Interweaving and Intervening

Practitioners responses to the abuse of older adults in the community

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Contents

- Focus on micro practice
- Issues for practitioners
- Practice paradigms, guidelines and frameworks
- Informed responses
An alternative to the top down approach

- Policies do not protect people, it's how they are implemented
- Learning valuable historical lessons – inter family violence
- Health professionals - key to identification, assessment management and monitoring
- Professionals at the ‘coalface’ exercise a level of discretion & autonomy (gatekeepers)
- The perception of professionals is critical in decision making
- Practitioners contribute valuable ‘practice wisdom’

Northway et al 2007; Carter Anand 2009
Practice Wisdom
(Practitioners perspectives)

- Things are not always what they seem – ambiguity & complexity
- Juggling the best interests of the older person - ethics
- The right to take risks - client & professional
- The need for flexibility & creativity
- Addressing diversity – silent issues
- Not a sole practitioner or sole agency response – need for support, collaboration, checks and balances
Elder abuse is not a ‘homogeneous uni-dimensional phenomenon’:

- Cultural differences as to what forms of abuse are included or omitted.
- Some of the most common forms of abuse (psychological, emotional-HSE, 2008) can be extremely subjective.
- For intervention purposes it can be more useful to separate certain behaviours and respond differently e.g. severe physical abuse - a crime, assisting a stressed carer requires a different approach.
- Dealing with issues of relationships - power, control, dependency (60% of abusers are close family members-HSE, 2008).
- Older adults may have impaired decision making capacity (under diagnosis of dementia).
- Dealing with issues of relationships – power, control, dependency (60% abusers son/daughter/partner/husband).
- Significant number of cases are unsubstantiated (78%HSE, 2008).
- Significant numbers of cases require ongoing involvement.
- Outcomes may conflict with the wishes of the older persons i.e. admission to residential care.
Ethical Dilemmas

Ethical principles:
- Ensuring client autonomy and self determination
- Privacy and confidentiality
- Benefice – acting in the best interests of the older person
- Non-malfeasance – ‘do no harm’
- Paternalism – may conflict with other principles
- Justice
- Preventative ethics
Risk Management

Possible implications

- The priority of risk over need
- Over reliance on policies, practices and regulation
- Changing professional roles – defensive practice
- Relocating of responsibility to the individual
- Promoting a blame culture

Green 2007
Responding to Diversity

- Avoiding Ageism – treating older people differently from younger people
- Recognising Difference (invisible issues)
  - Gender – (37% referrals male-HSE, 2008)
  - Ethnicity, cultural diversity
  - Intellectual Disability
  - Mental Health
  - Dementia – issues of diagnosis
  - Older prisoners
  - Homeless older people

- Wilson 2002
Interdisciplinary Networks

- Family members
- Police
- Neighbours
- Social care workers
- Nurses
- Social workers
- Doctors
- Psychologists
- Solicitors
- Bankers, Financial Workers
- Real Estate Agents
- Counsellors
- Elder Abuse workers
- Nursing homes
- Women’s health workers
- Others

Older person
Informing Practice

Paradigms
Frameworks of practice
Principles of practice
Framework for Professional Practice

Social Justice/Humanism
Equity, Access, Participation, Rights

Practice Theories
eg Medical, Social Health Model, Systems, Critical, Strengths Perspective

Values
eg Autonomy, Self Determination

Interventions
eg Crisis intervention, Advocacy, Counselling

Skills
Inform as to all relevant options
Encourage & assist to make their own decisions
Respect and give the choice to refuse services if competent to make that decision
Even when the older person can not make their own decisions, every effort must be made to ensure their view are taken into account
Responses & interventions must be in the interests of the older person at risk or who has been abused and ensure safety
Many forms of abuse are crimes
Responses must be consistent to human rights charter
Responses must take into account the needs of the older person in relation to culture, disability, language, religion, gender and sexuality.
The needs of the older person at risk or who has been abused and the abuser must be kept separate at all times
When the safety of others is involved, confidentiality cannot be afforded unconditionally
Any person should be able to report abuse without fear of retaliation or retribution
- Interagency Protocol for Responding to Abuse of Older People, NSW, 2007
Interweaving and Intervening

- Empowerment, rights
- Ethics
- Strengths
- Frameworks
- Opening up possibilities
- Interdisciplinary
- Person centred
- Culturally Sensitive
- Informal & formal
- Ongoing

- Protection, Legal
- Risk
- Pathology, problems
- Protocols
- Limiting possibilities
- Experts
- Service centred
- Dominant culture
- Formal
- Crisis orientated
Informed Response

- Intervention should be interdisciplinary
- Effective intervention will probably involve local and health authorities, public and private and voluntary agencies
- Agencies should have polices, guidelines
- Recognition that there is not a correct, or one way of managing elder abuse
- Ethical commitment to client centeredness (service user perspective), empowerment and the interweaving of services
- Support and training for professionals (graduate and post graduate level)
- Clear frameworks of practice
- Dissemination of evaluation and research findings in ways which inform practice