

Auckland Elder Abuse Response Service (Shanti Niwas Charitable Trust)
Report Form for Period 01 July 2021 to 30 November 2021

Signed by: VSequeira

Date: 3.12.2021

Name: Verona Sequeira

Position: Social Worker – Shanti Niwas Charitable Trust

N.B. Clients are to be recorded at point of entry into the service from 1 July each year.

Description of Service	Performance Measures (during the reporting period)	Quantity of Service	01 July 2020 to 30 June 2021	01 July 2021 to 30 November 2021		
Elder Abuse Response Services (EARS) ensures that older people experiencing or at risk of experiencing (or perceived to be experiencing) abuse and neglect have timely access to appropriate local services that respond to ensure their immediate safety, and support them to have greater control over their lives.	Total number of new clients referred <i>(all referrals)</i>	Report actual	80	29		
	Of the total referrals received, record the number of clients who started service	520	80	27		
	Number of referrals to other services as appropriate <i>(referrals made to other agencies as part of delivering the service)</i>	Report actual	0	2		
	Total number of clients completing intervention	Report actual	72	25		
	Of the clients who provided client satisfaction feedback, record the number who reported that they were satisfied or very satisfied with the service	Report actual	40	24		
	Of the clients who closed, record the number who provided formal client satisfaction feedback <i>(all clients who have provided feedback that is consistent with the performance measures that has been written down and recorded ie not just anecdotal)</i>	Report actual	72	24		
	Number of clients who report an increase in feeling respected and valued	Report actual	70	24		
	Number of clients who report an increase in having the skills and knowledge to keep them safe and protected	Report actual	71	24		

	Number of clients who report better informed of their rights	Report actual	6	24		
	Number of clients supported to immediate safety <i>(applies to those clients who are in immediate danger or who are living in squalor etc.)</i>	Report actual	5	4		
	Number of clients who indicate they have greater control over their lives	Report actual	6	24		
	Total number of clients completing intervention with needs met (needs met = 80% of goals achieved).	Report actual	70	25		

Provider narrative report – to support the data

s9(2)(a) OIA

[REDACTED]

What is the “story behind the data” (eg environmental factors impacting on client results including issues, gaps, overlaps and trends)?

- Almost all the referrals have been from the Police (FSS) and ADHB (Middlemore Hospital) for this period. None of the referrals came from the 0800 number.
- The lead perpetrator has been a close family member (mostly son and daughter-in-law or grandchildren) in most cases with psychological, financial abuse and neglect remaining the top three types of abuses. Couples were abused more than male and female separately.
- Cases of behaviour changing from the relationship of trust to breaking it, are seen in most of the cases. ie; Son or daughter asking parents to hand over their bank cards or sign property papers in their names and later asking parents to move out of their home, grandchildren abusing grandparents for money to buy drugs, and alcohol and also money for gambling.
- Lack of awareness about services to help Elders being abused.
- Unaware of other support services available for the seniors in need

Need to delete this file.

What are your areas for improvement towards achieving better results for clients (continuous improvement)?

- Increasing awareness of elder abuse and services available for seniors. The awareness needs to be done with different stakeholders;
 - a. Adult couples and children of Indian and South Asian community
 - b. Adult South Asian community organizations/ groups and
 - c. Other platforms such as Citizens Advice Bureau, GPs, Hospitals, Resthomes, Positive Ageing Programs, Drop in centres, etc.
- Providing culturally sensitive messages to the wider community on the need to speak up against elder abuse, eg; community organisations
- Have more family group conferences, promote our Elder Abuse services via media.
- Working with other service providers to bring positive outcomes for the clients.

Who are your partners that help you achieve results, and what joint activities have you participated in?

- Presentation on culturally appropriate Elder Abuse services & Shanti Niwas's approach at Greenlane Hospital, Police (Counties Manukau), etc. Previously during the years we have done presentations on social support and advocacy at the following;
- Women's Care Trust at Manurewa
- UNITEC, Henderson
- Promotion of elder abuse awareness through online and print media and radio
- We celebrated Elder Abuse Awareness Day in June 2021 with seniors, community and other service providers to raise awareness on Elder Abuse.
- Collaboration with Communicare, Royal Oak for processing of TM Cards of clients
- Collaboration with Securely and ADT for Medical Alarm
- Attended workshop on Sexuality and Intimacy amongst elderly organized by Age Concern
- Attended a workshop on PCO and Protection order by the Community Law Centre.
- Attended workshop at Family Harm Whangaia Nga Pa Harakeke
- Input given on The National Farm Harm strategy from a South Asian and seniors prospective.
- Working with agencies to support rehabilitation of the client such as MSD, W&I, Bank, Police, GP, DHB, NASC
- Refer clients to Sahaayta counselling services, Gandhi Niwas, Housing NZ, WINZ etc.

What combination of services do you think is most effective for your clients (if applicable)?

- Working in collaboration with our local DHB, NASC, NZ Police, Age Concern, Sahaayta, Gandhi Niwas, GPs, Rest Homes and other Indian senior groups and other health and welfare providers enables us to meet our clients' needs on different levels.
- Cultural specific intervention in terms of language, content of discussion, mediation process and options for problem solving
- Home visits for the client to understand and assess their situation works better than the phone conversation for doing assessment and family group conferences.

Provide examples of strategies or practices used to encourage 'hard to reach' clients to engage.

We use culturally appropriate models of practice with emphasis on Strength and Action based principles. We also use Te whare tapa wha model (Mason Durie, 1982), which are the four corners of Maori holistic health and wellbeing. These models help us understand the cultural and religious background and issues. Though we work with the Indian culture, every individual is different depending on the place, village and city he/she comes from. We also work with Strength based and Empowerment models of practice. These models help us to support and give confidence to our senior clients and also work with their families. For eg: family values, Religious beliefs, consideration to their age and health, involving external family members etc. Linking with other agencies that are already providing services to clients often helps us to engage with clients who we would otherwise struggle to connect with.

Caring caller is a service which we started during Covid 19 Lockdown. This service helps seniors to discuss their wellbeing.

Community Connect helped us to connect with the community at large during the pandemic and provide Advocacy services like food parcels, welfare packages, etc.

Provide an explanation of the variances (if any) between the volumes contracted and volumes delivered.

Some of the cases are not closed as yet, since we are still working on them and are included in the 29 cases who started work with us.

RELEASED UNDER THE
OFFICIAL INFORMATION ACT