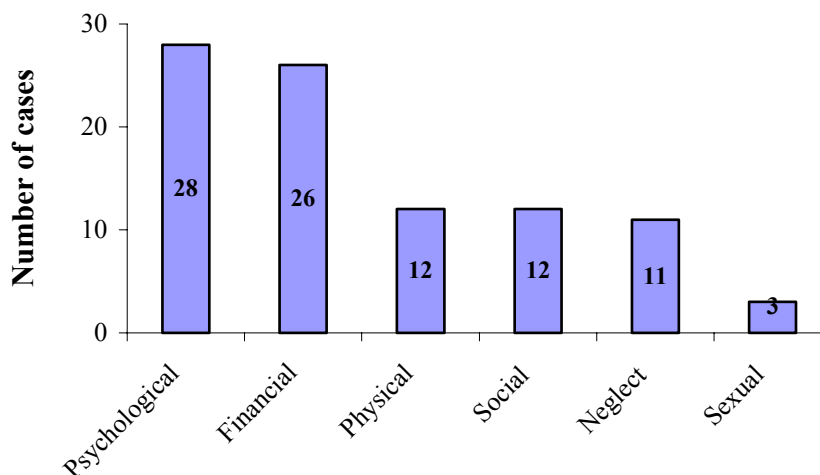
Although not specifically seeking to determine the prevalence of elder abuse in the district, awareness of the issue was examined by asking respondents if their organisations had encountered cases of elder abuse in the last 12 months.

Cases of elder abuse in last 12 months



In total, 70% of respondents indicated that elder abuse had been encountered, a figure that includes both confirmed and suspected cases. This suggests awareness of elder abuse among respondents in this survey is quite high. However, this result is potentially influenced by the organisations that chose to take part; it seems likely that organisations which have encountered elder abuse in recent months are likely to have had greater motivation to participate than organisations who have not. The 30 organisations who had come across elder abuse were asked to specify the types of abuse encountered.

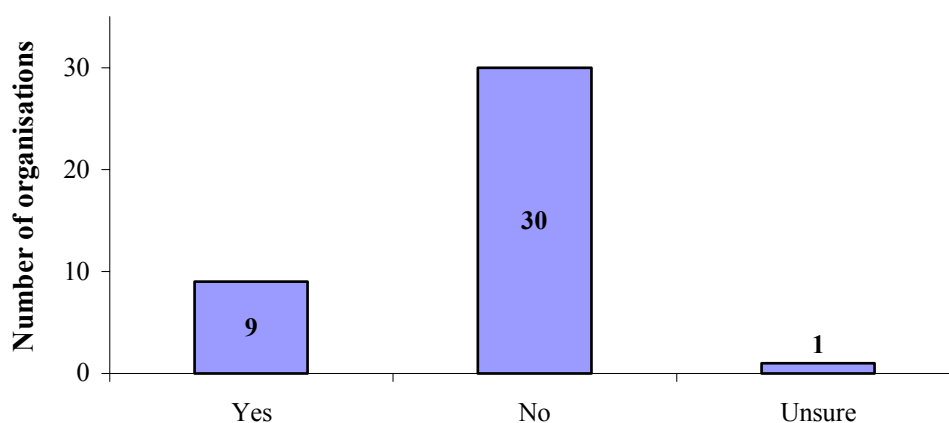
Types of abuse encountered



Psychological or emotional abuse was the most common type of abuse encountered, reported by 93% of respondents, closely followed by 87% who reported financial abuse. Physical and social abuse and neglect were reported almost equally, between 37 and 40%, while only 10% reported sexual abuse. The results of this survey are similar to the findings of a Western Australia study into elder abuse, which found financial abuse to be most prevalent (51%), followed by psychological abuse, which occurred in 35% of cases. This study also found few cases of sexual abuse, at 3% of all confirmed and suspected cases.⁴

All respondents were asked whether their organisations keep separate written records of incidences of elder abuse. This was to gauge the current system of data collection, to provide some insight as to the accuracy of the statistics currently gathered by services. It seems likely that if elder abuse is not being recorded, or not being recorded as distinct from other types of abuse, obtaining accurate statistics around case incidence will be not only difficult but also potentially unreliable.

Separate written records of elder abuse

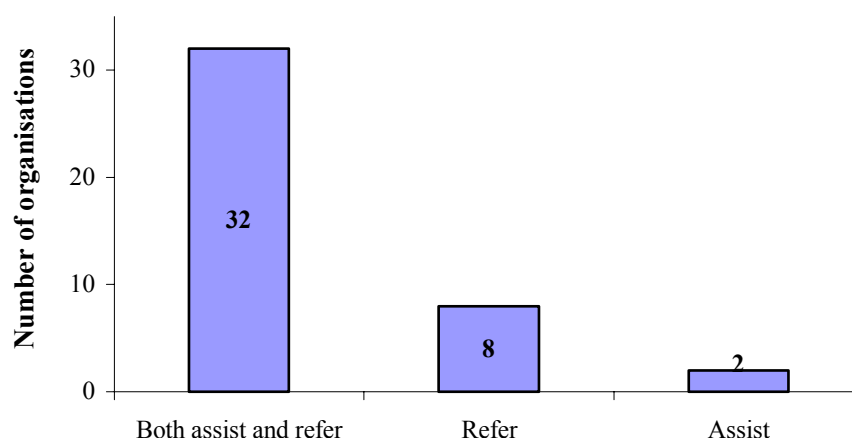


The results show that only 22% of organisations keep separate written records on elder abuse, while 75% do not. This suggests that many respondents in this study are likely to have experienced some difficulty in accurately reporting on either known or suspected cases of elder abuse their services have encountered. A number of reasons could explain the lack of separate written records on elder abuse; there could be a lack of any written records; all types of abuse are maybe classified together; or there may be a lack of distinction between the different types of cases that services assist. Whatever the reason, it means that at the current time, elder abuse will remain a difficult issue to track statistically in West Moreton, due to a lack of uniformity in data collection.

⁴ For more information see Boldy, D et al (2002). Elder abuse in Western Australia: Report of a survey conducted for the Department for Community Development – Seniors’ Interests. Perth: Freemasons Centre for Research into Aged Care Services.

4.2 Service response to elder abuse

A key aim of the survey was to establish how service providers respond to elder abuse, in order to identify referral pathways and the range of assistance that is currently available in the district. Respondents were asked whether their organisations provide direct assistance to clients, referral, or both.



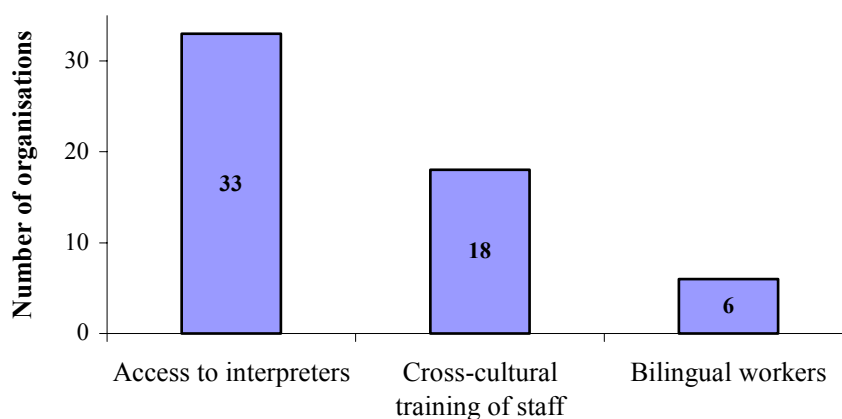
The majority of respondents state their organisations offer both direct assistance and referral to their clients. Further information was sought about the types of assistance and referrals that are made, which reflects wide variation.

Type of assistance	Number of organisations
Referral	32
Information on elder abuse	20
Social support	19
Advocacy	16
Counselling	13
Emergency/crisis response	12
Carer respite	10
Intervention	10
Education and training	10
Legal	7
Assessment of suspected cases	7
Medical	6
Mediation services	4
Accommodation	1

The survey results suggest that the key types of assistance for elder abuse offered in West Moreton are referral, information and social support. It should be acknowledged though, that this is a reflection of the survey respondents, rather than all assistance available in the district. A wide range of services reflects the diversity of the survey respondents, with representatives from the health sector, voluntary sector, and those working with carers. Many of the services are designed to provide support and information to those affected by elder abuse, while a smaller number are involved in direct case assessment and intervention. It is likely that many services use referral as a means of assisting people to access help most relevant to their individual circumstances.

In addition to the types of assistance offered to clients in general, respondents were asked about any specialised types of assistance they offer to clients from diverse cultural and linguistic backgrounds (DCALB) or from Aboriginal or Torres Strait Islander (ATSI) communities.

Assistance for DCALB and ATSI clients

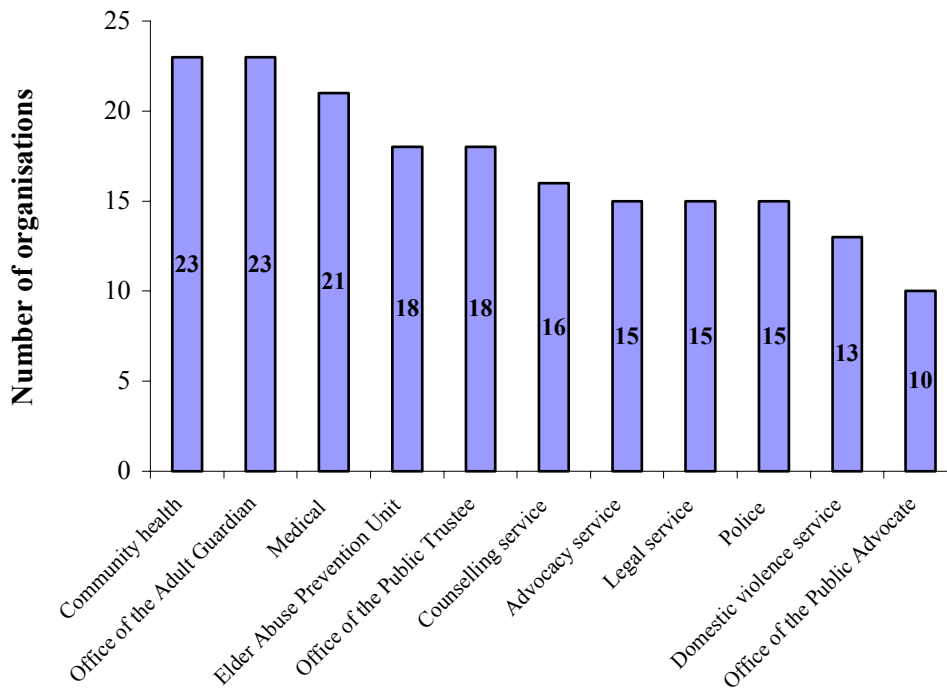


A high proportion of services provide access to interpreters for clients with a first language other than English, with 77% offering this type of assistance. While only a small proportion have bilingual workers (14%), over 40% offer cross-cultural training for their staff members. Cross-cultural training is an important way of assisting staff members to better understand the range of issues that may influence the help-seeking behaviour, as well as the type of assistance sought, by clients from DCALB and ATSI communities. Such training plays a key role in the provision of a more culturally appropriate service, and should form an important part of staff development programs in all services with direct client contact. A small number of organisations also provide other specialist services; two organisations use liaison officers (multicultural and ATSI), one highlighted the availability of brochures and information in different languages and modes, while a fourth noted that their organisation offered English as a second language tuition.

In addition to gaining a fuller understanding of the range of services available in West Moreton, a key aim of the Taskforce was to determine the referral pathways that exist. Referral is a key means of assistance offered by organisations in this survey. A total of 74% of respondents said their organisations provide referrals to clients, therefore it is important to understand the pathways currently used, to ensure that all relevant services are integrated

when responding to cases, or suspected cases, of abuse. Again, information demonstrates that referrals are being made to a wide range of services and organisations.

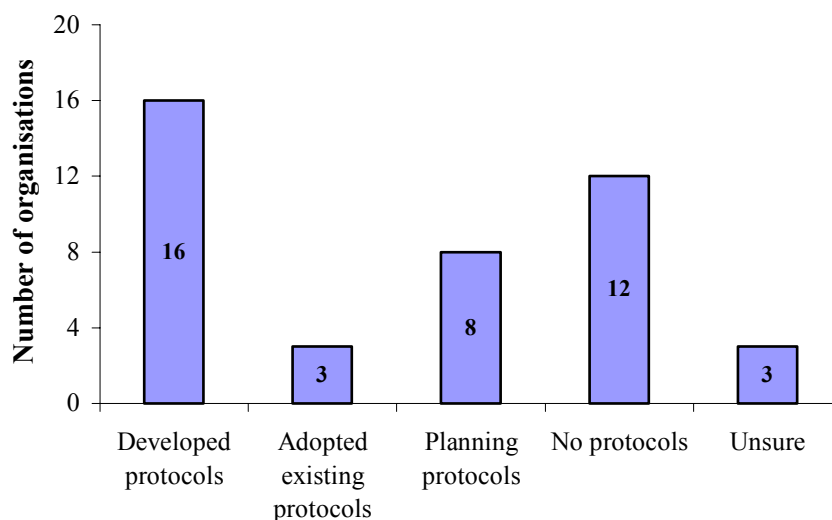
Referral pathways



The type of abuse that is reported, together with the individual factors of each case, will obviously influence the particular type of referral made in each case. Given that the most widely reported types of abuse in this survey are psychological and financial, it seems likely that the most common referrals would be to various health and counselling services, and to the Office of the Public Trustee and Adult Guardian. This reflects the most common types of referral reported in this survey, suggesting that appropriate organisations are being involved in the elder abuse response. However, data gathered in relation to barriers organisations face when responding to elder abuse suggest that this is not the case for all participants. A number of organisations reported that they are struggling to respond, largely due to lack of knowledge about the process and where to refer. This is discussed in greater detail in Section 5.

In order to better understand how services respond to elder abuse, and how the quality of the response is monitored, information was sought about policies or protocols organisations may have put in place, to assist them in ensuring a quality service to clients. The survey therefore asked respondents whether their service had such policies or protocols in place.

Existence of policies or protocols for responding to elder abuse



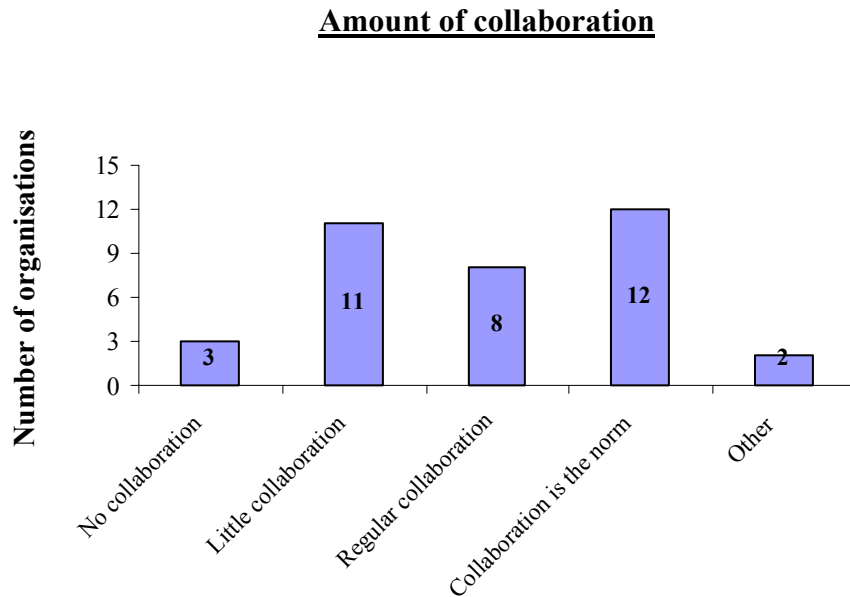
A total of 45% of respondents stated that their organisation has either developed protocols, or adopted ones such as the Queensland Government's former Department of Families Agency Protocols for Responding to Abuse of Older People. Of these respondents, the majority believe their organisations do tend to follow these protocols, while 18 were unsure. Nearly half the organisations in this study therefore, have adopted a uniform approach to elder abuse, and have undertaken measures to ensure proper procedures are followed.

Twenty-nine per cent of respondents stated that they do not currently have any policies or protocols in place, indicating that nearly a third of organisations who responded to this study have no set guidelines for staff to refer to when responding to elder abuse. This is likely to create a number of challenges, not least the difficulty for individual staff members who are expected to provide a response. However, more importantly, lack of protocol can impact upon the consistency and potentially the quality of the service offered, with individual staff responding to cases in ways they regard to be most appropriate.

Another 19% of respondents indicated that they were planning to introduce protocols. The Taskforce anticipated that a number of organisations may currently be without policies, or in the process of developing them, and therefore earmarked this as a potential focus for future assistance. Respondents were asked whether they would like any assistance with developing elder abuse response policies or protocols; 13 replied that they would, a further six said no, while nine were unsure.⁵

⁵ The discrepancy between the number of respondents requesting assistance in developing policies and protocols, and the 12 respondents who indicated their organisations does not have anything in place, suggests that some would appreciate assistance, even if protocols and policies are already in place.

To further assess the integration of current service responses, the survey explored whether organisations tend to work in isolation or collaboratively.



The responses indicate that more organisations are working collaboratively, with 56% stating that they regularly collaborate, or that collaboration is the norm for their organisation when responding to elder abuse. However, nearly 40% are involved in little or no collaboration with other services; it is difficult to assess whether this is due to a lack of knowledge of other relevant services, or due to a decision or work practice to function independently.

4.3 Problem and barriers to responding to elder abuse

A range of factors may impact upon a service's ability to effectively respond the elder abuse, many of which are outside of an organisation's direct control. To determine those factors with the greatest influence in West Moreton, survey respondents were asked to rate the significance of a range of barriers, in terms of their impact upon their organisation's ability to respond to elder abuse.

Significance of barriers to service response to elder abuse

Barriers	Very Significant	Of some significance	Not significant
Client's reluctance to report elder abuse	79%	18%	3%
Barriers you face in accessing clients, such as impaired decision-making capacity or isolation	47%	42%	11%
Small size of community increases client fears of being identified	46%	31%	23%
Low client awareness of elder abuse	43%	51%	5%
Confidentiality issues	38%	38%	23%
Client refusal to accept services	35%	53%	12%
Limited resources (both financial and human)	34%	55%	11%
Lack of knowledge of available services	32%	50%	18%
Lack of staff awareness of elder abuse and how to respond	22%	51%	27%
Restrictions imposed by your organisations guidelines	18%	23%	59%
Language difficulties	17%	33%	50%
Cultural barriers	16%	42%	42%
Outside of my organisation's scope	13%	39%	47%
Conflict in acting both for the abused and the alleged abuser	13%	47%	39%

The key barrier faced by services in West Moreton is a reluctance among clients to report elder abuse. Nearly 80% of survey respondents believed this to be a very significant barrier, with only 3% regarding it as not significant. The fact that an overwhelming majority of respondents identify this factor as significant suggests it is a key issue to address, if services are to offer effective responses to elder abuse. However, a large number of reasons exist as to why older people are reluctant to report abuse, including denial, shame and embarrassment, a fear of causing family conflict, or feelings about a lack of alternative options. These play a powerful role in determining help-seeking behaviour, and will not be easily overcome. As a result, a coordinated response will be required to address these factors.

The next most significant barrier facing services in West Moreton is difficulty in accessing clients. Forty seven per cent of respondents regard barriers such as impaired decision making

capacity or isolation to be very significant to their organisations' response. A similar proportion of respondents also find that the small size of the communities they serve acts as a significant barrier, due to fear among clients of being identified. This is a key issue for West Moreton, given the rural nature of much of the district outside of Ipswich and Goodna. The close relationships and lack of anonymity in such small communities are likely to increase reluctance of reporting abuse, for fear that the existence of problems within the family may become known in the wider community.

The next most significant issue is a lack of client awareness about elder abuse. People may be unaware that abuse is happening, or unaware that what is happening to them is classed as abuse. This lack of recognition suggests that there needs to be greater levels of awareness of elder abuse, about what it is and what can be done. The results indicate that client awareness needs to be increased, for only 22% found low levels of staff awareness to be very significant; however, a further 51% found low staff awareness to be quite significant, thus suggesting that further training of service staff in matters related to elder abuse is also important, and that focus should not be restricted solely to the client. Other issues found to be quite significant for over half of respondents include client refusal to accept services, lack of both financial and human resources, and a lack of knowledge of available services.

Two potential barriers were regarded as not significant by more than half of respondents. These included language difficulties, and restrictions imposed by the organisation's funding guidelines. Other barriers rating as not significant for a high proportion of respondents (over 40%) include cultural barriers, the fact that elder abuse lies outside of an organisation's scope, and conflict in acting for both the abused and the alleged abuser. It is hard to interpret the high numbers of respondents finding neither language nor cultural barriers to be significant; in rural areas of West Moreton the number of people from DCALB is low, which explains the insignificance of this barrier to some extent. In urban areas however, there is greater diversity in the client base, and it is possible therefore, that services are not seeing clients from DCALB, perhaps due to a perceived lack of relevance of the service.

Respondents were also asked about identified gaps in the provision of responses to elder abuse. Responses indicate that while the data suggests that referral pathways look clear, a number of organisations identify this as an issue. In particular, it appears that not all respondents are aware of how to respond, with the following gaps identified:

“ [lack of a] reference point that is known within the community.”

“Lack of person to be responsible for such cases.”

“All team members do not have enough information about what to do or where to go in cases of suspected abuse.”

Some respondents also feel that it can be difficult to engage with others when seeking assistance, as reflected in the following comments:

“An immediate response is often difficult to obtain – no clear pathways.”

“A willingness to absorb funding to conduct ‘talk fests’ on elder abuse, but don’t want to know about specific issues or get involved.”

“The responses appear to be circular – just passed around.”

In addition to these, a number of other gaps were also highlighted, including a lack of flexibility by services, an after hours service, accommodation, transport, lack of advocacy, and difficulty in accessing the family if the client denies access. One organisation also highlighted a bureaucratic issue as a big problem; they are unable to respond until the victim has asked for help in writing, something that is often not possible for the individual to do.

4.4 *Intervention and prevention*

A wide number of interventions could be employed to address elder abuse, and in order to understand which are perceived to be most important in West Moreton, respondents were asked to indicate the level of importance they perceive each of the following could be.

Interventions	Very Important	Of some importance	Not important
Crisis intervention services	90%	10%	0
Legal protection	83%	17%	0
Counselling services	82.5%	17.5%	0
Emergency accommodation	82.5%	12.5%	5%
Advocacy	80%	20%	0
Appropriate accommodation	78%	17%	5%
Support group for carers	72.5%	25%	2.5%
Respite care	71%	29%	0
Case management	69%	26%	5%
Guardianship and administration orders	66%	34%	0
Support group for victims of abuse	60%	27.5%	12.5%
Mediation	60%	40%	0
Financial assistance	57.5%	35%	7.5%
Legal redress	39%	56%	5%

Overall, crisis intervention services are regarded as the most important type of intervention by respondents in this survey, with 90% listing this as very important. Other interventions regarded as very important by 80% of respondents or more include legal protection, counselling services, emergency accommodation and advocacy. Few respondents regarded any of the interventions as not important, although a support group for victims of abuse did

not receive quite the same level of support as other interventions. Legal redress was also regarded as a less important option, with only 39% of respondents regarding it as very important.

In addition to interventions, respondents were also asked for their input regarding the importance, or otherwise, of a range of preventative measures aimed at reducing the incidence of elder abuse.

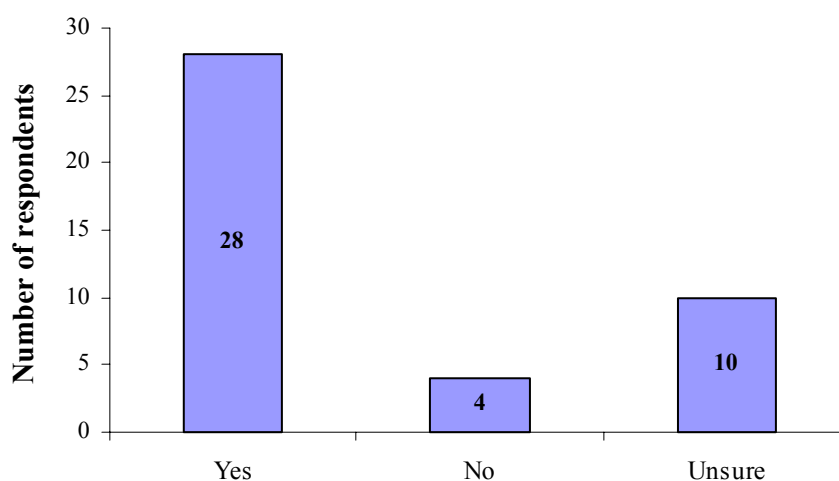
Preventions	Very Important	Of some importance	Not important
Education of professionals in recognising elder abuse	98%	2%	0
Education of older adults to assert and protect their rights	88%	12%	0
Education of general public in recognising elder abuse	88%	12%	0
Encouraging the strengthening of older persons' social networks	85%	15%	0
Public campaigns aimed at improving community perceptions of, and attitudes to, ageing and aged persons	82.5%	17.5%	0
Respite care	74%	26%	0
Helpline	72.5%	27.5%	0

A high level of support was shown for all suggested preventions. Education was regarded as the most important preventative mechanism, with 98% of respondents regarding the education of professionals to recognise elder abuse to be very important, and 88% perceiving education of both older adults and the general public to be very important in addressing elder abuse. Measures with slightly lower levels of support include respite care, which 74% regarded as very important, and a Helpline, regarded as very important by 72.5%.

4.5 Training

The West Moreton Taskforce for the Prevention of Elder Abuse undertakes training workshops on a regular basis. As a result, the survey assessed levels of interest among service providers in participating in training, as well enquiring about specific training needs. Training becomes a particularly important issue for service providers in the light of results from this study, as 98% of respondents regard the training of professionals to be very important. This suggests a clear remit for the future work of the Taskforce, as will be further discussed in Section 6 below.

Interest in participating in training



The majority of respondents are interested in participating in training, and the following issues were highlighted for inclusion:

- Denial of abuse
- Identifying cases of abuse
- Providing an appropriate response
- Appropriate places to make referrals
- Accessing professional assistance
- Privacy issues
- Confidentiality
- Duty of care
- Rights of the person being abused
- Empowering older people
- Including people with a disability
- Cultural barriers and awareness
- Legal protection
- Available local legal and support networks
- Supporting the abused
- Conflict between carers and carees, and family conflict

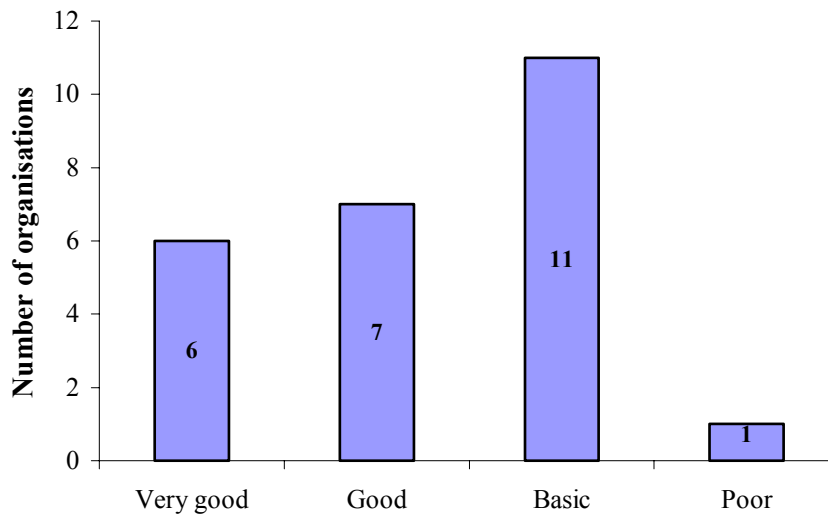
It is recommended that the Taskforce takes this into account in the planning of future training, and ensures efforts are made to invite survey respondents to participate in future training workshops.

4.6 Legal protection

In 2003 amendments were made to the Domestic Violence (Family Protection) Act (1989). It has been renamed the Domestic and Family Violence Protection Act 1989, and now covers not only spousal relationships, but also family, intimate personal and informal care relationships. This is a major breakthrough for those working in this area, as those affected by elder abuse are now afforded some legal protection.

As the legislation has been in place for only a year, respondents were asked about their levels of awareness about the recent changes. A total of 25 said they were aware of the changes, while 18 were not. Of the 25, there was variation in their levels of understanding.

Levels of awareness of legislative changes



Around half the respondents have a good or very good understanding of the changes, while 11 described their understanding as basic. Putting the 12 respondents with poor or basic knowledge together with those unaware of the legislative changes, the results suggest that further information and training needs to be provided, to raise awareness about the legislation and its application.

While it is important that people affected by elder abuse are accorded legal protection, the use of such legislation is not likely to be widespread, largely due to a reluctance on the part of the client to take legal action against family members. Among respondents who are aware of the changes, only seven indicated that they had used the new legislation. The main reasons among those who haven't used the legislation were unwillingness of clients to wish to use this as an option, lack of direct client contact, referral of clients to other services, or inappropriateness of the legislation in particular cases. For two respondents, lack of knowledge was the reason.

This concludes the reporting of the Part 2 survey results. It provides a good understanding of the most important areas to focus upon, and will provide an evidence base for planning the future work of the Taskforce. A brief discussion of these results follows, before the report concludes with the identification of some possible action steps for the Taskforce to consider.

5. Discussion

This study has examined the issue of elder abuse in West Moreton from the perspective of service providers in the district. It provides information to increase understanding of elder abuse in the district, and some results are similar to those from a study of elder abuse in Western Australia.

Awareness of elder abuse

Elder abuse is an issue in West Moreton, and the majority of respondents encountered elder abuse during the last 12 months, either confirmed or suspected. The most common types of abuse reported are financial and psychological. Both of these are perhaps more subtle and therefore perhaps more difficult to recognise than physical abuse or neglect; it seems likely therefore, that services have some awareness of elder abuse, and some experience in its identification. Elder abuse is a hidden problem that is often regarded as shameful or stigmatising; this is likely to impact upon an individual's willingness to either recognise abuse or make a complaint. The question of impaired capacity is also key, given the individual who experiences the abuse is not in a position to address it. This hidden nature makes it particularly hard to obtain accurate estimates of prevalence, as much is not reported.

Data collection

Understanding the full extent of the problem in West Moreton is further hindered by the data collection processes currently in place. Of those cases that are reported, not all are accurately recorded as incidences of elder abuse. Nearly 75% of respondents note that their organisations fail to keep separate written records relating to elder abuse, which suggests that many cases, both suspected and confirmed, are excluded from the statistics. It is possible that instead they are included in broader statistics on abuse, or perhaps are not being recorded at all. This lack of uniformity acts as a serious barrier to the collection of accurate data, and needs to be addressed to gain a more accurate understanding of prevalence. One way of introducing more rigour to the data collection process could be via the development of protocols, which provide guidance to services and highlight ways in which elder abuse data could be recorded in a more standardized way.

Current service response

In terms of current service response, the majority of respondents in this study are providing both direct services and making referrals. The most common types of assistance provided are referral, information and social support, with a smaller number providing counselling, advocacy and emergency assistance. In terms of specific assistance to clients from diverse cultural and linguistic backgrounds or from Aboriginal or Torres Strait Islander communities, over three quarters of respondents offer access to interpreting services, although only six offer bilingual and bicultural staff. This is important as it has been shown that working through interpreters is not a popular option, but perhaps more importantly when working with different cultures is the need for appropriate cultural understanding of older people and their role in the community, and of the help-seeking behaviour. The way in which people from different cultural backgrounds will respond to elder abuse will influence the way in which the service needs to approach the issue. An appropriate response therefore, is unlikely to be achieved through the use of interpreters alone. It is however, a positive indication that over

40% of respondents state that their organisation offers cross-cultural training for staff members, a key way of ensuring staff have appropriate cultural knowledge and understanding of the need for a flexible approach in the provision of assistance.

Nearly all respondents provide assistance by referring clients to appropriate services, and a key aim of the survey was to identify referral pathways currently in place. A hypothesis the Taskforce was keen to explore is whether lack of knowledge about relevant available local services hinders the response to elder abuse. It is this perceived gap that the Taskforce is seeking to address by producing an information resource directory aimed specifically at elder abuse, to ensure that all organisations and individuals who come into contact with elder abuse in some way have awareness of the appropriate range of services that cases can be referred to. The survey demonstrates that there is a need for such a resource, together with information in general about elder abuse, to assist organisations to provide more effective responses.

At the current time a variety of referrals are made. Given the type of abuse most commonly reported in this survey, it would appear that relevant agencies are being integrated into the service response. The most common referrals are to community health, medical assistance, the Office of the Adult Guardian and the Office of the Public Trustee. In cases of psychological abuse, the most commonly encountered type of abuse, community health or mental health services is a common initial point of referral. The Office of the Adult Guardian is also relevant, as it acts to protect the rights of adults with impaired capacity, and plays an investigative role as well as acting as guardian. While the Office can investigate financial abuse, once appointed as an individual's guardian, their focus is upon lifestyle issues. The fact that this office is one of the most common points of referral in West Moreton suggests that many cases of elder abuse involve older people with impaired capacity. Financial abuse is also commonly reported. A relatively high number of organisations make referrals to the Office of the Public Trustee, which provides financial management to people who choose or require that type of assistance. They are therefore well placed to assist in cases of financial abuse, and if appointed as an administrator, are in a position to prevent the abuse from reoccurring. This correspondence between the most commonly reported types of abuse, and most common points of referral suggests for some organisations involved in this study, relevant referrals are being made.

Gaps in service response

However, a number of comments relating to perceived gaps in service response suggest that a number of organisations are unclear about appropriate referral pathways. A couple of respondents also believe there is some reluctance for other organisations to assist in specific cases. It is therefore not possible to conclude that referral pathways are clear to all, so therefore the issue still needs to be addressed. It may also be useful to explore what happens when a referral is made at key agencies, to demystify the process and to determine the appropriateness of the response. Service providers need to have a clear understanding as to who can assist them when they encounter suspected cases of elder abuse. This is an extremely sensitive issue, which for many will not be encountered frequently, and therefore relevant information is required for staff members who may not deal with this issue on a regular basis. Such information needs to highlight relevant organisations that can provide assistance in specific cases, to avoid the situation in which “the responses appear to be circular – just passed around” (survey participant).

Collaboration

Referrals are being made to a variety of organisations, and over half of respondents noted that collaboration was either regular or the norm for their organisation in its response to elder abuse. For the 14 respondents who reported little or no collaboration, this may be due to preferred working practice, or it may be due to a lack of knowledge about other services working in the area of elder abuse. Again, this suggests that a resource booklet could be a useful source of information for individuals and service providers alike.

Protocols guiding service response

While only a small proportion of organisations that participated in the study kept separate written records on elder abuse, a majority have developed or adopted policies or protocols to assist their response to elder abuse, or are in the process of developing one. This suggests that organisations have recognised the need to have processes in place to assist staff in meeting their duty of care to their clients, and to ensure that the response is appropriate and proper procedures are followed. Such policies and protocols are important in ensuring a high standard of service is provided, and also to ensure cases are not overlooked. Given that a majority already have some kind of protocol governing their response, it seems possible that introducing a further direction regarding the collection of data may also be possible, and something that should be explored. It is also positive that the majority believe that the protocols in place in their organisation are generally being followed.

Barriers impacting on service response

The primary barrier affecting service response to elder abuse relates to the help-seeking behaviour of the client. A client's reluctance to report abuse was considered to be very significant by a vast majority of respondents, while low client awareness of elder abuse and a refusal to accept services were considered to be very significant by 35% of respondents or more. There is potentially a link between these barriers and the perceived importance of various preventative measures, hence the high proportion of respondents who feel that education is important in addressing this issue. While the education of older people and the general public was considered important, the education of professionals was regarded as very important by all respondents except one. This is despite the fact that only 22% of respondents regard a lack of staff awareness of elder abuse and appropriate response to be a very significant barrier. Clearly the low levels of awareness about the issue of elder abuse, coupled with the fact it is a hidden and shameful issue, suggests that in preventative terms, education is key.

Interventions and preventions

Respondents indicated a high level of support for all interventions and preventions included in the survey. The key interventions regarded as most important are crisis intervention services, legal protection, counselling services, emergency accommodation, and advocacy. It is important for the Taskforce to take these into account, and to ensure that the full range of such services located in West Moreton are identified and included in the proposed resource booklet.

Legal protection

Interestingly, legal protection was regarded as the second most important intervention according to survey respondents, and yet it would appear that knowledge about current legal protection is not particularly high. Nearly half were not aware of the recent changes, while another 12 had either poor or basic knowledge. Awareness of this legislation and how it can be used needs to be raised among service providers, to ensure it is considered alongside other options when cases of elder abuse are assessed. While legal protection may not be appropriate in certain cases, at the current time it would appear that for a number of respondents, it is not even being considered as an option.

Training needs

This lack of knowledge around important legislative change, together with an emphasis upon the role of education in addressing elder abuse, highlights the potential impact that future training could have in this district. A majority of respondents indicated an interest in training, and made recommendations regarding key issues for inclusion. For increased effectiveness, training needs to focus primarily upon service providers in the first instance, although it is also important to recognise that information also needs to be provided to older people and the general public, in order to increase awareness more broadly about elder abuse.

6. Recommendations

The survey results highlight a number of key areas the Taskforce could focus on in the future.

6.1 Production of a resource booklet

An original aim of this project was to gather information for subsequent collation into an information resource booklet. While details have already been gathered in relation to 38 organisations, this data should be reviewed to ensure that all key services are included. It is recommended that the Taskforce undertake further data collection in order to ensure that the resource booklet is as comprehensive as possible. The sampling frame developed in this project could be used to ensure that the range of key services providing assistance with elder abuse are included, in order to provide a comprehensive resource for individuals and organisations throughout West Moreton.

Recommendations

It is recommended that:

- The Taskforce explore the potential for producing an information resource booklet of services that can assist in responding to elder abuse in West Moreton. This could be a paper resource, or alternatively the possibility of an on-line resource could be explored. This would allow information to be updated on a regular basis, unlike a paper resource;
- The information gathered in Part 1 of this study is supplemented by additional data gathering, to ensure all key services and agencies are included in such a resource.

6.2 Provision of information

Given the need to undertake education at all levels, from individual community member to professional, it is also recommended that information about elder abuse be drafted to provide an overview of the issue. Such information needs to be brief and accessible, and should aim to provide sufficient knowledge to give an understanding of what elder abuse is. If possible and appropriate, written information should also be included, aimed at service providers and providing an overview on responding to elder abuse. It is recommended that, to assist in the dissemination, this information is included in the resource booklet.

Recommendations

It is recommended that:

- Basic information about elder abuse and how to respond is included in any resource booklet that is developed;
- Other innovative options are explored to identify effective ways of reaching all staff within agencies. Such options could include the production of small cards or posters, which can be easily distributed or placed in prominent positions within organisations, and so are accessible to all staff members;
- Information should be provided around what elder abuse is and how services should respond. The constraints service providers face when responding to elder abuse should also be highlighted.

6.3 Training and assistance

The Taskforce should continue to undertake training workshops, and in the first instance offer assistance to the organisations that have participated in this study. Respondents demonstrated a high level of interest in participating in training, which together with the high level of importance placed upon the education of professionals, suggests that workshops aimed at this target group would potentially be well received. If possible, it would also be constructive to run a number of community forums, aimed at both older people and community members in general, that provide background information on elder abuse, together with advice relating to available assistance. The resource booklet could be distributed at such forums.

In addition to training workshops, a number of respondents indicated that assistance would be helpful in relation to the development of organisational policies and protocols. It is recommended that the Taskforce develop means of delivering such assistance, and perhaps lobby for all organisations to develop appropriate protocols. This could also include lobbying in relation to the need for uniformity in elder abuse data collection.

Recommendations

It is recommended that:

- The Taskforce continues to undertake training workshops, focusing on service providers as well as the broader community. Content of the training workshops could be guided by information collected in this study. Participants in this study should be invited to attend such workshops;
- The Taskforce explores ways of providing assistance to organisations that are seeking to develop protocols in relation to their response to elder abuse;

6.4 Continuation of collaborative practice

The Taskforce provides an excellent example of collaborative practice among service providers to address an issue of concern. It is suggested that the Taskforce continues this work, as well as continuing to seek new members and broaden its base. In particular, in terms of community education the Taskforce could seek to make contact with a range of community organisations, such as older persons social organisations and local community centres, with a view to undertaking short information sessions on the issue of elder abuse. Such presentations will need to be approached in a sensitive manner, given the stigma attached to this issue, but perhaps can be done in conjunction with presentations on other issues. This will form an initial but useful start to some broader community education work, aimed at raising awareness in relation to elder abuse.

It could also be useful for the Taskforce to work with advocacy groups to highlight the key issues arising from this research. In particular the issue of data collection is one that requires a broad approach, to ensure that services start to collect information that is meaningful, and that will help to increase understanding relating to the reported prevalence of elder abuse. While this will necessarily form a longer-term project, it will need a collaborative approach to be successful.

It is recognised that the Taskforce will be unable to undertake the above activities based on its current resources, and should therefore explore alternative funding sources for its

activities. It is hoped that this report and recommendations may be of use in providing a rationale for gaining funding to continue its work in this area. This project clearly demonstrates the need for this.

Recommendations

It is recommended that:

- The Taskforce continues to work collaboratively, seeks to broaden its partnerships and promote its work, not only among service providers but within the wider community;
- The Taskforce consider options for data collection, and examines the need and support for the collection of data on elder abuse in West Moreton. While there are likely to be many issues to consider in this regard, it is important to understand the extent of elder abuse, to ensure sufficient resources are made available to respond to elder abuse.
- The Taskforce seeks funding to enable it to carry out these recommendations, using the results from this study as evidence of the need to address this important but sensitive issue.

Appendix 1

Elder Abuse Survey



March 2004

Dear Colleague

Re: Research project on Elder Abuse in the West Moreton District

The 'UQ Boilerhouse' Community Service and Research Centre (CSRC) of the University of Queensland (Ipswich campus) is undertaking a research project looking at current service responses to elder abuse in the West Moreton district. **The project, which has been initiated by the West Moreton Taskforce for the Prevention of Elder Abuse**, is funded by the Department of Communities through the Ipswich Community Aid Social Participation Small Grants Program, and is supported by Ipswich City Council. The West Moreton Taskforce is comprised of a number of community and government agencies providing services for older people, and includes representatives from Queensland Health, Ipswich City Council, Ipswich 60 and Better, respite services and local community centres and agencies. The Taskforce would like to gather information about relevant issues for services that provide responses to elder abuse, as well as to gather information about available resources. Overall, the West Moreton Taskforce is seeking to provide an information resource booklet, to assist services in providing an effective response to elder abuse.

For the purposes of this survey, elder abuse is defined as **“any act occurring within a relationship where there is an implication of trust, which results in harm to an older person. Abuse can be physical, sexual, financial, psychological, social and/or neglect”**. A relationship implying trust may include a daughter or son, spouse, minister of religion or neighbour (ANPEA, 1999). Other relationships may include other relatives, friends or a doctor.

We would appreciate your participation in this project. This would involve completing either one or both parts of the attached survey, which should take between 10 - 15 minutes. Please note this survey is in two parts:

Part 1 – Production of resource booklet

We are collecting information about services available to those affected by elder abuse, to assist with the production of an *information resource booklet*. If you feel it would be appropriate for your organisation to be included in this booklet, **and if an appropriately authorised person gives their consent to your organisational details being included in a publicly available document**, *please complete the single red sheet and return in one of the enclosed reply-paid envelopes*.

Part 2 – Research to identify current awareness and response to elder abuse by service providers

This part of the survey is anonymous, and **all information provided will remain completely confidential**. No identifying information relating to you or your organisation should be included in this part of the survey. *If you decide to participate in Part 2, please return your completed survey in the other reply-paid envelope, to ensure your confidentiality is maintained.*

The deadline for return of surveys is 16 April 2004.

This is an important issue that we would very much appreciate your assistance with. Please be assured that your participation in this project is entirely voluntary, and you retain the right to withdraw from the study at any time, without penalty. Should you choose to withdraw, any information you have provided will not be used in the study.

Participants may benefit from this study by having access to the research findings, which we hope might provide some assistance to services that respond to elder abuse. The final report will be made available on the Elder Abuse Prevention Unit's website at www.eapu.com.au and the Community Service and Research Centre's website at www.uq.edu.au/csrc after completion of the project in April 2004. Benefits will also be derived from your organisation's access to the resource booklet.

This study has been cleared by one of the human ethics committees of the University of Queensland in accordance with the National Health and Medical Research Council's guidelines. You are of course, free to discuss your participation in this study with project staff (Sue Scull, Project Manager, is contactable on 3381 1908). If you would like to speak to an officer of the University not involved in the study, you may contact the Ethics Officer on 3365 3924.

Should you know anyone else who may be interested in taking part in this survey, please feel free to forward the survey, or alternatively contact Sue Scull to arrange for a copy to be sent.

We very much appreciate your help with this research.

Regards

Sue Scull
Culture, Diversity and Community Program
Community Service & Research Centre
The University of Queensland

West Moreton Elder Abuse Survey

Part 1: Production of a Resource Booklet

*Community Service & Research Centre, The University of Queensland
on behalf of the
West Moreton Taskforce for the Prevention of Elder Abuse*

March 2004

A key aim of this project is to collect information that will be used to produce an elder abuse resource guide. It is intended that the guide will be publicly available to a wide range of both services and individuals, who may be seeking assistance in relation to elder abuse. We are taking this opportunity to gather information relating to agencies and organisations that offer services to those affected by elder abuse. If your organisation offers such services, we would very much appreciate your assistance.

For the purposes of this survey, elder abuse is defined as “any act occurring within a relationship where there is an implication of trust, which results in harm to an older person. Abuse can be physical, sexual, financial, psychological, social and/or neglect”. A relationship implying trust may include a daughter or son, spouse, minister of religion or neighbour (ANPEA, 1999). Other relationships may include other relatives, friends or a doctor.

Please be aware that information provided in Part 1 of this survey, and in Part 1 ONLY, will be made publicly available. If you do not wish such information to be made public, please *do not* complete Part 1. You can however, still complete Part 2, which is completely anonymous and confidential.

Please note: Part 1 of this survey **must** signed by a member of your organisation who has sufficient authority to authorise the publication of your organisation’s details. Please ensure the appropriate officer has included their signature and position in your organisation, before you return Part 1.

Signature of authorising officer _____

Position of authorising officer _____

You do NOT have to answer all the questions, if the required information is confidential.

1. Name of organisation: _____

2. Address (optional): _____

3. Telephone: _____

4. E-mail: _____

5. Please provide a brief description of what your service does:

6. Please indicate which of the following services your organisation offers. Please tick all of the following relevant to your organisation.

- | | | |
|---|---|--|
| <input type="checkbox"/> Referral | <input type="checkbox"/> Legal | <input type="checkbox"/> Information on elder abuse |
| <input type="checkbox"/> Counselling | <input type="checkbox"/> Medical | <input type="checkbox"/> Emergency/crisis response |
| <input type="checkbox"/> Mediation services | <input type="checkbox"/> Social support | <input type="checkbox"/> Advocacy |
| <input type="checkbox"/> Carer respite | <input type="checkbox"/> Intervention | <input type="checkbox"/> Assessment of suspected cases |
| <input type="checkbox"/> Accommodation | <input type="checkbox"/> Education and training | |
| <input type="checkbox"/> Other (please specify) _____ | | |

7. Please tick the geographical areas that your organisation services.

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Ipswich | <input type="checkbox"/> Esk | <input type="checkbox"/> Boonah |
| <input type="checkbox"/> Laidley | <input type="checkbox"/> West Moreton | <input type="checkbox"/> SE Queensland |
| <input type="checkbox"/> State wide | <input type="checkbox"/> National | |
| <input type="checkbox"/> Other (please specify) _____ | | |

8. Please highlight any eligibility criteria your clients must meet to receive assistance from your organisation.

- | | | |
|--|---|--------------------------------|
| <input type="checkbox"/> No eligibility criteria – open to all | <input type="checkbox"/> Men | <input type="checkbox"/> Women |
| <input type="checkbox"/> HACC (Home and Community Care) | <input type="checkbox"/> Clients from specific cultural backgrounds | |

Please list any further eligibility criteria below.

Please note that while the above information will be made public, **ALL OTHER INFORMATION YOU MAY PROVIDE IN PART 2 OF THIS SURVEY (ATTACHED) WILL BE COMPLETELY ANONYMOUS AND CONFIDENTIAL.**

To assist in maintaining your anonymity, please return this sheet in one of the enclosed reply-paid envelopes. **The other envelope should be used to return Part 2 of the survey, which will allow your responses to remain completely confidential.**

Thank you for taking the time to help us with this study.

Section 2 Service Response to Elder Abuse

This section asks questions about organisations' current response to elder abuse, referral pathways, and organisational policies and procedures.

2.1 If approached in relation to a request for assistance with elder abuse, does your organisation provide **direct assistance** or **refer** the client?

- Assist Refer Both assist and refer

2.2 Which of the following **types of assistance** does your organisation offer in relation to elder abuse? Please tick all relevant services.

- | | | |
|---|---|--|
| <input type="checkbox"/> Referral | <input type="checkbox"/> Legal | <input type="checkbox"/> Information on elder abuse |
| <input type="checkbox"/> Counselling | <input type="checkbox"/> Medical | <input type="checkbox"/> Emergency/crisis response |
| <input type="checkbox"/> Mediation services | <input type="checkbox"/> Social support | <input type="checkbox"/> Advocacy |
| <input type="checkbox"/> Carer respite | <input type="checkbox"/> Intervention | <input type="checkbox"/> Assessment of suspected cases |
| <input type="checkbox"/> Accommodation | <input type="checkbox"/> Education and training | |
| <input type="checkbox"/> Other (please specify) | _____ | |

2.3 Which of the following types of assistance does your organisation provide with regards to clients from **diverse cultural and linguistic backgrounds** or **Aboriginal or Torres Strait Islander communities**? Please tick all relevant types of assistance.

- | | |
|--|--|
| <input type="checkbox"/> Bilingual and bicultural staff | <input type="checkbox"/> Access to interpreting services |
| <input type="checkbox"/> Cross-cultural training for staff members | |
| <input type="checkbox"/> Other (please specify) | _____ |

2.4 If your organisation usually refers cases of elder abuse, please indicate which of the following you would potentially **refer** to. Please tick all relevant agencies.

- | | |
|--|---|
| <input type="checkbox"/> Counselling service | <input type="checkbox"/> Domestic violence service |
| <input type="checkbox"/> Legal service | <input type="checkbox"/> Advocacy service |
| <input type="checkbox"/> Office of the Adult Guardian | <input type="checkbox"/> Office of the Public Trustee |
| <input type="checkbox"/> Elder Abuse Prevention Unit | <input type="checkbox"/> Community health |
| <input type="checkbox"/> Office of the Public Advocate | <input type="checkbox"/> Police |
| <input type="checkbox"/> Medical (eg GP, hospital) | |
| <input type="checkbox"/> Other (please specify) | _____ |

2.5 Has your organisation developed or adopted **policies** or **protocols** to assist its response to suspected cases of elder abuse?

- Yes, my organisation has developed policies/protocols relating to elder abuse.
(Please go to Question 2.7)
- Yes, my organisation has adopted existing policies/protocols, for example the Department of Families Agency Protocols for Responding to Abuse of Older People.
(Please go to Question 2.7)
- No, my organisation does not currently have any elder abuse policies or protocols currently in place, but we are planning to develop/adopt one.
(Please go to Question 2.6)
- No, my organisation does not currently have any elder abuse policies or protocols currently in place.
(Please go to Question 2.6)
- Unsure
(Please go to Question 2.8)

2.6 Would your organisation like **assistance with developing** elder abuse response policies/protocols?

- Yes No Unsure

2.7 In general, does your organisation tend to **follow** the elder abuse policies/protocols it has developed/adopted?

- Yes No Unsure

2.8 Approximately how much **collaboration** occurs between your organisation and other services when responding to instances of elder abuse?

- No collaboration with other organisations/agencies
- Little collaboration – only on certain occasions do we involve other organisations/agencies
- Regular collaboration – we regularly involve other organisations/agencies
- Collaboration is the norm – we always tend to involve other organisations/agencies
- Other – please specify _____

Section 3 Problems and Barriers to Responding to Elder Abuse

This section explores the barriers that organisations may encounter when they respond to cases, or suspected cases, of elder abuse.

3.1 Please rate the significance of the following barriers, in terms of their impact upon **your organisation's ability to respond** to cases of elder abuse. Please circle one most appropriate response to each issue listed below.

BARRIERS	Very significant	Of some significance	Not significant
Limited resources (includes both financial and human resources).....	1	2	3
Confidentiality issues.....	1	2	3
Restrictions imposed by your organisation's funding guidelines.....	1	2	3
Language difficulties.....	1	2	3
Cultural barriers.....	1	2	3
Lack of staff awareness of elder abuse and how to respond.....	1	2	3
Low client awareness of elder abuse.....	1	2	3
Client's reluctance to report elder abuse.....	1	2	3
Client refusal to accept services.....	1	2	3
Lack of knowledge of available services.....	1	2	3
Outside of my organisation's scope.....	1	2	3
Conflict in acting both for the abused and the alleged abuser.....	1	2	3
Small size of community increases client fears of being identified.....	1	2	3
Barriers you face in accessing clients, such as impaired decision-making capacity or isolation.....	1	2	3
Other (please specify) _____	1	2	3

3.2 What **gaps** have you identified in terms of service response to elder abuse in your area?

Section 4 Prevention and Intervention in Elder Abuse

This section focuses upon strategies aimed at the prevention or alleviation of elder abuse.

- 4.1** In your opinion, please rate how important you believe each of the following kind of **primary interventions** and **preventions** could be in helping to alleviate or prevent elder abuse? Please circle as appropriate.

INTERVENTIONS	Very important	Of some importance	Not important
Support group for victims of abuse	1	2	3
Support group for carers.....	1	2	3
Counselling services.....	1	2	3
Mediation.....	1	2	3
Advocacy.....	1	2	3
Legal redress eg criminal assault charges.....	1	2	3
Legal protection.....	1	2	3
Appropriate accommodation.....	1	2	3
Emergency accommodation.....	1	2	3
Financial assistance.....	1	2	3
Case management.....	1	2	3
Respite care.....	1	2	3
Guardianship and administration orders.....	1	2	3
Crisis intervention services.....	1	2	3
Other (please specify).....	1	2	3
<u>PREVENTIONS</u>	<u>Very important</u>	<u>Of some importance</u>	<u>Not important</u>
Education of older adults to assert and protect their rights.....	1	2	3
Education of professionals in recognising elder abuse.....	1	2	3
Education of general public in recognising elder abuse.....	1	2	3
Helpline.....	1	2	3
Encouraging the strengthening of older persons' social networks.....	1	2	3
Respite care.....	1	2	3
Public campaigns aimed at improving community perceptions of, and attitudes to, ageing and aged persons.....	1	2	3
Other (please specify).....	1	2	3

Section 5 **Training**

This section relates to interest in elder abuse training for service providers.

5.1 Would your organisation be interested in participating in **training** for service providers on the issue of elder abuse.

 Yes No Unsure

5.2 If your organisation is interested in training, please specify any **issues** you would like to see included.

Section 6 **Legal Protection**

The following section asks questions about the recent changes to the **Domestic and Family Violence Protection Act 1989**, which now covers not only spousal relationships, but also family, intimate personal and informal care relationships.

6.1 Are you aware of the recent changes to the **domestic violence legislation**?

 Yes **(Please go to Question 6.2)**
 No **(Please go to Question 7.1)**

6.2 How good do you consider your **understanding** of this legislation?

Very good	Good	Basic	Poor	Very poor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6.3 Has your organisation **used** the new legislation, as an option to protect a client?

 Yes No Unsure

6.4 If your organisation has not used this legislation, why not?

Section 7 Organisation Information

The following question requests general information about your organisation.

7.1 Please indicate which of the following category/ies your organisation falls into? Please tick all relevant.

- | | |
|--|--|
| <input type="checkbox"/> Hospital (public or private) | <input type="checkbox"/> GP |
| <input type="checkbox"/> Information and/or referral | <input type="checkbox"/> Community social support agency |
| <input type="checkbox"/> Day care/respite facility | <input type="checkbox"/> Legal service |
| <input type="checkbox"/> Community based health services | <input type="checkbox"/> Accommodation service |
| <input type="checkbox"/> Police | <input type="checkbox"/> Volunteering organisation |
| <input type="checkbox"/> Counselling service | <input type="checkbox"/> Advocacy service |
| <input type="checkbox"/> Emergency/crisis response | <input type="checkbox"/> Education and training agency |
| <input type="checkbox"/> Other (please specify) _____ | |

Section 8 Additional Comments

If you would like to provide any additional comments, either on the issue of elder abuse or about the survey in general, please do so below. Your comments would be of great value to this study. Please continue on a separate page, if necessary.

We would like to thank you for taking the time to complete this questionnaire. Your participation will make a valuable contribution to this project. Please now return the survey using the enclosed reply-paid envelope by 16 April 2004.

If you have indicated in this survey that you/your organisation would like information, assistance or training in relation to elder abuse, further details will be made available following completion of the project (approximately May 2004) at the Elder Abuse Prevention Unit website www.eapu.com.au and the CSRC website www.uq.edu.au/csrc/cultureanddiversity.php

Appendix A – Definitions of types of elder abuse

Physical abuse – the infliction of physical pain or injury, or physical coercion, that can include

- Hitting, slapping, pushing, burning
- Physical restraint such as tying a person in a chair or putting them in a chair they can't get out of

Financial abuse – involves the illegal or improper use of a person's finances or property, for example

- Misappropriation of property, money or valuables
- Force changes to a will or other legal document
- Forging of signatures
- Going grocery shopping and not returning the change

Psychological/emotional abuse – the infliction of mental anguish, involving actions that cause fear of violence, isolation or deprivation, and feelings of shame, indignity and powerlessness, for example

- Verbal intimidation – being forced to make decisions against one's will
- Humiliation and harassment – such as being called names, in public or private
- Threats of physical harm
- Threats of institutionalisation

Sexual abuse – sexually abusive or exploitative behaviour, for example

- Rape
- Indecent assault
- Sexual harassment
- Any behaviour that makes an older person feel uncomfortable about their body or gender

Social abuse – involves preventing a person from having social contact with friends or family, or access to social activities, for example

- Moving the victim away or otherwise cutting them off from the support of friends or family members
- Not allowing the victim to use the telephone or monitoring his/her calls
- Not allowing the victim to socialise or meet neighbours

Neglect – the failure of a carer to provide the necessities of life to a person for whom they are caring. Neglect can be intentional or unintentional.

- Intentional neglect – when an older person is abandoned, not provided with adequate food, clothing, shelter, medical attention or dental care, improper use of medication, poor hygiene or personal care or the refusal to allow other people to provide adequate care.
- Unintentional neglect – occurs when a carer does not have the skills or knowledge to care for a dependent person. They may not be aware of the types of support that are available, they may be ill themselves and unable to provide care.