EWAS CASE STUDIES

ELDER NEGLECT:
A QUALITATIVE STUDY OF NEGLECT CASES REFERRED TO AGE CONCERN ELDER ABUSE AND NEGLECT PREVENTION SERVICES

Case Study 2

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ENHANCING WELLBEING IN AN AGEING SOCIETY (EWAS)

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Elder Neglect

A qualitative study of neglect cases referred to Age Concern Elder Abuse and Neglect Prevention Services during the period *1 July 2002* to *30 June 2006*

Wellington, June 2008

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Contents

Executive summary

This report presents a qualitative analysis of neglect of older people in New Zealand based on a subset of cases referred to Age Concern New Zealand Elder Abuse and Neglect Prevention Services (EANP Services) between 1 July 2002 and 30 June 2006.[1] Content analysis was completed on a sample of 137 case reports of established cases of elder neglect where neglect was the main form of mistreatment.

The aim of the study was to describe the experience of neglect for older people referred to Age Concern EANP Services. The method enabled identification of common ways in which neglect was manifested in the sample, characteristics of those experiencing neglect and those responsible, and community and familial supports which may have prevented the neglect occurring.

The sample included cases involving physical, emotional, social and financial neglect. A range of commonly recognised risk factors for abuse or neglect were represented in the sample cases, including social isolation; carer stress; physical or mental impairment or disability; dependency (of the older person on their carer or of the carer on the older person), dysfunctional family dynamics (including a history of family violence); and presence of alcohol, drug or gambling addictions. Quantitative analysis would enable the relative strength of these risk factors to be identified, and further research is recommended.

Common themes that emerged from an analysis of the comments sections of the case reports included the neglect of care responsibilities, neglect of nutritional needs and neglect through financial mismanagement.

Neglect through financial mismanagement was reported in approximately one third of the sample cases. Sub themes of neglect involving finances were financial mismanagement involving the family home, misappropriation of a person's income or assets, and neglect of rights through financial misuse of an Enduring Power of Attorney.

The attitudinal and relationship dynamic between the abuser and the client was also a theme emerging from comments in sample case reports. The analysis revealed attitudinal and relationship sub themes of power and control, and lack of empathy.

A common factor for persons experiencing neglect was that they were in relative isolation and had limited social contacts. Companionship needs were sometimes noted as a reason why an older person elected to remain in a neglectful relationship or living situation.

The case reports revealed how personal stress factors, for example unemployment, mental and/or physical disabilities, and addictions, can impact on a family member's capability to provide care.

[1] During this period there were a total of 383 cases of neglect, 200 of which identified neglect as the main form of abuse.

This research indicates that the ability of families to provide a required level of care cannot always be assumed. In some cases of neglect the family caregiver may not only lack the skills, they also may reject the notion of providing adequate care. In a number of cases of neglect, families actively resisted the support available and in some instances policies, such as those on asset testing and those concerning power of attorney, appeared to have contributed to family resistance. In other cases, families simply failed to recognise the neglect or its impact on their older relative.

The quality of care and support services across residential, home care and community services was highlighted as a key issue. EANP Coordinators' reports indicate that in a number of cases, neglect could have been prevented through improved assessments of the carers' ability to provide care as part of older persons' needs assessments and by increased support to family/whanau carers. Family members also needed information on the range of support available and how to access it, and motivation and encouragement to request and accept help.

In a small number of cases, paid providers such as doctors and professional care providers were cited as being responsible for the neglect. Rest homes also featured in case reports, with poor management practices, inadequate communication between management and staff and with family, insufficient training, and inadequate quality or level of staffing mentioned as contributing to neglect.

The cases illustrate the need for a range of policy responses in order to prevent neglect. In the context of structural ageing, resources, infrastructure and quality improvements are needed to improve support for older people and their families and to ensure timely access to appropriate care. In addition the cases highlight the need for policies promoting attitude and behaviour change. Underlying beliefs and attitudes towards ageing and older people will influence service providers approach to care, and will influence family members' view of care responsibilities. Policy responses are needed to improve knowledge and skills and to raise awareness of the needs and rights of those requiring care and support.

It is important to note that the themes and characteristics of neglect identified in this analysis are features of the sample cases studied and can not be generalised to the total population. Findings are contingent on the nature of the sample and on the range of factors that influenced referral of those cases to Age Concern EANP Services. Nevertheless the analysis reveals significant themes and indicators of the dynamics of elder neglect, which can be usefully applied to prevention policy and practice.

Summary of key findings

Common themes in sample cases of neglect:

- Neglect through financial mismanagement.
- Neglect of nutritional needs.
- Neglect as a consequence of attitudes and relationship dynamics
- Neglect of family care responsibilities and carer stress
- Neglect as a consequence of carer's gambling habits or use of alcohol or drugs.
- Neglect involving service providers (including residential care).
- Neglect by paid service providers.
- Neglect involving service providers (including residential care).

Patterns of behaviour contributing to neglect:

- Not recognising the needs of the neglected person.
- A lack of awareness of community or paid support services.
- A lack of empathy.
- An inability to provide the necessary support.
- A reluctance or unwillingness to accept assistance.
- Impaired or limited communication within families and/or between caregivers and families.
- Family conflict
- Dominant or controlling behaviour
- Alcohol or drug use and gambling

Ways in which neglect can be prevented:

- Promoting understanding of the important role carers have in our community and their right to support.
- Improving awareness of and access to advice on help available for older people and their carers, including day care facilities.
- Improving support to family/whanau carers, particularly following respite or other formal care.
- Including assessments of family/caregiver's ability to meet the client's needs in client needs assessments.
- Promoting communication between family members and with ageing relatives, especially if care and inheritance arrangements are contested or unclear.
- Encouraging separate financial arrangements, including in some cases an independently appointed Enduring Power of Attorney.
- Increasing awareness and availability of services to prevent social isolation.
- Increased availability of addiction counseling and rehabilitation services.
- Improving management standards, staff training and supervision, and monitoring quality of care in residential care facilities and home support services.

1. INTRODUCTION

1.1 Background

Cases of elder neglect in New Zealand are regularly reported to Age Concern Elder Abuse and Neglect Prevention (EANP) Services. This report presents an analysis of a subset of established cases of neglect. The analysis is based on descriptions in case reports from EANP services as entered into Age Concern New Zealand's national database of abuse and neglect.

Neglect is a form of mistreatment that may involve careless, indifferent or malicious lack of attention or action. It is a common form of mistreatment of older people and occurs as a consequence of the failure of a responsible person (or persons) to provide what is prudently considered to be adequate, reasonable and available assistance, with harmful effects for the older adult (NCEA Elder Abuse Centre, www.elderabusecenter.org).

Elder neglect includes mistreatment by family members as well as by persons in professional or business roles that connote trust, including lawyers, doctors, nurses and paid caregivers. Aspects of the person's life commonly neglected include neglect of health, nutrition, hygiene, clothing, safety, and neglect of social needs, advocacy needs, physical activity needs, financial needs and household management needs. Commonly, more than one aspect is neglected in each case.[2]

Elder neglect sometimes occurs alongside other forms of elder mistreatment or abuse, including physical, psychological, social and financial abuse. Much of the research has failed to differentiate between abuse and neglect, and elder neglect is commonly identified as a subset of elder abuse. As a consequence there is limited information specific to neglect.

Neglect is however, a distinct form of mistreatment and therefore worthy of separate study. Because neglect involves a lack of action, it is less tangible than abuse and can be more difficult to recognise until its cumulative effects are seen. International research has identified some distinctions between abuse and neglect, with differing risk factors and characteristics of those involved. In contrast to elder abuse, the characteristics of the person being neglected seem more relevant than those of the person neglecting. For example, disability, impairment and dependence of the elder on the person mistreating them may be more evident in neglect (Aging Healthy Vol 2 at http://medicine.jrank.org[3]).

Both elder abuse and neglect may have wide ranging and long term effects on a person's physical and mental health, finances, living arrangements, relationships and supports. Effects range from mild to severe and may include premature death from malnutrition, dehydration, untreated medical conditions, hypothermia, imposed immobility and other physical as well as social, psychological and financial effects

[2] Based on an analysis of 165 cases of neglect reported to Age Concern New Zealand EANP services between 2004 and 2006.

[3] Studies by Phillips; Pillemer; & Wolf referenced in Elder Abuse and Neglect by Hudson, M F in Aging Healthy Vol 2, available at http://medicine.jrank.org

Ageist attitudes contribute to abuse and neglect. Challenging ageist attitudes and creating a society where older people are valued is a key to prevention.

Many forms of abuse are grounded in ageism. Actions that people would likely find offensive and socially unacceptable if they happened to younger persons or other groups, are sometimes treated as acceptable if these are happening to an older person (Canadian Network for the Prevention for Elder Abuse 2005 quoted in Age Concern, 2005a: 19).

Ageist attitudes can be based on negative stereotypes and beliefs about contributions and needs in older age, sometimes expressed as 'they've had their turn'. An example is where resources are taken due to assumptions made by family members about the level of finance or belongings their older relative does or does not need in later life.

Determining incidence and prevalence of neglect is difficult. There have been no population-based investigations of elder neglect or elder abuse in New Zealand. Studies involving community based surveys within developed nations (including Australia, Canada and the UK) indicate the proportion of older persons experiencing abuse or neglect as ranging between three and ten per cent of the older population (United Nations, 2000).

International studies indicate that most cases of abuse or neglect are unreported and it is likely that referrals to elder abuse and neglect services represent only the 'tip of the iceberg''. US research estimates that just 16 per cent of all abuse or neglect incidents reach service agencies (The National Centre on Elder Abuse: 1998: 4).

Statistics collected from Age Concern Elder Abuse and Neglect Prevention Services from 1 July 2002 to 30 June 2006 show that neglect occurred in 17% of reported cases of abuse or neglect.[4] A comparison of neglect with other types of abuse is shown in the following table.

Table 1: All Types of Abuse or Neglect 1 July 2002 to 30 June 2006

Type of abuse **(Main & Other)** [5]	Number of cases where this type of abuse occurred	Percentage of total cases during this period
Physical	439	20%
Psychological	1337	60%
Financial / Material	936	42%
Sexual	40	2%
Neglect	*383*	*17%*
Self neglect[6]	397	18%
Total number of cases in this period	2222*	

*Note: The total number of cases is not a sum, as more than one type of abuse may occur in each case.

[4] Note: More than one form of abuse or neglect may be apparent in any one case.
[5] 'Type of abuse' includes the main type and other types of abuse or neglect experienced by a client.
[6] Self neglect is not a form of elder abuse and neglect. However, Age Concern EANP Services do respond to such referrals and this work is reported alongside cases of elder abuse and neglect.

1.2 Recognised Risk Factors for Neglect

Some studies indicate that neglect victims are more likely to be old-old (80+), widowed, with a disability and with dependency on the caregiver. Often they live with the person neglecting them and are socially isolated. Those neglecting the older person are commonly family members, but also may be unrelated caregivers, who have reduced support and who may view the older person as a source of stress (Podniecks, 1992; Wolf, Godkin & Pillemer, 1984[7]).

Persons with dementia may be more vulnerable to neglect than others, particularly where there is reduced ability to communicate, confusion, memory loss and a high level of dependency. Challenging, difficult or inappropriate behaviour, isolation and an absence of adequate carer support are also factors that may increase risk (Age Concern, 2005a).

Research specifically on neglect has been limited, however the following have been identified as likely risk factors for abuse or neglect:

- dependency (of the older person/koroua/kuia on others for all or part of their care, and/or dependency of the abuser on the older person/koroua/kuia)
- stress resulting from carer role or other factors such as unemployment
- dysfunctional family/whanau dynamics, including a history of violence
- social isolation and lack of self esteem on the part of the older person/koroua/kuia and/or the abuser
- mental health and psychological problems on the part of the older person/koroua/kuia and/or the abuser
- alcohol and drug abuse on the part of the older person/koroua/kuia and/or the abuser (Age Concern, 2005a: 16)

International research suggests that in comparison to the total older adult population, women feature disproportionately in elder abuse and neglect statistics. However, some studies indicate that for neglect there is a more proportional distribution between men and women (Takamura & Golden, 1998).

1.3 Definitions

Elder neglect occurs as a result of another person failing to meet the physical and emotional needs of an older person. For the purposes of this report the following definition has been adopted:

> Age Concern New Zealand defines elder neglect as occurring when a person aged 65 years or more experiences harmful physical, psychological, material/financial and/or social effects as a result of another person's failing to perform behaviours which are a reasonable obligation of their relationship to the older person/koroua/kuia, and which are warranted by the older person's/koroua/kuia unmet needs.

[7] Studies by Podniecks; Wolf, Godkin and Pillemer , referenced in Elder Abuse and Neglect by Hudson, M F in Aging Healthy Vol 2, available at http://medicine.jrank.org

1.4 The Data

The data is sourced from cases referred to Age Concern New Zealand EANP Services operating throughout New Zealand. This report presents data on 137 established cases of elder neglect extracted from Age Concern's national EANP database. These cases are a subset of 383 cases of neglect referred to Age Concern EANP services during the period 1 July 2002 to 30 June 2006.

Following referral, a suspected case of abuse or neglect is assessed and where established, the case is recorded on a case report form. When the case is closed, data provided by the EANP Coordinator about the case is entered into the Age Concern EANP Access database at national office. Information from this database forms the basis of this report.

The cases included in this study are those where the EANP Coordinator nominated neglect as the *main* form of abuse or neglect. Cases where neglect occurred as a secondary form of abuse or neglect were excluded from the sample.

Of the 383 cases of neglect referred to Age Concern EANP services during the period 1 July 2002 to 30 June 2006, 200 cases identified neglect as the main form of abuse. From these 200 cases, a subset of 137 cases were selected for analysis, by working backwards from 30 June 2006, reviewing each case and identifying themes, until data saturation had been reached.

Of the 137 cases included, 65% of clients experiencing neglect were women and 27% were male (see Table 2). The largest age group for men were those aged 70 to 74, while for women the 80-84 year age group was most common. This distribution in part reflects gender distribution in the total older population.

Table 2: Total Sample Neglect Cases by Age and Gender

Age	Female %	Male %	NK %	Totals
< 65	12%	4%	0%	**16%**
65-69	7%	2%	0%	**9%**
70-74	9%	9%	0%	**18%**
75-79	3%	1%	0%	**4%**
80-84	20%	5%	0%	**25%**
85-89	6%	1%	2%	**9%**
90+	5%	1%	0%	**6%**
not known	4%	2%	6%	**12%**
Totals	**65%**	**27%**	**8%**	**100%**

Elder neglect generally refers to persons 65 years of age and over. A small number of cases in this study involved clients seen by EANP services who were less than 65 years. As these cases had been defined as elder neglect, due to the nature of the case, when referral was accepted, these were included in the study.

2. RESEARCH AIM AND OBJECTIVES

2.1 Aim

To describe the experience of neglect for older people referred to Age Concern Elder Abuse and Neglect Prevention Services.

2.2 Objectives

- To ascertain common ways neglect is manifested in this sample.
- To ascertain common characteristics of older people who were neglected.
- To ascertain common characteristics of persons responsible for neglect.
- To ascertain if there are any patterns of risk factors in the lives of neglected older people or in the lives of those responsible for neglect.
- To verify whether known risk factors are evident in the group sampled.
- To ascertain, where possible, community or familial supports which may have prevented the neglect from occurring.

3. METHODOLOGY

This report presents a qualitative analysis of 137 cases of neglect of older persons in New Zealand.

The methodology involved secondary analysis of case reports from Age Concern's Access database. Age Concern EANP Coordinators are required to complete a standardized data collection form for each established case of elder abuse or neglect. Upon closure of each case completed forms are sent to Age Concern New Zealand national office where the data is entered into the database. The case reports include information on the demographic profile and characteristics of the client and the abuser, a brief descriptive summary of events and the EANP Coordinator's views on how the neglect could have been prevented (see Appendices).

The main focus of this study is a content analysis of the comments sections in the reports provided by Age Concern EANP Coordinators. To place the descriptive comments in context, the demographic and characteristic profiles of each case were also considered.

The data includes all cases where neglect was identified as the main form of abuse in years 2005-2006 and 2004-2005, and a subset of such cases for years 2002-2004. The case reports were analysed working backwards from 30 June 2006. Cases were reviewed until data saturation had been reached – that is, no additional themes were emerging from comment sections of case reports being reviewed.

The Access database containing the case report information does not enable data to be reformatted easily. Therefore the descriptive comments and the demographic and characteristic profiles from each case were extracted and entered into an Excel spreadsheet enabling flexibility of analysis. The information was coded using three coding techniques: descriptive, topic and analytical (Richards, 2005: 89). Descriptive coding was used for information on the attributes of the cases, such as gender and age. Topic coding was used for allocating passages to topics, or putting the data where it belongs, for example phrases in the text on nutritional neglect. Analytical coding was used for coding that came from interpretation and reflection, for example text contributing to the resulting theme of "attitudes and relationship dynamics which enable neglect".

The processes used enabled identification of common patterns of neglect and factors which may have prevented the neglect occurring in the sample cases. These were categorised and coded into themes and sub-themes. The flexibility of the format enabled characteristics of the client and the abuser to be analysed within the themes and sub-themes.

Age Concern publishes biennially a quantitative analysis of the data contained in the Access database. The qualitative analysis in this report focuses on information outside of the parameters of the biennial quantitative reports. There may, therefore, be variance between the findings of the two reports.

4. LIMITATIONS

The data which has been analysed relates to a subset of established cases of elder neglect which have been reported to EANP services of Age Concern. It is important to note that a variety of factors affect the referral to EANP services and the analysis relates only to this sample of identified cases. Findings can not be generalised to the total population of older people and the total number of cases can not be interpreted as a measure of the incidence or prevalence of neglect.

The EANP Coordinators' perspective following case closure forms the basis of information in this study. The descriptive comments completed by the EANP Coordinators varied between reports, some providing good descriptive detail and others with minimal content. Definitions and guidelines for completing the case reports are available to coordinators, however interpretation may be an influence on data. An example of a characteristic which coordinators seemed to have difficulty ascertaining was 'feeling of low self-esteem'. The level of demographic and characteristic data collected in each case also varied. This may result from the context of the actual case, where circumstances can limit gathering of information. Data on the abusers was particularly limited in some cases.

Over the review period the format of the Case Report Forms changed three times. Each change resulted in an improved format and more detail being obtained. This produced some inconsistency between years but this was considered not to have affected the overall quality of the data as the changes made were refinements of the case report forms rather than major changes to content.

Analysis by ethnicity was not included as part of this research and is a factor to consider for future research.

5. FINDINGS

Secondary analysis of the comments from EANP Coordinators' reports identified a number of themes, each indicating common ways in which neglect was manifested in the sample:

1. Neglect through financial mismanagement
2. Neglect of nutritional needs
3. Neglect as a consequence of attitudes and relationship dynamics
4. Neglect of family care responsibilities and carer stress
5. Neglect as a consequence of a carer's gambling habits or use of alcohol or drugs
6. Neglect involving service providers (including residential care).

Table 3 summarises the main themes by client age and gender. Common patterns of behaviour, client and abuser characteristics and factors that may contribute to prevention are explored within each of these themes in the following section. Illustrative tables are included to highlight key points. Additional tables are included in the Appendices.

It is important to note that the themes, patterns and characteristics of neglect identified in this analysis are features of the sample cases studied. Findings are contingent on the nature of that sample and on the range of factors that influence referral of those cases to EANP services. These limitations need to be kept in mind when considering the information presented in this report.

Table 3: Neglect: Category of Neglect by Client Age and Gender

Client	**Neglect through financial mis-management**		**Neglect of nutritional needs**		**Neglect as a consequence of attitudes and relationship dynamics**		**Neglect of family care responsibili-ties and carer stress**		**Neglect involving paid service providers.**		**Neglect due to carers gambling or alcohol or drugs**	
Age	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
<65	3	8	2	1	4	10	1	7	2	6	1	2
65-69	2	3	0	1	2	6	0	3	0	6	3	1
70-74	5	3	2	1	6	9	1	3	2	3	4	4
75-79	1	2	0	0	0	2	0	1	1	2	0	0
80-84	3	10	1	1	5	16	2	9	1	7	1	10
85-89	1	3	0	2	1	4	0	2	1	2	1	1
90+	0	2	0	0	0	3	0	2	1	3	0	2
nk	1	0	0	2	1	3	1	0	8	8	0	0
Total	16	31	5	8	19	53	5	27	16	37	10	20

5.1 Neglect through Financial Mismanagement

Neglect through financial mismanagement was identified in comments in 47 of the 137 cases analysed. There were common client characteristics amongst the 47 cases. These were: limited social contacts and isolation (in 37 cases out of 47); mental and/or physical disabilities (in 35 cases); communications difficulties (29); and a dependency on one person (27).

Women were more frequently represented amongst those experiencing neglect through financial mismanagement (31 women and 16 men). Neglect from financial mismanagement affected persons across all client age groups, although the 80 to 84 year cohort had the largest number of reported cases (13 out of 47), followed by clients aged less than 65 years (11 of 47). Four out of the 47 cases of financial mismanagement involved clients in residential care.

Family members were most commonly responsible for neglect by financial mismanagement (43 of 47 cases, or 91%), with sons and daughters being the most frequently reported abusers (in 30 of 47 cases). The non-family members responsible for financial mismanagement were; paid carers (2), lawyer (1), landlord (1) and friend (1). The ages of those responsible for neglect ranged from under 25 years to between 65 and 74 years, with the majority being between 35 years and 54 years, consistent with the high number of sons and daughters reported as abusers. Note however that in 23 % of cases the age of the abuser was not known.

Other characteristics of those responsible for neglect through financial mismanagement are: they are the primary care giver (in 29 of 47 cases); they have life stress factors (23 of 47 cases) such as unemployment; and/or they are dependent on the older person for housing and/or money (19 cases). Some of those causing neglect by financial mismanagement were known to have a background of poor mental health and/or addictions (see Table 4).

Table 4: Neglect through Financial Mismanagement

Abuser Characteristics	n	%
abuser is primary care giver	29	62%
life stress e.g. unemployment, finance, health	23	49%
dependency on the older person, money, housing, emotional	19	40%
alcohol/drugs/gambling	14	30%
previous family conflict, tension	12	26%
poor support or social networks	11	23%
mental health problems	8	17%
difficulty controlling feelings, anger	5	11%
low self-esteem	0	-

These characteristics are well illustrated in the following case study. Some details have been changed to ensure privacy.

Case Study 1.

> *Mrs P. lived in a resthome but was removed by her son to live with him and his family. Mrs P. has dementia, other mental or physical disabilities, communication difficulties, limited social contacts and isolation and low self-esteem. There is a background of family violence or tensions and she is considered to have negative personality traits.*
>
> *The family she now lives with are her primary caregivers. Apparent within the family are life stresses, dependency, a history of violence and tensions, mental health problems and addiction issues.*
>
> *The EANP Coordinator's notes state that Mrs P. is being neglected in her current living arrangements. She was removed from the resthome so her family could have easier access to her pension and other monetary assets. It is noted that Mrs P. now refuses to leave the home she is in with her family.*
>
> *In advocating for Mrs P., the EANP Coordinator arranged for a family meeting. This was attended by the local needs assessment coordinator, home support agency and the Public Trust along with Mrs P. and her family. During this meeting family members became more aware of the needs of their mother, and the consequences for her of the current living environment. A needs assessment was arranged and consequently home support and personal care provided to Mrs P. on a daily basis.*
>
> *Unfortunately, attempts during the family meeting to enable a property attorney to be appointed for Mrs P. were not successful thus requiring Court action under the Protection of Personal and Property Rights Act 1988.*

Neglect arising from family members' focus on inheritance was referred to in the case notes. The following case study illustrates the impact this can have on the older person. Some details have been changed to ensure privacy.

Case Study 2

> *Mrs N. lived with her son and depended on him for care. She had mental or physical disabilities, communication difficulties and limited social contacts.*
>
> *Her son was her primary care giver and was experiencing life stresses. He appeared to have poor support and social networks and was dependent on his mother for money and housing.*
>
> *The care provided to Mrs N. by her son was so inadequate her health had deteriorated to such an extent that full-time residential care was recommended. The case notes indicate the son had refused to admit her into residential care as this would reduce his inheritance. In the EANP Coordinators opinion, he demonstrated a lack of caring towards his mother.*
>
> *Following the involvement of Age Concern advocating for Mrs N. she was admitted into residential care.*

Analysis of case reports identified three sub-themes relating to neglect due to financial mismanagement. Each of these themes is discussed in detail.

1. Neglect through financial mismanagement involving the family home.
2. Neglect through misappropriation of a person's income or assets (other than the family home).
3. Neglect through abuse of Enduring Power of Attorney (EPA).

5.1.1. Neglect through financial mismanagement involving the family home.

Of the 47 cases of financial neglect, nine involved the family home. Examples of financial mismanagement involving the family home which cause neglect include:

- An older person's house is sold. The sons/daughters have purchased their own house with the proceeds, subject to verbally agreed caring arrangements with the parent. These arrangements were then not adhered to by the adult child and the parent consequently subject to neglect. For example, having restrictions on their use of the house facilities, such as kitchen and bathroom or being made to live in an outside 'sleep-out'.

- Adult children benefiting from using their parents' home as personal rental income with neglect occurring due to lack of income for the parent.

- There were two examples where a sibling's ownership or part-ownership of a home contributed to neglect. In these examples, the sibling was dependent on the older person for housing and financial support. The older person's health needs were such that residential care was recommended. However, policies on asset testing meant the house would have to have been sold to cover the cost of residential care. This would necessitate a change of living arrangements for the dependent sibling and so the required residential care was rejected.

Six of the nine cases of neglect through misuse of the family home affected women. In six cases the client lived with the person responsible for the neglect and in five of these cases the client was dependent on them as the primary caregiver (see Table 5). The most common client characteristics evident were; limited social contacts and isolation (in 7 out of 9 cases), mental or physical disabilities (7), communication difficulties (6) and dementia (4). Age was not a factor with those neglected spread in age from 65 to 84 years of age.

Table 5: Financial Neglect involving the Family Home

Characteristics of Clients	**n**	**% of cases**
mental or physical disabilities	7	78%
limited social contact and isolation	7	78%
communication difficulties	6	67%
live with abuser	6	67%
depend on one person	5	56%
dementia	4	44%
background of family violence and tension	2	22%
live alone	2	22%
low self esteem	2	22%

All those misusing the family home and thus causing neglect were family members. With the exception of one son aged 25-34, all were aged 35-54 years and both men (5) and women (5) were involved.

Common themes which emerged from the EANP Coordinators comments where the family home was involved were that many abusers acted in their own self interests, with a general lack of empathy for their parent/sibling and they failed to, or were unwilling to recognise the needs of the neglected person. This self interest was evident even in cases where there was a dependency on the neglected person for financial support and/or housing (see also section 5.3. on relationship dynamics and lack of empathy).

In all nine cases of neglect involving misuse of the family home, coordinators noted that neglect may have been prevented if an Enduring Power of Attorney had been either put in place or rearranged. The EANP coordinators considered that had legal advice been taken (sometimes before the older person lost their cognitive ability) the neglect might have been avoided.

In seven cases, access to better community support may have prevented neglect, and in five cases neglect may have been avoided with better advice on available support. EANP coordinators also noted that neglect could have been avoided if family members had allowed their relative to receive appropriate care. Subsequent to referral and intervention, additional care was arranged in four cases, including respite care, day care, and home support. Three clients were relocated, including one client who moved permanently into residential care.

5.1.2. Neglect through misappropriation of a person's income or assets (other than the family home).

The case files reveal a variety of other ways in which neglect through misappropriation of assets or income occurred. There were 32 cases in this sub-category. Examples are:

- A son who paid rent but not the power and stole $200 every benefit week.
- A father, dependent on his son and his son's partner for company and care, tolerates neglect and financial abuse. The son and his partner are drug users.

- A son arranging with Work and Income to have his father's benefit paid into his own account and then not providing anything for his father.
- A man who has had a number of strokes and has vision and hearing impairment. His daughter, the primary caregiver, took him off his medication and uses his EFTPOS card for her own benefit.

When misappropriation of a person's assets or income was apparent the relationship of the abuser to the older person was more diverse compared to neglect involving the family home. Sons and daughters continued to be the main culprits but other family members and non-family members were also guilty of this type of neglect, including sisters, grandsons and granddaughters, a friend, paid caregivers and a landlord. Whilst the latter categories are minority cases we should be alert to the diverse characteristics of those responsible for neglect involving assets and income (see Table 6).

Table 6: Misappropriation of Assets and Income (not family home)

Relationship of Abuser to Client	**n**	**%**
Son/Daughter and/or their partner	20	63%
Husband/Wife/Partner	2	6%
Sibling	1	3%
Other family members	3	9%
Grand-child	2	6%
Landlord	1	3%
Caregiver	2	6%
Friend	1	3%
Total	32	100%

As with neglect involving the family home, the more frequently occurring characteristics of the older people who were neglected were limited social contacts and isolation, mental or physical disabilities, and communications difficulty, with the additional feature of being dependent on one person for all or most of their care.

Frequently occurring characteristics of those responsible for neglect involving income or assets were life stress factors, addictions problems, a history of previous family conflict, and a dependency on the neglected person for financial support and/or housing (see Table 7).

Table 7: Neglect involving Income and Assets (not family home)

Characteristics of the Abuser	**n**	**%**
abuser is primary care giver	19	59%
abuser lives with client	19	59%
life stress e.g. unemployment, finance, health	17	53%
dependency on the older person, money, housing, emotional	15	47%
alcohol/drugs/gambling	10	31%

previous family conflict, tension	9	28%
mental health problems	6	19%
poor support or social networks	6	19%
difficulty controlling feelings, anger	3	9%
low self-esteem	0	-

Women were still the most likely to experience this type of neglect, in 22 of 32 cases. Amongst those responsible for neglect, 16 were women and 13 were men. In three cases more than one family member was involved in mistreating the client.

The EANP Coordinators suggested a wide range of community and family supports which could have prevented neglect. For example:

- Family having more say in mother's living arrangements.
- Other family members could have noticed problem sooner.
- Adequate arrangements to pay into care account at resthome when client admitted into care.
- Client being aware of support services.
- Better assessment of mother's caring needs and a stance on them being taken much earlier.
- Appropriate EPA, home help.
- More communication among the family.
- Grief counseling, better support after death of wife.
- Client going into residential care.

5.1.3. Neglect through abuse of Enduring Power of Attorney

For some older people, although an Enduring Power of Attorney (EPA) was in place, neglect occurred because their attorney abused this power. There were 13 cases where abuse of an EPA was noted. With the exception of one person (a lawyer) those causing neglect through misuse of EPAs were all sons and daughters.

In five of the 13 cases evidence of a history of family violence and tension was noted. In three of the cases, EANP Coordinators have made reference to gambling addictions, although comments reflect a hesitancy to identify gambling (9 entered ‘don’t know’ as a response). In 5 of the 13 cases, the coordinator noted that the person responsible for this neglect was dependent on their parent for housing, money and/or emotional support.

There were more women than men in the sample who experienced neglect through abuse of EPA and more people in the sample who experienced neglect in this way were aged over 80 years. Five of the 13 clients had dementia.

Table 8: Neglect through Misuse of an EPA – Client characteristics

Client Characteristics	**n**	**% of cases**
limited social contact and isolation	10	77%
mental or physical disabilities	9	69%
communication difficulties	8	62%
live with abuser	5	38%
live alone	5	38%
dementia	5	38%
depend on one person	4	31%
background of family violence and tension	3	23%
low self esteem	1	8%

Other common characteristics were: limited social contacts and isolation (in 10 of 13 cases); communication difficulties (8); and mental or physical disabilities (9). The residential situation of the clients was varied with 3 living in residential care facilities, 5 in their own home and not living with the abuser, while 5 others did live with the abuser (ee Table 8).

The coordinators' notes contain several suggestions as to how neglect through misuse of an EPA could have been prevented. In three cases they note that better and earlier communication between family members could have prevented the neglect reaching the level it did. In four cases, stronger and more affirmative action could also have been taken by functional family members, for example by taking action to change the EPA or by reallocating care responsibilities to another family member. In one case where there was internal family conflict and tensions, action had been taken to change the EPA by Court authority, with a lawyer appointed as an independent third party EPA.

The following case study illustrates how a person appointed as an attorney under an EPA may fail in their responsibilities to the detriment of the older person. Some details have been changed to ensure privacy.

Case Study 3

> *Mrs S. is over 90 years old and lives alone in her own home. She is cared for by her 75 year old son, Roger, who visits her on a daily basis, providing her meals and assistance with activities of daily living. Mrs S. has some memory impairment, difficulty communicating and is socially isolated. There is a history of relationship difficulties between her and her son.*
>
> *Roger refuses to accept the care that has been prescribed for Mrs S. It would seem that some of these actions are deliberate and some because he doesn't understand*

his mother's needs. The needs assessment service has referred Mrs S. to the EANP Service concerned with the state of neglect in which she is living.

Roger holds enduring power of attorney for his mother in both personal care and welfare and property. By not allowing appropriate home help, the state of the home is deteriorating. Similarly, by not accepting the prescribed care services, Mrs S. care needs are not being met. Although support is available, Roger refuses to accept this. He does allow home help but only because this provides Mrs S. some company. He even takes his mother from her bed to the toilet, refusing to allow professional caregivers to do this.

As a result of referral to the EANP Service medical care is arranged for Mrs S. including referral to the psycho geriatric service for a specialist assessment.

Despite being made more aware of his mothers needs and of the consequences for her should the current living situation remain, Roger continues to refuse to accept outside care. There are no other family members available to act as attorney for Mrs S. The EANP Service is considering taking legal action to remove Roger as her EPA and appoint an alternative. While this may be relatively easy in regard to her financial matters, finding an alternative person to make decisions regarding Mrs S. personal care and welfare is extremely problematic.

5.2 Neglect of Nutritional Needs

There were 13 cases involving neglect of nutritional needs. Nutritional neglect was manifested in different ways. Seven cases were reported of primary care givers simply not providing sufficient food. Examples include a husband with dementia having his food thrown out by his wife and son if he didn't eat it straight away; a daughter force feeding her mother if she didn't eat straight away; one case of collusion between a daughter and a home care organisation so that meals which should have been supplied daily were only supplied one day per week; and a report of a paid care giver not providing the client with the food he wanted and ignoring any complaints. In another case the primary care giver refused to give Meals on Wheels to the client, resulting in the older person being deprived of adequate nutrition. Three cases involved clients in residential care: one not providing the special diet that was required; one failing to meet the client's need for pureed food; and one case of inadequate quality of food.

The case reports found that both men (5) and women (8) experienced neglect of nutritional needs. Most had limited social contacts and isolation (11 out of 13 cases), communication difficulties (in 8 cases) and mental or physical disabilities (11 cases). Five clients resided alone in their own homes, and 5 were living with the abuser (see Table 9).

Table 9: Neglect of Nutritional Needs

Client characteristics	**n**	**% of cases**
mental or physical disabilities	11	85%
limited social contact and isolation	11	85%
communication difficulties	8	62%
depend on 1 person	7	54%
live with abuser	5	38%
live alone	5	38%
dementia	4	31%
background of family violence and tension	3	23%
negative personality traits	2	15%
alcohol	1	8%
low self esteem	1	8%

Female family members were responsible for neglect of nutritional needs in six of the 13 cases and in 9 of 13 cases the person responsible for neglect was the primary caregiver. Some responsible for nutritional neglect were themselves experiencing poor support or social networks (in 4 of 13 cases). Three showed signs of life stress factors, three had poor mental health and two had identified addictions.

The following case study is given as an example of neglect of nutritional needs. Some details have been changed to ensure privacy.

Case Study 4

> *Mabel is aged between 85 and 89 years and living in her own home. She has dementia, limited social contacts and has difficulty in communicating. A complaint was received by the police that the client was receiving inadequate care.*
>
> *Mabel's daughter is her primary care giver. It transpires that every Sunday she gives her mother a full week's supply of meals, which her mother then eats in two days.*
>
> *The EANP Coordinator recognises that she is experiencing carer stress. The EANP Coordinator suggests this neglect could have been prevented if the daughter had been more aware of her mother's needs and if home care had been availed of, thus offering some respite from the stress of caring.*

This case study illustrated a common feature in many sample cases where the needs of both the older person and the carer had remained unidentified. EANP coordinators suggested that comprehensive needs assessment could have prevented neglect. In some cases other family members could have provided more help. In other cases family carers could have accepted help from community services, had they known about them.

Coordinators noted that neglect of nutritional needs of clients in residential care (3 cases) could have been avoided through quality management and staff training and if client or family complaints had been acted upon.

5.3 Neglect as a consequence of attitudes and relationship dynamics

The attitude of the family member, carer or service provider towards the client and the nature of the relationship between the two people were frequently commented on in sample case reports. Two main themes emerged regarding relationship dynamics and attitude:

1. power and control issues
2. lack of empathy

5.3.1. Power and control

Dominance of the person responsible for neglect over the older person through their exercise of power and control was cited in 72 of the 137 case reports. Most cases where power and control was a theme involved women being neglected (53 women and 18 men), but both men and women were responsible for mistreatment (25 women and 35 men). Many of those experiencing neglect involving power and control had mental or physical disabilities (54 of 72) and limited social contacts (51 of 72) (see Table 10).

In a significant minority of these cases (21 out of 72) coordinators identified that clients had a history of family tension or violence. In 11 of those 21 cases, physical (9) and/or verbal (7) abuse was noted by the coordinator, suggesting ongoing family conflict.

Table 10: Neglect Cases involving themes of Power and Control

Client characteristics	**n**	**%**
mental or physical disabilities	54	75%
limited social contact and isolation	51	71%
live with abuser	50	69%
depend on 1 person	43	60%
communication difficulties	42	58%
background of family violence and tension	21	29%
dementia	20	28%
live alone	15	21%
negative personality traits	14	19%
low self esteem	14	19%
alcohol	10	14%

Cases included examples of controlling husbands or dominant sons whose behaviour resulted in neglect of older female relatives, as illustrated in the following comments from case reports:

- Client has memory impairment. Husband won't let anyone help them. Husband 'has always been' controlling.

- 'My son looks after my money and I ask him when I need food'. Client said she had to have her son 'manage' her affairs because her husband had always insisted this was a 'mans' job! (Her son was) raised to be ‘the boss’.

- (She) felt that it was okay her husband hit her or threatened her now and again - she is in wheelchair. (She thinks that) her husband couldn’t cope with her getting sicker and not being able to look after herself.

Dominance of women over men was also evident. In one example the coordinator noted that the husband appeared ‘intimidated and nervous and wouldn’t talk while his wife was in the room’. Signs of physical neglect were evident, including that he was not wearing warm enough clothes and that he had restricted access to food.

The dominance of one family member over the rest of the family was also evident in some cases including examples in which a dominant family member excluded or limited other family members from having a direct relationship with their relative. Example comments taken from case notes are:

- Son holds Enduring Power of Attorney for both property and welfare and feels that he is the sole decision maker - excluding family and friends from the process.

- Second wife verbally abusive, submissive husband. Adult children find it difficult to access their father due to second wife's behaviour.

EANP Coordinators propose that neglect could have been prevented in these situations by: more regular and timely family communication (in 22 of 72 cases); more proactive support services when the client’s personal circumstances changed (in 37 of 42 cases), for example, becoming confined to a wheelchair; and improved support following medical or respite care (in 18 of 72 cases).

5.3.2. Lack of empathy

A lack of empathy was apparent in 54 of 137 cases. This was shown by carers in numerous ways, such as not recognising the needs of the older person and not being aware of, or not wanting to use support services available to them. Some of those responsible for neglect showed intolerance of the person’s disability (evident in 16 of 54 cases).

Manipulative behaviour was also evident in some cases, such as where the client was 'lulled' into a belief that there was close friendship only for the relationship to deteriorate after financial gain had been obtained. In one example, a woman encouraged a recent widower to help her set up an apartment and move in with her as a ‘partner’. Once the apartment was well established, he was treated like a boarder.

Community and family supports suggested by EANP Coordinators to prevent neglect in such situations were:

- Better advice on the help available for older people and their carers (in 29 of 54 cases)

- More use of day care facilities (in 8 cases)

- Improving support to family carers, particularly following respite or other formal care (in 4 of 54 cases).

- Including carer assessments in a client needs assessment to determine the family/caregiver's ability to meet the client's needs (8 of 54 cases).

5.4 Neglect of family care responsibilities and carer stress

A further theme identified in EANP Coordinators' comments was the inability of a family carer to provide the required level of care (in 32 of 137 cases). In these cases women were more likely than men to be neglected (27 women and 4 men). The reports indicate that carers unable to provide adequate care included family members from across three generations; husbands (in 6 of 32 cases), wives (3 cases), sons (9), daughters (7) and granddaughters (3). In most of these cases the carer lived with the person experiencing neglect (84% of cases in this category) and they were the primary career (see Table 10).

Table 10: Inability to Cope with Caring Duties / Carer Stress

Carer characteristics	**n**	**%**
lives with client	27	84%
abuser is primary care giver	26	81%
life stress e.g. unemployment, finance, health	15	47%
poor support or social networks	12	38%
alcohol/drugs/gambling	8	25%

The reports noted cases in which the older person had developed mental or physical illness and the husband or son, as primary caregiver, was not equipped with the skills needed to provide the necessary care. For some carers, personal life factors such their own health problems, or other family responsibilities combined with the primary caring role causing stress and consequent neglect (15 cases). In three cases carers were considered to be too young for the responsibilities. Sometimes the inability to care was associated with alcohol consumption (in 8 of the 32 cases).

In other cases neglect was associated with increased frailty. For example, a couple in a 'loving 60 year long marriage' became incapable of providing care to each other. They lived in fear of separation. A similar situation was noted where an elderly son (76 years) was the primary carer but struggled to provide care for his very old mother (98 years).

The EANP Coordinators noted nine cases where greater use made of day care facilities would have helped to prevent neglect. Example cases include one situation where the carer took their parent with dementia to work with them, and another case where the older relative with dementia was left at home unsupervised whilst the carer was at work.

EANP Coordinators frequently suggested that this category of neglect could have been prevented had advice been provided on the community support services available (27 of 32 cases in this category). This was particularly evident in situations where carers were without the necessary skills or under stress. Coordinators also identified some cases where they felt that families needed to consider admitting their parents into residential care (17 of 32 cases). In other cases the EANP Coordinators recommended that an alternative family member become involved as a carer (8 of 32 cases). In eighteen cases coordinators commented that neglect could have been avoided if families had accepted help. However in six cases, families did not want or refused help.

5.5 Neglect due to carer's gambling habits or use of alcohol or drugs

EANP Coordinators commented on carer's gambling habits and the use of alcohol and/or drugs as a factor in neglect of older people in 30 of the 137 cases. Carers aged over 65 years were likely to use alcohol only, whereas carers under 65 years were noted as having had alcohol, drug or gambling issues. Where gambling, alcohol and drugs were involved there was often also financial neglect (in 14 out of 30 cases), including taking of money, misuse of EFTPOS or credit cards, abuse of Enduring Power of Attorney, failure to pay bills and entering into arrangements regarding house ownership that favour the abuser.

Common consequences of carers' gambling, alcohol or drug taking behaviour were:

- The inability of the carer to provide the necessary care.
- The carer not recognising what the older persons' needs were.
- The carer refusing to accept help from community agencies.

Close family connections were evident in some cases with sons most often affected by addiction issues (in 13 of 30 cases), followed by daughters (in 4 cases). Husbands, wives and grandchildren were also responsible for neglect as a consequence of their addictive behaviours, albeit to a lesser scale.

In these situations of neglect the older person mostly lived with their abuser (in 26 of 30 cases). Many had mental or physical disabilities and were dependent on the abuser as the sole care giver. A history of family violence was noted in half of the cases where addictions were apparent (see Table 11).

Table 11: Neglect due to Gambling, Alcohol or Drug Misuse

Client characteristics	**n**	**%**
live with abuser	26	87%
mental or physical disabilities	23	77%
limited social contact and isolation	21	70%
communication difficulties	19	63%
depend on one person	16	53%
background of family violence and tension	14	47%

There were examples in the sample where concerned family members endeavoured to change their parents' living and care arrangements but this was met with resistance from their older relative, who elected to remain with the abusing family member. A contributing factor, although not specifically cited by EANP Coordinators, can be an ongoing sense of parental responsibility and concern for the adult child. Another may be loneliness. The case reports give examples where loneliness had contributed to decisions to remain in a neglectful situation. In one example, the death of a spouse was noted as a reason for a mother living with a drug taking daughter. A decision to remain in a difficult living situation may further isolate the older person, including from other family members. It is important to note that many of those experiencing neglect related to alcohol, gambling or drug use had limited social contact (21 out of 30 cases, or 70% of this group). In addition 63% (19 out of 30) had communication difficulties.

The coordinators noted that in some cases the person being neglected could have benefited from alternative care arrangements, including a change of family carer (in 11 of the 30 cases) and/or admission to residential care (in 11 of the 30 cases). However as competent adults, older people have the right to make decisions about who they live with and where they live, even if those decisions may not appear to be in their best interests. It is the role of EANP Coordinators to ensure the older person is fully aware of their rights, of the options open to them, and of the consequences of each option.

The opportunity to receive addictions counseling was mentioned as a factor that may have prevented neglect (in 26 of the 30 cases). In eighteen cases, coordinators felt that more information on support available may have prevented the neglect. Stronger family support was also identified by EANP Coordinators as a means to prevent neglect caused by addiction problems (in 20 of the 30 cases), as was improved communication (9). Case coordinators also commented that earlier intervention into dysfunctional family situations was needed.

5.6 Neglect involving service providers

In 53 of the 137 cases, paid service providers were cited as being involved in situations of neglect. Two categories were identified – neglect occurring within residential care facilities, and neglect by other providers of services.

5.6.1. Neglect occurring within residential care facilities.

The research sample included 34 cases of neglect of clients in a residential care setting. Referrals to the EANP Services came from staff and ex-staff, as well as from residents themselves, their family, and other support agencies. In 29 of the 34 cases, poor management practices were noted by EANP Coordinators as a cause of the neglect. Examples of poor management practices evident in this sample are:

- Not taking complaints by family seriously.
- Intimidating residents to stop them making complaints.
- Discharging a resident without consulting the family.
- Inadequate maintenance of health records contributing to neglect.
- Poor staff training
- Inadequate staffing levels
- Rundown facilities.

In sixteen of the 34 cases, EANP Coordinators noted that negative staff attitude was a cause of neglect. Some concerned the poor attitude of individual staff. Other cases involved a systemic issue arising from lack of staff training and/or under-staffing.

Not all comments on residential care facilities or staff were negative. There were also seven cases where concerns were raised by staff in residential care facilities, or staff were proactive in looking after the interests of residents. Staff sometimes intervened to resolve neglect of residents by family members. One case report noted how financial neglect of a resident by her family, was resolved by staff referring the matter to a support agency who arranged for a lawyer to put in place an appropriate Enduring Power of Attorney. This example is supported by other statistical information collected from Age Concern EANP Services, which shows that in 66% of cases of elder abuse or neglect (from 2002 to 2004) involving an older person living in a residential care facility, the resident was abused by a family member. (Age Concern, 2005a: 36.)

Familial supports may be able to prevent neglect occurring in residential care facilities. EANP Coordinators noted (in 14 of 34 cases) that better and earlier communication between family and management could have provided more timely resolution to family concerns over neglect. There is also reference made to the need for more mutual respect between family members and caregivers.

Management and systemic supports are frequently mentioned by EANP Coordinators as areas in which changes could be made to prevent neglect, including: improved staff training and supervision (in 21 of 34 cases); increased number or mix of staff (4); improved communication between management and staff (14); and a general improvement in management standards (in 26 of the 34 cases).

5.6.2. Neglect by other service providers

For the purpose of this analysis other service providers refers to doctors or hospital staff, lawyers, banks and paid caregivers (home support services) who provide a service to the

clients. In this category, failure to deliver the service resulted in neglect. Whilst the number of cases in this category were relatively few (19 cases), the nature of the relationship between the parties involved and the manner in which neglect occurred is nonetheless relevant and worthy of comment, as illustrated by the following examples:

- GPs: diagnosing dementia but failing to arrange any follow up; failing to be proactive in attending to family carer's needs; neglect arising from misdiagnosis.

- Lawyers: slow to respond to requests for assistance with financial abuse; continuing to act under an enduring power of attorney when the older person had regained capacity to act on their own behalf

- Paid carers: home help provider financially abusing a client; fraudulent collusion by a paid carer with a family member resulting in neglect.

One case illustrated that neglect can occur if banks fail to honour EPA instructions consistently, or if they accept authority which has not been appropriately signed. It is important that bank staff are made aware of common signs of financial abuse and misuse of EPA and have systems to ensure EPA instructions are honoured. The banking industry is being supported through resources currently available and training material under development.

EANP Coordinator's comments on how family or community supports could have addressed this type of neglect were focused on the individual abusers being accountable for their inaction. In cases involving paid carers (6 cases) it was recommended that the carer be replaced.

6. DISCUSSION

This research has described features of neglect of older people based on case reports from EANP Coordinators. Linkages between forms of neglect and the characteristics of those involved have been explored and factors that may have prevented the neglect occurring have been identified.

The 137 cases described in this report are 'real life' situations where older people were experiencing neglect. Those who were neglected were commonly isolated with limited social contacts and had a physical or mental disability. Many were dependant on others for their care and had communications difficulties. In a significant number of sample cases the older person also had dementia. More of those experiencing neglect were women although men also experienced neglect.

Those responsible for neglect were mostly family members who lived with and cared for the person being neglected. Some were dependant on the neglected person for housing, financial or emotional support, and were themselves coping with a physical or mental disability. Many were experiencing life stresses such as unemployment or carer stress, and had an alcohol or gambling addiction. Both men and women were responsible for neglect.

Neglect commonly arose from a lack of support for the carer, who needed assistance to cope with both care and non-care related stressors. In many cases it appeared that families did not have the knowledge or ability to coordinate care arrangements or to make contact with services. It was not until after neglect occurred and the effects became apparent that support needs were identified. This suggests that opportunities for proactive needs assessment had been missed or needs assessment had not been comprehensive, with carer needs remaining unidentified. It is also possible that the level of services needed were not readily available. For example gambling and addiction services are not available in all areas of the country. Health and disability workforce shortages are also a growing concern.

Government policy advocates 'ageing in place', emphasising the ability to make choices about where to live and to receive the support needed to do so (Health of Older People Strategy, Dyson, 2002). The policy recognises that most older people prefer to remain in their own homes and this places emphasis for care on both family and community services. However, some carers lack the level of skill needed to provide adequate care. In this sample husbands and sons were more likely to struggle to provide adequate care. The research also refers to care responsibilities being assigned to grandchildren who, according to the EANP Coordinators, did not always have the maturity for these duties.

A further issue raised in the research was the recognition that some family carers may be capable of providing care but are under stress and unable to cope with competing responsibilities, for example employment and/or caring responsibilities for their own children. Some carers were part of a 'sandwich' generation, faced with the dual task of caring for two generations, young and old. This same generation is targeted by government and the 'Working for Families" policy which supports parents re-entering the

workforce. Family friendly workplace policies that enable those caring for older relatives to have flexible work arrangements are a further factor important to neglect prevention.

The research identifies that some family carers may not only lack the skills to provide adequate care, they also may reject the carer role. In some cases a background of family violence was identified, although there was a high level of uncertainty about this factor, with many 'not known' responses in case reports. Dysfunctional family dynamics were nevertheless apparent in a number of cases, with some members dominating, controlling, or manipulating others or their resources for their own benefit. Poor communication between family members was also evident.

Structural ageing is likely to increase the pressure on family carers and elder care services as the percentage of older people, and importantly people over 85 years of age, increases as a proportion of the total population. At the same time as the number of older people are increasing, the number of persons between ages 15 and 65 is reducing.[8] This means that the ratio of younger persons available to provide care will be lower than has historically been the case. In addition, on average families are smaller than in past generations with fewer children per parent available to provide support. Family members are also often geographically separated, making contact and communication more difficult. We are therefore faced with a situation of increased pressure on family to provide home care support in a society in which family resources have reduced, while at the same time paid caregivers are in short supply. Demographic change is therefore a compounding factor in elder neglect and a key issue influencing government policy aimed at safe and secure living for older people (NZ Positive Ageing Strategy, Dalziel, 2001).

In 36% of cases (50 of 137 cases) non-family members were involved in neglect. These cases of neglect mostly occurred as a result of failure to deliver a service competently, although there were some examples involving fraudulent activity.

Of the 137 cases of neglect analysed, 38 occurred in a residential care setting. Significant contributing factors to neglect within residential care cited were poor management practices, poorly trained staff and staff or management attitudes. Recent government initiatives to improve standards of service have included increases in funding for care and support of older people in both residential care facilities and at home. The research findings support the need for additional resources for training, at both management and care worker level.

EANP Coordinators sometimes offered admission to residential care as a solution to neglect and suggested that earlier admission and willingness on the part of the family would have prevented neglect. Coordinators indicated that those remaining at home who may benefit from admission include those with high and complex needs but limited support, and those living with family with addiction problems who may be at heightened risk of repeated neglect.

[8] In 2004 there were 5.5 people in the 15 to 65 age group for every one person aged over 65. By 2051 it is projected that this ratio will drop to 2.2 (Statistics New Zealand 2006).

This raises the issue of who makes the decision for an older family member to stay at home or enter residential care. In some cases choices about where to live were restricted, with decisions made by family members for reasons that were not in the best interests of the client.

Sometimes the client elected to stay in a neglecting situation. Older people have the right to self-determination and Age Concern EANP Services promote this right, supporting and empowering older people to make informed choices about their lives. On occasions this means finding ways to support a client who chooses to remain in a non-ideal situation.

EANP Coordinators are aware that those experiencing neglect can be reluctant to change living arrangements for fear of being alone or through reluctance to disadvantage their family member, for example by depriving them of access to the family home. The family member may also be the only person they feel they can call on for assistance with care or their only source of social contact. Limited social networks and isolation was a feature in over half of case reports (78 of 137 cases). This finding supports the contribution to neglect prevention that can be made by services that aim to reduce isolation, such as befriending services for older people.

EANP Coordinators will also be aware that some older people may tolerate neglect by minimising the impact (and sometimes may conceal the extent of mistreatment) for a number of reasons, including fear of institutionalisation, fear of retaliation, a desire to protect the family member from the consequences of their actions, shame and embarrassment, or a perception that the abuse or neglect is to be expected or deserved (United Nations, 2002[9]).

The tone of some of the coordinator comments convey a sense of frustration, concern and anger on behalf of the client and the case reports convey the often complex nature of elder neglect. Effective resolution of cases can be difficult to achieve and require a balancing act to ensure both client safety and the protection of the client's right to self-determination. Training, support and supervision for those working with cases of neglect are consequently recognised as essential elements of EANP service provision and require ongoing resources.

Some cases of neglect resulted from abuse or neglect of authority established under an Enduring Power of Attorney. Government is taking steps to ensure that older people have greater protection under the law when setting up an Enduring Power of Attorney with legislation changes pending. The research confirms the need for additional protection.

The sample included cases involving physical, emotional, social and financial neglect. A range of commonly recognised risk factors for abuse or neglect were represented in the sample cases, including social isolation; carer stress; physical or mental impairment or disability; dependency (of the older person on their carer or of the carer on the older person); dysfunctional family dynamics (including a history of family violence); and presence of alcohol, drug or gambling addictions. Quantitative analysis would enable the

[9] United Nations Report of the Secretary General: Abuse of older persons: recognising and responding to abuse of older persons in a global context. UN Economic & Social Council, January 2002.

relative strength of these risk factors to be identified, and further research is recommended.

Statistics collected from Age Concern EANP Services from 1 July 2002 to 30 June 2006 show that for some people psychological and physical abuse occurs alongside neglect. [10] Given the depth of information retained in the Age Concern database it is recommended that qualitative research of other types of abuse be undertaken. This would provide a rich source of information to increase knowledge about both abuse and neglect in New Zealand and better inform policy development, service provision (both intervention and prevention activity) and social change.

[10] Note there can be more than one form of abuse or neglect occurring at the same time.

7. CONCLUSION

The study has described the experience of neglect for older people referred to Age Concern EANP services. The research found common themes in case reports of neglect. These are:

- Neglect through financial mismanagement.
- Neglect of nutritional needs.
- Attitudes and relationship dynamics which enable neglect.
- Neglect of family care responsibilities and carer stress
- Neglect due to carer's gambling habits or use of alcohol or drugs.
- Neglect occurring within residential care facilities.
- Neglect involving paid service providers, including residential care.

The analysis revealed patterns of behaviour which may contribute to neglect. These include a lack of awareness of community or paid support services available; an unwillingness to accept assistance; failing to recognise the needs of the neglected person; limited family communication; carers' lack of ability to provide the necessary support; and lack of empathy towards a person's disability or increasing inability to self care.

The research highlights that the capacity for families to provide the required level of care to a family member cannot always be assumed. The primary care giver may not only lack the skills, they may also reject the notion of providing care. Personal stress factors, including unemployment, poor health, or addictions, and competing responsibilities, may impact on a family member's ability and willingness to provide care.

The analysis of case reports also highlighted that improving the quality of support services, through increased assessment of care needs, improved information on the level of community care, respite care and other support available; and greater provision of support services, are important factors for the prevention of neglect. Family members need to know what support is available and how to access it, and be motivated and encouraged to accept help. Proactive and comprehensive needs assessment of both clients and their carers' needs also offers a significant opportunity for identifying risk of neglect prior to harm occurring.

The discussion highlighted how structural ageing will increase the pressure on society and services as the number of older people, and importantly older, old people, increases as a proportion of the total population. Population projections indicate that there will be fewer family resources available to provide at home support for older people in need of care. The quality of support services across residential, home care and community

services and the state of the support workforce are therefore key issues in the prevention of neglect.

The study suggests specific ways neglect can be prevented. These include:

- Promoting understanding of the important role carers have in our community and their right to support.
- Improving support to family/whanau carers, particularly following respite or other formal care.
- Improving awareness of and access to advice on the help available for older people and their carers including day care facilities.
- Including assessments of family/caregiver's ability to meet the client's needs in client's needs assessments.
- Promoting communication between family members and with ageing relatives, especially if care and inheritance arrangements are contested or unclear.
- Encouraging separate financial arrangements, including in some cases an independently appointed Enduring Power of Attorney.
- Increasing awareness and availability of services to prevent social isolation.
- Increased availability of addiction counseling and rehabilitation services.
- Improving management standards, staff training and supervision, and monitoring quality of care in residential care facilities and home support services.

Age Concern works throughout New Zealand to:

- empower older people to act for themselves and on their own behalf to exercise their rights and advocate for their own interests
- raise awareness amongst the general population that elder abuse and neglect happens and it is a problem
- educate those working with older people to recognise the signs of possible abuse and to know how to respond appropriately
- prevent abuse or neglect through changing ageist attitudes and behaviour and encouraging positive intergenerational relationships.

A multidisciplinary response to elder abuse and neglect is provided by all Elder Abuse and Neglect Prevention Services[11], supported by professionals across all sectors committed to the well-being of older people and their families/whanau. The sample cases illustrate that the dynamics of elder neglect are varied and complex. A range of policy responses are therefore needed to ensure the infrastructure and quality improvements necessary to strengthen older peoples' ability to be free of neglect. Ultimately responsibility for the prevention of elder abuse and neglect does not rest with one agency or service, but with government, with communities, with families and with individuals.

References

Age Concern New Zealand Incorporated (2005) *Elder abuse and neglect, a handbook for those working with older people.* Age Concern: Wellington

Age Concern New Zealand Incorporated (2005a) *Age Concern Elder Abuse and Neglect Prevention Services: an analysis of referrals for the period: 1 July 2002 to 30 June 2004.* Age Concern New Zealand Inc November 2005

Canadian Network for the Prevention for Elder Abuse *(2005),* [cited 25 March 2005] internet http://www.cnpea.ca/mission_statement.htm Accessed 15 May 2007

Health Workforce Advisory Committee (2006) *Care and support in the community setting discussion paper – June 2006*

Ministry of Health (2002) *Dementia in New Zealand: improving quality in residential care A report to the Disability Issues Directorate Ministry of Health January 2002.* Ministry of Health: Wellington

Ministry of Health (2004) *Ageing New Zealand and health and disability services 2001-2021, background information international responses to ageing populations* Ministry of Health: Wellington

Ministry of Health (2007) Care and support in the community for older people in *New Zealand Issues paper 5,* April 2007. Ministry of Health: Wellington

Richards L. (2005) *Handling qualitative data, a practical guide.* Sage Publications: London

Statistics New Zealand (2006) Demographic Aspects of New Zealand's Ageing Population, March 2006: internet www.stats.govt.nz accessed 11 May 2007

[11] The Ministry of Social Development contributes funding to elder abuse and neglect prevention services provided by 17 of Age Concern's 19 services and also to Presbyterian Support Services in Tauranga, Wairarapa and Timaru, to Te Oranga Kaumatua Kuia Disability Support Services Trust, TOA Pacific, Te Hauora Pou Heretanga and to Buller REAP.

The National Centre on Elder Abuse: (1998) *The national elder abuse incidence study, final report, September 1998:* internet http://www.aoa.gov/eldfam/Elder_Rights/Elder_Abuse/ABuseReport_Full.pdf Accessed 14 May 2007

Dalziel, L (2001) *The New Zealand Positive Ageing Strategy.* Office for Senior Citizens: Wellington

United Nations (2002*) Abuse of older persons: recognizing and responding to abuse of older persons in a global context.* UN: Report of the Secretary General, United Nations.

University of Auckland (2007) *Assessment of services promoting independence and recovery in elders:* internet site: http://www.moh.govt.nz/moh.nsf/pagesmh/4550/$File/aspire-final-report-mar07.pdf Accessed 14 May 2007

Appendix 1

Example questions from the case report forms which provided information for this analysis

1. Date case closed
2. Brief summary of alleged abuse or neglect
3. Main form of abuse
4. Any other comments about the abuse or neglect not adequately described by answers to preceding questions
5. What is the main client's gender?
6. What age group is the main client in? (7 options provided from under 64 years to *90 years and over)*
7. Where does the main client live? *(tick only one) (12 options provided)*
8. Who does the main client live with? *(tick only one) (5 options provided)*
9. Gender of main abuser
10. Age of main abuser/main person neglecting the client? *(tick one) (10 options provided from 14 years and under to 85 years and over)*
11. Relationship of the main abuser/main person neglecting the client? *(tick one)*

□ Husband/Wife/Partner □ Friend □ Neighbour

□ Brother or sister □ Residential care worker □ Boarder

□ Son or daughter □ Residential care manager □ Home support worker

□ Son in law or daughter-in-law □ Heath professional *(please specify, eg GP, nurse, OT)* ……

□ Grandchildren □ Professional .....

Other relative *(please specify, eg Aunt)* .....

Other *(please specify)* .....

12. Is the main abuser the primary carer?
13. Does the main abuser live with the client?
14. Please feel free to make further comments on the main abuser or main person neglecting the client in this case, or the type of contact between the client and the abuser if not adequately covered by the questions above.
15. If client(s) live in a residential care facility, tick a box to indicate what part: (choices provided were rest home, hospital, retirement village, dementia unit, other)

16. Describe the specific policy or practice which is abusive

17. Describe the impact of this policy or practice on the client(s). Is there a policy not being implemented?

18. Main factor contributing to this abuse happening in the institution:

19. What is the main factor that led to the abuse or neglect happening?
For the client....For the abuser.....

20. What might have prevented the abuse or neglect from happening in the first place?

21. What has been done to protect the client from further abuse and neglect?

22. What are the main risk factors for future abuse?

23. Please feel free to add additional comments on this case that you feel are not adequately covered above.

Appendix 2: Supplementary Tables

Table A: Total cases – age group by gender

Age	Female	% of total Female	Male	% of total Male	Gender not known
Less than 65	16	18%	6	16%	0
65-69	9	10%	3	8%	0
70-74	12	13%	12	32%	0
75-79	4	4%	2	5%	0
80-84	28	31%	7	19%	0
85-89	8	9%	2	5%	3
90+	7	8%	2	5%	0
Age not known	5	6%	3	8%	8
Total	89	100%	37	100%	11

Table B: Total cases – client gender, age and living situation

Client Age	Female	Lives with partner or F/W	Lives alone	Other living sitn	Male	Lives with partner or F/W	Lives alone	Other living sitn
Less than 65	16	11	1	4	6	3	3	0
65-69	9	3	2	4	3	3	0	0
70-74	12	9	1	2	12	8	0	4
75-79	4	1	2	1	2	0	1	1
80-84	28	17	5	6	7	4	0	3
85-89	8	5	2	1	2	1	1	0
90+	7	3	0	4	2	0	1	1
not known	5	0	1	4	3	1	1	1
Totals	89	49	14	26	37	20	7	10

Table C: Total cases – client characteristics

Client characteristics	Yes	No	NK	Total
Communications difficulty	75	25	37	137
Limited social contacts and isolation	78	20	39	137
Mental or physical disabilities	100	17	20	137
Dependence on 1 person	63	54	20	137
Dementia	44	61	32	137
Alcohol	14	80	43	137
Low self esteem	21	27	89	137
Background family tension or violence	26	32	79	137
Negative personality traits	21	60	56	137

Table D: Neglect through Financial Mismanagement

Relationship of Abuser to Client	n	%
Son/Daughter and/or their partner	30	64%
Husband/Wife/Partner	5	11%
Sibling	3	6%
Several family members	2	4%
Grand-child	2	4%
Landlord	1	2%
Caregiver	1	2%
Friend	1	2%
Niece	1	2%
Lawyer	1	2%
Totals	47	100%

Table E: Neglect through Financial Mismanagement

Abuser Characteristics	Yes	No	Not Known	TOTAL
abuser is primary care giver	29	16	2	47
life stress e.g. unemployment, finance, health	23	3	21	47
previous family conflict, tension	12	7	28	47
difficulty controlling feelings, anger	5	7	35	47
mental health problems	8	8	31	47
dependency on the older person, money, housing, emotional	19	10	18	47
low self-esteem	0	12	35	47
poor support or social networks	11	13	23	47
alcohol/drugs/gambling	14	12	21	47

Table F: Neglect through Financial Mismanagement

Client characteristics	Yes Count	No Count	R count	N/A or N/K	TOTAL
live alone	13	32	2	0	47
live with abuser	30	14	3	0	47
depend on 1 person	27	17	2	1	47
dementia	16	21	0	10	47
alcohol	5	29	0	13	47
communication difficulties	29	10	0	8	47
limited social contact and isolation	37	4	0	6	47
low self esteem	11	10	0	26	47
background of family violence and tension	9	10	0	28	47
negative personality traits	4	25	0	18	47
mental or physical disabilities	35	9	0	3	47

Table G: Neglect of Nutritional Needs - Abuser characteristics

Abuser characteristics	Yes	No	DK	N/A	Total
abuser lives with client	5	7	1	0	13
abuser is primary care giver	9	3	1	0	13
life stress e.g. unemployment, finance, health	3	1	8	1	13
previous family conflict, tension	1	2	9	1	13
difficulty controlling feelings, anger	1	3	8	1	13
mental health problems	3	2	7	1	13
dependency on the older person, money, housing, emotional	0	3	9	1	13
low self-esteem	0	1	11	1	13
poor support or social networks	4	1	7	1	13
alcohol/drugs/gambling	2	3	7	1	13

Table H: Neglect of Nutritional Needs – Client characteristics

Client characteristics	Yes	No	DK	TOTAL
live alone	5	8	0	13
live with abuser	6	5	2	13
depend on 1 person	7	4	2	13
dementia	4	4	5	13
alcohol	1	8	4	13
communication difficulties	8	0	5	13
limited social contact and isolation	11	0	2	13
low self esteem	1	1	11	13
background of family violence and tension	3	2	8	13
negative personality traits	2	5	6	13
mental or physical disabilities	11	0	2	13

Table I: Neglect involving Power and Control – Client Age and Gender

Client age	Female	Male	DK	Total
Under 65	10	4	0	14
65-69	6	2	0	8
70-74	9	6	0	15
75-79	2	0	0	2
80-84	16	5	0	21
85-89	4	1	0	5
over 90	3	0	0	3
DK	3	0	1	4
Total	53	18	1	72

Table J: Neglect involving Power and Control – Abuser Age and Gender

Abuser age	Female	Male	DK or N/A	Total
15-24	1	0	0	1
25-34	2	4	0	6
35-44	5	6	2	13
45-54	5	7	2	14
55-64	2	3	2	7
65-74	3	3	1	7
75-84	1	2	0	3
85-89	0	2	0	2
DK	6	8	9	23
	25	35	16	76

Table K: Neglect involving Power and Control – Client characteristics

Client characteristics	Yes	No	DK	TOTAL
live alone	15	57	0	72
live with abuser	50	16	6	72
depend on 1 person	43	24	5	72
dementia	20	38	14	72
alcohol	10	46	16	72
communication difficulties	42	16	14	72
limited social contact and isolation	51	7	14	72
low self esteem	14	14	44	72
background of family violence and tension	21	14	37	72
negative personality traits	14	36	22	72
mental or physical disabilities	54	11	7	72

Table L: Neglect involving Power and Control – Abuser characteristics

Abuser characteristics	Yes	No	NK or NA	TOTAL
abuser lives with client	48	22	2	72
abuser is primary care giver	47	21	4	72
life stress e.g. unemployment, finance, health	34	7	31	72
previous family conflict, tension	21	10	41	72
difficulty controlling feelings, anger	19	5	48	72
mental health problems	18	12	42	72
dependency on the older person, money, housing, emotional	25	19	28	72
low self-esteem	0	14	58	72
poor support or social networks	18	19	35	72
alcohol/drugs/gambling	22	17	33	72

Table M: Carer Stress – Client Age and Gender

Client age	Female	Male	DK	Total
<65	7	1		8
65-69	3	0		3
70-74	3	1		4
75-79	1	0		1
80-84	9	2		11
85-89	2	0	1	3
>90	2	0		2
Total	27	4	1	32

Table N: Neglect involving Carer Stress – Relationship to Client

Carer	N	%
son	9	28%
daughter	7	22%
husband	6	19%
granddaughter	3	9%
wife	3	9%
husband/wife	1	3%
family	1	3%
son-in-law	1	3%
niece	1	3%
	32	100%

Table O: Neglect involving Carer Stress

Carer characteristics	Yes	No	DK	Total
lives with client	27	5	0	32
is primary care giver	26	5	1	32
life stress e.g. unemployment, finance, health	15	3	14	32
poor support or social networks	12	1	19	32
alcohol/drugs/gambling	8	7	17	32

Table P: Carer Addictions – Abuser Relationship to Client

Relationship	n	%
son	13	43%
daughter	4	13%
husband	2	7%
partner	2	7%
wife	2	7%
son-in-law	1	3%
sons, daughters	1	3%
all family	1	3%
niece	1	3%
grandsons	1	3%
brother	1	3%
NK	1	3%

Table Q: Neglect involving Carer Addiction Issues

Client characteristics	Yes	No	DK	Total
live with abuser	26	4	0	30
depend on 1 person	16	14	0	30
communication difficulties	19	8	3	30
limited social contact and isolation	21	4	5	30
background of family violence and tension	14	5	11	30
mental or physical disabilities	23	6	1	30