

## Easy solutions are tough to come by

*A cross cultural study of social worker's responses to cases of elder abuse in the community*

Jenel Carter Anand PhD  
Lecturer, Queen's University Belfast, NI  
Research Associate SPARC, Trinity College, Dublin, ROI  
National Centre for the Protection of Older People, 23<sup>rd</sup> March, 2010

---

---

---

---

---

---

---

---

## Outline

- Outline
- Findings
- Discussion & Questions
  
- **Special Acknowledgements**
  - Social work participants
  - Funded by Trinity College, Dublin, Start Up Grant
  - SPARC, Trinity College, Dublin

---

---

---

---

---

---

---

---

## Research on Practice

- Expansion of policies and services over the last 15 years. Social work has played a key role in the delivery of services (Phillips 1996)
- Debate as to whether elder abuse is a social care, legal, rights or empowerment issue. Should responses be specialised or generic (i.e. Lumpers/Splitters)? (McCullum 1996; Wolf 2010)
- The role and function of social work has been shaped by existing paternalistic or legalistic social policy frameworks (Preston-Shoot and Wigley 2002)
- Professional education fails to address tensions between frameworks of practice and the challenges of working in a social policy and organisational context (Phillips et al 2006)

---

---

---

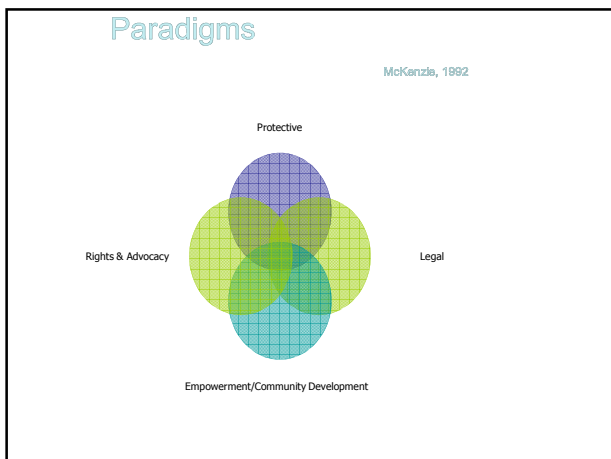
---

---

---

---

---



---

---

---

---

---

---

---

---

- ### International Perspective
- **Australia**
    - Aged Care Act 1997, Home and Community Care Act 1985, 'mainstreaming' of services involving a range of responses (ADVOCACY/RIGHTS/GENERIC)
  - **USA**
    - Older Americans Act, Elder Justice Act (Pending), Adult Protective Services - a state mandated program (LEGAL/SPECIALIST)
  - **ROI**
    - *Protecting our Futures* 2002, Recommendations and Review 2010, Specialist positions, Media Campaign, NCPOP (PROTECTIVE/SPECIALIST)
  - **United Kingdom (NI)**
    - Health and Social Care Acts, Community Care Act 2003 Safeguarding Vulnerable Adults; network of specialist services and legislation protecting vulnerable adults (PROTECTIVE/GENERIC)

---

---

---

---

---

---

---

---

- ### Research Questions
- Explore how the cultural and legislative context impacts on social work practice in Australia, USA, ROI and \*UK
  - Compare the roles, theories, interventions and issues of 'expert' social workers across the four countries
  - To identify ways in which an international perspective and the expertise and wisdom of practitioners can be translated into social work curricula

---

---

---

---

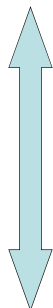
---

---

---

---

### A bottom up approach



- Policies do not protect older people, it's how they are implemented
- Professionals - key to identification, assessment management and monitoring
- Professionals at the 'coalface' exercise a level of discretion & autonomy (gatekeepers)
- The perceptions of professionals are critical in decision making
- Practitioners contribute valuable 'practice wisdom'

Northway et al 2007; Carter Anand 2009

---

---

---

---

---

---

---

---

### Case Studies

- Case studies can be used to explore and/or deconstruct the nature of practice
  - Case studies are short stories about hypothetical situations based on real events
  - They are a means of eliciting practitioners/students opinions according to how they state they would behave in the hypothetical situation depicted (Gould 1996)
    - *Reflection on/in Practice* (Schon 1983)
  - They can also be used as an ice breaker to promote discussion on the beliefs, values, theories and interventions used by practitioners
  - They provide an opportunity to compare and contrast different approaches, theories, interventions in practice (Renold 1998)

---

---

---

---

---

---

---

---

### Participants

- Interviewed three social workers from the following countries:
  - Australia (Tasmania, Queensland, NSW)
  - USA (Washington, New York),
  - ROI
  - \*UK (NI) -(still to interview 2 participants from the UK)
- 'Expert informants' – Adult protection workers/hospital elder abuse program worker, Elder abuse workers, Aged care assessment workers or Guardianship workers
- Digitally recorded interviews. Transcribed using an auditing sheet for content analysis

---

---

---

---

---

---

---

---

### Case Study 1: The O'Neill's

Mr and Mrs O'Neill are both 84 years old and have suffered violence and threats from their son Gerald, aged 50.

Gerald has been diagnosed with schizophrenia since his teens. He has lived with his parents most of his life. There have been a "series of attacks" by Gerald against his father over thirty years.

In recent years Gerald has become verbally aggressive toward Mrs O'Neill as well. The family are well known to aged care services. They receive cleaning and home support services and have had intervention from the local police and mental health team.

The father wants Gerald removed for the house but the mother will not concede to this. After a recent domestic episode, Gerald was arrested for assaulting his father and the police have asked him not to return to his parent's house.

However his parents let him return a few weeks after. Mr O'Neill with support from his neighbours has contacted the social worker for advice.

---

---

---

---

---

---

---

---

---

---

### Examples Responses

- Australian SWs

- Mental health and co-dependency issues... planning with parents; case conference .. just getting every one on the same page...guilt issues

- USA SWs

- Ageing in a dysfunctional family ...protection order, liaison with police; Family protecting the abuser versus safety...referral to APS

- Irish SWS

- A mental health issue... support for Gerald

---

---

---

---

---

---

---

---

---

---

### Case Study 2: Mrs Singh

Mrs Singh, aged 83, had been steadily declining with depression and dementia. A year ago Mrs Singh signed over the deeds to the house to her daughter, Gwen.

Two months ago Gwen arranged for Mrs Singh to move in with her and started receiving government assistance for providing personal care to her mother. Mrs Singh spends much of her time in a small bedroom at the back of her daughter's house and rarely goes out.

Recently Gwen sold Mrs Singh's home and purchased a new home. She has made an application for Mrs Singh to move into a supported residential care facility stating that she can no longer cope with her mother's behaviour.

During an interview with the residential care manger Mrs Singh reluctantly discloses that she is very upset and surprised about the sale of the house. It was her original understanding that Gwen had promised to look after her in the family home. She talked about how Gwen often shouts at her and makes her pay for her rent and board out of her pension.

Mrs Singh's two sons who live out of Dublin have raised concerns with the nursing home manager who subsequently referred Mrs Singh and the two sons to a social worker for advice.

---

---

---

---

---

---

---

---

---

---

### Example Responses

- Australian SWs
  - Cultural expectations ...women as carers...power of attorney, family decision making ...public guardianship, advocacy; Difficulties of legal redress...assessment of dementia/depression.. labelling on anecdotal evidence (could be counter productive ); emotional disappointment
- USA SWs
  - Financial abuse ..shame embarrassment ...active listening, building a relationship...legal expertise ..power and control; Check if its a done deal...duress.. false pretences... broken agreement... seek legal advice, family counselling...couldn't walk away [neglect of duty]
- ROI SWs
  - Issue of capacity ..religious & cultural issues...getting the clients views; Bad news...needs to get out of daughter's care...safety...legal advice

---

---

---

---

---

---

---

---

### Case Study 3; Mr Dunphy

**Mr Dunphy is a 66 year old man who is married to a Traveller woman. They have no children. He drank heavily as a younger man and in the past there was a history of domestic violence.**

**Twelve months ago Mr Dunphy suffered a major stroke and was admitted to the local hospital. He survived but was left paralysed down one side, incontinent and unable to communicate.**

**His wife was insistent that he be discharge from hospital as she wanted to look after him in their caravan with assistance from her extended family . She was reluctant to accept services but did allow the nurse to visit once a fortnight.**

**After one visit the nurse was concerned as to Mr Dunphy's general lack of hygiene and deteriorating bed sores and she referred the case to the social worker.**

---

---

---

---

---

---

---

---

### Example Responses

- Australian SWs
  - Cultural identification with the aboriginal community...education...multidisciplinary involvement...prefer to deal with it in their own culture...tend not to access mainstream services
- US SWs
  - Safety and rapidly changing cultural dynamics; neglect...provision of education .. medical and practical intervention
- ROI SWs
  - Determining capacity ..cases conference with professionals, encourage wife to accept services ; Developing cultural understanding ...carer issues; Negotiate re-admission

---

---

---

---

---

---

---

---

### Australian Practitioners (n=3)

- **Theories:**
  - Systems Theory, Feminism, Advocacy, Empowerment, Enablement, Strengths
- **Interventions:**
  - Advocacy, Case Conferencing, Counselling
- **Legislation :**
  - Aged Care Act, Centrelink, Power of Attorney, Guardianship & Administration Act, State Domestic Violence Legislation
- **Issues:**
  - Coordination of services, working with other disciplines

---

---

---

---

---

---

---

---

### ROI Practitioners (n=3)

- **Theories:**
  - Attachment Theory, Brief Therapy, Cognitive Behavioural Therapy, Family Theory, Crisis Intervention, Mediation, Cultural Competency, Transactional analysis
- **Legislation:**
  - Domestic Violence Legislation, Ward of Court, Fair Deal Policy
- **Interventions :**
  - Legal Advice, Sub diffusion and coaxing, Crisis Intervention, Mediation, Empathy, Practical support/resources, Case conferencing, Focus on carer, Training
- **Issues:**
  - Lack of legislation; Defining abuse i.e. a conscious act, Distinction between abuse and neglect; Usefulness of collecting stats on unsubstantiated elder abuse cases; Practice in resource poor rural areas; Organisational issues

---

---

---

---

---

---

---

---

### USA Responses (n=3)

- **Theories:**
  - Self determination, Rights, Power/Control, Accountability
- **Legislation:**
  - Mandatory reporting, Health Insurance, Guardianship
- **Interventions:**
  - Use of legal services and strategies; Independent multidisciplinary assessments, collaboration of service providers, strong emphasis on neglect, use of competencies
- **Issues:**
  - When to enforce and when to walk away; co-ordination of fragmented; Ethnic sensitivity - diversity

---

---

---

---

---

---

---

---

## Findings

- **Influence of policy and culture in determining practice**
  - USA social workers interviewed focused on legalistic strategies
  - Australian social workers tended to use case conferencing and service co-ordination strategies
  - Irish social workers interviewed favoured more individual and therapeutic strategies
  
- **Defining elder abuse**
  - Different definitions of elder abuse i.e. including of self neglect
  - How is self-neglect, unintentional neglect, discrimination perceived?
  - Recording of unsubstantiated cases of abuse
  - Usefulness of categorising abuse into simple types

---

---

---

---

---

---

---

---

- **Role and Scope**
  - Not front line workers - assessment and investigation high priority
  - Broad scope - Counselling, therapeutic, family work and very practical assistance
  - Training - secondary role
  - Older person rarely the sole client, working with carers or abusers
  - Limited opportunities for ongoing casework
  
- **Use of Theory**
  - 'Eclectic' use of theory
  - Reflects the complexity and diversity of the cases
  - Lack of conceptual models and paradigms underlying practice (desired outcomes of intervention)
  - ?Anti-oppressive or Anti-discriminatory Theory, Strengths and Narrative Theory

---

---

---

---

---

---

---

---

- **Interventions**
  - Mixed interventions
  - Protocol and intervention driven (accountability)
  - Use of legislation or the lack of legislation
  - Inter-professional work i.e. Case Conferencing, Tensions working with the police and legal systems
  - Grief /emotions not addressed
  - Culturally relative practice with indigenous groups
  
- **Sources of frustrations**
  - Engaging 'involuntary' clients and complex family relationships (shame, denial, protect)
  - Determining capacity to make decisions (dementia) – labelling based on anecdotal evidence
  - Confusion over legal issues
  - Understanding why people abuse – deeper understanding
  - Timing of referrals to social work
  - Being parachuted into the role with out frameworks/models
  - Fighting their own organisation

---

---

---

---

---

---

---

---

### Practice Wisdom

- Shifting sands of elder abuse (definitions, policies, protocols)
- Not playing the blame game!
- Who is your client?
- Just getting everyone on the same page!
- Get the history, people don't do things without a history
- Check if it's [legal issue ] a done deal
- [cultural minorities] its a different yard stick
- The odds are stacked against them [older people with dementia]
- Knowing when to walk away and when to stay?
- Easy solutions are tough to find
- Things are not always what they seem – living with ambiguity & complexity
- When it comes to safety you cant do it on your own!

---

---

---

---

---

---

---

---

### Critical Reflections

- Inherent tensions between policy and practice – legal and protective models can further infantilize and disempower older people (Wolf 2010) and negate professional commitment to anti oppressive practice
- Lack of recognition of the conceptual context of practice – underlying assumptions, is the clients voice heard, does the outcome empower or disempowering
- Organisational context crisis/procedure driven rather client focused/prevention driven
- Shifting sands of defining elder abuse – perception and cultural context are salient factors
- Exclusion of indigenous and minority groups from services

---

---

---

---

---

---

---

---

### Practitioner education

- *Infusion* of gerontology and ageing studies to curricula
- Conceptualisation and application of anti ageist and anti oppressive paradigms and models for practice
- Interdisciplinary theory
- Role of creativity and flexibility in response to uncertainty
- Working knowledge of legal terms and context
- Culture barriers for indigenous and minority groups

---

---

---

---

---

---

---

---



## Prevention

- Access to free legal information and advice for professionals and clients
- Clarity on defining capacity – who determines it, how it is measured (understanding counter productive effect)
- Building older people's capacity
- Public education on legal concepts such as 'next of kin', power of attorney
- Proactive advice and strategies to prevent poor decision making
- Financial management services
- Mediation services
- Community collaboration networks

---

---

---

---

---

---

---

---