



# **Elder Abuse in Aotearoa**

**The proposed future strategy for  
Elder Abuse Response Services**

**July 2020**



**MINISTRY OF SOCIAL  
DEVELOPMENT**  
TE MANATŪ WHAKAHIATO ORA



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# About this report

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## Overview

This report is a living document (dynamic and subject to change based on new information) and provides a high-level overview of the proposed future strategy for MSD-funded Elder Abuse Response Services (EARS). It sets out the priorities of the EARS work programme and details steps we can take to enact change.

Following engagement with EARS providers in 2019, MSD released a report on the current state of EARS ([Elder Abuse in Aotearoa: The role and current state of MSD's Elder Abuse Response Services](#)). The 'Current State' report sets the foundation for opportunities to improve the existing model and should be read in conjunction with this report.

Elder abuse is an increasing issue in Aotearoa and prior to Budget 2020 (attached as Appendix One) has had limited investment and long-term strategic prioritisation. This report seeks to provide a long-term vision which will enable a dedicated and coordinated response to improving EARS, supporting providers, and ensuring that older people across Aotearoa are able to access effective elder abuse services which meet their unique and individual needs.

## Family Violence Funding Approach

In July 2019, the Ministry of Social Development (MSD) released its [Family Violence Funding Approach](#), which outlined the major issues facing family violence service providers and the priorities for the development of sustainable future for family violence services. This report will use the Family Violence Funding Approach as a key foundational document to ensure alignment between the future strategy of elder abuse work programmes and the wider family violence strategy.

## The government focus on family violence and sexual violence

MSD is a committed member of the wider cross-government Joint Venture to develop new ways of working across government, and with iwi and communities, to reduce family violence and sexual violence through an integrated response. This new approach is part of, and will remain responsive to, the work of the [Joint Venture](#).

# Introduction

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## What is elder abuse?

Elder abuse is "a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person."<sup>1</sup>

Elder abuse is an insidious and growing issue in Aotearoa, with at least one in 10 people over the age of 65 experiencing some form of elder abuse<sup>2</sup>.

Abuse of older people comes in various forms, including psychological, physical, financial, sexual, and neglect. Institutions also abuse older people in many different ways, including depriving them of dignity and choice over daily affairs; intentionally providing insufficient care, over- and under-medicating, withholding medication from patients, physically restraining; and emotional neglect and abuse. Each elder abuse case is unique and there are often inconsistencies between government agencies and providers and how they are responded to. This problem is made worse by the lack of awareness and education regarding the characteristics and impacts of elder abuse.

## Elder Abuse Response Services

MSD contracts providers across Aotearoa to deliver EARS. These services address the immediate needs of older people experiencing or at risk of experiencing (or perceived to be experiencing) abuse and neglect. The Current State report provides a detailed overview of how services are delivered and the issues EARS providers face.

## Why we need a strategy

### The ageing population of Aotearoa

As we live longer and have fewer children, our older population continues to grow. The current population of people aged 65+ will almost double from 747,900 in 2019 to 1,303,400 in 2038. Proportionally, the most significant growth will occur in the 80+ and 95+ age groups.<sup>3</sup>

These demographic changes will have numerous impacts, including an increased demand for accessible smaller housing, age-friendly workplaces, health professionals and facilities, rest homes and residential care facilities, carers and in-home support, accessible transport, superannuation and benefit support, and elder abuse services.

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<sup>1</sup> World Health Organization. (2002). Missing voices: views of older persons on elder abuse (No. WHO/NMH/VIP/02.1). World Health Organization.

<sup>2</sup> Waldegrave, C. (2015). Measuring elder abuse in New Zealand: Findings from the New Zealand Longitudinal Study of Ageing (NZLSA). Family Centre Social Policy Research Unit. Retrieved from <http://superseniors.msd.govt.nz/documents/elder-abuse/elder-abuse-technical-report.pdf>

<sup>3</sup> 2013 Census QuickStats about people aged 65 and over. (2013). Retrieved from <http://archive.stats.govt.nz/Census/2013-census/profile-and-summary-reports/quickstats-65-plus/culture-identity.aspx>

## **Aotearoa is becoming increasingly diverse**

With more than 200 ethnic groups in Aotearoa, we are becoming increasingly diverse. As well as ethnicity, diversity also includes differences in age, religion, philosophy, socioeconomic background, sexual orientation, gender identity, intelligence, physical abilities, mental health, physical health, disabilities, genetic attributes, personality, and behaviour. This increased diversity means people who make up the older population may have different aspirations and needs as they age.<sup>4</sup>

Currently, approximately 9 in 10 older people identify with one or more European ethnicities, 1 in 20 identify as Māori or Asian and 1 in 40 as Pasifika.<sup>5</sup> However, as our older population increases, so will its cultural diversity. While Europeans will remain the largest cultural group, Asian, Māori and Pacific will see significant increases in population and by 2038 people from these three groups will collectively make up over half of the 65+ population.

As the diversity of older Aotearoa changes, there will be a greater variety of expectations and aspirations for older age. Many public and private organisations continue to cater to the European-majority. However, organisations will need to change services to reflect the increasing cultural needs of their cliental. We will also need to invest in services that currently specialise in working with these groups to ensure that older people can access services that meet their individual and cultural needs.

As the population ages, and the number of older people increases, it is anticipated that elder abuse will increase. This requires a collective community and government effort to prevent and address elder abuse and improve older people's wellbeing across Aotearoa.

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<sup>4</sup> Office for Seniors. (2019). *Better Later Life Strategy*. Retrieved from <http://www.superseniors.msd.govt.nz/documents/better-later-life/better-later-life-strategy.pdf>

<sup>5</sup> 2013 Census QuickStats about people aged 65 and over. (2013). Retrieved from <http://archive.stats.govt.nz/Census/2013-census/profile-and-summary-reports/quickstats-65-plus/culture-identity.aspx>

# Strategies we are committed to embedding into our future work

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In 2019, MSD released both its Māori Strategy and Action Plan and its Pacific Strategy. These strategies outline MSD's ongoing commitment to meet the needs of our Māori and Pacific communities and reflect how MSD will work to achieve better outcomes for Māori and Pasifika. High level outlines of these strategies are noted below:

## Te Pae Tata<sup>6</sup>

Te Pae Tata embodies a voyage of transformation. It was developed by Māori for Māori, in partnership with the Ministry.

Te Pae Tata embeds a Māori world view into our organisation that will honour our commitment as a Te Tiriti o Waitangi partner and prioritise the needs of whānau.

Our vision for Māori is whānau are strong, safe and prosperous – active within their community, living with a clear sense of identity and cultural integrity and with control over their destiny – Te mana kaha o te whānau!

## Pacific Prosperity<sup>7</sup>

Pacific Prosperity – Our People, Our Solutions, Our Future, places our Pacific peoples, families and communities at the heart of the development, thinking and decision making. Its purpose is to rejuvenate MSD's delivery and engagement of services for Pacific peoples, families and communities, so they are safe, thrive and flourish in Aotearoa.

The three strategic objectives of Pacific Prosperity are:

- *Positive experience every time:* committed to ensuring Pacific peoples, families and communities maintain their dignity, are treated without judgement and feel safe, respected and empowered in every engagement they have with us.
- *Partnering for Greater impact:* authentic relationships with Pacific peoples, families and communities to drive greater impact on positive outcomes. Ensure they are key stakeholders in the decisions, design, development and delivery of matters that impact on Pacific and provide safe spaces for them to have their voice heard
- *Supporting long-term social and economic development:* commit to long term relationships and investments that support Pacific aspirations and innovation to achieve prosperity and self-sufficiency for Pacific people, families and communities in Aotearoa.

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<sup>6</sup> Ministry of Social Development. (2019). *Te Pae Tata*. Retrieved from <https://www.msd.govt.nz/about-msd-and-our-work/about-msd/strategies/te-pae-tata/index.html>

<sup>7</sup> Ministry of Social Development. (2019). *Pacific Prosperity*. Retrieved from <https://www.msd.govt.nz/about-msd-and-our-work/about-msd/strategies/pacific-strategy/index.html>

## **How EARS will reflect these strategies**

These strategies highlight MSD's commitment to strengthen and invest in services that will better meet the cultural needs of our communities, particularly our Māori and Pacific communities.

It is important that service strengthening, design, and development are built on MSD's Māori and Pacific strategies. Our vision is that over the next three years, as we strengthen and stabilise EARS, we will work to explore how we implement Te Pae Tata and Pacific Prosperity. This work will inform our future approach and practical next steps for integrating these strategies into elder abuse services, ensuring that services reflect Māori and Pasifika needs and world views.

We need to pay attention to the interests of Māori and be guided by Te Tiriti o Waitangi as a founding document of our country. Our intent to work closer with iwi, hapu and whānau as guides to understanding our responsibility to better serve communities, demonstrates our commitment to honouring Te Tiriti o Waitangi.

# The proposed future strategy for Elder Abuse Response Services

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## Priorities for the future

This report identifies several proposed priority areas for EARS and outlines why they are important.

### Supporting older people to live abuse free

Our vision is an Aotearoa where older people are supported to live abuse free and the prevalence of elder abuse and neglect is reduced. We also want all people who need and want help with elder abuse to be able to access support.

To achieve this vision and to help older people thrive and be safe, a holistic approach to elder abuse is needed. This approach includes supporting communities to be aware of what elder abuse is and how to respond to it, enabled by education and awareness-raising activities. It also requires the delivery of best-practice intervention and support to those experiencing or at risk of experiencing elder abuse, as well as providing ongoing support to help people to remain safe and connected in their communities.

EARS providers play an important and unique role in achieving this vision as they deliver a dedicated intervention to older people experiencing, or at risk of experiencing, elder abuse.

### Serving the needs of an ageing population

It is important that EARS providers are equipped to respond to the range of needs and backgrounds of older people. Each older person has a unique life experience that shapes their current situation. For example, many older people grew up in a society with very different norms where there was discrimination and little acknowledgement of LGBTQIA+, gender, and cultural rights. Some may have experienced various levels of historical trauma from this, impacting their current wellbeing and increasing their risk of abuse.

Support for the older person also needs to consider deteriorating health, cognitive and mental health conditions, or disabilities that are frequently experienced within the older population and place the older person at risk, or increased risk, of abuse.

We recognise the need for services to better reflect the diverse communities of older people. We want to help build the capability of current EARS providers to work with underserved groups, as well as expand the number of services in underserved communities.

In particular, we acknowledge that there are a limited number of Māori, Pacific, Asian, and ethnic minority providers delivering EARS across Aotearoa. The current providers who serve these communities work hard to ensure that the needs of the people are met but recognise that resourcing is limited, affecting their ability to provide appropriate and effective services. We acknowledge the importance of cultural expertise and responses, and our vision is to prioritise investing in these services.

## **Supporting providers to deliver best-practice services**

In mid-2017 EARS replaced the previous Elder Abuse, Neglect and Prevention services. Since then, demand for services has continued to grow and EARS staff are having to manage high workloads; potentially creating unsafe practice. The complexity of cases also means that extra input is required to ensure the older person is not only supported to be safe but to remain safe.

Ensuring well-resourced services to meet the needs of people experiencing elder abuse is crucial in combatting the widespread harm caused by elder abuse.

We want to support EARS providers to build their capacity and capability. We recognise providers' expertise and want to create a space for innovation and proactiveness. To achieve this, it is important that adequate resourcing is provided so they can determine the most effective responses for the older people in their community.

For older people across Aotearoa to get the support they need to thrive and feel safe, accessing support must be easy. Therefore, MSD wants to build the sector and resource providers to deliver timely and effective responses to abuse. We want to work collaboratively with the sector to build a long-term shared vision that prioritise on the health and wellbeing of older people at its core. By working together with EARS providers to build future services, older people will receive services that are culturally appropriate, accessible, effective, and based on best-practice when they need it.

## **Giving our regions support to deliver an integrated response**

We recognise the importance of providers having strong connections and affiliations within their communities. We want to support these connections and help build the capability of our regions. When organisations work together in their communities, integrating services to provide complementary and streamlined service delivery, people in our communities receive more responsive and effective support.

As a member of the Joint Venture, MSD is committed to working with other government agencies to identify synergies and better ways of working to achieve more integrated community responses to family and sexual violence. As part of the Joint Venture's ongoing work programme, a future strategy is being developed to determine how to support an integrated community response.

Within MSD there are also other opportunities to work with current services, e.g. working with Heartland services in rural communities as they are commonly used by older people, building the capability of MSD frontline staff to work with older people, and working alongside the Pacific and Māori strategy groups to ensure future service changes and strategies reflect the needs of our Māori and Pacific communities.

## **Recognising elder abuse services as a key family violence service**

Historically, elder abuse services have been treated as separate from family violence services within MSD and other government programmes. Since mid-2018, MSD has worked to integrate the EARS work programme into the wider family violence work programme while recognising that elder abuse has its own specific characteristics.

It is important to recognise the unique nature of elder abuse and that it requires specific interventions and targeted services, like child abuse services. The Current State report identified the nature and complexity of elder abuse. Elder abuse cases often include

factors that are more likely to arise with advanced age, such as living in aged care facilities; deteriorating mental, cognitive, and physical health; and vulnerability when relying on people they trust for daily support.

Providing a dedicated service for elder abuse is important as it recognises the unique qualifications and skills required to work with older people and their whānau to address elder abuse and its impacts. Concurrently, we acknowledge the importance of EARS providers working alongside other family violence providers, to better coordinate a holistic and integrated response to family violence.

## Actions to drive change

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To help us achieve our priorities we propose a three-phase approach. These three phases represent the need for a holistic, dynamic and long-term approach to enable sustainable service change.

### **Stabilise**

Applying transparent funding

Improving contracting and reporting

### **Strengthen**

Capability building of the sector

Invest in Māori, Pacific, and culturally diverse services.

### **Grow**

Increasing investment for medium-long term support

Investing in social connectedness and community support

Investing in prevention and awareness raising activities

## **Stabilise**

The focus of the stabilise stage is to address some of the immediate issues that were learned from our conversations with EARS providers (noted in the Current State report), to support change in the short-term.

The purpose is to facilitate a foundation of services which can better meet the needs of older people who will engage with services.

### **Applying transparent funding**

Prior to July 2020, providers were contracted to deliver EARS via volume-based contributory funding. Although they were all delivering similar services, the rate per client varied from one provider to the next.

Throughout our engagement with providers, we heard that they want to be funded a fair amount for the work they are contracted to do and for the amount it realistically costs to deliver their services including overheads. Many highlighted that the funding they receive for EARS is not enough to offer a competitive salary let alone other necessary expenses such as overheads, travel, supervision and training.

We recognise that the current approach to allocating funding does not consider an area's population level or the local demand for elder abuse services. We also recognise that the current approach to funding creates inequities. As EARS providers are all delivering a similar service, the level of disparity between funding rates is arbitrary.

MSD is moving towards a more transparent funding model where funding allocation models consider both the overall service demand (based on the population of an area)

and the relative service demand arising from specific features of a local population as has been used with the Whānau Resilience funding allocation model.

Our understanding of transparent funding would mean EARS providers are paid a fair amount for the work they are doing and allow us to target our investment to communities with the greatest need for elder abuse services. We want to deliver a level of funding that enables us to support providers to deliver best-practice services that meet the complex needs of their clients, for staff to receive a salary commensurate with their qualifications and skill level, and to support activities such as supervision, ongoing professional development, and overheads.

#### *Moving from contributory to full-time equivalent funding*

In Budget 2020 (attached as Appendix One) the Government invested \$25 million in to EARS to address cost pressure issues. This has enabled MSD to start moving towards transparent funding. From July 2020 MSD is funding EARS providers via a full-time equivalent roles (FTE) funding model. This funding model pays providers an FTE rate for an agreed number of FTEs, with a portion of the funding going towards the operational overheads of the organisation. EARS providers informed us that this is their preferred method of funding as it will improve current salary conditions, better working conditions, and retention of staff.

A shift to an FTE funding model will help to create consistency and equity for providers and frontline workers across the country. Through this payment structure, providers are enabled to support their frontline workers through competitive salaries, cultural and professional supervision, and professional development.

An FTE funding model also increases providers' ability to respond more dynamically to the needs in their community by reducing some of the limitations of volume-based funding.

### **Improving contracting and reporting**

EARS providers noted that current contracts and reporting do not adequately reflect service delivery. Although EARS was contracted in mid-2017, the service guidelines and short turnaround for procurement and contracting meant that contracts, service guidelines, and reporting requirements were not fully developed with the sector.

Transparent contracts and reporting would enable providers to report the outcomes of their services, rather than one that focused primarily on volume e.g. inputs and outputs of clients. Focusing on client volumes alone does not provide us with an understanding of the effectiveness of services in helping older people to be safe from abuse or the need for services in an area. Furthermore, it does not consider the need for providers to maintain engagement with older people and their whānau even after the case has closed.

To shift to a better understanding of the effectiveness of EARS, we need to better understand and measure the outcomes for families and whānau, rather than on just the outputs of service delivery. To enable providers to achieve positive outcomes for their client and whānau we need to allow flexibility in how services are delivered.

### *Outcome reporting*

We want to move towards a reporting model that is based on and promotes the outcomes of services. It needs to be simple, useable, and most importantly reflect the experience and goals of the people who receive the service.

Moving to an outcome reporting model reflects the feedback from EARS providers about the considerable time they spend extracting data from their database and writing narratives to supplement the data in order to try and capture the real nature of the service.

The new reporting model will enable feedback loops not only to providers but to MSD about the strengths and gaps in service delivery and help support consistent good practice that is evidence-based across Aotearoa. The outcome reporting will complement the move to an FTE funding model as it will track performance and the impact of the changes to services due to the new funding approach.

Most importantly an outcome reporting model will put clients' voices at the centre, focusing on how services are improving their safety and wellbeing. This aligns to the Government's approach to embed wellbeing into the heart of policy-making and community resourcing decisions.

### *Prototype*

During 2019, we consulted with providers, family violence experts, and older people to develop an evidence-based outcome reporting prototype. A hui was held in late January with kaupapa Māori EARS providers to discuss the suitability of the prototype for Māori. Providers gave encouraging feedback about the prototype and their feedback was incorporated into the final design.

We are implementing a research project to evaluate the quality and acceptability of the reporting prototype, and the effectiveness of services delivered by EARS providers. From February to July 2020 we held workshops with EARS providers to organise next steps to test the reporting prototype; 82% of EARS workers agreed to take part in the 6 -12 month testing phase. Workshop participants were enthusiastic about the potential of the new reporting prototype and indicated that it was a much more transparent and accurate way of capturing the work they do. At the end of the project an evaluation report will be completed which will contain statistical analyses of the information received.

### *Committing to continuous improvement*

We want to work with providers to continuously improve the effectiveness of services and outcomes. Our work with providers to develop an outcome reporting model will help us develop evidence-based practice, identify the impacts of future service changes on service delivery and practice, recognise approaches that are successful, and which can be strengthened or modified.

By working as a sector to collectively deliver better outcomes for older people in Aotearoa, we aim to achieve:

- timely data that values stories and experiences
- information sharing among providers on what works and what doesn't,
- to promote increased learning and innovation

- consistent data that measures and understand who our service users are, and tracking the patterns of outcomes (both regionally and locally) to providers about their performance over time
- awareness and alignment between our funding and the changing needs of older people, families, whānau and regions.

This will allow us to better target services because we will be able to learn who we are delivering to, the best way to engage with them and what interventions work for them.

## **Strengthen**

The focus of the strengthen stage is to continue to build the foundation of EARS which occurs in the stabilise phase. The purpose is to solidify the stabilisation of services, improve older people's access to culturally responsive services, build the capability of providers, and prepare the sector for opportunities for future growth.

### **Capability building of the sector**

Elder abuse cases are complex and diverse, often including a mix of legal, health, financial, cultural, social and political factors. These factors are often changing, and staff require support, resources, and opportunities to develop and build capability.

EARS providers informed us that there is a need in the sector to undertake ongoing training and education to ensure that clients are receiving the most up-to-date and best practice services.

We want to create more consistent and targeted capability building of the sector, including supporting:

- *National hui and forums*: for providers to share skills, experiences, and knowledge. These national events facilitate relationship building between providers as many EARS staff work in isolation or in very small teams. There are various benefits to ensuring that staff across Aotearoa can come together and network, including creating a consistent level of practice.
- *Training and education*: we recognise the diversity of skills and knowledge of EARS providers across Aotearoa. Although our goal is not to create homogeneous practices as each person and each community has different needs, we recognise the need for a consistent level of practice. To help improve development and capability of the sector we want to support EARS staff to undertake training as part of their everyday role, and to facilitate regional training that build regional capabilities and practices. Our aim is to also facilitate elder abuse capability building within the wider family violence sector.

To continuously improve and develop services, it is important that EARS providers and staff be supported to share their knowledge and skills across the sector, whilst also building their capability to meet regional and community needs.

### **Investing in Māori, Pacific, and culturally responsive services**

There are a limited number of EARS providers specialising in delivering services to Māori, Pacific, Asian, and ethnic minority communities. There is an ongoing need for elder abuse services in these communities, particularly as their populations are increasing. These communities may face additional barriers when engaging with services, have limited choices to access specialised and culturally responsive services, and therefore may be less likely to reach out to formal services.

We recognise that organisations which specialise in delivering services to specific cultural groups have connections with their own communities, have expertise in culturally-responsible practices, and understand the nuance required to provide effective and safe support for their older people. We want services to reflect the needs of a community and be driven by the communities – therefore we need to prioritise investment in a diverse

mix of providers. Investing in these services is likely to provide us with valuable insights, which may also have flow on benefits when building and resourcing workforce capability across the sector.

Our goal is to invest in a local provider market that reflects the relevant community. As a significant funder of family violence services, it is our role to support a regional provider mix that reflects the communities they serve, although this will take time to achieve.

MSD has worked over the last few years to construct Māori (Te Pae Tata) and Pacific (Pacific Prosperity) strategies with Māori and Pacific communities across Aotearoa. These strategies are founded on strength-based principles and instil the right of communities to lead and own their projects, as the experts, for their people. MSD's role and responsibilities are to provide high level overview in supporting these communities. As we strengthen EARS, we will collaborate with the Māori and Pacific Reference Groups to ensure that future changes meet the values and actions of these strategies, so that we can positively support services and meet the needs of older people in these communities.

#### *Kaupapa Māori services*

Currently, MSD contracts a few kaupapa Māori providers to deliver EARS, located mainly in the central North Island. However, outside of this area there are no kaupapa Māori EARS providers available to older people.

There is also little capability of Tauīwi EARS providers to deliver Te Ao Māori and whānau centred services across Aotearoa. Providers noted their desire to build Te Ao Māori capabilities to better meet the needs of tangata whenua in their communities. Although we want to encourage and enable sharing of skills and knowledge between providers, as well as build the overall capability of EARS, we need specialised kaupapa Māori organisations delivering dedicated services to their people.

## **Grow**

To improve EARS' capabilities and capacity to support older people to live abuse free, we recognise there are opportunities to expand the scope of EARS.

### **Increasing investment for medium-long term support**

Currently, EARS focus on meeting the immediate needs of people experiencing, or at risk of experiencing, elder abuse. Although older people who use EARS typically engage with EARS for three to six months, practitioners have limited capacity to provide ongoing and longer-term support to older people who need it. EARS providers highlight that some people need ongoing support beyond the intensive stage of helping the older person get safe.

For some older people, elder abuse may be a pattern of abuse over a significant period of time occurring before the person reached 65 years of age. For these people it is difficult to break a long-standing pattern of abuse in a few months. In addition, for older people building a relationship and trust with a client is a priority and can take a considerable amount of time before the person will open up about the root cause of an issue and accept support to overcome abuse.

### **Investing in social connectedness and community support**

Many community groups and organisations, including some EARS providers, deliver social connection activities for older people within their communities. However, they receive little, or no, funding for these services, often relying on inconsistent philanthropic funding.

Many of these community groups e.g. Kaumatua and Pacific community groups, are small but are the community centre point for social interaction for older people. These services provide a place for older people to meet other people and stay connected. These services also provide referral pathways for older people that might be experiencing or at risk of experiencing abuse.

Older people who have strong social connections have higher life satisfaction and are less at risk of elder abuse. Improving access to social connection services provides opportunities for older people to be connected to other people in their community, improving their wellbeing and ability to be independent and empowered. It also provides a space where older people can be supported post EARS-intervention, as EARS providers highlight that older people often need ongoing social connection to help keep them safe from future abuse.

### **Investing in prevention and awareness raising activities**

The World Health Organisation highlights the importance of prevention and awareness raising activities in reducing family violence in our communities. There has been increasing support and resourcing for awareness campaigns regarding child abuse and intimate partner violence, most notably MSD's It's Not OK campaign, over the last decade. Evidence indicates that this has had positive impacts on community awareness of these types of family violence. We recognise the importance of expanding these campaigns and activities to all family violence types.

Elder abuse, like all family violence, takes a huge toll on individuals, whānau and communities. Older people deserve to live a life free from abuse, it is not enough to provide services to them once they experience abuse. We need to increase the visibility of elder abuse in family violence discourse and encourage conversation and community ownership of the issue; the activities that have been done by MSD's Office for Seniors have demonstrated that substantial national campaigns do make a difference.

*Proposed approach*

For prevention and awareness raising to be effective and have long-term impacts, we recognise that these activities may require a multi-layered approach, promoting community awareness and ownership of elder abuse through various layers of society. The following provides a brief description of each layer.

This multi-layered approach is indicative only and recognises the need for various types of awareness-raising and education across Aotearoa to reduce the prevalence and negative outcomes of elder abuse. We acknowledge the importance of developing the scope of these activities with other stakeholders and the sector as this work programme progresses.



## **Whānau and community**

The 'whānau and community' layer focuses on holistic awareness and education raising for families and whānau. For example, MSD's E Tu Whānau and Pasefika Proud teams focus on supporting whānau to solve issues for themselves. These grassroots programmes provide a holistic approach to family and whānau wellbeing, focusing on supporting thriving communities. Rather than providing a prescriptive model for community change from government or family violence providers, they are community owned and driven.

Older people's wellbeing is an essential factor in a whānau's wellbeing. Awareness raising in this area can take various forms based on community needs and work well being run alongside other whānau-strengthening programmes.

## **Community organisations and agencies**

The 'community organisations and agencies' layer would focus on delivering education and awareness raising activities to community organisations, public and private agencies, and aged care facilities. Each of these organisations has diverse interactions with older people and may identify elder abuse and respond to it in different ways, requiring a customised education approach. The development of local community knowledge and collaboration in responding to persons experiencing abuse is vital to support individuals to become free of violence.<sup>8</sup>

Currently there are no organisations funded to deliver such education in communities. Prior to EARS, providers were funded to deliver these activities, but this ceased with the advent of EARS. We recognise that this has left a gap and want to fill this community need as part of our longer-term strategy.

## **National campaigns**

'National campaigns' promote consistent national messaging and awareness of high-level themes and messages. Previous elder abuse national campaigns run by MSD's Office for Seniors have effectively increased awareness of elder abuse.

This initiative would provide a broad foundation for the more nuanced and customised regional, community and whānau awareness-raising activities.

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<sup>8</sup> Ministry of Health. (2007). *Family Violence Intervention Guidelines: Elder Abuse and Neglect*. Retrieved from <https://www.ageconcern.org.nz/files/EANP/Family%20Violence%20Intervention%20guidelines-elder-abuse-neglect.pdf>

## How this strategy fits with other related strategies <sup>9</sup>

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This strategy has links to, and complements, a number of other strategies, including:

### **Better Later Life 2019 to 2034**

Better Later Life 2019 to 2034 has been developed to drive action to ensure that all New Zealanders recognise older people's potential. It creates opportunities for everyone to participate, contribute and be valued as they age.

### **Pasefika Proud Pathways for Change framework for 2019–2023**

The Pathways for Change framework illuminates the power of cultural values and constructs to prevent violence and support Pacific peoples to thrive. It also articulates the importance of communities leading their own solutions and how we, as government, can support their aspirations.

### **Healthy Ageing Strategy 2016**

Health is a key aspect of ageing and wellbeing. The Healthy Ageing Strategy takes a life-course approach, seeking to maximise health and wellbeing for all older people so that "older people live well, age well, and have a respectful end of life in age-friendly communities".

### **New Zealand Disability Strategy 2016**

As age increases, so does the likelihood of living with a long-term health condition, or a disability requiring ongoing support. The New Zealand Disability Strategy vision is: "New Zealand is a non-disabling society – a place where disabled people have an equal opportunity to achieve their goals and aspirations, and all of New Zealand works together to make this happen."

### **New Zealand Carers' Strategy 2008 and New Zealand Carers' Strategy Action Plan 2019–2023**

Older people are often on both sides of the caring relationship at different times. They may be caring for partners, parents, friends or mokopuna, but may require care themselves later in life. The Carers' Strategy Action Plan is likely to result in resources and meaningful, practical support to help people in a caring role.

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<sup>9</sup> This section has been copied from the Better Later Life Strategy <http://www.superseniors.msd.govt.nz/documents/better-later-life/better-later-life-strategy.pdf>

## Summary

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Elder abuse is an increasing issue in Aotearoa and this proposed strategy is the start of ongoing work to identify key priorities, actions, and opportunities for Elder Abuse Response Services that aim to make older people safe and supported to live independent and abuse-free lives.

As we live longer and have fewer children, our older population continues to grow. As our older population increases, so will its cultural needs. While Europeans will remain the largest cultural group, Asian, Māori and Pacific will see significant increases in population, and require services that meet their cultural needs.

MSD has released its commitment to Maori and Pacific people through our Te Pae Tata and Pacific Prosperity strategies. These strategies highlight MSD's promise to strengthen and invest in services that will better meet the diverse needs of our communities. Alongside using these strategies as part of the foundation of our future work programmes, we will further work to identify how we can meet the needs of our other communities, including Asian, African, and South American communities, and LGBTQIA+, and disabled people.

This strategy details our key priorities for future EARS:

- Supporting older people to live abuse free
- Serving the needs of an ageing population
- Supporting providers to deliver best-practice services
- Giving our regions support to deliver an integrated response
- Recognising elder abuse services as a key family violence service

To achieve these priorities, we have proposed a three phased approach that represents the need for a holistic, dynamic and long-term approach to enable sustainable service change, focusing on stabilising, strengthening and growing elder abuse services.

This strategy notes our long-term vision to enable a dedicated and coordinated response to improving EARS, supporting providers, and ensuring that older people across Aotearoa can access effective elder abuse services which meet their unique and individual needs.

As part of our vision, we note that further work is required in Aotearoa within the public and private sector to identify opportunities for a national approach to elder abuse and older people's safety and wellbeing. EARS is only one programme in Aotearoa that impacts the safety, wellbeing and independence of older people, and change driven via this programme cannot alone create on-going and systemic change.

## Appendix One: Budget 2020

New Zealand has devastating levels of family violence. This has led to overwhelming demand for specialist family violence services for victims/survivors of family violence (including women, children and older people), and perpetrators of violence.

Current funding for essential specialist family violence services is not adequate to meet costs, does not support safe practice and drives high caseloads, low salaries and unpaid hours for sector specialists and other workers.

In addition, the costs associated with delivering services have increased, including for contracting requirements such as health and safety, accreditation and other social sector workforce development costs.

Government funding has not kept pace with increased costs over the last 10 years. Some additional funding for increasing demand was made available for existing services through Budget 18 – however this did not address cost pressures.

This package sees \$183 million over four years to address cost pressures for specialist family violence providers contracted by MSD. This investment aims to ensure continued access to specialist family violence services, and is made up of:

- \$142 million for services supporting victims/survivors of family violence,
- \$16 million for services for perpetrators of family violence, and
- \$25 million for older people impacted by family violence

The additional funding will support current MSD-funded providers to start addressing current cost pressures and to retain, support and develop their valuable staff. This will result in safer working environments for staff and better outcomes for people affected by family violence.

Specialist family violence service providers employ a large number of social workers and workers with equivalent skills and experience. Providers are facing high demand for these valuable staff. The additional funding will, over the next four years, allow them to offer more competitive wages in line with other similar services.

### New funding by service type and funding type

| Service type                               | Funding type              | 20/21<br>(\$m)  | 21/22<br>(\$m)  | 22/23<br>(\$m)  | 23/24<br>(\$m)  | 4 year<br>total<br>(\$m) |
|--|---------------------------|-----------------|-----------------|-----------------|-----------------|--------------------------|
| Family Violence victims/survivors          | Service delivery          | \$15.552        | \$32.566        | \$40.566        | \$48.006        | <b>\$136.690</b>         |
| Family Violence Elder Abuse                | Service delivery          | \$1.781         | \$4.292         | \$6.792         | \$9.292         | <b>\$22.157</b>          |
| Family Violence Perpetrators               | Service delivery          | \$2.500         | \$3.500         | \$5.000         | \$5.000         | <b>\$16.00</b>           |
| All Family Violence cost pressure services | Design and Implementation | \$2.167         | \$2.142         | \$2.142         | \$1.702         | <b>\$8.153</b>           |
| <b>Total</b>                               |                           | <b>\$22.000</b> | <b>\$42.500</b> | <b>\$54.500</b> | <b>\$64.000</b> | <b>\$183.00</b>          |

Please note:

- This funding through Budget 2020 is to address cost pressures. This is additional funding on top of baseline funding for all of MSD's family violence services (\$34.436 m per year).
- Funding for EARS has a rising profile over four years. Funding for 20/21 has already been allocated which ensures that providers receive immediate additional funding while allowing MSD time to work with the sector on developing new contracting and service model that are fit-for-purpose and better meet the needs of clients.