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HunterCaLD
Elder Abuse Prevention
Network

Hunter CALD Elder Abuse Prevention Network

Final Report June 2018

The Hunter CALD Elder Abuse Prevention Network



Health
Hunter New England
Local Health District



Ethnic Communities'
Council of NSW Inc.



NORTHERN SETTLEMENT
SERVICES LIMITED



**Seniors Rights
Service**



ACKNOWLEDGEMENTS

The Hunter CALD Elder Abuse Prevention Campaign was born out of extensive collaborative work of the Hunter CALD Elder Abuse Prevention Network.

The Project was delivered by Northern Settlement Services in partnership with the Hunter CALD Elder Abuse Prevention Network which includes: Northern Settlement Services Ltd, Ethnic Communities Council of NSW, Hunter Multicultural Communities Inc., NSW Elder Abuse Helpline and Resource Unit, NSW Seniors Rights Service, Multicultural Disability Advocacy Association and Multicultural Liaison Officer of NSW Police- Newcastle Command. Thank you to the following people and services for your contribution, advice and support along the way. The Project would not have been a success without your time, expertise and goodwill:

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Multicultural Police Liaison Officer, NSW Police- Newcastle Command.
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Hunter Multicultural Interagency
Hunter New England Multicultural Health Unit
Multicultural Disability Advocacy Association

Special thanks to the CALD community members who participated in the Campaign. Without your participation, the Project would not have been possible! We look forward to continuing to work in partnership with you and your communities.

To find out more about the Project contact: John Biswas, Sector Support and Development Officer- MAP
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CALD Community Educators Day at Northern Settlement Services Ltd
6th February 2018

EXECUTIVE SUMMARY

As the ageing population increases incidents of elder abuse is likely to rise. Elder abuse does not discriminate; it is an issue that affects all ageing communities and both women and men from ALL cultural backgrounds.

In response to increasing prevalence across the state, the Hunter CALD Elder Abuse Prevention Network (hereafter referred to as *the Network*) was established in October 2016 as working group to develop a holistic and collective approach to addressing elder abuse in vulnerable CALD communities living in regional areas.

This report encapsulates the background information and experiences of the groups that have been facilitated under this project. The groups targeted included community members and frontline professionals. The report shares some of the key lessons learned from both audiences, and importantly the key recommendations for Phase 2 of the Hunter CALD Elder Abuse Prevention Network's project as below:

Key Report Recommendations

- Set up CALD specific Elder Abuse Collaboratives across NSW (in conjunction with the NSW Elder Abuse Helpline and Resource Unit (EAHRU) to develop targeted strategies to work with local CALD communities
- Identify community leaders/influencers to facilitate and enable community conversation and adopt a narrative approach rather than a presentation approach as it engages community members to contribute more effectively.
- Provide training to community leaders/influencers/bi-lingual educators to facilitate the local community conversations
- Targeted training for religious leaders, priests, imams who can enable a wider reach of the campaign/conversations. Religious leaders can address some of the religious thinking/frameworks that can act as barriers to identifying and reporting abuse
- Work with each individual community separately or with language specific groups, as some groups share similar cultural notions of boundaries/norms of relationships. Consider that for some communities it might be best to have an external educator with assistance of an independent interpreter to facilitate community conversations.
- Continue to make information on elder abuse, and importantly how to get help, available in different languages and in culturally engaging ways
- Continue to provide resources, both financial and administrative, to Sector Support and Development-Multicultural Access Projects/Multicultural Liaison Officers (Health/Police) to facilitate CALD collaboratives.
- Make broader aged care support and wellness information more accessible to CALD communities eg. Working with My Aged Care

Context

Older Australians are generally classified as those who are 65 years or older. In the Hunter New England and Central coast region 18.9% are aged 65+ years (compared to NSW 15.7% and Australia wide 15 %).¹ In 2011, 36% of older Australians were not born in Australia (ABS 2011) and 25% spoke a language other than English at home² in 2016. In 2012, 39.5% of people aged 65–69, 78.7% of those aged 85–89, and 85.9% of those aged 90 and above had a disability.³ For most culturally and linguistically diverse communities (CALD) cultural expectations relating to family responsibilities inform the way abuse is experienced and understood i.e. in some community adult children making decisions for an elder parent may be a cultural norm⁴.

For some older CALD people, limited English particularly reverting to a language of childhood or limited English skills may contribute to social isolation, increasing the dependency on other people, in turn increasing the vulnerability to exploitation and abuse⁵

The NSW Elder Abuse Helpline and Resource Unit reports that 15 % of all calls received in the 2016 financial year were regarding older persons from culturally and linguistically diverse communities. 69% of older persons live in cities, one quarter live in small towns and remainder in areas where there are population less than 1000.⁶

In August 2016, Multicultural Access Project – Sector Support and Development Officer from Northern Settlement Services and NSW MAP officer from ECC NSW commenced discussion with Hunter Multicultural Communities Inc. (then Ethnic Communities Council in Newcastle) how best to respond to the issue of elder abuse in the region and set out a scoping exercise in September 2016 that led to formation of first the Hunter CALD Elder Abuse Prevention Working Group which then morphed into Hunter CALD Elder Abuse Prevention Network in April 2017.

The working group consulted, identified and included the following stakeholders as key partners in its measure to effectively respond to and prevent CALD Elder Abuse in the region: NSW Elder Abuse Helpline & Resource Unit, NSW Seniors Rights Service, Sector Support and Development Officer Wesley Mission, Multicultural Health Service - Hunter New England Area Health Service, NSW Police- Newcastle command, Multicultural Disability Advocacy Association Inc. NSW and the Hunter New England Central Coast Primary Health Network.

¹ Hunter New England and Central Coast Primary Health Network, *Older persons health profile 2017*

² ABS 2016

³ Australian Bureau of Statistics, *Disability, Ageing and Carers, Australia: Summary of Findings, 2012 (2013). Elder abuse issues paper Australian Law Reform Commission June 2016.*

⁴ *Elder abuse issues paper Australian Law Reform Commission June 2016*

⁵ Ibid

A Terms of Reference was developed and adopted which sets out the Network objective to provide a forum to:

- **Strengthen capacity** of relevant services **to engage with elderly members of communities** and their carers from CALD backgrounds; and
- **Raise awareness** amongst CALD communities in the Newcastle Hunter region and develop a strategy to **raise awareness about elder abuse and support available** from relevant services and agencies;
- **Encourage** collaboration between stakeholders and relevant services to identify effective service access and provision to address issues of elder abuse.

The Network adopted the following strategies to effect its measure in the campaign:

With services: enable services to find ways to collaborate on this issue both mainstream and CALD specific

1. **Take a collective** approach to face the issue (i.e. who and how can we work together and find ways to take a holistic approach.
2. **Develop culturally responsive training** and information for the members of the CALD communities.
3. **Train bilingual workers/ service providers** working with CALD communities.

For communities

4. **Reach out** to the CALD communities with this conversation.
5. **Empower communities** with helpful information/ how and where to get support when faced with issues of elder abuse in the community.
6. **Keep the conversation on going:** raise awareness among all members of the communities.
7. **Capture feedback and share recommendations** throughout the process on the basis of findings from the campaign.

¹ (Australian Bureau of Statistics, *Where and How Do Australia's Older People Live? Reflecting a Nation: Stories from the 2011 Census*)

The Network undertook 11 network meetings throughout October 2016 - July 2017. As part of the scoping exercise set out to develop a holistic and collective approach to tackling elder abuse in most vulnerable culturally and linguistically Diverse (CALD) communities living in Hunter regional areas. As the network reviewed literature and resources available for community education, it consulted a wide range of various CALD community members and experts. In deciding which community groups to be consulted the *Network* took into consideration vulnerability, diversity, language capacity and access to support

Once literature and resources were reviewed a presentation for CALD Community Capacity building through facilitated conversation was developed and ready to be trialled with community groups. *The Network* launched the CALD Elder Abuse Prevention campaign at the Hunter Multicultural Communities Inc. (previously known as Ethnic Communities Council Newcastle and Hunter) Centre with Hon. Tanya Davies, NSW Minister for Women, Ageing and Mental Health as the Chief Guest and Mr Scot MacDonald MLC, Parliamentary Secretary for the Hunter and Central Coast along with all major CALD community leaders in the Hunter.

Collectively *The Network* delivered 8 facilitated community conversations with seniors, their carers and family members. Community leaders also participated in those interactive sessions.

Language spoken at home in NSW - Ranked by size

New South Wales – language groups -Total persons (Usual residence)	2016			2011			Change
Language (excludes English)	Number	%	Australia %	Number	%	Australia %	2011 to 2016
Mandarin	239,945	3.2	2.5	139,768	2.0	1.6	+100,177
Arabic	200,825	2.7	1.4	184,271	2.7	1.3	+16,554
Cantonese	143,333	1.9	1.2	136,367	2.0	1.2	+6,966
Vietnamese	102,896	1.4	1.2	87,500	1.3	1.1	+15,396
Greek	81,683	1.1	1.0	86,563	1.3	1.2	-4,880
Italian	75,694	1.0	1.2	83,201	1.2	1.4	-7,507
Filipino/Tagalog	69,341	0.9	0.8	58,267	0.8	0.6	+11,074
Hindi	67,034	0.9	0.7	52,830	0.8	0.5	+14,204
Spanish	63,527	0.8	0.6	55,600	0.8	0.5	+7,927
Korean	59,912	0.8	0.5	47,488	0.7	0.4	+12,424

Source: <https://profile.id.com.au/australia/language?WebID=100>



*"Everyone should be part
of this conversation.
Everyone should know
about this."*

*Participant of CALD community
conversation on 1 June 2017*

The presentation developed by the Elder Abuse Helpline and Resource Unit in consultation with *the Network* for facilitated community conversation consisted of 18 slides and 17 of them included information and pictures in the following order:

Slide 1: Introduction and acknowledgement

Slide 2: What does positive ageing mean?

Slide 3: What is/ and when do we call elder abuse (explaining it from a rights based approach)

Slide 4: Definition of Elder Abuse according to WHO

Slide 5: Helpline Statistics on relationship of the perpetrator and the abused

Slide 6: Helpline stats on % of various types of abuse

Slide 7: Why are some of us more at risk? (Providing information on the social, economic and health factors)

Slide 8: Who is more likely to disrespect your rights? (Providing information on contributing factors)

Slide 9: What are the signs to be aware of?

Slide 10-14: Asking questions about what constitutes various types of abuse (in the process providing information on the types psychological, financial, neglect, physical, sexual)

Slide 15: How to get help? (Providing information on available support)

Slide 16: How can one ensure rights of elderly person are respected and safe? (in the process providing information on different steps one can take)

Slide 17: What can one expect when calling Elder Abuse Helpline (providing information on what to expect when one calls the helpline)

Slide 18: What prevents one from asking for help? (Providing information on some of the misconception one may have about asking for help in such circumstances)

Feedback was collected through evaluation forms received at the community conversations. There were participants in the conversations who were not able to provide written evaluation. So methods used for evaluation are both written feedback on printed form as well as observations made by facilitators as oral feedback received from the participants at those community conversations.

General observations made during the community conversations are as follows:

- The Mandarin speaking group conversation could not proceed beyond the 5th slide which contained data on the relationship between perpetrators and the abused. The group discussed issues from their community. The issue for the facilitator was whether to push through the slide or stay with group and induce information as and when necessary through the conversation at the stage where group was.
- All groups initially were reluctant to acknowledge that the issue of elder abuse may exist in their communities.
- The stats slide from the presentation was most effective to drive collective conversation as it got people to think and make comments, bring forth different issues that might be at interplay. Participants of the community conversations were surprised by death rates from sexual abuse presented on slide 6, which affected the mood of the participants.
- All group conversations drew positive response from the participants as participants asked what they could do on the issue or how they could help and get help if they were confronted by such issues/incidents.
- Throughout the conversations examples of financial abuse needed review. The groups were uncomfortable about alternative-decision making, and this was not gender specific, especially finances.
- At times controversial reactions meant positive outcome as people are beginning to think and talk within their community.
- Bilingual workers were beneficial and helpful to have engaged with in the community conversations as they could steer the conversation at times where it was appropriate.
- Independent professional interpreters are recommended as there are issues that can be culturally filtered if bi-lingual workers are used in those conversations. For some cultural groups it is easier for an external person to facilitate the conversation as some issues ((i.e. issues of sexual abuse) might be taboo as a topic for those particular cultural groups. It will be easier for someone external to talk about it in details rather than someone internal to that community.
- All 7 CALD groups engaged in the Hunter CALD Elder Abuse Campaign expressed that there was expectation for their children to care for the parents. This led to the facilitator being able to introduce the topic of aged care services to support/supplement/replace family care in the home.

- There is much confusion about My Aged Care and aged care services in general. More informed communities may assist CALD elderly folk to access aged care and take some of the stresses associated with the caring role consequently alleviating potential risks of circumstances that may lead to abuse.
- There is intersectional relationship between acceptances of abuse as part cultural beliefs influenced by religion in particularly cultures. Recommend pastors be trained to respond and take conversation to more religious groups and talk about why abuse is wrong.
- Recommend religious leaders be involved in these community conversations
- At least two Groups discussed the consequences in some cultures if the woman changes, or leaves abusive family. Also the helplessness that can exist for someone with limited language capacity dependent on family member and relationships with children and the psychological pressure it can create.
- Use of Disclaimer at the beginning of the conversation or presentation was effective to set boundaries.
- Presentations can be exhausting for the presenter/facilitator- as one needs to be constantly alert for cultural norms, speech to be effective in facilitating the conversations as issues can be multifaceted and conversation can take all sort of directions.
- Facilitator had to engage with group, concentrate on presentation material on each slide, and gauge participants' reaction to each segment. Group sizes for the community conversations ranged from 5 to 34.
- Some participants had issues so would benefit from having EAHRU staff or police and Seniors/CALD/Women's Advocacy to be present to follow up if there are issues raised in future community conversations and also clarify support either one on one basis or for the larger group as generic information.
- Remember to include communities, not just bilingual workers.
- A key issue that came up from the Mandarin/Cantonese speaking Chinese seniors was – “Power of Attorney and Enduring Guardianship”.

What does positive ageing mean to you?



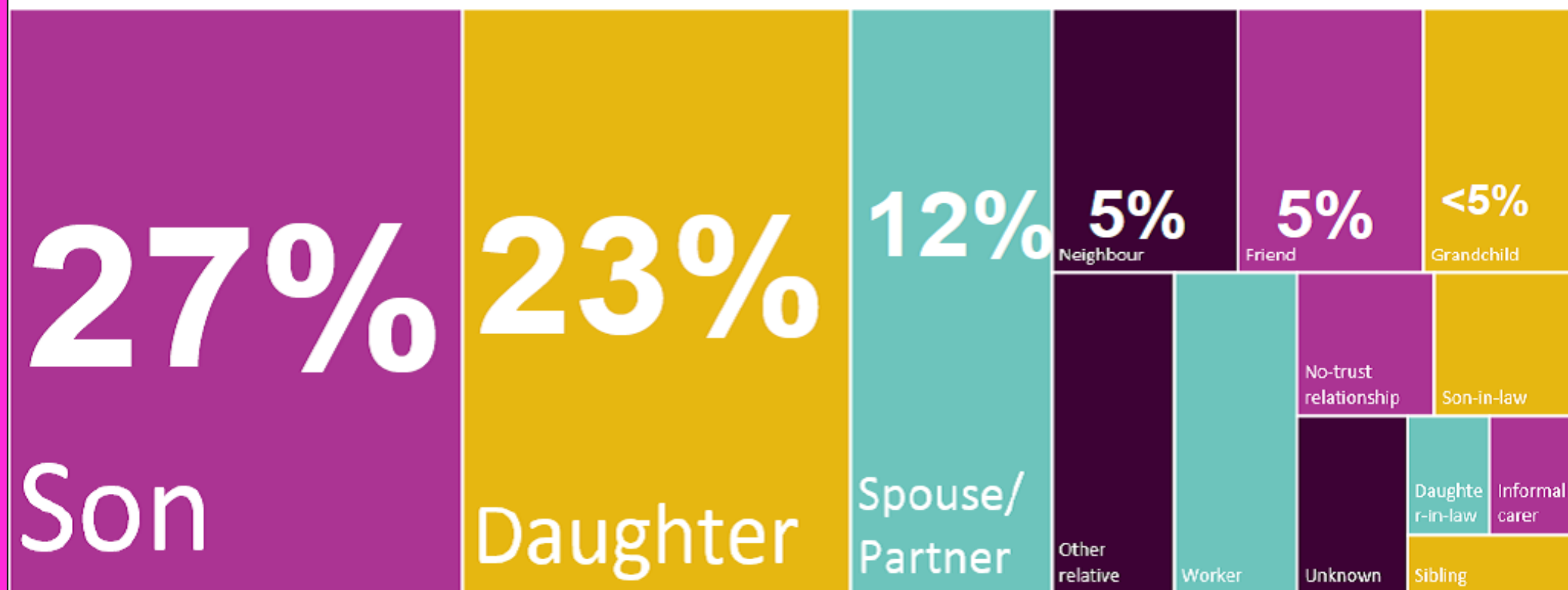
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Helpline statistics

Relationship of alleged abuser to older person

Since inception (March 2013)



Information collated here below is from the evaluation forms:

Conversations with Mandarin speaking Community

Date: Tuesday, 9 May 2017

Venue: Jesmond Neighbourhood Centre, Jesmond, NSW

Total number of participants: 16

Younger member/family/carer included among the participants: Yes

Interpreter used: Yes

Number of evaluation forms returned: 7

Printed information/Literature distributed: Yes

Rate 1 being completely satisfied and number 10 not satisfied at all.

Questions asked	Indicator	Number of responses	Indicator	Number of responses	Indicator	Number of responses
How would you evaluate information day generally?	Could do better	0	Good	3	Brilliant	4
How would you rate the presentation?	Satisfactory	1	Good	1	Excellent	5
The venue was satisfactory?	Disagree	0	Agree	3	Strongly agree	4
Catering was satisfactory?	6-10	0	4-5	1	1-3	6

Other feedback/comments from evaluation form in writing:

1. "It was good session please bring more information to the group."

Conversations with Cantonese Speaking Community

Date: Thursday, 18 May 2017

Venue: Charlestown, NSW

Total number of participants: 40

Younger member/family/carers included among the participants: Yes

Interpreter used: Yes

Number of evaluation forms returned: 20

Printed information/Literature distributed: Yes

Rate 1 being completely satisfied and number 10 not satisfied at all.

Questions asked	Indicator	Number of responses	Indicator	Number of responses	Indicator	Number of responses
How would you evaluate information day generally?	Could do better	1	Good	11	Brilliant	8
How would you rate the presentation?	Satisfactory	6	Good	10	Excellent	4
The venue was satisfactory?	Disagree	0	Agree	11	Strongly agree	9
Catering was satisfactory?	6-10	6	4-5	2	1-3	12

Other feedback/comments from evaluation form in writing:

1. "The interpreter was not clear enough."

Conversations with Filipino/Tagalog Speaking Community

Date: Friday, 19 May 2017

Venue: Hamilton, NSW

Total number of participants: 10

Younger member/family/carer included among the participants: yes

Interpreter used: No

Number of evaluation forms returned: 3

Printed information/Literature distributed: Yes

Rate 1 being extremely confident and number 10 not confident at all.

Questions asked	Indicator	Number of responses	Indicator	Number of responses	Indicator	Number of responses	Indicator	Number of responses
How well did you know about elder abuse before the workshop?	No response		Nothing		Somewhat	3	A lot	
How would you rate the presentation?			Could do better		Good	3	Brilliant	
What was most helpful?		Elder abuse helpline and interpreter services					To know different type of elder abuse	
Is there anything missing or could be improved?								
Do you feel confident about where to find help	Strongly Disagree		Disagree		Agree	1	Strongly agree	2
How confident do you feel about knowledge of elder abuse issue?	10		7-9		4-6	1	1-3	2

Other feedback/comments from evaluation form in writing:

1. "The presentation is very well presented"
2. "Good presentation."
3. "Good job."
4. "Good presentation and certainly elder abuse exists in our society which needs to be addressed."

Conversations with Samoan Community

Date: Thursday, 1 June 2017

Venue: New Lambton, NSW

Total number of participants: 7

Younger member/family/carer included among the participants: Yes

Interpreter used: Yes

Number of evaluation forms returned: 5

Printed information/Literature distributed: Yes

Rate 1 being extremely confident and number 10 not confident at all.

Questions asked	Indicator	Number of responses	Indicator	Number of responses	Indicator	Number of responses	Indicator	Number of responses
How much do you know about right of elderly citizens and issues of elder abuse?	Do not know	2	A little	1	More than a little	3	I know some things	2
If you wanted to know more about senior citizens' rights where would you go?	Family member	1	GP	1	Community leader	3	Other-please specify if you wish to	1 aged care services.
How confident would you be to go to this person/place?	Not confident	0	A little confident	0	More than a little confident	3	Confident	2
Who would you speak to if you or someone you knew needed help?	Family member	2	GP	3	Community leader	2	Other – please specify	1 government agency website of from Google.
How confident would you be to go to this person/place?	Not confident	0	A little confident	1	More than a little confident	3	Confident	2

Observations and other verbal feedback/comments received:

1. One participant expressed that “everyone should be part of this conversation. Everyone should know about this.”
2. Members of the community asked religious minister to be trained in Elder Abuse so that the congregation members could also be informed about responsibilities of family member and elder abuse.

Conversations with Spanish Speaking Community

Date: Thursday, 7 June 2017

Venue: Hamilton, NSW

Total number of participants: 5

Younger member/family/carer included among the participants: Yes

Interpreter used: Yes

Number of evaluation forms returned: 1

Printed information/Literature distributed: Yes

Rate 1 being extremely confident and number 10 not confident at all.

Questions asked	Indicator	Number of responses	Indicator	Number of responses	Indicator	Number of responses	Indicator	Number of responses
How well did you know about elder abuse before the workshop?	No response	0	Nothing	0	Somewhat	0	A lot	1- Has improved with the workshop
How would you rate the presentation?	No Response	4	Could do better	0	Good	0	Brilliant	1
What was most helpful?	No response	4					Workshop presentation was great	1
Is there anything missing or could be improved?	No response	4					We need more information to give to communities and churches	1
Do you feel confident about where to find help?	Strongly Disagree	0	Disagree	0	Agree	1	Strongly agree	0
How confident do you feel about knowledge of elder abuse issue? Rate 1 being extremely confident and number 10 not confident at all.	10	0	7-9	0	4-6	1	1-3	0

Other feedback/comments from evaluation form in writing:

1. "Thank you was brilliant."

Conversations with Vietnamese Community

Date: Thursday, 8 June 2017

Venue: Hamilton, NSW

Total number of participants: 10

Younger member/family/carers included among the participants: Yes

Interpreter used: Yes

Number of evaluation forms returned: 8

Printed information/Literature distributed: Yes

Rate 1 being extremely confident and number 10 not confident at all.

Questions asked	Indicator	Number of responses	Indicator	Number of responses	Indicator	Number of responses	Indicator	Number of responses
How well did you know about elder abuse before the workshop?	No response	0	Nothing	4	Somewhat	4	A lot	0
How would you rate the presentation?	No response	0	Could do better	0	Good	3	Brilliant	5
What was most helpful?	No response	1					See comments section	7
Is there anything missing or could be improved?	No response	5					Nothing	3
Do you feel confident about where to find help?	Strongly Disagree	0	Disagree	0	Agree	2	Strongly agree	6
How confident do you feel about knowledge of elder abuse issue?	1-3	0	4-6	0	7-8	1	9-10	8

Other feedback/comments from evaluation form in writing:

1. "Yes, I know what to do when it happens. Tell my friend who I trust or phone the number..."
2. "feel safe"
3. "Feel safe"
4. "Personal experience from others."
5. "Experience sharing."
6. "Very useful for elderly people."

CALD Community Forum on Elder Abuse

Date: Friday, 6 October 2017

Venue: Waratah, NSW

Total number of participants: 7

Younger member/family/carer included among the participants: Yes

Interpreter used: Nil

Number of evaluation forms returned: 6

Printed information/Literature distributed: Yes

Rate 1 being extremely confident and number 10 not confident at all.

Questions asked	Indicator	Number of responses	Indicator	Number of responses	Indicator	Number of responses	Indicator	Number of responses
How well did you know about elder abuse before the workshop?	No response	0	Nothing	0	Somewhat	2	A lot	4
How would you rate the presentation?	No response	1	Could do better	0	Good	4	Brilliant	2
What was most helpful?	Avid discussion, info share. To have an opportunity to listen to others about elder abuse	1			Well facilitated discussion. Thoughtful encouraging of the group participation	1	Sharing experience among participants. Others perspective. Good group input elicited.	1
Is there anything missing or could be improved?	About all covered. Perhaps longer session.	2	Need better promotion to reach more community members	1			Well presented, great discussion	1
Do you feel confident about where to find help?	Strongly Disagree	4	Disagree	0	Agree	2	Strongly agree	0
How confident do you feel about knowledge of elder abuse issue?	10	1	7-9	1	4-6	1	1-3	4

Other feedback/comments from evaluation form in writing:

1. "Great message. Needs to reach the target audience"

As part of the capacity building for services, Multicultural Health Liaison Officer from HNE Health, Dominique Nyilas carried out CALD elder abuse education sessions with Community Aged Care Service Greater Newcastle Service (CACSGNS) Clinicians in 2017 between February and July 2017

Method of delivery:

- Power point presentation – 20 minutes
- Discussing relevant case studies – 20 minutes
- Q & A time
- Reflections/feedback

Aims of CALD elder abuse education:

Raising awareness amongst clinicians and support staff of Community Aged Care Services at Greater Newcastle Service about potential abuse of CALD older people - discussing the possible cultural, linguistic and religious aspects of vulnerability which impacts CALD community members.

Contents of slides:

Slide 1

Roles of Multicultural Health Liaison Program - ensuring equity and access to mainstream health care services

- Acting as a resource person
- A “bridge” between CALD clients and health professionals
- Working as part of the multidisciplinary team when requested to eliminate cultural, religious and linguistic barriers to service provisions
- Providing ongoing support and cultural competency education to all clinicians at CACSGNS.

Slide 2

Brief audience about the categories of Elder Abuse and health care professionals have special roles in the matter

- Identifying the types of abuse of older people
- Recognising that staff has an important role in observing and recognising possible signs of abuse
- Raising awareness that the different forms of abuse may co-exist

Slide 3

Focusing on cultural aspects and comparing eastern and western cultures

- Brief discussions about cultural constructs
- Differences between eastern and western cultures
- Asking participants to examine themselves and re-think the topic through the eyes of CALD people

Slides 4, 5, and 6

Level of independence and participation are embedded in cultures

- Do all older people want to be independent? Interdependence or dependence might be culturally acceptable and desirable amongst certain CALD older people.
- “Sick” role versus “caring” role
- “Choice versus participation” – voluntary withdrawal from active participation in social activities can be common in different cultures
- Value differences between Western and Eastern cultures

Slide 7

Perceptions on everyday activities are culturally determined

- Perception of fairness, dignity, protection and access to cultural resources
- Different concepts discussed through examples, such as bathing in public versus receiving personal care assistance, customs of personal hygiene, significance of familiar food and first language amongst CALD elderly

Slide 8

Indicators of abuse can be confusing when working with CALD elderly

- Bruising can be observed following the use of some of traditional medicine, e.g. acupuncture or cupping
- Burning herbs like mugwort on the skin or near the skin is a Chinese traditional medicine and may leave scars like cigarette burns
- Loud and animated communication with intense gesturing can be interpreted as verbal abuse

Slide 9

Understanding carers and families from CALD backgrounds

- Age honouring cultures - filial piety, caring is not a matter of choice in lots of cultures, harsh judgement and pressure by care recipient, own CALD community and self, resulting in high level of stress and tension within the family
- Issues of “hidden carers”
- Stigma
- Myths around CALD carers and family support – workforce participation verses traditional caring role

Slide 10

Briefing participants of a study comparing elder abuse between Netherlands and Australia

Slide 11

Talking about financial abuse – as one of the most common types amongst CALD elderly

- Discussing the beliefs of “entitlement” and the concept of “Pulling together resources”
- Transitions are often done within the families without legal support
- “It does not matter if children take my money now as it will go to them anyway”

Slide 12

What are some of the reasons of increased vulnerability amongst CALD elderly?

- Age honouring eastern cultures, versus west /loss of status
- Decision making modules –“familyism versus individualism”
- Economic and social dependency of CALD older people – abandoning financial decisions
- Loss of informal support
- “Saving face”
- Limited access to support - unable to navigate the system
- Carers issues
- Isolation
- Language barriers
- Stigma

Slide 13

Discussing the reasons of not reporting in general as well as specifically relating to CALD elderly

- None or limited cultural support network to turn to, lack of knowledge
- Cultural influence how abuse is viewed – “private” “ashamed”
- Unaware of principle of universal human rights
- Limited English
- Isolation
- Cognitive impairment – dementia
- Dependence on the perpetrator
- Fear of punishment
- History of domestic violence

“Yes, I know what to do when it happens. Tell my friend who I trust or phone the number...”

Participant of CALD community conversation on 8 June 2017

Slide 14, 15, 16

Case studies – discussions

In 2017 the following 12 CACS GNS health clinic participated in the CALD elder abuse campaign:

- Newcastle West Community Health Centre /Wallsend – 5 April 2017
- Newcastle East Community Health Centre – 22 March 2017
- East-lakes Community Health Centre /Windale – 8 March 2017
- West-lakes Community Health Centre/ Toronto - 24 April 2017
- Port Stephens Community Health Centre /Nelson Bay – 18 May 2017
- Raymond Terrace Community Health Centre – 28 March 2017
- CAPAC Team – 1 June 2017
- Cardio-Pulmonary Rehabilitation Unit – 7 March 2017
- Podiatry Clinic – 31 May 2017
- Diabetics Clinic – 24 May 2017
- Wattle-Grove Dementia Day Centre – 19 April 2017
- Allawah Day Centre – 19 April 2017

In summary

The sessions were well received by every staff. The verbal feedbacks have indicated that all staff found the topic extremely relevant and rated the topic as highly important. The level of participation in discussions and the Q & A segment of the session were quite intense and several clinicians raised questions which generated further discussions. A number of health professionals were sharing previous experiences of elder abuse or queried certain instances when indicators were observed.

Nerida Walker, Integration Officer from Hunter New England and Central Coast Primary Health Network (HNECCPHN) reports on their participation in the Hunter CALD Elder Abuse Prevention campaign:

Approach of the HNECCPHN to the combined campaign is to:


1. Encourage Multicultural communities to have an ongoing relationship with General Practice.
2. Distribution of Elder Abuse Hotline resources in primary care and Aboriginal communities
3. Case study and Police crime prevention led discussion in each of five Aged Care Emergency Interagencies across the PHN footprint of Hunter and New England which inform and up skill staff and collaborators of 130 Residential Aged Care Facilities. (see summary of sessions below)
4. Continued promotion and feedback to HNE HealthPathways for 'Abuse of Older People'
5. Provision of primary health input and script development for Speak My Language national radio campaign for all communities
<http://www.culturaldiversity.com.au/news/553-speak-my-language-about-aged-care>

Back < >



Print Send Feedback

Abuse of Older People

 Indicates information specific to people from culturally and linguistically diverse communities.



[About abuse of older people](#)

Assessment

1. Identify [risk factors](#).
2. Consider:
 - Behavioural signs from the [older person](#) or the [person inflicting abuse](#).
 - [Physical injuries](#)
 - [Sexual abuse](#)
 - [Psychological or emotional abuse](#)
 - [Financial or material abuse](#)
 - [Active or passive neglect](#)
3. Document [mental capacity and consent](#) of the patient. See also [Cognitive Impairment](#).
4. Take a history without others present if the patient has the capacity. If this history differs from that given by carers or family, it should raise suspicions:¹
 - [General history questions](#)
 - [Direct questions](#)
5. Assess supports currently used by patient and the role of any other involved services.

Management

1. If [there is no disclosure](#).
2. If [there is disclosure](#).
3. If unsure if abuse or neglect is occurring, consider discussing with or referring to the [NSW Elder Abuse Helpline and Resource Unit \(EAHRU\)](#) [1800-628-221](#).
4. Complaints about the abuse of permanent residents in Residential Aged Care communities should be directed to the [Aged Care Complaints Scheme](#), phone **1800-550-552**.
5. Privacy, confidentiality, and information sharing. When responding to abuse of older people it is important to respect the right of the older person to privacy, except in [these circumstances](#).

Referral

- NSW Police:
 - Emergency dial **000**

HealthPathways for primary care clinicians to access up to date information on abuse of the older person, including resources for multicultural patients.

One primary integration tool for primary care teams to access advice on Elder Abuse is through HealthPathways, an online website designed with and in collaboration with clinicians. Hunter New England HealthPathway has a suite of localised pathways for optimal care and assessment and exemplary patient information for Elder Abuse. The patient information and resources are accessible in multiple languages.

**Clinical Resources**

- [NSW Elder Abuse Helpline and Resource Unit](#)
- [Australian Society for Geriatric Medicine - Position Statement on Elder Abuse](#)
- [Preventing and Responding to Abuse of Older People - NSW Interagency Policy](#)
- [HNE Local Health District - Responding to Abuse of Older People](#)

**Patient Information**

- [1800 Respect](#):
 - [Daisy App](#)
 - [Safety Planning Checklist](#)
 - [Domestic Violence in Same-Sex Relationships](#) - [Another Closet](#)
 - [NSW Elder Abuse Helpline and Resource Unit](#)
 - [NSW Family and Community Services - Domestic Violence](#)
 - [Tales from the Other Side](#) (video) - [ACON Health](#)
- Note: Hunter New England staff are not able to access YouTube videos on HNE network computers
- [Senior Rights Service](#)
 - [What is Domestic Violence?](#) - [NSW Department of Community Services](#)

Translated resources

- [Translated Resources](#) - [Transcultural Mental Health Centre](#)

**Sources****References**

1. Clinical Guidelines. [place unknown]: RACGP; [Section 10.1 Elder Abuse](#). [date unknown].
2. [Preventing and responding to abuse of older people - NSW interagency policy](#). [place unknown]: NSW Government Family & Community Services; 2015.
3. NCAT Guardianship Division. [Fact Sheet: Person Responsible](#). [place unknown]: NSW Civil and Administrative Tribunal; 2016.
4. NSW Office for Ageing; NSW Trustee and Guardian; NSW Public Guardian. NSW Government. [place unknown]: NSW Government; [NSW Government - Planning Ahead Toolkit \(FAQs and more info.\)](#). 2016.

Clinical resources, references and policy support for the acute and primary care sectors are also available on the pathway.

The HealthPathways platform is available to any clinician through a common password and accessible in the primary and acute sector.

Presentation sessions were delivered during the campaign:

The Aged Care Emergency (ACE) service is delivered by Hunter Primary Care and is dependent on collaborative relationships with Residential Aged Care Facilities (RACFs), Hunter New England Central Coast Primary Health Network, NSW Ambulance and General Practitioners (GPs) residents, families and carers.

- Port Stephens Aged Care Emergency Inter-agency session Thursday 10th August 2017
- Newcastle Region Aged Care Emergency Inter-Agency Thursday 17th August
- Singleton and Upper Hunter Area Aged Care Emergency Interagency Tuesday 15 August 2017
- Manning Aged Care Emergency Interagency Thursday 23 November 2017

Hunter CALD Community Educators Day/ Train the trainer

Date: Tuesday, 6 February 2018

Venue: Hamilton, NSW

Session outline of the training:

- Set the context and learning outcomes for the day
- About the Helpline
- Stats & Prevalence & Ageism
- Abuse types and signs & risk factors
- What to do if you suspect abuse and or receive a disclosure/5 Step Response

Considerations for CALD Communities

- Regardless of cultural, linguistic or religious backgrounds (CALD), abuse of older people is unacceptable in Australia.
- Increased vulnerability of CALD Elderly
- Understanding Carers from CALD Communities
- Reasons older people from CALD Communities don't disclose abuse
- Recommended response – Multicultural Health Liaison Officer perspective

Police presentation

- Role of Local Multicultural Community Liaison Officers and how they can assist

Presentation of PowerPoint resource and run through for each participant

- Demonstration - run through presentation
- Break group into 3 groups - Each participant to take turns presenting PowerPoint to a colleague
- Address any concerns/questions that arise in each group
- Return to larger group - debrief and address any issues/barriers to ensure all participants are comfortable presenting the resource
- What to do if an older person discloses after a session
- Professional debriefing and self-care
- Discuss EAHRU support resources for clients

Total number of participants: 30

Younger member/family/carer included among the participants: Yes

Interpreter used: Nil

Number of evaluation forms returned: 25

Printed information/Literature distributed: Yes

Rate 1 being extremely confident and number 10 not confident at all.

Questions asked	Indicator	Number of responses	Indicator	Number of responses	Indicator	Number of responses	Indicator	Number of responses
How well did you know about elder abuse before the workshop?	No response	0	Nothing	4	Somewhat	15	A lot	6
How would you rate the presentation?			Could do better	0	Good	10	Brilliant	15
What was most helpful?	All things (2 people) Group workshop (2 people) Practising being a facilitator being aware of what to do The emphasis on the cultural differences available resources specific fine tuning	CALD Awareness and differences in abuse speakers were great (2) presentation was great with great resources To know some unintentional actions towards the aged people can be a crime.	CALD client information, the background and statistic of elder abuse Everything, main group work Having different presenter who can give different perspective on the subject. The presentation kit.	Well-presented and handout excellent How to deal with the situation when it arises Who to contact if we identify such issue Rights				

Is there anything missing or could be improved?	<p>1 person said "don't know"</p> <p>1 person said "not really"</p> <p>7 persons said "no"</p> <p>Cultural differences and culture needs to be discussed.</p>	<p>More resources- folder kit</p> <p>Group discussions could be divided into two sessions in the morning and in the afternoon.</p> <p>Not that I can think of.</p> <p>Mention who/which group is represented eg. Person x/y is here to represent the Italian community etc. what is their role/interest</p>	<p>More visuals/of events</p> <p>Some more resources</p>					
Do you feel confident about where to find help?	Strongly agree	8	Agree	15	Disagree	2	Strongly disagree	2
How confident do you feel about knowledge of elder abuse issue?	1-3	10 participants	4-6	6	7-9	7 participants	10	2

Other feedback/comments from evaluation form in writing:

1. "Any new information. Very useful for elderly groups be available widely."
2. "Even though there was a lot packed into the day, each session held everyone's interest."
3. "Well presented."
4. "Educating young people and the community is very important and we will do that."
5. "Still lots to do and work on it to make the community confident enough to open up their relevant issue."

6. "More visuals in the pamphlets, handouts of different situations cause elderly respond well to the pictures.
7. "Thank you. You have made me more confident to help and where to find help."
8. "Thanks."
9. "Thank you!"
10. "It's a great knowledge about this issue,"
11. "It depends on the group, client and the type of relationship I have with person. Especially for the group session I didn't know who the people were."
12. "CALD presentation from Dominique was great!"



**"Educating young people
and the community is very
important and we will do
that."**

*Participant of the CALD Community
Educators Day, 6th February 2018*



Scot MacDonald MLC, Parliamentary Secretary for Planning for Central Coast and the Hunter, speaking at the launch of Hunter CALD Elder Abuse Prevention Campaign on 8th May 2017.





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“Everyone Deserves Respect”- The CALD community Campaign, The Hunter CALD Elder Abuse Prevention Network

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