

**Auckland Elder Abuse Response Service (Shanti Niwas Charitable Trust)  
Report Form for Period 01 July 2020 to 30 June 2021**

Date: 29/06/2021

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Position: Social Worker – Shanti Niwas Charitable Trust

Signed by: 

**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			
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			
	Of the total referrals received, record the number of clients who started service	520	80			
	Number of referrals to other services as appropriate ( <i>referrals made to other agencies as part of delivering the service</i> )	Report actual	10			
	Total number of clients completing intervention	Report actual	76			
	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	72			
	Of the clients who <u>closed</u> , 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			

	Number of clients who report an increase in feeling respected and valued	Report actual	70			
	Number of clients who report an increase in having the skills and knowledge to keep them safe and protected	Report actual	72			
	Number of clients who report better informed of their rights	Report actual	72			
	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	2			
	Number of clients who indicate they have greater control over their lives	Report actual	72			
	Total number of clients completing intervention with needs met (needs met = 80% of goals achieved).	Report actual	72			

**Provide a narrative report – to support the data**

§9(2)(a) OIA

[Redacted text block containing multiple lines of greyed-out content, including a bulleted list of redacted items.]

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

- Most of the referrals have been from the Police (FSS) for this period. Clients were unaware of our organization and the work, thus building trust with them was an issue. 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 move out of their home, or grandchildren abusing grandparents for money to buy drugs and alcohol or holding the bank cards of parents.
- Lack of awareness about elder abuse services amongst the clients and their families
- Unaware of other support services available for the seniors in need
- The latest trend we are seeing is alcohol and drugs related abuse by adult children and grandchildren.
- The gap we see in the system is related to rehabilitation help. People who are addicted do not want to get help and we cannot force them to get help. We have sought the help of police to work with such cases to bring some positive changes.

**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, etc.
- Providing culturally sensitive messages to the wider community on the need to speak up against elder abuse, and reduce cultural stigma.
- Have more family group conferences, promote our Elder Abuse services via media.
- We have Registered Social Workers under constant external supervision and Continuous Professional Development.

**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, etc.
- Promotion of elder abuse awareness through online and print media and radio – 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
- Attend Family Harm Service provider meetings, organised by police every quarterly.
- 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, 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 help them understand their situation better which is better than the phone conversation for doing assessment
- Working with families of senior citizens to make them aware that in New Zealand, Elder Abuse is not Okay.

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

- We use cultural models including Te whare tapa wha model (Mason Durie, 1982), which is the four corners of Maori holistic health and wellbeing. This model helps us understand the cultural background and issues better. 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 work with their families. While working with them we take into consideration family values, Religious beliefs, their age, health and wellbeing, 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 was started to check the wellbeing of seniors and keep them connected with us.
- **Anapoorna** is another service which was implemented recently during lockdown. This is a vegetarian meals-on-wheels service started 10 months ago which has proved very successful. Meals are provided twice a week. We are able to reach and engage with "hard to reach" seniors by this service.
- **Media Campaign** - We ran a media campaign on Elder Abuse Awareness to commemorate World Elder Abuse Day on 19<sup>th</sup> June, 2021. Radio, Print, Tv media came together on one platform to raise awareness and made a significant impact in raising awareness in the wider community.

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

We had 45 cases last year and this year we had 80 cases.