

KEEPING OLDER PEOPLE SAFE BY PREVENTING ELDER ABUSE AND NEGLECT

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Abstract

Preventing family violence, including the abuse and neglect of older people, is an important community and social policy issue in New Zealand. Although significant research and intervention activities have been undertaken to reduce family violence in general, less is known about the nature of elder abuse and neglect, and appropriate and effective prevention strategies in a New Zealand context. Drawing on qualitative interviews with older people and their caregivers, as well as service providers and non-governmental organisations that provide support to older people, this article discusses recent research findings related to societal-level risk and protective factors that may affect the incidence of elder abuse and neglect. Some of the factors identified include the need to pay attention to ageism and older people's rights, gender roles, and societal ideas about individuals and families. The findings have implications for policy and practice. Supporting community and societal change that reduces ageism and promotes positive and valued roles for older people will contribute to the wider goal. Practical strategies – such as the provision of information for older people, family and carers – that support the empowerment of older people may also help to minimise the risks of elder abuse and neglect.

INTRODUCTION

“All families and whānau should have healthy, respected, stable relationships, free from violence.” (Taskforce for Action on Violence within Families)

Changing Demographics, Ageing Population

The 65 years and older population group is expected to grow steadily over the next 50 years. Projections indicate that 13% of the population will be 65 years and over by 2010, with an anticipated further growth to 25% by 2051 (Bryant 2003). The ethnic make-up of the New Zealand population is also expected to alter during this time, with the proportion of Māori, Pacific and Asian groups increasing relative to the current majority of those of New Zealand European descent (Statistics New Zealand 2004). The Māori population aged 65 and over is

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projected to increase from 3% currently to 7%, the equivalent Pacific group from 3% to 6%, and the Asian group from 4% to 8% (Statistics New Zealand 2004).

Increasing Awareness of Issues and Incidence Associated with Family Violence

Since the 1970s there has been increasing awareness of, and outcry against, the incidence of family violence within New Zealand. Much of this awareness and activity have focused on recognition of, and response to, intimate partner violence and child abuse and neglect (see Fanslow 2005 for a review).

Less activity has taken place to further our understanding of the scale and impact of elder abuse and neglect in New Zealand. Internationally, estimates of the percentage of older people who are abused ranges between 1% and 10% of all older people (Lachs et al. 1997). A random sample of community-dwelling older people in the USA reported a prevalence rate of abuse in family settings of 32 abused older people per 1,000. Estimates of abuse are higher for older people with dementia who are being cared for by family caregivers. Other researchers have suggested that elder neglect is more common than elder abuse (Wolf and Pillemer 1989).

Obtaining accurate estimates of the prevalence of elder abuse and neglect in New Zealand will require having agreed definitions about what constitutes elder abuse and neglect, and an appropriate study being carried out to assess the frequency with which the abuse occurs. Such a study would also need to take into account methodological complexities such as issues associated with housing locations for older people and individuals' mental competency to respond.

Until such a study is conducted we are reliant on proxy information about the scale of the problem, such as cases that present to elder abuse and neglect services. Although this information is likely to under-report the occurrence of elder abuse and neglect, because it relies on the highly variable reporting practices of agencies and practitioners as well as the reporting by older people themselves, it does provide some indication of the elder abuse and neglect cases that are encountered in this country.

Defining Elder Abuse and Neglect

The literature shows that defining elder abuse and neglect is problematic and that definitions vary internationally. The reason for this difficulty arises from the differences in theories about the nature and causes of abuse and neglect of older people (Lachs and Pillemer 2004). New Zealand has adopted the New Zealand Age Concern Elder Abuse and Prevention Service definition: elder abuse and neglect are usually committed by a person known to the victim and with whom they have a relationship implying trust. A person who abuses an older person usually has some sort of control or influence over him or her.

In general, New Zealand figures indicate that reported cases of abuse and neglect are consistent with overseas figures (Age Concern NZ 2005). From July 2002 to June 2004 Age Concern New Zealand Inc. reported 1288 cases. Of these, 950 were a result of abuse and neglect, 104 cases were abuse or neglect from an institutional policy or practice, and the remaining 234 were cases of self-neglect. Most cases were women, aged between 75 and 84 years. There has been very little New Zealand research on the physical and other effects of elder abuse. However, case reports and anecdotal evidence indicate that such abuse can have

wide-ranging and long-term effects on the older person's physical and mental health, finances, living arrangements and family/whānau relationships (Fanslow 2005). Other research has documented how the results of abuse and neglect on an older person diminish their ability to actively contribute as a member of their community (Age Concern NZ 2005).

Background

This research project was initiated by the Families Commission following a stakeholder workshop to identify research and information needs related to elder abuse and neglect. It was undertaken to improve our understanding of the risk and protective factors that may be associated with the elder abuse and neglect of older people in New Zealand (Families Commission 2008). The project utilised an ecological framework to explore these factors as they relate to elder abuse and neglect, drawing on information obtained from the perspective of older people, service providers, and coordinators of governmental and non-governmental organisations (see Figure 1 in Krug et al. 2002). The ecological model allows representation and exploration of the relationship between individual and contextual factors, and considers violence as being the product of multiple levels that influence behaviour. It has been advocated as a useful model for examining elder abuse and neglect by Fanslow (2005).

For this article we focused on identification and discussion of societal-level risk and protective factors associated with the occurrence or amelioration of elder abuse and neglect, because these are the factors that are most appropriately dealt with through actions at the level of social policy.

METHODS

Qualitative methods were used to capture data about elder abuse and neglect from a range of stakeholders. The sampling frame was designed to ensure that a wide range of expertise and knowledge was accessed. The sample consisted of: (a) older people, both those who had experienced elder abuse and neglect and those who had not; (b) health professionals, representatives of non-government organisations (NGOS) and other groups that provide services for older people; and (c) representatives from a range of different ethnic groups. Respondents were recruited from multiple regions around the country.

Data collection methods included face-to-face interviews, focus group interviews and telephone interviews. Interview guides were developed after consultation and review of the literature. The interview guide was designed to collect data across ecological levels, from the individual to the societal. Data analysis took a general inductive approach (Thomas 2006).

The following sections describe the recruitment procedures for each group of participants, data collection techniques, and interview topics covered.

Older People Who Had Experienced Abuse and/or Neglect

A two-stage recruitment procedure was used to contact and interview these people in a way that minimised the risk of re-traumatising them. Elder Abuse and Neglect Prevention (EANP) services made the first invitation to potential participants who were now in safe situations. Twenty-two EANP services from around New Zealand were invited to participate in the study. Eight declined, citing a lack of suitable clients as their main reason. From the

remaining 14 services, eight EANP service coordinators agreed to help recruit older people who had experienced abuse or neglect.

Potential participants for interview were chosen and initially approached by the elder abuse coordinator to ascertain their interest in participating in the study. Of 25 older people approached across New Zealand, 15 agreed to participate and were interviewed. Informants who agreed to participate were contacted by the researcher and offered one-on-one, face-to-face interviews in their homes at a time convenient to them.

Inclusion and exclusion criteria. Older people who were over the age of 65, who were known to be victims of abuse or neglect and who were living in community dwellings or residential care facilities were included in the study. People were excluded if they were unable to give informed consent, were acutely unwell, or were in a vulnerable position or still considered an active case by elder abuse coordinators.

Interview topics. Interviews included discussions about their experience as victims of abuse and/or neglect. Interviews explored the abusive situation, the respondent's relationship with the abuser, and the physical and emotional impact of the abusive situation. The informant's view on the strengths and coping strategies they brought to the situation was also assessed, along with the respondents' views on community and societal attitudes towards older people. Older people's responses to this latter category of questioning form the basis for the analysis and discussion in the present paper.

Older People Who Had Not Experienced Abuse or Neglect

Older people who attended social activity groups run by an NGO in Wellington and by a service provider for older Pacific people in South Auckland were invited to participate in focus groups. They were informed of the aims of the study and invited to participate. Participants who elected to complete focus group interviews gathered in groups of 6 to 10 at a site in their community. Informed consent was obtained prior to interview commencement. A facilitated discussion, based on the interview guide, was led by experienced facilitators, assisted by note takers. Focus groups were audiotaped and notes taken. A total of 21 older people participated in three focus groups.

Interview topics. Focus groups discussed participants' views about older people who are abused and neglected, and about what contributes to abusive or neglectful situations. The discussion also explored how older people felt they protected themselves against being abused and neglected. The group's views on societal factors that might protect older people, or that contribute to elder abuse and neglect, were also assessed. The discussion also sought to explore who were considered to be the most important people to respond to an older abused person.

Service Providers, Community Groups and NGOs

Those who had had contact with abused or neglected older people attended focus groups in either the North or South Island of New Zealand. Participants were from a range of health professions and roles, and included a gerontology nurse specialist, social workers, registered nurses, needs assessment service coordinators, medical health professionals, and Māori health workers. Four focus groups were held with NGO groups and service agencies: two in the North Island and two in the South Island. The informants were from a range of organisations,

including the Mental Health Foundation, Stroke Foundation, Victim Support, City Missions, Alzheimer's Society, Police, and Home Support services. Focus groups lasted between 60 and 90 minutes, and were audiotaped and had notes taken.

Interview topics. Focus group participants were invited to discuss the factors that may contribute to abusive situations, the barriers that may arise to helping older people who are at risk, and the roles they play through their organisations in order to reduce or respond to this risk. Respondents were asked for their views on what protects older people from being abused and what strengths they felt contribute to these protective mechanisms. Respondents were also asked to reflect on ways that elder abuse and neglect service delivery might be improved, and to highlight policy options that might contribute to the prevention of the abuse of older people.

Ethics Approval

Ethics approval was sought and received from the University of Auckland Ethics Committee in March 2007 (Ref. 2007/042) to conduct interviews and focus groups with non-governmental organisations and personnel. Ethics approval was sought and received from the Multi-Region Ethics Committee in May 2007 (Ref. MEC/07/04/056) to conduct interviews and focus groups with older informants and District Health Board service providers.

All older people, health and service agency staff who agreed to take part in the study gave written informed consent.

All interviewers were experienced qualitative interviewers who received a comprehensive briefing about elder abuse and neglect. This was essential to ensure that if any adverse effects arose during the interview, victims were provided with appropriate support. The method of recruitment also allowed for close monitoring and any necessary after-care to be delivered by the elder abuse coordinator.

Data Analysis

The qualitative data were prepared in a standard Word/rtf format for importing into Excel for ease of handling the transcripts. A general inductive approach was employed to analyse the qualitative data to identify dominant and significant categories and themes in the text (Thomas 2006, Creswell 2003). An independent researcher read sections of the transcripts to ensure trustworthiness and reliability of the analysed data. The emergent themes were checked by key informants to ensure the themes and categories were understood and consistent with the reported perspectives and experiences of those interviewed. Societal-level risk and protective factors related to elder abuse and neglect that emerged from the data are presented below, in separate sections. Within each section the theme is identified by its heading, the key points of the theme are summarised, and some illustrative quotes are presented.

RISK FACTORS

Ageism and Social Marginalisation

Informants from all groups expressed the view that older people are fundamentally undervalued and not respected. For some, this is linked to the fact that older people are no

longer in paid employment, which was seen as a reflection of social and cultural norms about “productivity”, where only those who are earning an income are seen as contributing to society. Other informants reported that the societal view of older people is so commonly linked with images of loss of health, income, and physical and mental competence that older people themselves expect that this is how their lives will be:

“There are these ageist views which keep people down ... older people, once retired, are often not respected.” (Wellington, NGO focus group)

“They think we have lost our marbles and [they] don’t want to attend to older people.” (Abused female, age group 70–80)

“There is a general feeling of ambivalence towards older people in the town I live in.” (Wellington, non-abused focus group)

Gender Roles

Older informants noted that cultural expectations about the role of women could place them at risk from particular types of elder abuse. They highlighted the risks of financial abuse that has been created by cultural stereotypes prohibiting women from handling or making decisions about money. In particular, they felt that some older women’s lack of familiarity with handling money leaves them at risk of financial abuse. Service providers and NGO informants agreed that the misuse of EPOA (enduring power of attorney) put older women at risk in relation to property and welfare:

“My husband controlled all the finances. I didn’t know how to do things like sign a cheque, so when he died I was reliant on my daughter-in-law to help ... she went on and helped herself to my money.” (Abused female, age group 70–80)

“Women in the ‘old’ age cohort, meaning those over the age of 75 years, and women from some ethnic communities were considered to be at higher risk of this type of abuse.” (Auckland service provider focus group)

“When I came in here my niece, who was my appointed guardian and who I had been supporting ... for years, robbed me of all my money and sold all my possessions.” (Abused female, age group 75–85)

Time Pressures on Families

Although respondents said that family solidarity is valued as an ideal (by them, and the wider community), they also felt that this solidarity was under pressure from societal factors such as economic stress on families. One way these pressures manifest themselves is when older people in residential care are not visited because the adults in the family are already overburdened with making a living and raising children. This scenario was noted by respondents from all groups.

“Society is very selfish. The young and the middle-aged are too busy for older people.” (Christchurch, service provider focus group)

“Carers are in a sandwich situation.” (Wellington, NGO focus group)

“Sometimes we have no choice. We have to take our older person where they can be looked after 24/7 while we do our own things ... something we never used to do, but this is New Zealand. And we have to look at our own lives as well.” (Pacific older person)

Financial Pressures on Families

Informants recognised that financial pressures on families are great, and that societal factors, such as high interest rates, contribute to this burden. Informants felt this pressure often increases when trust funds or land ownership are managed or owned by older people, making them more vulnerable to abuse when families are experiencing financial difficulties:

“People are becoming more self-centred because of the economic situation, with both parents working and little time left over for the older generation.” (Auckland, Indian focus group)

“Rural families with potentially large inheritances work with legal systems to remove legal titles from the older person.” (South Island, NGO focus group)

Societal Ideas about Families

Informants also considered that some societal ideas about how families are supposed to work and the roles people play within them could contribute to elder abuse. Respondents felt that changing cultural perspectives about reciprocity between generations, and families’ collective responsibility to look after each other, might contribute to the occurrence of elder abuse. For example, beliefs about the inter-generational transfer of money and property can lead to financial abuse, and ideas about loyalty to family members can get translated into silence about such abuse:

“Some [family members] have the idea that ‘my parents’ money is ‘their own’.” (Christchurch, service provider focus group)

“My other son wouldn’t believe me when I eventually told him what he [abusive son] was doing to me.” (Abused male, age group 85–95)

“Respect to older people and support is important. When the children do not respect the parents they feel very shamed, [and] this makes it harder to disclose abuse.” (Auckland, Chinese informant)

Societal Ideas about Individuals

Cultural norms about the importance of independence and not asking for help were also thought to contribute to the occurrence and repetitive nature of elder abuse. In some cases, older informants described their strategies for handling adversity, which actually hampered early reporting of abuse and neglect to outside agencies. Such stoicism can cause the older person to remain at risk for a considerably longer period:

“I didn’t tell anyone about the situation as I didn’t know what would happen to me. I have always had to stand on my own two feet.” (Abused female, age group 65–75)

“I didn’t want to make a fuss.” (Abused female, age group 70–80)

PROTECTIVE FACTORS

Treating Older People with Respect

Fundamental respect for older people as valuable individuals in their own right was regarded as an essential protective factor by all individuals and focus group informants. They voiced a strong message that positive images of older people need to be actively identified and actively disseminated through the community. Respondents volunteered recommendations for achieving this:

“Focus on changing societal attitudes to value the person, from all members of society.” (Auckland, service provider focus group)

“We need publicity about older person’s rights on radio and TV.” (older person, non-abused focus group)

Improve Public Understanding of the Ageing Process

Informants from service provider and NGO focus groups felt that there was a need for widespread public education about the ageing process and about preparation for positive ageing. They felt that people need better information in order to plan for financial needs and pragmatic considerations (such as enduring powers of attorney and housing). Information that might better equip people to address changing physical and emotional needs that arise as part of the ageing process was also considered important:

“Being well informed about rights and different ways these rights can be used when one becomes disabled or dependent on others for support and care will not only empower the older people but also be a way of providing protection at all levels.” (Auckland, service provider focus group)

Education about the Financial Needs of Older People and EPOA

Service providers and NGOs all strongly endorsed the need to foster more widespread understanding of EPOA and its correct use, and the need to foster skills for financial planning for retirement. These were seen as critical to preventing financial abuse:

“Educate the public on issues associated with preparing financially and otherwise for ageing.” (Auckland, service provider focus group)

“[People] need to understand the boundaries of the EPOA.” (Christchurch, service provider focus group)

Education about Abuse, Rights and Services

Informants agreed that in order to protect older people from abuse, educational and information services are needed that are designed to break down the marginalisation and increase the independence of older people. They felt this should take the form of providing information to the general public, families and older people themselves about the rights of older people; the caregiver benefits available to families; government policies about “positive ageing” and for those new to the country; information about the way the New Zealand legal, financial and health systems work; and what is and is not acceptable in the community.

“Keep talking about abuse; give it wide publicity making sure that the information is out there so everyone knows what neighbours, family and friends should be aware of. Some people cannot believe that our old people get treated like they do sometimes.” (Auckland, Pacific non-abused focus group)

“Set up a Helpline that is confidential, where older people can call and talk about the abusive situation.” (Non-abused focus group)

Improve the Coordination of Policy and Services

Both service providers and individuals identified a need for better coordination of services and policy:

“A central hub of services to enhance power and the notice taken.” (NGOs Wellington)

“Set up special professional groups for working with elder people – health professionals, social workers, community and church leaders.” (Auckland, Chinese informant)

“Implement the Positive Ageing Strategy.” (Christchurch, service provider focus group)

DISCUSSION

This article summarises some of the societal-level factors that were thought to contribute to, or potentially ameliorate risk of, elder abuse as conceptualised by older people who have experienced abuse, older people within the community, and those who provide services to older people. Although societal-level factors are clearly only part of the picture – with the likelihood of elder abuse and neglect also influenced by factors within local communities, families and individuals themselves – we have elected to focus on these findings as the most likely to provide guidance about the contributions that social policy can make to minimise the likelihood of elder abuse and neglect occurring in New Zealand. For a discussion of risk and protective factors at other ecological levels, the reader is referred to the full report (Peri et al. 2008).

Strong themes emerged about the undervaluing of older people in society as a whole. This was linked with the perceived lack of productivity of people who are no longer in paid employment. Participants in this study overwhelmingly endorsed the need to promote more positive images of older people, and to develop a culture of respect and valuing of the unique contribution of older people as leaders, volunteers and caregivers in New Zealand society.

Societal influences that increase the risk of abuse were seen as being embedded in what is commonly termed ageism. Ageism as a term was coined in the mid-twentieth century to explain the “systematic stereotyping of and discrimination against people because they are old” (Calasanti 2005:8). Although other forms of discrimination, such as racism and sexism, have attracted a great deal of attention, there has been a dearth of research on ageism. It has been suggested by Norman (1987) that age prejudice is still considered socially acceptable. Current thinking in New Zealand society is that older people are different from others, based on assumptions or stereotypes relating to their age (Ministry of Social Development 2007b). Stereotypes are problematic because they allow little room for individual variation, and negative stereotypes generally receive more publicity than do the favourable characteristics associated with the same groups of people.

Featherstone and Hepworth (1990) found that stereotypes and prejudices associated with ageism are socially rather than biologically determined. The social construction of “old age” is strongly determined by the way older people are portrayed, with negative depictions often instilled by a process of socialisation through language, religion, literature, the media and the practices of medical institutions and social services. Currently, common societal portrayals of older adults are that they are “lesser beings”, asexual, intellectually inflexible and at the same time forgetful and unproductive (Featherstone and Hepworth 1990). This strongly suggests that it is the social construction of old age that is more damaging to older people than the biological ageing process itself.

On the flip side, a study that explored factors critical to independence in old age identified that where older people are viewed positively, they are more likely to play active and useful roles in society, be assertive and confident, have good mental health, and be less at risk of isolation and depression (Dwyer et al. 2000). All informants in the present study recognised the need to promote more positive images of older people and to develop an overall culture of respecting and valuing the unique contributions that older people can make. In particular, it was felt that contributions to society other than participation in the paid workforce need to be recognised, and that contributions such as caregiving and human connection in various contexts (to an older person, or by an older person caring for others such as grandchildren) need to be valued more highly. Valuing of, and respect for, older people was seen as being most likely to occur in a society in which the old and the young are well integrated. Pressure groups and social movements such as Grey Power are beginning to raise questions about the rights of older people more widely in the community. One way in which this movement has operated is to feature images that present old age as an active continuing phase of consumerism.

Current high-level societal issues such as the cost of living and the limited availability of care-givers were seen as contributing to the pressures on families, which in turn can create environments where elder abuse and neglect are more likely to occur. In particular, respondents noted that pressures on adult family members to be in paid employment can limit opportunities for even close, supportive families to provide care for older people. Various studies have shown that the role of women as key informal carers has been reduced by increased labour market participation (Hand 1999). The evidence clearly shows that the demands on these women are increasing, including the necessity to juggle time and energy commitments. Davey and Keeling (2004), in a recent survey of employees of the Christchurch and Wellington City Councils, found that about 9.2% of those sampled (3,800) provide care to an elderly family member, and that the majority had been involved in long-term caring periods of three months or more. They also found that although working carers provided the care willingly, female carers were found to have more negative attitudes about the caring than men. Negative attitudes increased with the time spent caring for an elderly family member and the condition of the older person. For example, caring for an older person with a cognitive impairment increased the likelihood of developing negative attitudes.

Clearly the current social and economic trends, combined with an ageing population, are likely to put considerable stress on the availability of family care for older people. This raises a key policy issue regarding the potential vulnerability of particular groups of older people. Possible groups who may face increased risk under these circumstances include: frail Pākehā women with limited intact relationships; those who do not live in close proximity to, or who do not have, children; and those with limited financial resources. To address this need, it has

been increasingly suggested that attention needs to be given to the provision of formal care to older people, as a buffer to provide more work/life balance for informal carers in order to reduce the pressure on inter-family relationships. However, if this option is to reduce the problem of elder abuse and neglect, it is clear that the care provided needs to be of a high quality (Petrie 2006). Robust monitoring of service provision may go some way towards reducing the overall risk for these specific groups of older people.

In situations of informal care by the family, as well as during provision of formal care support, particular attention will also need to be paid to cultural requirements. Evidence has shown that uptake of formal health services and use of support services is low among kaumātua² and kuia³, perhaps due to attitudinal barriers founded on historical distrust associated with negative past experiences (Durie 1977). Older adults from other ethnic communities have also reported profound inequity in terms of accessing health services (Mutchler and Burr 1991). These potential barriers will need further consideration in policy and service provision planning. For example, an understanding of the social networks within cultural groups should be taken into account when planning services. Informants in this study suggested targeting funding through ethnic community groups who were already providing services in positive ageing but needed more government support. Māori kinship networks such as whānau and hapū, as well as specific community Māori services, may be better utilised by kaumātua and kuia.

Ideologies about love and respect within families are challenging ideologies about the ways families and individuals are supposed to behave. For example, ideas about the intergenerational transfer of wealth may contribute to the occurrence of elder abuse in relation to financial abuse. Recent evidence has shown that the property boom experienced over recent decades has provided a pool of inheritance money. This large pool of inheritance wealth has made older family members more vulnerable to financial abuse (Petrie 2006). This was identified as a risk factor in this report, with older people often refusing to report such abuse because of family loyalty and personal independence, which contributes to the silence about abuse.

IMPLICATIONS FOR POLICY

Overall, this research has highlighted a need for more concerted efforts to help individuals and families to prepare for positive ageing. Some of the strands needed to achieve this were: increased understanding of age-related changes in order to prepare for physical, psychological, emotional and social changes, and being prepared financially. Housing policies are also crucial to ensure access to safe and supportive rental and other housing alternatives, to support diversity, and to ensure that links between housing, health and social support services are formulated. It was also felt that older people are likely to be better protected when they are well informed about their rights, particularly in relation to their legal rights in such matters as enduring powers of attorney.

Many of the policy platforms put in place by the Labour-led coalition from 1999 to 2008 are supportive of these identified needs, and simply require sustained implementation. Overall, these policies provide a strong platform for addressing many of the issues that were identified

² Māori elder.

³ Female Māori elder.

in this study as contributing to elder abuse. It is hoped that they will continue to serve as signposts for future work towards addressing elder abuse and neglect.

The Positive Ageing Strategy

The Positive Ageing Strategy articulates a vision that New Zealand will be a place where people can age positively, where older people are highly valued, and where they have opportunities to actively participate in their communities. The action plans identified in the strategy align closely with the themes identified in this research. For example, goal 8 of the Positive Ageing Strategy (Ministry of Social Policy 2001) relates to attitudes, and states that people of all ages should have positive attitudes to ageing and older people. Actions to support this goal include promoting inter-generational programmes in schools and communities, and fostering publicity campaigns that portray positive images of older people.

Strategies to Support Individuals to Plan Financially for Retirement

KiwiSaver and the government website Sorted, run by the New Zealand Retirement Commission, represent significant steps towards helping individuals plan financially for retirement (Preston 2008). These policies are long-term investments, and are ultimately part of the strategy for assisting older people to be more financially prepared for retirement, and to reduce financial pressures on families.

Strategies to Address Family Violence

The Taskforce for Action on Violence within Families 2006 endorsed the Families Commission's three-year research work programme to improve understanding of the nature of family violence and appropriate prevention strategies (Ministry of Social Development 2006). One of the Commission's strategic goals for 2006/07 to 2008/09 was to ensure that "significant progress has been made towards preventing family violence". An objective within this goal was that in 2006/07 the Commission would "improve the understanding of the nature of elder abuse and neglect and of appropriate and effective prevention strategies". This research was commissioned as one way of achieving that objective to add to the body of knowledge.

CONCLUSIONS

This paper reports on the societal perspective of elder abuse and neglect, which was part of a larger research project that explored the risk and protective factors of older people living in New Zealand. The findings from this study suggest that many of the current policy platforms are on track, but that they require sustained implementation efforts if they are to achieve the reduction of elder abuse and neglect required.

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