A study of social work practitioners and their needs when intervening in cases of elder abuse and neglect

by

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ABSTRACT

Ten social workers from within the Christchurch area who work with older persons were interviewed to discover how training and knowledge prepared them for intervention in cases of elder abuse and neglect, how they ensured “safe practice”, what aspects of intervention in cases of elder abuse and neglect generated confidence or diffidence and what they believe would be helpful to resource support and enhance their practice in cases of elder abuse and neglect.

A qualitative research project was undertaken using semi-structured questions. Grounded theory was used to analyse the findings and constructivist theory helped to interpret the data. The thesis includes an exploration of the experiences of practitioners in situations of conflict and tension, and discusses how they managed working within a multi-disciplinary team, how they ensured professional and personal safety within the context of their practice, the importance of co-working and networking and how, with minimal education and training opportunities, they used reflective practice within supervision to develop practice wisdom.

Five recommendations are made from the findings: That accurate statistics be collected on the number and nature of interventions; that education and training programmes be developed to provide an emphasis on legal issues, working within a multi-disciplinary team structure and general conflict resolution skills; that networking be recognised as an important component of the social work role; that the term “Safe Practice” be defined and acknowledged as a term that incorporates both practitioner and client; and that further research be undertaken in other New Zealand centres into the needs of social work practitioners when intervening in cases of elder abuse and neglect, with this research to include less experienced practitioners, a supervisors’ perspective and a Maori perspective.

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CHAPTER ONE

INTRODUCTION

Elder abuse and neglect became an all-encompassing professional interest for me approximately fifteen years ago when I was exposed to the beginnings of awareness raising on the topic. From my first introduction to the needs of vulnerable older people I made a conscious decision to change my career pathway and concentrate on working with older persons. My ongoing studies have been steered towards including an elder abuse and neglect focus. These studies and my practice experience have led me to the undertaking of this research.

During the early 1990s in Christchurch social work practitioners working with older persons began to take a serious interest in the topic of elder abuse and neglect and held inter-agency meetings to discuss how they might collaborate to provide a service that would support social workers practising in this field. Discussions between social workers representing a large number of agencies continued for approximately three years until an Elder Abuse Service, based at Presbyterian Support, was established in 1993. A short history of this service is included in this chapter. My involvement in these discussions and the establishment of the elder abuse service is what ignited my interest in the needs of social work practitioners when intervening in cases of elder abuse and neglect.

This chapter begins with a brief account of the New Zealand Government's current recognition of elder abuse and neglect as an important social issue. I present an overview of social work services in the Christchurch area from the discussions that started in the early 1990s. Following

this I give a background to my personal involvement in the topic. My interest over a long period of time in social work with elder abuse and neglect has lead me to undertake this research, the aims of which are set out on page 14. This is followed by the definition of elder abuse and neglect, as stated in the manual prepared by Age Concern New Zealand, (1992) and used for the purposes of this research. The final section of this chapter sets out the structure of the thesis.

1.1 GOVERNMENT RECOGNITION

Reports from the 2001 Census show that there were 450,426 people aged 65 and over living in New Zealand (Statistics New Zealand 2003). Based on international data and trends, elder abuse and neglect is generally thought to affect 2-5% of the older population (Office of Senior Citizens, 2002). In recognition of the need to increase services for elder abuse and neglect in the New Zealand Government 2005 Budget has made provision for three million dollars over a three year period to provide a funding pool for extra resource needs, including both local and national training.

Guidelines on elder abuse intervention commissioned as part of the Positive Ageing Strategy (New Zealand Guidelines Group, 2003) provides recommendations for appropriate and effective processes to identify personal, social, functional and clinical needs in older people. An appendix to the guidelines identifies gaps in New Zealand research that include:

- A need to be able to identify the most effective people to carry out multi dimensional assessments and the specific qualifications and training and/or skill set required by the assessor;
- A need to explore the reasons for the apparent reluctance of health care professionals to follow the recommendations of a multidimensional assessment that has been found in

overseas studies, and to consider the extent to which this could be an issue in New Zealand

- A lack of information about how the different sectors involved in providing for the needs of older people in New Zealand, such as in the health care and social services, could effectively create an intersectoral collaboration; and what modifications to existing services would be necessary.

1.2 PERSONAL INVOLVEMENT

My practice experience has lead me to believe that to date little attention has been given to the complexity of the work performed by social work practitioners who intervene in cases of elder abuse and neglect. To prepare and support social workers when intervening in cases of elder abuse and neglect employing agencies and educational providers need an understanding of the difficulties these practitioners may encounter. It is argued that social work practitioners intervening in cases of elder abuse and neglect often operate with less support than do child abuse protection workers (Wolf, 1990; Olinger, 1991). The literature shows a plethora of writing expressing views on a range of aspects related to elder abuse and neglect but on closer examination, publications of research-based practitioners' viewpoints are limited. No research has been found that addresses this aspect of elder abuse from a New Zealand perspective.

The focus of my research is to discover what social workers need when intervening in cases of elder abuse and neglect. A qualitative research interview approach is used to explore practitioners' experiences.

There were obvious advantages to my being a practitioner in undertaking this exploratory study, but also some limitations. My involvement over a number of years in the practice area and the

development of multi-agency discussions around the broader issues, in terms of service provision, meant that I was known to most of the potential participants. It was also probable that they were familiar with my personal view on the needs of practitioners. These issues are addressed more fully in the methodology chapter.

I have had 14 years practice experience and have attended university studies in social work with older persons with a special interest in intervening in cases of elder abuse and neglect. It was as a student on placement with Presbyterian Support in 1991 that I was first introduced to social work with older persons. As part of the placement, I was invited to participate in inter-agency discussions held at The Princess Margaret Hospital to look at establishing protocols for dealing with the protection of older persons in abusive situations. After the placement concluded I continued my involvement with the inter-agency working party at The Princess Margaret Hospital to improve the well being of older persons in abusive situations in Christchurch. The Elder Abuse Service began in August 1993 in response to requests from professionals for a specialised service for intervention in cases of elder abuse and neglect.

1.3 BACKGROUND TO ELDER ABUSE SERVICES IN CHRISTCHURCH

Elder abuse services in Christchurch were among the first to be established in New Zealand. An unpublished history written for the current Elder Abuse Practitioners' Group's archives (Henderson & Maher, 2004) records that in August 1993 an Elder Abuse Resource Service was established as a multi-agency initiative. A co-ordinator was employed by the three agencies in Christchurch, namely Age Concern Canterbury, Presbyterian Support and Healthlink South, with funding obtained from Lottery Aged. This position was held for fourteen months and the aims of the service were to build community awareness of elder abuse, to disseminate information about elder abuse and to develop ways of working with elder abuse cases.

The resignation of the first Co-ordinator resulted in a review of the service delivery model, which was subsequently redefined. Three important clarifications were made, which were:

- That the Co-ordinator would not assume the role of the key worker;
- That the balance of work would take a 60/40 ratio between education and casework;
- That in place of the previous system of reporting to the entire Management Team one member from that team would be appointed as the line manager to provide administrative supervision. Professional practice supervision would continue to be provided.

In July 1998 the unavailability of all sources of funding caused the cessation of the Elder Abuse Service. With this loss, practitioners and managers of local agencies became increasingly concerned for the maintenance of "safe practice" with complex cases of elder abuse. In December 1998, Presbyterian Support hosted a workshop to develop ways in which agencies could work together in the area of elder abuse and neglect.

The outcome of this workshop and a further one in February 1999 was an agreement for the establishment of the Elder Abuse Forum (umbrella group) and a Practitioners' Representative Group. Terms of reference were discussed for each group.

The Elder Abuse Forum was to focus on:

- Networking and information about agencies' roles;
- Development of protocols for social workers intervening in cases of elder abuse and neglect and formal agreements regarding collaboration between agencies represented on the Elder Abuse Forum;
- Advocacy;
- Political issues (funding, awareness, lobbying);
- Education and the development of a resource list.

The Practitioners' Representative Group adopted the aim to develop and co-ordinate a process to assist those working with elder abuse and neglect. This was to be achieved by the use of specified skilled people, who may be representing a wider team, to educate group members, to give opportunity for debriefing about case-work as well as providing resources and a point of contact. Other functions of this group were seen to be advocacy and the reporting back of issues to an Elder Abuse Forum.

In fact, an Elder Abuse Forum was never established. I have been unable to identify any documentation, which may give an explanation as to the reason for this. However, the Elder Abuse Practitioners' Group was established and has continued to meet on a monthly basis. Over time in order to sustain its aim to assist those working with elder abuse and neglect the group has given time equally to offering education and training, debriefing about case work and providing resources to social workers working with older persons in Christchurch. At times the focus has been on the education of social workers and other health professionals. At other times the emphasis has been on lobbying for a key contact person and the re-formation of an elder abuse intervention service with a paid co-ordinator.

From the earliest discussions about the formation of an Elder Abuse service through to the current time, I have been an active member of what is now known as the Elder Abuse Practitioners' Group. During these years, I have taken the opportunity to use my post-graduates studies to broaden my knowledge about social work intervention in elder abuse and neglect and this thesis was born out of a desire to improve ways of working with such cases. It was from my long-standing involvement in the provision of a resource service and my continuing professional connections with social workers who were experiencing similar challenges in their practice that I started to question what practitioners might need when they intervene in cases of elder abuse and neglect. My own experience as a colleague and, at times, a supervisor showed that social

workers with extensive experience in working with older persons frequently become immobilised when they are required to intervene in cases of elder abuse and neglect. It seems that there was no perceived difficulty for them in defining and/or identifying elder abuse and neglect. In fact all the participants expressed confidence in being able to recognise elder abuse and neglect. The dilemma arose in the planning of an intervention process.

Currently in the absence of an elder abuse resource service anyone from the community, for example a family member, friend, neighbour or professional, who suspects elder abuse or neglect would generally take their concern to one of two agencies, Age Concern Canterbury or the Assessment, Treatment and Rehabilitation (AT&R) Unit at The Princess Margaret Hospital. Primary health providers such as general practitioners and district nurses sometimes receive inquiries regarding elder abuse or neglect. It is usual for Age Concern Canterbury and primary health providers to involve the AT&R Unit in investigating allegations of elder abuse and neglect. Community agencies such as Age Concern Canterbury and Presbyterian Support often provide ongoing support and monitoring with such cases. Age Concern Canterbury has Government funding to provide awareness raising and public education on the issues of elder abuse and neglect.

1.4 AIMS OF THE RESEARCH

The following aims were formulated to give a framework to my research:

- To discover how training and knowledge prepared practitioners for intervention in cases of elder abuse and neglect;
- To learn how practitioners ensured “safe practice” when working with cases of elder abuse and neglect;

- To determine what aspects of intervention in cases of elder abuse and neglect generated confidence or diffidence; and
- To find out what practitioners believe would be helpful to resource support and enhance their practice in cases of elder abuse and neglect.

The findings from this research provide data that may be of benefit to a number of parties who have a vested interest in the provision of social work intervention in cases of elder abuse and neglect. The New Zealand Government began to recognise and make a serious commitment to elder abuse and neglect as an area of health and social service for which provision needed to be made in the late 1980s (Department of Health, 1988). The Government has to this end invested considerable funds in this area, for example the funding of education and intervention programmes managed by Age Concern, New Zealand. As previously stated most recently the Government has reaffirmed its commitment to intervention programmes specific to elder abuse and neglect. Guidelines for intervention in cases of elder abuse are soon to be published. (Ministry of Health, May 2004).

It is important that social workers use interview practice protocols that are founded on data from a sound research base. My research will be a beginning step towards giving prominence to practitioners' experiences when intervening in cases of elder abuse and neglect and the findings will add to knowledge-based social work experience. For this reason, the research has the potential to benefit practitioners locally and nationally. Agencies providing an elder abuse and neglect intervention service will be better informed on requirements for supporting their social work practitioners. The findings of the research may also be helpful for schools of social work when considering curriculum content.

1.5 DEFINITION

For the purposes of this research the definition of elder abuse and neglect is taken from the manual prepared by Age Concern New Zealand. This is recognised definition used in practice by Christchurch social workers. Age Concern New Zealand defines elder abuse and neglect as: "…when a person 65 years and over experiences harmful physical, psychological, sexual, material or social effects caused by the behaviour of another person with whom they have a relationship implying trust." (Age Concern New Zealand, 1992, p.3.3).

Elder neglect is separated into active neglect (where there is conscious and intentional deprivation inflicted upon the other person) and passive neglect, which is the result of the refusal or failure to provide basic necessities because of lack of knowledge, infirmity or disputing the value of prescribed services.

1.6 INTENDED USE OF THE DATA

The primary reason for writing this thesis has been in partial fulfilment of the requirements for the Degree of Master of Arts in Social Work. It is my expectation that I will take information from the findings into my own workplace to develop practice protocols will be provide improved support for my colleagues working in the area of elder abuse and neglect. It is my intention to use the findings to write articles for publications. It is my hope that others will find information in this research that motivates further research, considerations for education and training and directions for the development of improved practice method and protocols.

1.7 STRUCTURE OF THE THESIS

In this introductory chapter I have described how, as a social worker, I have been involved with the development of social work services in cases of elder abuse and neglect in Christchurch from its earliest stages. I have reported that the Governments support for elder abuse and neglect social work services has been strengthened with funding allocations from the 2005 budget. A background to the development of elder abuse and neglect Christchurch social work services was given. My involvement with every stage of this history has led me to formulate the aims of this research.

Chapters Two and Three review the literature. Chapter Two outlines the development of research and debate from the overseas experience. The unfolding of awareness and interest in the topic from a New Zealand perspective is reviewed and the most commonly cited models of practice and causational theories are examined. Chapter Three changes focus to give a review of the literature that informed my thinking and guided my development of the research proposal. This chapter concludes with a summary of four research studies that influenced my analysis of the data.

The relevance of qualitative grounded and constructivist theories chosen for this research is discussed in Chapter Four. The implications of a social work practitioner undertaking research with colleagues is also covered and the chapter concludes with an outline of the research design.

Chapters Five to Eight give an analysis of the research. To highlight the findings of interest, participants' comments are reported verbatim to help the reader get a sense of the participants' voice. Quotations have been taken directly from the transcripts and because of this the grammar is not always accurate.

The final chapter integrates the findings of the research and draws together the main themes from the data analysis being; how practitioners dealt with conflict and tension, how they established personal and professional support, what was identified as education and training needs, and the various interpretations of the term “safe practice”. The discussion concludes with five recommendations that might strengthen elder abuse and neglect social work services.

CHAPTER TWO

LITERATURE REVIEW - PART ONE

2.1 INTRODUCTION

The first two chapters review literature on elder abuse and neglect with a deliberate emphasis on publications from the United States of America, the United Kingdom, Canada and Australia because these inform practice thinking in New Zealand. This first chapter provides an historical overview and shows the development of research and debate, which has led to the formation of models of practice intervention. The most commonly cited models of practice and causational theories are summarised to provide a background to practitioners' understanding of their experiences. The second chapter in this literature review examines publications more specifically related to the focus of the research.

2.2 BACKGROUND ON INTERNATIONAL EXPERIENCE

Recognition of, and interest in elder abuse and neglect started to emerge in the 1970s as research into family violence uncovered the prevalence of elder abuse and neglect and drew attention to this as a problem. The literature shows that early writings from the United States of America led debate and discussion about the definition of elder abuse and neglect and gave attention to the nature, extent and causes of abuse. In the United Kingdom discussion and research on abuse began to gain momentum in the mid 1980s. Australia and New Zealand followed these trends in the early 1990s. Kosberg & Garcia (1995) offer an overview of common and unique themes in

elder abuse literature from a worldwide perspective. In their book, they question whether elder abuse is a new phenomenon or whether there is simply a new awareness of the issue. Sixteen countries from and including Europe, Asia, Africa and Australasia are represented in Kosberg and Garcia's review of research. Contributing authors cover aspects of research on elder abuse:

- The definition
- The extent of the problem
- Societal attitudes regarding its existence
- Private and public efforts towards prevention.

Practitioners' experiences were not addressed in the book, possibly because this was not included in the editors' brief. Most authors suggested that elder abuse was somehow connected to industrialisation or was a result of economic problems in the country. Some authors acknowledged elder abuse had always existed and explained this as arising out of authoritarian attitudes towards disadvantaged groups.

From this overview, three themes emerged as common aspects of elder abuse. The first was dependency, where issues of carer stress create a greater potential for elder abuse. The second was that economic recession in a country has a two-part impact: The reduction of income may create stress within the family; and national economic recession was seen to result in the reduction of programmes and services for older persons. The third theme was cultural change where it was thought that elder abuse 'sprang' or 'was due to' or 'was related to' rapid changes in traditions and customs regarding respect of older citizens.

Up to the mid 1990's, cultural perspectives are on the whole poorly represented in the literature. Kosberg & Garcia (1995) give brief acknowledgement to the influence of culture within individual countries and suggest that the reason why elder abuse is often not recognised or

reported is because the subject is taboo for reasons of religious beliefs or attitudes toward older persons. The United States of America was the first country to establish formal programmes of research and intervention in cases of elder abuse and neglect in the late 1970s. Hudson (1986) reviewed 29 major studies undertaken in the United States up to 1985. The funding source for these studies was not stated but she suggests these studies came to be undertaken due to encouragement for research from Congressional advocates.

The literature shows that in the last five years there has been a move towards developing and improving assessing risk and defining forming screening tools (Anetzeberger, 2001; Marshall, Benton & Brazier, 2000; Young, 2000). This is possibly an outcome of the National Survey of State Protective Services Programmes, Goodrich (1997).

Early Canadian research appears to be limited to six publicly reported studies by 1982 (Shell, 1982). However, the publication of an annotated bibliography, which includes 545 items of literature published between 1985 and 1996, shows the substantial contribution Canadian research has since made to the debate and to the understanding of abuse and neglect of older people (Spencer, Ashfield, & Vanderbijl, 1996).

In the United Kingdom, awareness of, and attention to, the topic arose some ten years after the North American programmes. While some research was undertaken in the late 1980s, lack of funding hindered attempts to replicate the United States of America studies in the United Kingdom (Slater & Eastman, 1999). Some studies in the United Kingdom have examined the role of education in professional training (Kingston, Penhale & Bennett, 1995; McCreadie, Bennett & Tinker, 1998).

In Australia individual states have established advisory committees on the abuse of older people. The focus of these committees tends to have been the development of intervention protocols and training manuals. Throughout the 1990s some research studies from a number of states have been published. Dunn (1993) comments that early research on elder abuse in Australia has been guided by and relied on the United States of America definition and construction of the problem. The focus of early research has been to determine the extent of elder abuse and neglect in Australia. The most significant publications come from Baron, Cran, Flitcroft, McDermott and Montague (1990); Kurrle, Saddler & Cameron (1991; 1992) and McCallum, Mataisz & Graycar (1990). In a review of Australian literature, Dunn (1995) shows that findings reflect those described in overseas literature. The most likely victims of elder abuse and neglect and exploitation are women.

On examination of the Australian literature Dunn lists a series of sub-groups that he suggests may be more 'vulnerable'. These groups include widows, aged migrants, disabled/frail, Aboriginal and Torres Strait older persons, social isolates, medication users, rural and remote dwellers and the poor. Dunn argues that vulnerability is a better place to start the examination and social construction of elder abuse and neglect, rather than to embrace wholesale, the term elder abuse as used in the United States.

A bibliography of New Zealand research on ageing between 1997 and 2001 shows no research in relation to elder abuse and neglect, Gee & Davey (2002). The fact that in New Zealand there has been limited research of significance to date may indicate that the task of undertaking such research is considered to be too difficult or that funding has not been readily available. Energy and funding seems to have been directed into service delivery rather than the stimulation of research opportunities. Targeting similar sub-groups to those proposed by Dunn is worthy of consideration by researchers and social work practitioners. Research into elder abuse and

neglect in New Zealand has followed a similar pathway to that in the United Kingdom and Australian experience.

Interest in the topic gained momentum in New Zealand from the early 1990s although there has been little research into aspects of elder abuse and neglect. The few studies that have been carried out have been small and mainly produced as academic theses (Osborne, 1996) and reports from agencies (Age Concern New Zealand, 1995; Age Concern New Zealand, 1997; Hayden, 1995; Schofield, 1997). The professional journal of New Zealand social work practitioners, "Social Work Review", has published only two articles on the topic. In these, Brook (1999, 2000) attempted to generate interest and discussion on the topic, and explored the issues of ethics, practice, research and the philosophical debate regarding terminology. In the absence of local literature Brook drew heavily on overseas publications. One of the few local publications is a book on the various aspects of violence in New Zealand, which includes a chapter dedicated to elder abuse and neglect; causes and consequences, Schofield (2004, as cited in Connolly, 2004). This chapter presents elder abuse and neglect from a New Zealand perspective and highlights the contribution Age Concern New Zealand have made to elder abuse and neglect services. Schofield includes a discussion on the position of Maori and notes that no research data is available to make any assumptions about elder abuse and neglect from a Maori perspective.

No specific research related to social workers and their practice of intervention in cases of elder abuse and neglect has been located amongst the New Zealand publications. There is also no research specific to the abuse and neglect of Maori or Polynesian older persons. Statistics gathered by Age Concern New Zealand (1999) indicate that elder abuse and neglect does occur across the ethnic groups.

2.3 MODELS OF INTERVENTION

Professionals most often involved in intervention into elder abuse are those from the health professions: nurses, doctors, social workers and those representing the legal profession: police and lawyers. Wolf (1990) describes three models of intervention. The first is the child abuse or mandatory reporting model that is a modification of the model used for abused or neglected children. This is probably the most common version used in the United States. The second is the legal intervention model which considers the legal system as the first source of assistance for resolution through such means as restraining orders, civil and criminal complaints to the police and courts, and collection of data for use in possible prosecution. A third advocacy model assumes that the service providers will not intrude unnecessarily in the lives of the older victims but will use a broad range of formal and informal services to assist them in meeting their goals. Many programmes use a combination of models to manage the complex situations in elder abuse and neglect cases. The literature shows two distinct social work approaches to intervention in cases of elder abuse. The first being individual casework and the second being multi-disciplinary team work.

2.4 INDIVIDUAL CASEWORK

Individual casework is most likely to focus on family crisis intervention followed by longer-term family therapy. Structural family therapy is suggested as the most direct and concrete approach, while strategic therapy offers techniques that are specific to persistent family problems. Intervention needs to deal with the family context of elder abuse (Brookin & Dunkle, 1985). The use of a family therapy approach lends itself to comparison with the use of such methods in the context of child abuse and spousal abuse (Philips & Rempusheski, 1986; Pillemer

& Finkelhor, 1988) with commonly identified issues being dependency, caregiver stress and/or social isolation, role reversal (in which the elderly person becomes dependant upon his or her children for financial, emotional, and/or physical support) (Wolf and Godkin, 1984), and difficult behaviours (Korbin, Anetzberger & Eckert, 1989).

A main difference between elder abuse and child abuse is the adult's right to self-determination (Hayes & Spring, 1988; McLaughlan, 1988; Potter & Jameton, 1986; Schene & Ward, 1988). A major ethical issue concerns the client's freedom to make choices in refusing or accepting social work intervention. This is a particularly difficult ethical dilemma in the case of self-neglect, a situation that does not occur in child abuse (Korbin et al, 1989). In NZ this can be addressed by using the general principles of the Children and Young Persons and their Families Act 1989. The principle of care and protection is that the least intrusive intervention is used, which means that the family participates in making a decision but does not necessarily make the decision. The relationship between the person and family should be maintained and strengthened and the welfare and interests of the person should be a deciding factor while ensuring that consideration is given to how the decision affects the person and the family. Also paramount are the wishes of the person are considered, that support is provided to carers and that the decision is made in a time frame suitable for the person. In New Zealand the Protection of Personal and Property Rights (PPP&R) Act 1988, requires that "…every person shall be assumed, until the contrary has been proved, to have the capacity to understand the nature and foresee the consequences of decisions in respect of matters relating to his or her personal care and welfare…" (p.5). Limitations of this Act are recorded under the "Legal Aspects" section of this chapter.

2.5 MULTI-DISCIPLINARY TEAM WORK

The use of multi-disciplinary teams when intervening in cases of elder abuse and neglect is shown to be an emerging trend (Keyes, 2003). Her review of the literature suggests that government bodies in United Kingdom, United States of America, Canada and Australia support a multi-disciplinary approach to such interventions. In New Zealand the Ministry of Health and the Office of Senior Citizens promote the use of a multi-disciplinary approach to elder abuse and neglect (Ministry of Health, 2004; Office for Senior Citizens, 2002).

Social work with older persons more often than not involves working alongside other health professionals. In 1999 at a national conference for social workers working with older persons held in Wellington, New Zealand, a reoccurring theme emerged, being frustration about practitioners' inability to justify the importance of their work to a multi-disciplinary approach to work. Henderson (1998) and Stewart (1998) have different views about the dis-empowered position of social work within the health sector. However, they do agree on the need for research into the effects of changes within the New Zealand health social work environment.

The move away from individual casework seems to be based on concern that an independent social worker focusing on the family systems approach only addresses the problem of familial abuse and perhaps self-neglect, when abuse also takes place in, and is impacted upon by, other contexts (Beth Israel Hospital Assessment Team, 1986; Clarfield & Davis, 1984; Dolan & Hendricks, 1989; Eisenberg, 1991; Fulmer, 1989; Harshbarger, 1989; Hotaling & Finkelhor, 1988; O'Malley, 1986; Schene & Ward, 1988; Wiener, 1991; Wolf, 1988).

A combination of expertise provides a broad base from which to draw a more accurate assessment. Potential solutions come from an exchange of ideas and sharing of intervention

tasks. For example, the lawyer can advise on the legal aspects of the case and undertake prosecutorial responsibilities and the social worker can provide emotional support to the abused older person. Another perceived advantage of a multi-disciplinary team is the better utilisation of time by team members (Decalmer & Glendenning, 1993). Although a number of authors have strongly advocated the use of multi-disciplinary teams there is a general absence of research on their effectiveness (Decalmer & Glendenning, 1993; Larson & LaFasto, 1989; Lonsdale, Webb & Briggs, 1980; Payne, 2000; Penhale, 1993). Two studies on the multi-disciplinary teams working with elder abuse and neglect indicate that further research could help agencies in deciding to adopt this type of approach to intervention, (Beth Israel Hospital Elder Assessment Team, 1986; Hwalek, Williamson & Stahl, 1991).

The Beth Israel Hospital in Boston, Massachusetts, undertook to assess cases of elder abuse and neglect using multi-disciplinary teams. Beth Israel Hospital Assessment Team (1986) found that hospital staff members working in multi-disciplinary teams are more aware of the potential for elder abuse and neglect and more willing to refer cases with relatively sketchy evidence than professionals working autonomously.

The second major examination of multi-disciplinary teams was a job analysis used to describe one community-based multi-disciplinary team affiliated with four elder abuse agencies in Illinois (Hwalek et al., 1991). From the results, information about the role of members gives useful guidelines for establishing teams and recruiting and training members. However, some caution should be applied in drawing too many conclusions from this example since the information is gleaned from only one experience. The disestablishment of the Elder Abuse Resource Team in 1995 has left Christchurch practitioners to undertake interventions autonomously; however, they are able to source the assistance of professionals from other disciplines.

The real benefit in terms of cost effectiveness and direct use of resources of intervention teams also needs to be evaluated (Giordano & Giordano, 1984). It is evident from the literature that teams need to evaluate their worth in terms of costs and that there is a need to compare expected outcomes to actual outcomes. Barriers (actual or perceived) to achieving outcomes and levels of satisfaction with outcomes on the part of clients and caseworkers also need to be identified. (Beth Israel Hospital Assessment Team, 1986; Clarfield & Davis, 1984; Dolan & Heindricks, 1989; Eisenberg, 1991; Fulmer, 1989; Harshbarger, 1989; Hotaling et al, 1988; Hwalek et al 1991; O'Malley, 1986; Schene & Ward, 1988; Wiener, 1991; Wolf, 1988).

2.6 THEORIES

Several theories are used to explain the reasons for abuse and neglect of older persons where influencing factors include economics, psychological and social relationships between family members and the physical and mental health of the older person. In addition, characteristics of the perpetrator need to be taken into account (Korbin, et al, 1989; Pillemer & Finkelhor, 1988; Wolfe, 1988). In reviewing the literature, most recent publications showed little development in the thinking around the main theories used to explain elder abuse and neglect. Much of the current literature appears to be a regurgitation of previous writing. For this reason I have tended to go back to the earlier authors and describe the four main categories of explanation that have emerged out of the mid 1980's. These are, situational theory (carer stress), exchange theory (dependency of the victim, dependency of the perpetrator), intra-individual dynamics theory (cycle of violence) and social isolation theory.

2.6.1 Situational Theory

Carer stress is the earliest explanation of elder abuse and neglect. Phillips & Rempusheski (1986) separates situational factors into three groups: Those relating to the older person, structural aspects; and carer related issues. Basic to this theory is the effect of providing long-term care to an older person whose physical and emotional dependency results in the burden of care overriding any benefits to the provider. Structural factors include emotional strain, social isolation and environmental problems. Carer related issues relate to situations such as life crisis, burnout or exhaustion with caring.

A number of researchers found a positive relationship between external stress and child abuse and wife abuse (Agathanos & Stathakopolou, 1983, as cited in Osborn, 1996; Barling and Rosenbaum, 1986, as cited in Osborn, 1996; Gil, 1971 as cited in Osborn, 1996; Justice and Justice, 1976; Straus, Gelles and Steinmetz, 1980). Although situational stress has been proposed as an explanation by early studies on elder abuse and neglect (Eastman, 1984; Maddox, 1977, as cited in Biggs, Phillipson & Kingston, 1995,) more recent publications are not as supportive of the theory (Bennett & Kingston, 1993; Biggs & Phillipson, 1994, as cited in Biggs et al, 1995; Decalmer & Glendenning, 1993; Pillemer & Finkelhor, 1986, as cited in Biggs et al, 1995) suggesting that as not all stressed carers resort to abuse, situational stress cannot be used to explain elder abuse and neglect.

2.6.2 Dependency and Exchange Theory

Dependency has been closely linked to stress with the view that as dependency increases carer stress rises proportionally leading to more elder abuse and neglect. The imbalance of reciprocal benefits from the relationship results in violence towards the dependent older person. (Dowd,

1975; Gouldner, 1960, as cited in Biggs et al, 1995; Homons, 1961, as cited in Biggs et al, 1995). This model has gained some support (George, 1986, as cited in Osborn, 1996; Phillips & Rempusheski, 1986) but there are problems with measuring benefits in relationships. The exchange may be co-operation from the older person, stated appreciation by the older person or other family member, or a strong bonding due to mutually held values and beliefs (Pillemer, 1986, as cited in Biggs et al, 1995).

2.6.3 Dependency of the Perpetrator

This is sometimes referred to as reverse dependency (Pillemer & Wolf, 1989). When a person is dependent on the older person for housing, money, alcohol or drugs, this person then uses the abuse as a method of ensuring he or she receives what is required to meet his or her needs. The abused older person may become fearful or feel overly responsible to care for the perpetrator.

This theory is also used to describe violence committed against an older person when the perpetrator has an emotional, behavioural or psychiatric problem where again the older person has a sense of responsibility for the perpetrator's well being and finds ways to excuse the violence. (Pillemer & Finkelhor, 1988; Pillemer & Wolf, 1989; Wolf, 1990).

2.6.4 Intra-individual Dynamics Theory

This theory claims that violence is learned and 'taught' from one generation to another (Pillemer, 1986, cited in Biggs et al, 1995). The cycle of violence is thought to occur when a family member uses violence as a means of conflict resolution and the behaviour becomes accepted as a normal way of dealing with differences. In cases of adult children abusing parents who were abusive towards them, it is seen as directly related to the perpetrator having received abuse as a

child. Aligned to the child abuse idea of "a cycle of violence" the theory involves a different psychological process from child abuse - one with elements of retaliation as well as intimidation (Pillemer, 1986, cited in Biggs et al, 1995). To date there is no research-based evidence to support this theory.

2.6.5 Social Isolation Theory

Social isolation has received attention in the literature as an explanation for the continuation of abuse rather than as a cause in itself. Pillemer & Wolf (1989) suggest that isolation may in fact be the result of abuse, with the perpetrator using isolation as a means of control over the victim or to discourage outsiders from intervening. Research does support social isolation as a risk indicator in elder abuse and neglect and several studies have found that elder abuse victims have less social support than non-abused older persons (George & Gwyther, 1986, in Osborne, 1996; Gibson, 1984, cited in Nusberg 1984; Godkin et al, 1989, in Osborne, 1996; Sengstock & Liang, 1982, cited in Anetzberger, 1993). Anetzberger (1993) suggests physical abuse can occur when the perpetrator perceives him or herself to be isolated socially. Antetzberger did not make it clear whether this perceived isolation from social contact occurred before the abuse started or as a result of perhaps trying to keep the abuse from being discovered after the abuse began. In a study by Pillemer & Wolfe (1989), a lack of social support was shown to be associated with neglect but not physical abuse.

2.7 CONCLUSION

This chapter on the review of the literature has given an historical overview of the overseas research and discussion in terms of the development of elder abuse and neglect becoming recognised as a health and social problem. Four main theoretical perspectives were presented and

described as the most accepted explanations of elder abuse and neglect: Situational theory sometimes referred to as carer stress; exchange theory, where there is a dependency of the victim on the perpetrator and /or dependency on the part of the perpetrator on the victim; and intra-dynamics theory, which has links to the concept of a cycle of violence and to social isolation theory. The next chapter moves on to review the literature in relation to the unfolding of the thesis.

CHAPTER THREE

LITERATURE REVIEW – PART TWO

3.1 INTRODUCTION

This second literature review chapter places more emphasis on the social work practitioners' needs when intervening in cases of elder abuse and neglect. The chapter begins with a review of legal options used overseas and looks at what legal protections there are for older New Zealanders.

There is a minimal amount of literature specific to research on education and training in the area of elder abuse and neglect, and instead what is explored is how practitioners develop professional expertise and practice wisdom. As services providing intervention programmes in the United States emerged largely as a direct result of legislation - a trend not emulated in the United Kingdom, Australia or New Zealand - the use of law as a tool is discussed. Literature searches on the topic of elder abuse and neglect showed little data has been collected from social work practitioners' perspective. I believe, therefore, that it is important and relevant to acknowledge the few studies that influenced my thinking as I analysed the data and attempted to look at the findings from a range of perspectives. Under the heading "Associated Research" I highlight four studies that cover the identification of the decisional factors used by adult protective workers; social workers' responses to multi-agency procedures on elder abuse; social workers' experiences of fear; and child welfare workers' use of theory in working with child abuse.

3.2 LEGAL ASPECTS

In the USA an ad hoc committee of social workers was established in 1958 by the National Council of Aging to investigate elder protection needs (Mixon, 1995). Development of statutes for the protection of 'seriously mentally and physically impaired older persons' (Burr cited in Mixon, 1999, p. 70) arose from the enactment of Title XX of the Social Security Act 1995. Bergeron (1997) reports that in the United States of America 41 states have adult protection laws but as they apply to vulnerable adults 18 years and older the statutes are not specifically designed to address elder abuse. Although congressional hearings have generated awareness of the problem, it has been left to individual states to enact their own laws.

In the United Kingdom, the Law commission has set out possible aims for general legislative reform. Limited safeguards against exploitation, neglect, physical, sexual and psychological abuse concentrate on defining the extent to which an individual is capable of making his or her own decisions. The aim is to achieve, as much as possible, an outcome that the individual would have wanted if they had capacity to make their own decisions and understand the consequences (Decalmer & Glendenning, 1993). Australia has no legislation specifically concerning the abuse and neglect of older persons although many aspects of these are covered under the Crimes Act 1992 and the Guardianship and Administration Act 1990.

New Zealand has no legislation that deals specifically with elder abuse and neglect and, as with the United Kingdom and Australia, relies on older people being entitled to the same protection under law as any other citizen. The Protection of Personal and Property Rights (PPP&R) Act 1988 exemplifies this, being legislation for the protection of vulnerable persons of all ages. In May 2000 the Law Commission published a discussion paper on the misuse of Enduring Powers of Attorney (EPA) (Law Commission, May 2000). The paper generated discussion and debate

on the absence of adequate safeguards for the protection of donors of EPAs under part one (1) of the PPP&R Act 1988. From submissions received, the Law Commission made recommendations to amend the Act to address five aspects. These are:

- Abuse in relation to the initial granting of an EPA
- Neglect of the donor by the attorney
- Embezzlement and theft
- Bullying and lack of consultation with the donor and
- Problems with the mental incapacity test.

The "Misuse of Enduring Powers of Attorney Report 71" (Law Commission, April 2001) is still under consideration by the Ministry of Justice. Central to the PPP&R Act 1988 is the presumption of capacity as already discussed on page 25 of this chapter.

As with the PPP&R Act 1988 the Domestic Violence Act 1995 provides protection for people of all ages. This Act provides protection for victims of abuse through the Court system. The abuser does not have to be a spouse or family member but there does need to be a proven domestic arrangement as set out in the Act. One of the innovative features of this Act is that psychological abuse is also treated as violence.

The Crimes Act 1992 would generally, but not exclusively, be used for acts of violence or financial abuse; where the perpetrator is not known to the victim. Persons can be charged under section 151 of the Crimes Act 1992 for failing to provide the "necessities of life " for people unable to take care of themselves.

The literature shows that most debate and discussion regarding legal issues falls into three broad categories. The first category relates to whether the social conditions thought to be a

contributing causational factor in cases of abuse are best resolved through the legal system (Kosberg, 1988).

The second category covers a set of linked issues relating to rights, self-determination/autonomy and protection. Slater, (1993) gives a comprehensive summary of the acceptable limits of intervention and the delicate balance between autonomy and protection. He suggests that there may be situations when owing to severe incapacity affecting decision making, together with a very serious risk of harm, the need to protect may override the right to self-determination. There is some evidence to suggest that elderly victims who have capacity may refuse to take legal action because they fear retaliation from the alleged perpetrator or that they simply want to protect the perpetrator from punishment or liability (Powell & Berg, 1987) and if we follow Slater's argument, intervention is excluded in such cases.

The third category covers mandatory reporting where it has been suggested as a method for managing abuse, because its introduction would put the issue of abuse on the social agenda, and ensure the allocation of adequate funding. In most states of the United States of America there is provision for mandatory reporting. Mandatory reporting, however, prevents older people from making decisions for themselves, jeopardizes their autonomy and is considered by some to constitute an unwarranted invasion of privacy. (Kurrle, Saddler & Cameron, 1994).

3.3 ADULT PROTECTIVE SERVICES

The history of Adult Protective Services (APS) in the United States is difficult to determine although, from the 1960s, some states began to establish agencies to provide protective services for vulnerable adults though not exclusively for older persons. The 1974 enactment of the Title XX amendment to the Social Security Act led to the development of individual states developing

their own response to adult abuse, neglect and exploitation (Otto, 2000). Several studies have documented the differences and similarities among state APS programmes with a particular emphasis on the utilisation of the legislation (Stiegel, 1996; Tatara, 1993). Few publications have included information about protocols and documentation systems used by the states when intervening in individual APS cases and even less has been written about the practitioners' perspective.

3.4 EDUCATION AND TRAINING

In New Zealand there are minimal opportunities to undertake social work education and training in the field of elder abuse and neglect. Overseas experience is examined to discover what might be learnt from other countries and how that might influence the provision of education and training in New Zealand.

Research in the United States of America during the 1970s and 1980s as reviewed by Hudson (1989) and restated by Biggs, Phillipson & Kingston, (1995) established the need for specific training programs in social work intervention in cases of elder abuse and neglect. This resulted in the publication and production of manuals and videos but the development of specific courses for social work practitioners relating to elder abuse and neglect has been relatively ignored. In comparison to North America, the United Kingdom was slow to instigate training specific to social work with older persons. Biggs & Phillipson (1994, in Biggs, Phillipson & Kingston, 1995) put forward a combination of reasons for the delay, including a greater focus on child protection, a lack of British based research on elder abuse and neglect and a general absence of training for work with older persons. Phillipson & Biggs (1992) published 'A Training Manual for the Helping Professions' and Pritchard (1992) published a training manual specific to the detection and prevention of the abuse of older people, which was updated in 1995. Since then

Pritchard has written a number of other useful training manuals for working with elder abuse and neglect including one for detection and prevention, one on supervision, and one on becoming a trainer in adult abuse work (Pritchard, 1995a; 1995b; 2001). Other publications with an emphasis on elder abuse and neglect, written by and/or co-edited with Pritchard, include "Good Practice in Risk Assessment and Risk Management 2: Protection, Rights and Responsibilities" (Kemshall & Pritchard, 1996) and publications on the topics of good practice with vulnerable adults (Pritchard, 2001) and support groups for older people who have been abused (Pritchard, 2003).

Age Concern New Zealand (1992) produced a training manual to raise awareness of elder abuse and neglect issues and assist New Zealand practitioners in assessment and intervention. British authors Bennett, Kingston & Penhale (1997, p.219) commend this manual, describing it as "an excellent example of a modular document and has useful case histories." The manual contains the definition for elder abuse and neglect, outlined in the introduction to this thesis, which has become the accepted standard definition used by social work practitioners in Christchurch. The content was largely based on overseas material and, while still used today, it has not been updated.

Opie (1995) in a study of the effectiveness of social work practice with older persons found that social work training in New Zealand tertiary institutions in relation to working with older persons was very limited. Furthermore, Opie suggested that the quality of supervision for social work practitioners varied. More than a decade on from Opie's study, a search on the websites for the course outlines of the schools of social work in New Zealand, suggests that working with older persons, and more specifically the subject of elder abuse and neglect, continue to have a low profile within the curricula.

3.5 REFLECTIVE PRACTICE

A reflective process is commonly used in supervision with practitioners who work with older persons. Most of the participants had extensive experience in working with older persons and could be considered to be senior practitioners.

The study of expertise and "expert" practice is highly controversial (Fook, Ryan & Hawkins, 2000.). Rather than advance a theory of expertise, Fook et al. put forward a framework, which gives the practitioner opportunity to use knowledge from one situation and apply this to another. Fook (2002) uses reflective thinking as the foundation from which she describes a critical approach to social work. Fook claims that the reflective approach to learning recognises that theory is often taken for granted and actual theory may not always correspond with the theory practitioners believe themselves to be using. She suggests, "…this type of theory, or perhaps 'practice wisdom' is developed directly from practice experience – a 'bottom-up' type of process." (p 39)

Klein & Bloom (1995) suggest that the debate on the relationship between empirical knowledge and practice experience be set aside in favour of defining 'practice wisdom' as the combination of empirical research, theory, direct practice experience and personal subjective views. Hudson (1997) supports the view of researchers such as Carew (1999) and Osmo & Rosen (2002), who hold that social workers are inclined to rely on practice wisdom, organisational policy and procedures, legislation and social work values as the main basis for their practice.

Schön's (1983) concept of "reflection-in-action" offers a theory of learning that can be used by social work practitioners to develop practice expertise. Schön's reflective process begins with a description of the practice and uses reflection on the action to uncover the differences between

the subjective experience of everyday life and the actual experience in social work practice. Further development of theory is based on finding agreement between subjective experience and enacted theory. In other words learning is about engagement with a situation and a reconstruction of experiences. Schön's promoted the idea of coaching as opposed to teaching and believed that reflective thinking about practice is a process that is central to the practice of many professions. In essence the reflective practitioner builds knowledge through a process of searching for meaning and developing an understanding by relating that meaning to a broader context.

Reflective practice has similarities with Kolb's (1984) Experiential Learning Model with the four stages of learning. Applying this learning model to social work practice starts with the *concrete experience* where the casework gives insight to concepts, principles or generalizations. *Reflective observation* brings clinical curiosity and questioning about the work. *Abstract conceptualisation* is the integration of new knowledge with intuition developed from life experiences. Lastly, *active experimentation* uses discussion with colleagues or professional supervision to link theory to practice.

Darlington, Osmond & Peile (2002), whose study is described in the "Related Studies" section further on in the chapter, found that their study highlighted the value and use of a reflective approach in encouraging and defining the theoretical basis of practice.

From the 1980s reflective learning for social work has gained increasing support. Gould and Taylor (1996) in Britain, and Goldstein (2001) in the United States of America, among others, have argued for the place of experiential learning within social work practice. Gould & Taylor (1996) edit a book that brings together an expansion of the concept of reflective learning. The focus of the book is to promote reflective learning as a way to understand how social workers

make sense of, and plan intervention strategies in, situations that are uncertain and complex. Chapters are written by an international group of authors who collectively argue that practice wisdom, though difficult to describe, can be demonstrated through practice. Schön's model of reflective learning is presented as the foundation to the progression of thinking about reflective learning theory and some writers explore how newer concepts, such as feminist theories, can include reflective learning theory.

A development on the idea of reflective practice is the term "practice wisdom" as defined by Hudson (1997, p. 41) being:

> …knowledge gained from the conduct of social work practice which is formed through the process of working with a number of cases involving the same problem, or gained through work with different problems that possess dimensions of understanding which are transferable to the problem at hand

Goddard & Carew (1993) believe that social work practice wisdom is derived from consultation with experienced workers and the use of professional supervision. Another supporter of the concept of practice wisdom is Payne (1991) who deems that social work theory should stem from a social worker's practice experience in the context of the environment and the client's situation, rather than from the independent process of hypothetical development and investigational trialing.

3.6 ECOLOGICAL THEORY

Ecological theory is favoured with social workers that work with older persons because it takes a holistic approach towards understanding the person in the context of their own world and their own interpretation of that world. This theory focuses on the interactive processes that link the individual to the community or wider environment. Germain & Bloom (1999, p.9) states:

> …it facilitates our taking a holistic view of people and it's environments as a unit in which neither can be fully understood except in the context of it's relationship to the other. That relationship is characterised by continuous reciprocal exchanges, or transactions, in which people and environments influence, shape, and sometimes change each other.

Key aspects of this theory are that it is a close parallel with ego psychology because of the importance given to the environment action self-management and identity. It can be used in conjunction with or independent of ego psychology. People are seen as constantly adapting in an interchange with many different aspects of their environment, people both change and are changed by their environment. Reciprocal adaptation exists when change is maintained and supported by an also changing environment, but this process is impeded by social problems such as poverty, discrimination and stigma. Rather than making an assessment simply based on cause and effect, ecological thinking includes consideration of imprecise factors in a person's circumstance, including their environment

Germain & Glitterman (1995) add to the original ecological concept to include the following: Person environment fit refers to an individual's or a group's rights, goals needs and capabilities and the actual fit or congruence with a particular socio-economic, political, cultural and historical context. Adaptations are seen as constant and change-orientated, involving cognitive, sensory-perceptual and behavioural processes in order to make adaptations to the environment and visa versa. Life stressors are significant life concerns that people see as going beyond their personal or environmental wherewithal to manage. Stress is the internal response to a life stressor and can be manifested in feelings such as anger, guilt, fear, envy, or grief. Coping measures are particular strategies and behaviours used to manage the life stressor. Relatedness applies to positive connections with friends and family members that create a sense of belonging. Competence presumes that all people are capable of and motivated to change even in difficult situations. Self-esteem is considered to be the most important aspect of self-change. Self-direction is the capacity to make ones own decisions, understand, and, accept responsibility for

them. Habitat and niche define further the character of the physical and social environments and is especially useful information when working with communities.

Connolly & McKenzie (1999) use Ecological theory as the major conceptual framework for their model of Effective Participatory Practice. This model was developed for work, from a New Zealand perspective with, children and young people and their families. Ecological theory is used to inform social workers in New Zealand when undertaking assessments and developing intervention plans when working with older persons. The Elder Abuse Family Violence Intervention Draft Guidelines, Ministry of Health (2004), refer to the ecological model of family violence as a way of understanding the complexities when violence occurs within families.

3.7 ASSOCIATED RESEARCH

Repeated searches of the literature throughout this research process did not uncover any comparable studies to my own in relation to practitioners' needs when intervening in cases of elder abuse and neglect. In the absence of such research I used other studies that have some similarities with one or other aspects of my research. The following four research studies have made particular contributions to my thinking during the course of my research process. They have influenced my interpretation of the data and analysis of the findings, and impacted on how I have presented my thoughts in the discussion chapter.

3.7.1 Identification of the Decisional Factors Used by Adult Protective Service Workers

An exploratory study by Bergeron (1997), which went some way toward looking at practitioners' needs when intervening in cases of elder abuse identified the decisional factors used by adult protective service workers. Bergeron reported that Adult Protective Service workers showed a

lack of depth in the understanding of causational theories of elder abuse and neglect, which in turn affected their decisions about intervention. Workers were unable to articulate how theory translated into practice, other than by reference to theories of carer stress and of the sequence of violence cycles. Furthermore, not all participants from Bergeron's research held social work qualifications and this had an effect on their process of decision-making. Bergeron's research showed that schools of social work did not prepare graduates well for working with involuntary and reluctant clients. APS workers rated the importance of supervision highly when they were experiencing difficulty managing high caseloads of elder abuse and neglect. Personal safety was raised as an issue and the most common solution was to seek support from the police. The issue of the client's right to self-determination and to decline intervention versus the practitioner's duty to offer protection was a significant issue mentioned by all participants in Bergeron's research. Bergeron's research also found that the lack of availability of community resources was a factor in the worker's decision whether or not to remain involved in cases. Lack of resources necessitated the development of creative ways of utilising existing community services.

This study gave me some direction in preparing for the interview process with reference to exploring what my participants might see as educational and training needs Throughout my analysis of the data, which was completed concurrently with the interview process, some of the participants' comments resonated with a number of Bergeron's findings. As an example, in her study, 33% of the participants reported having felt a sense of fear for personal safety during some aspects of their work. This issue is considered in terms of my findings in Chapter Eight.

3.7.2 Social Workers' Responses to Multi-Agency Procedures on Older Age Abuse

Preston-Shoot & Wigley (2002) report on a study that looked at how inter-agency protocols on elder abuse in the community were used in one local authority. The research showed the need to clarify "…which aspects of abuse procedures are directive and which permissive." (p.317). The findings showed that where workers were confident about what they could or should do procedures were not particularly useful. When cases fell outside their area of expertise, or there were unclear legal implications, practitioners and managers were more likely to use procedures. While some staff use some elements of the procedures there were very few cases where they were closely followed in their entirety. May practitioners relied on their own judgement about what action to take clearly finding the procedures more helpful when abuse had been disclosed or proven.

The research suggests that practitioners may require assistance to think through the relationship between self-determination, protection, paternalism and the interface between values and action in this legal grey area. There were many examples of close cooperation and collaboration between and within agencies in order to prevent or protect people from elder abuse. There was a call for the support of agency managers to provide training and awareness raising. The study identified that practitioners need to develop the assessment and relationship skills required and to move beyond seeing need in terms of services and resources. Interventions have to allow time to establish client trust, which is essential for disclosure to occur, and to put in place support to negotiate the legal and practice dilemmas.

This research helped shape my thinking around issues related to collaborative work between agencies providing social work, and between agencies and vulnerable adults. The research

findings also raised points of interest in terms of how practitioners might respond to referrals and their use of legal remedies as part of the intervention process.

3.7.3 Social Workers Experiences of Fear

Smith, McMahon & Nusten (2003) conducted research into social workers' experience of distress. Semi-structured interviews were used in this study of 24 social workers each with an average of nine years post qualifying experience. In order to construct a definition of fear no definition was given to the participants in the research. The intention was to determine the participant's perception of fear. To construct a definition the participants were asked the following questions (p.661):

- Describe a time when you have experienced fear in your work.
- How did this experience affect you?
- How did you respond to it?
- When attempting to deal with the experience what did you find helpful and unhelpful?
- What are the responses you would like from "the ideal supervisor" to whom you took an experience of fear?
- If you were looking at a picture entitled "Fear in social work" what would you see?

In this research Smith et al found that social workers encountered a number of situations where they felt fearful, and grouped them into three broad categories: fear of physical harm, fear of losing control/being overwhelmed and fear of disapproval and rejection by seniors and managers. The research posed a number of questions to those managing social work services about how social workers might be helped to "minimise the risk of fear provoking incidents arising." (p.669). Smith et al suggested that the participants in this research benefited from being able to talk about their fears. The research gave the participants a greater understanding of their work related fears, which in turn helped them to manage their fears in times when they felt threatened. Other than to suggest there should be further research into these questions, no recommendations were made or solutions were offered.

This research was constructivist and phenomenological in nature and assisted me in looking at my own research findings from a constructivist position. By using concept mapping to examine my data I began to make links between Smith et al's research and my own findings.

3.7.4 Child Welfare Workers Use of Theory in Working with Physical Child Abuse

Darling, Osmond & Peile (2002), in a study with child welfare workers in Queensland (Australia) of their understanding of physical child abuse and the implications for those supervising them, found that:

> … their understanding of this issue was more holistic, ecological or multimodal. They appeared to hold a diversity of theoretical ideas together that were tested against the specifics of a case. (p.61)

Darlington et al.'s study showed that practitioners based their knowledge on their university education and in-service training and that their accounts indicated a "frame of reference that values breadth and multiplicity." (p.61) Participants in this study appeared to develop ideas about physical child abuse from both formal and informal sources. One of Darlington et al.'s recommendations is that practitioners may benefit from using supervision to develop theoretical understanding.

This study provided some helpful considerations when I began to analyse the data in relation to participants' responses about theoretical knowledge and practice links. My initial thoughts about participants' answers to questions regarding understanding of theory were influenced by Darlington et al.'s own finding that social workers understanding of theoretical ideas were more holistic, ecological or multi-modal.

3.8 CONCLUSION

This chapter on the review of the literature features the publications that have influenced the thinking behind, and the shape of, my thesis. The chapter begins with an examination of the overseas legal aspects of elder abuse and neglect. In the United States of America mandatory reporting is present in most states. The United Kingdom and Australia have legislation similar to that of New Zealand. Statutes in New Zealand have no specific provision for elder abuse and neglect. Acts more commonly applied to elder abuse and neglect are outlined.

Following this, there is an account of the Adult Protective Services that provide assessment and intervention in the United States of America. The review then makes a shift to describe the work of Schön and the development of reflective practice theory and backgrounds Kolb's experiential learning model. There is reference to Fook's thinking on the practice "expert" and to the associated concept of practice wisdom.

Ecological theory is described as it relates to social work assessment when working with older persons. Lastly, four studies are given as examples of research that, although different in design from my own work, nevertheless results in findings that are of interest when considering my own findings.

CHAPTER FOUR

METHODOLOGY

4.1 INTRODUCTION

This chapter presents the methodology of the thesis. It begins with recapping the aims and objectives of this research. This is followed by a description of the qualitative research methodology that has been the approach chosen for this research. Central to qualitative research is using participants' word's and actions to explain, in context, the meaning of their experiences to them "There is less concern for the objective and more concern for how people make and understand their world." (Kellehear, 1993, p.27). As a social work practitioner currently working with older persons, I have undertaken this research with participants known to me professionally. Qualitative research is explained as it relates to the practitioner researcher investigating the work experience of colleagues.

The philosophy of constructivism has influenced my analysis of the data accepting that people make their own reality and acknowledging that, as a practitioner researcher, it is not possible to be completely objective and distant from the participants in the study. Constructivism is helpful in understanding and conceptualising the nature of day-to-day social work practice and how practitioners come to comprehend their case management decisions.

Grounded theory is an inductive method of theory construction and fits well with constructivist thinking. The key tools of grounded theory used in this research are presented and the data

analysis system of constant comparison is described. It is shown how grounded theory can embrace concept mapping as a tool for data analysis.

The final section relates to the research process of the thesis. It details the research design, describes the selection process (including practitioner researcher considerations, participants and their profile), the questionnaire guide, pre-testing, recording the interviews, analysis of the data, ethical considerations, and limitations of the research.

4.2 AIMS OF THE RESEARCH

The first aim of the research is to develop greater understanding of social work practice in cases of elder abuse and neglect. The second aim is to identify the needs of practitioners when intervening in cases of elder abuse and neglect.

Aims were achieved by interviewing ten social work practitioners who work with older people to discover:

- How training and knowledge has prepared practitioners;
- How they ensure “safe practice”;
- What aspects of intervention have generated confidence or diffidence;
- What practitioners believe would be helpful to resource, support and enhance their practice.

4.3 QUALITATIVE THEORY

“Qualitative research is an essential part of health research. It is used to describe and gain insight into the opinions values and attitudes of people, together with the meaning and

interpretations they place on their life's experiences." (Ryan & Denz-Penhey, 1996, p. 87). In addition this method can be beneficial in researching the functioning of a professional body (Ryan & Denz-Penhey, 1996). Jacques, Laurence & Ziegenfuss, (1993), have published research on older persons' issues in New Zealand and used this approach for their investigation into the worker's perspective. They found it to be a useful research method in the investigation of social procedures, process and structure.

"Qualitative research attempts to develop a rich understanding of a few focal cases selected because of their particular interest." (Frankel, 1994, p. 7). The focus is on conveying the respondent's experience in everyday language rather than on quantifying data. "The qualitative research interview seeks to cover both a factual and a meaning level" (Kvale, 1996. p. 32).

As opposed to some qualitative approaches that advocate the researcher enter the research field as a blank state, with no preconceived ideas or hypothesis about the research participants, a constructivist approach acknowledges the socially constructed nature of people and their actions (Taylor & Bogdan, 1998; Crotty, 1998). Theories are built from patterns that have been observed or from conversational transcripts. The essence of qualitative research analysis is about exploring the meaning of people's words and actions, not simply collating the information and presenting it in tabular form. (Bryman, 1995).

Qualitative methods of research are based on "An approach to the social world which seeks to analyse the culture and behaviour of humans and their groups from the point of view of those being studied…" (Bryman, 1988, p.84). Social work has moved towards this different form of research "…one that is exploratory rather than conformity, building a model of evaluation from practitioners' own accounts rather than superimposing an ideal model and testing for conformity…" (Eriks & Kirkhert. 1993, p. 555).

Qualitative research and social work practice are congruent in that social workers are able to value greatly, and respond well to, the human interaction involved in this theoretical paradigm. Smith (1998, p.543) states “Social work practitioners do want to know if they are making a difference in their clients’ lives” and she advocates therefore that qualitative research is suited to studies involving social work practice. Practitioner research does not require any particular method of research and is not in itself a separate category of research. (Fuller & Petch, 1995).

The social worker researcher is already trained and practised in the interview skills required in qualitative research because they are aligned with the social work process. Qualitative research interviews involve looking for the meaning of central themes in the experience of the respondent, describing specific situations and action sequences and interpreting what is said and how it is expressed. (Kvale, 1996)

4.4 CONSTRUCTIVISM

Constructivism is relatively new to the social sciences and Nelson Goodman is credited with being the philosopher most responsible for defining the contours of a constructivist theory of reality and cognition (Denzin & Lincoln, 1997). Constructivist thinking has been developed out of educational learning theory that has its roots in Vygotsky’s sociocultural theory of learning dating back to the 1930s (Jaramillo, 1996) Vygotsky believed that peers arrive at common understanding by socially negotiating meaning through problem solving activities. Constructivist theory assumes that knowledge is constructed rather than discovered, that is, concepts, models and schemes are used to make sense of a new experience.

Constructivist learning theory purports that students start their studies with preconceived notions about concepts. As a social worker, researching the topic that I was familiar with and having a

number of years of practice experience in the area of elder abuse and neglect, I had ideas about what practitioners need when undertaking this work. Constructivist learning involves testing ideas through relevant activities and my research is an endeavour to explore my pre-conceived notions about what practitioners need when intervening in cases of elder abuse and neglect. My objective was to determine whether colleagues shared similar views. The aim of constructivist theory is to understand "the complex world of lived experience from the point of view of those who live it" (Schwandt, 1994, p118).

Qualitative research fits with constructivist theory, because there is an emphasis on the process and the unfolding of events over time and prominence is given to interpretations made by the participants (Bryman, 1995). Meaning is not discovered but constructed by people as they engage with the world they are interpreting; it cannot be described as simply subjective (Crotty, 1998). The act of enquiry begins with issues and/or concerns of participants and unfolds through a systematic process of revisiting the data. Knowledge arises from the social process and interaction. Researchers are not distinct from their subject matter and their interaction with their participants is a key part of the research (Miller & Brewer, 2003).

4.5 GROUNDED THEORY

Grounded theory, developed by Glaser & Strauss (1967), is a method of theory construction that begins inductively, that is to say it is a method of data collection, analysis and eventual theory development. There is some debate about whether grounded theory is employed by researchers in its entirety and some suggest it is more often used "as a general indicator of the desirability of making theory from data, rather than a guide to a method for handling data." (Richards & Richards, 1987, p.26). Studies in health find "…grounded theory method, in all its diversity, can

generate useful knowledge for social work practice" (Riessman, 1994, p.4). By using a grounded theory inductive approach it is possible to embrace the philosophy of constructivism.

Key tools of grounded theory are theoretical sampling, which consists of a coding phase (where data is broken into component parts and given names), theoretical saturation (which has two phases) and constant comparison. The first phase of theoretical saturation is the coding of data until it is decided no new concepts or categories are found. The second phase relates to the collection of data to develop an aspect of an already established category further. Constant comparison refers to a process of maintaining a close connection between data and conceptualisation, so that correspondence between concepts and categories with their indicators is not lost (Bryman, 2001).

4.6 CONCEPT MAPPING

Concept mapping, according to Buzan (1993) is a tool and a technique to help understand and conceptualise a cluster of ideas that uses organisational patterns to record associations or to link ideas or words. A concept map may include branches, arrows, groupings, lists and explanatory notes. Colour coding or some other visual indicator may be used to link ideas.

Mapping can be seen as a type of brainstorming for data analysis purposes. This takes the form of providing a structure in which to expand on ideas arising out of the data. It helps to ask questions about the data; how do the parts fit together? Does it all make sense? Why, or why not? Is there anything unclear or problematic about it? What are the implications of the data? Could there be other ways of looking at it? Is the data true in all cases? How far does its usefulness extend? (Buzan, 1993).

In the data analysis for this research, I have used concept-mapping principles to assist with examining the transcripts of the interviews, recording the themes and linking experiences in common. An example of my use of concept mapping to consider the writings of Smith et al. (2003) and Bergeron (1997) in relation to my findings is shown as Appendix Six This technique also allowed me to look for lack of verbalisation of ideas and experiences that could have been expected to have been discussed, but were not. For example, I expected that participants would volunteer their thoughts on, and understanding of, the identification of elder abuse and neglect. Concept mapping allowed me to see clearly that in terms of this research, this aspect of their practice was not where their focus lay.

4.7 RESEARCH DESIGN

A qualitative approach has been used for this research because there is very little published about the social work practitioner's viewpoint on intervention in cases of elder abuse and neglect. As noted in the introductory chapter gaps in research from a New Zealand perspective highlight the need to explore the experience of health care professionals working with older people. In the course of undertaking this research, I began to realise there was a parallel process between my research method and what the research participants were reporting in terms of their practice experience, and how they made sense of their interventions and developed their understanding and knowledge about issues concerning elder abuse and neglect. To understand the similarities I looked to the concepts of constructivist learning theory that "learning is an active process in which learners construct new ideas or concepts based on their current/past knowledge" (Bruner, 2005, p. 1).

Qualitative research methods entail using techniques with which both participants and myself, as a practitioner researcher, are familiar. Qualitative research is a useful way to begin to understand

a given experience. The small sample size of this research is well suited to qualitative-based approach. The principles of grounded theory allow for the development of themes emerging from audiotapes of semi-structured interviews. Systematic data collection and analysis of data provides the means for building theories (Strauss & Corbin, 1990). My analysis of the data uses grounded theory principles to discover themes. These are recorded in a way that retains the detail and context that emerges from an examination of transcripts and field notes as cultural text for interpretation (Luborsky, 1994, as cited in Grubrium & Sankar, 1994).

4.8 PRACTITIONER RESEARCHER CONSIDERATIONS

At the time of the interviews, the majority of the participants knew me because I had been working in Christchurch as a social worker with older persons for more than ten years. My connection with half of the participants was through membership and participation in the Elder Abuse Practitioners' Group. This meant that a relationship of trust had been formed previously, because a collegial rapport existed between most of the participants and me. While this may have been an advantage, I felt concerned that there was a possibility that some felt compelled to take part in the survey. Any sense of obligation was countered by the enthusiastic interest taken in the research. From the time I introduced the research and throughout the interview process to the writing of the thesis, participants have demonstrated that they genuinely wanted to contribute to the research for the benefit of the profession.

In addition, because of my collegial relationship with the participants, my views pertaining to some subjects had been made known to them and this may have had an influence on their responses to me, especially in the area of theories (Sadique, 1996, Smith, 1998, Thyer, 2001). I felt that in some instances some participants may have felt a little threatened because of this; indeed, some were not able to articulate fully their understanding about theories. Feedback at the

end of the interviews led me to believe that the reciprocal trust and respect offset any threats, in that all participants expressed satisfaction and comfort with the interview process. I least knew the participant, who withdrew at the mid-interview point when questions around theoretical knowledge were introduced. Out of respect to this participant's sensitivity the reason for her withdrawal was not explored and the interview was not included in the data analysis

4.9 SELECTION PROCESS

4.9.1 Participants

A total of thirteen interviews were undertaken. The first two were with volunteers specifically enlisted for pre-testing purposes and this is discussed in the pre-testing section of this chapter. eleven participants volunteered to be interviewed but one withdrew from the research. For the final analysis of the data, ten participants were interviewed, five with hospital-based and five with community-based experience. All worked within the Christchurch area, where there has been a longstanding collaboration between hospital and community-based agencies. A multi-agency approach to intervention has been maintained and selecting practitioners from these two settings gave a broader perspective on intervention practice in cases of elder abuse and neglect, than if only hospital, or only practitioners who work in the community had been accessed. The pool of social workers employed from a hospital base was greater than that of workers employed by community organisation, but I chose to distinguish practitioners on the basis of the context in which they actually provided their service, and so I interviewed five participants who provided social work to older persons in the community, and five who provided social work in a hospital setting. This was to allow for balanced coverage and opportunity for comparison. Hence, social workers employed by the Canterbury District Health Board (CDHB), who were part of the community service provider group and whose clients were seen in their own homes rather than in

hospital, were included as part of the group of community based participants. The intention of having representation from all the different practice contexts was to highlight any noticeable advantages or disadvantages for practitioners working in these.

To begin the selection process a letter was sent to the managers of various community agencies and hospital social work departments introducing the research. (Appendix One) Permission was sought to speak with staff to explain the research and to invite volunteers to make contact with me to register their interest in taking part in the research. I also sought permission to speak at a monthly meeting of the Elder Abuse Practitioners' Group, where a multi-disciplinary group of professionals from a number of agencies discuss issues related to elder abuse and neglect, as described in the introductory chapter. At the same time I placed a notice outlining the research in the newsletter of the Aotearoa New Zealand Association of Social Workers (Notice Board, January/February 2003). Following the introduction to the research, more than ten possible participants approached me offering to take part. Some offers were declined because they did not come from social work practitioners. A list was drawn up on a first-come basis and a written information sheet (Appendix Two) and consent form (Appendix Three) were mailed out to the volunteers with a covering letter (Appendix Four). Participants were given a choice of being interviewed during work time or, for those wishing to retain anonymity, outside of work time. Another provision for anonymity was the option of being interviewed at the University of Canterbury rather than in the workplace. I was willing to be flexible as to times and to the provision of alternative venues should either be a block to a relaxed process for the participant. Ultimately all participants opted to be interviewed at their place of work during work time.

4.9.2 Participant Profile

Each participant met the criteria of being currently employed as a social worker and working with older persons within the Christchurch area. Each had intervened in at least one case of elder abuse and neglect in the previous twelve months. The interviewees were all female and New Zealand European. Practice experience working with older persons ranged from three to over ten years. All participants held a first professional university social work qualification and most held an ANZASW Certificate of Competency. None had any formal training in the intervention of elder abuse and neglect but the majority had attended workshops, seminars or conferences on the subject. A number had formal training in the Care and Protection of Children and five of the participants were members of the Elder Abuse Practitioners' Group.

4.9.3 Questionnaire Guide

To meet the aims and objectives of the research, as outlined earlier in this chapter, the questionnaire guide (Appendix Five) was designed to explore the participants' perspective in four broad categories: Training and knowledge, safe practice, confidence or diffidence, and resource and support. These categories were then used as headings for each group of questions. Open-ended questions with potential prompts were formulated to give participants the opportunity to describe their practice experience and to express any difficulties they may have encountered in the execution of their work. Further, it was intended that participants would have a forum for offering their own thoughts about solutions for professional development and support of their practice.

The questionnaire guide provided a framework for using funnelling techniques (Grinell, 1981), which enabled interviewees to give candid and comprehensive responses. This technique begins

with broad and general questions that seek facts rather than ideas and convictions. My reason for the order of the questions was to allow the interviewee to start from a position of strength. Starting with questions about their own education and training enabled me to establish a rapport based on trust and confidence and move to a more detailed examination of the participants' own practice experience and some of the factors that they consider when intervening in cases of elder abuse and neglect. In order to affirm their contribution to the research and to finish with a sense of purpose, participants were given an invitation to make any general comments. This allowed them to express opinions on any aspect of their practice experience that had not already been raised during the interview, thereby ending on a positive note (Alston & Bowles Routledge, 2003).

4.9.4 Pre-Testing

The literature shows that the pre-testing step in research process is often not followed very thoroughly (Grinell, 1981). Enthusiasm and interest from social workers in the proposed research, and offers to participate in the study, meant that I was confident I had sufficient numbers to use the first two volunteers for pre-testing purposes. These participants gave consent to be interviewed for the purpose of pre-testing. The advantage of using social work practitioners who had volunteered for my research for pre-testing was that I was able to give the interview process and questionnaire guide a realistic trial. In addition the interviewees' interest in the research meant they wanted to contribute with honest feedback to ensure a robust research method was applied. The purpose of pre-testing is to ascertain whether the participants understand the questions and instructions and to discover unanticipated areas of sensitivity or bias (Fuller & Petch, 1995 and Grinell, 1981). Furthermore, pre-testing is used to identify practical aspects of the interview process such as how long it takes, and trialling the equipment. I have not used the findings from the pre-test interviews in the final analysis of the data.

Reinharz (1992) cautions researchers that bias can occur not only as a result of the language used by the interviewer but also in the non-verbal responses to participants' answers. Feedback from pre-testing gave a timely reminder about researcher bias, in particular my non-verbal responses to participants' answers. For instance, participants in the pre-test commented that my body language made them aware when a response was particularly pleasing to me. The participants might have wanted to please me personally because I had a previous professional connection with each of them. Post-interview checks with each of the participants used for the research gave me the assurance that for the most part I had modified my non-verbal reactions.

The only other significant change from the pre-testing was a technical one. Initially I intended to use a microphone attached to the tape-recorder. Pre-testing showed that this was likely to make the participants feel ill at ease. I changed to a different recording machine and taped all interviews without the use of a microphone. This made transcribing more difficult but with the use of headphones I was able to make full transcriptions of all tape recordings.

4.9.5 Recording the Interviews

Once an appointment had been confirmed I sent participants a copy of the questionnaire guide and asked them to give thought to any casework intervention that they had undertaken in order to be able to draw on some practice experience at the interview. Immediately prior to the interview I had on hand extra copies of the information sheet, consent sheet and questionnaire guide. After the consent form had been signed I turned on the tape recorder and did a sound test. At this time I reminded participants that the purpose of the research was to glean information as per the question guide and not an assessment of their practice competency. The interview sessions proceeded relatively smoothly until the sixth interview when the participant asked to withdraw from the research pathway through the interview. My first concern was her obvious distress and

making follow-up contact with her proved difficult. When I eventually spoke with her by telephone, I endeavoured to assure her that the information she had given was congruent with previous interviews and that her contribution would have been valuable to the research. The participant accepted my offer to send the tape to her, which I did, with a covering letter reiterating what I had said during our telephone call. I have not included any part of that interview in the findings. I then contacted someone on my reserve list to make up the ten interviews.

The final composite of the participants, excluding the two pre-tests and the one withdrawal, represented five who worked in hospital-based settings across the Canterbury District Health Board and five from community-based settings, which included two Canterbury District Health Board employees.

At the conclusion of the interview participants' were invited to give some feedback about how they felt about the interview process. All made reference to the fact that in talking about their practice experience, they had come to some new understanding about aspects of their practice. One participant said: "It's actually made me think. I thought I was relatively clear on what the processes are if I come across a case. However, in talking this through, I wonder whether or not I've missed some indicators. I'm trying to think of what they were and yeah…" she went on to say it had given her "…something to think about and maybe go away and talk (with others) about it again." This process of "…iteration, analysis, critique, reiteration, reanalysis…" (Guba & Lincoln, 1989, p. 179) demonstrates constructivist development of theory.

4.9.6 Analysis of the Data

In keeping with a grounded theory approach, transcriptions of the tape recordings were completed concurrently with the interview process,, and early exploration of themes and patterns was also undertaken prior to all interviews having been completed. Organising the patterns with the use of concept mapping (Buzan 1993) meant I could look for not only overt and obvious themes, but also omissions and nuances. Researcher bias, or simply researcher naivety, at times saw me making erroneous assumptions about themes and patterns. At one point I noted all participants had in some way or another referred to experiencing a component of "conflict" as they undertook their interventions. Further examination about working with conflict showed that not all experiences of conflict could be placed within the same category. The frequency with which participants mentioned some aspect of conflict experienced in the course of their work, however, indicated that this was an important issue. My thoughts on this area will be expanded in the discussion chapter.

Ongoing searches of the literature throughout the research process shaped and changed my thinking as I analysed each of the transcripts. Studies published after I began my research (Preston-Shoot & Wigley, 2002; Smith, McMahon & Nusten, 2003) influenced what I looked for in terms of themes. Smith et al. suggest a sense of fear may be experienced by social workers in a number of ways. The research shows practitioners reporting fear of physical harm, fear of losing control/being overwhelmed and fear of disapproval from seniors and managers. Preston-Shoot and Wigley's research questions the extent to which guidance is effective in providing direction for practitioners intervening in cases of elder abuse and how well guidance and practice combine to protect victims. Qualitative research allows the researcher "to respond to issues and directions that emerge in the course of the research" (Gubrium & Sanker, 1994). The focus is on conveying the respondent's experience in everyday language rather than on quantifying data.

"The qualitative research interview seeks to cover both a factual and a meaning level" (Kvale, 1996, p. 32).

A draft summary of the findings was sent to each of the participants seeking their response before the writing of the final thesis. Although there were some acknowledgements from participants, none contained recommendations relating to accuracy or expanded theoretical or practical contributions.

4.10 ETHICAL CONSIDERATIONS

The research had a number of safety measures to ensure it was conducted ethically. Approval for the research was sought from and granted by both the University of Canterbury Human Ethics Committee and the Canterbury Ethics Committee. The Canterbury Ethics Committee is a regional ethics committee funded by the Ministry of Health to review health and disability research being carried out within the Canterbury Region. Ethics committees in New Zealand are regionally not institutionally based. CDHB employees are encouraged to submit research proposals to this committee. A requirement of approval from both of these committees was that volunteer participants signed a consent form to participate in the research (Appendix Three). Data was stored in a locked filing cabinet, and no other party was given access to it. In accordance with the University of Canterbury Human Ethics Committee and the Canterbury Ethics Committee approval for this research, tape recordings of the interviews will be destroyed at the completion of the research. Participants received a verbal account of the research followed by a written information sheet. Privacy was safeguarded by ensuring participants' names were not revealed to their employers. To achieve this, potential participants were asked to liaise directly with me to register an interest in the research. After agreeing to participate in the research, they were given the option to be interviewed in a neutral setting. Consideration was

given to preserving the anonymity of participants when writing up the findings. The small sample of the social workers working in the area of elder abuse meant that there was a risk of speculation and conjecture if any individuals had chosen to attempt to identify participants. This risk has been minimised by taking special care to preserve anonymity when presenting the findings, and at all times details have been omitted for this reason. There is a cost to doing so, and this is elaborated on in the section on limitations below.

At the start of the interview, in order to minimise any anxiety, it was emphasised that the aim of the research is to identify needs of practitioners rather than to assess competence. Further, if the research caused the practitioner to become concerned about an aspect of her work this should be taken to her clinical professional supervisor. Participants were also given contact details of my academic supervisor should there be any concerns regarding the research process. Participants had the right to withdraw from the research at any time.

As a member of ANZASW I adhered to the Association's nine ethical principles for practice and research. (NZSAW, 1993) These include sensitivity to the welfare and dignity of the participants, the obtaining of informed consent from participants, the accurate and objective reporting of data and the acknowledgement of sources of information and ideas.

4.11 LIMITATIONS

Research into any aspect of elder abuse and neglect has been hampered by definitional and conceptional barriers (Biggs, Phillipston & Kingston, 1995; Moore & Thompson, 1987; Penhale, 1993, Wasylkewyer, 2002). As previously stated, the definition of elder abuse and neglect for this research has been taken from the manual prepared by Age Concern New Zealand; (1992). Some participants in this research had involvement in the writing of the manual and all

participants were familiar with this definition. In as far as the participants understanding of a definition I believe there was consensus, in terms of this definition standing up to international scrutiny.

With a small sample group generalisation of the results is not possible. Similar research would need to be carried out in other New Zealand centres to enable any attempt at a national comparison to be made. The research may have been more robust if a combination of individual interviews and focus groups had been used. From my previous experience of working with focus groups drawn from Christchurch based social workers the difficulties in keeping confidential the comments of individual participants, and the limited number of practitioners intervening in elder abuse and neglect, precluded the use of focus groups. Research using participants from such a narrow and specialised field means there is a risk of identification and anonymity cannot be guaranteed. To provide as much privacy as possible some specifics of the data have not been included, for example, a detailed breakdown of practice experience has been modified. Rather than record individual specifics the data was collated into broad categories. This is again, an unavoidable limitation.

A limitation that emerged from seeking volunteer participants on a first offers basis was that all of the initial interest came from relatively experienced social workers. This resulted in a lack of perspective from the less experienced practitioners. In-depth interviewing gives rise to the need to ensure that participants are at ease with the process, because this is necessary if it they are to be encouraged to think critically about their practice. In addition, I was well known to most participants because of my long-term and extensive involvement in all aspects of intervention from casework to administration. The potential to influence the openness and transparency of participants' responses was offset by the fact that all participants had volunteered to take part and believed they had a vested interest in the results.

The demographic composition of the collective of social work practitioners in the Christchurch area is mostly female and European. The volunteer participants reflected these demographics, therefore male, Maori, Pacific Island and other ethnic groups' viewpoints were not represented.

4.12 CONCLUSION

In this chapter I have given an account of qualitative theory used in my research, and the suitability of using this method for social work research. An explanation of grounded theory was given and the application of constructivist theory, in relation to its use in my analysis of the data, was presented. Concept mapping was put forward as a tool and technique that was used to help code the data, followed by an outline of the research design, and an explanation given of how semi-structured interviews were used to interview 10 social work practitioners who work with older persons. Considerations with regard to my position as a social work practitioner undertaking research were discussed. The following four chapters present the findings from the data analysis.

CHAPTER FIVE

FINDINGS -EDUCATION AND TRAINING

5.1 INTRODUCTION

This chapter presents the findings from the research with respect to participants' beliefs about what had prepared them for intervening in cases of elder abuse and neglect. To identify these social worker practitioners' ongoing needs it was important to establish first what they thought had equipped them thus far. Questions covered what training they had received specific to elder abuse and neglect and how this had been obtained and delivered, as well as what recognition and support had been given to the practitioners to maintain competent standards of practice. This part of the research explored how ready they felt to undertake intervention in cases of elder abuse and neglect

Participants gave clear accounts of what they had found to be beneficial in terms of education and training and how they had, with minimal resources, attempted to meet their needs for ongoing professional development.

5.2 EDUCATION AND TRAINING

It is estimated that only 50% of the social workers currently in New Zealand hold a B grade qualification (Randall, H. Personal communication, February 11, 2004). The Aotearoa New Zealand Association of Social Work has made this estimate from figures taken out of the 2001

census and analysed by the Ministry of Social Development. These statistics possibly reflect the fact that there is no formal requirement outside of the Association to demonstrate competency. The most commonly held B grade qualification is the Diploma in Social Work, which for the University of Canterbury, is a two-year fulltime graduate course.

All the participants in this research held this level of qualification in social work. These particular practitioners collectively were better qualified than their peers across the social work profession in New Zealand. Each held a university social work qualification and a significant number had attended further specialised social work courses at a university, which gave them additional qualifications.

Currently the only incentive to hold a university social work qualification is to meet the policy requirements of the employer. The (CDHB) now requires social workers to hold a B grade qualification, which was not the case when more than half of the participants were appointed to their positions. The fact that those participants employed by the CDHB were self-motivated to undertake tertiary education and training (before it was a requirement) suggests a personal commitment to high standards of practice. All participants employed by community-based agencies held university social work qualifications, which suggests that in general, social work with older persons attracts a high calibre of practitioner.

Seven of the ten participants were members of ANZASW. This may represent a shift from the situation of a decade ago, when Maidment (1993), in a research study that surveyed 35 social workers (the total population of social work practitioners working with older persons in Canterbury at the time), found that only 11% were members of the ANZASW. Membership of this association is entirely voluntary. Qualification for membership requires an initial comprehensive assessment of competency to practise, determined by a panel of social work

peers. An assessment of practice competency is repeated every six years. Until the Social Work Registration Bill 2003 came into effect in October 2004 there was no formal requirement for social workers to demonstrate competency to practise. The passing of this legislation may be indicative of a changing public perspective on the need for professional practitioners to be registered.

No one in this group of participants had specific qualifications in the intervention of elder abuse and neglect. Generally there has been limited opportunity for formal education and training for this field of work. Eight had attended workshops, seminars and conferences on the topic. Three mentioned that in the course of their university studies one or two lectures had referred briefly to the subject of elder abuse and neglect. Since most of the participants had completed their tertiary education some years previously their recall of what was available may not be accurate. It is possible that elder abuse and neglect was not a topic of interest for them at the time. Furthermore, curriculum content may have improved since these participants undertook their studies. Nevertheless, a web search of New Zealand University and polytechnic social work course information did not show that elder abuse and neglect as a subject for study.

Of those that could remember elder abuse and neglect being part of university Diploma course content one participant credited the teaching style of the tutor, rather than the content, for her recollection of the lecture, describing it this way:

> "…it had a high impact, it was quite visual. Her style of teaching suited my style …in that she used a lot of photos and she used a lot of newsprint (to record the discussion)."

Two had experience of intervention in cases of elder abuse and neglect during the practicum component of their Diploma studies. Over the last ten years, overseas writers have called for specific training in elder abuse and neglect (Anetzberger, 1993; Bennett et al, 1997). In New

Zealand there has been a call for post-graduate training in gerontology for more than twenty years (Barker, Caughey and Guthrie, 1982; Maidment, 1993; Opie, 1995).

From the responses of the participants in my research, it is evident that in Christchurch the lack of opportunity for education and training in all aspects of social work with older people continues. Maidment (1993) examined the education and training needs of aged care social workers and found 94% of the respondents believed there was insufficient provision of training in all aspects of working with older people and that elder abuse and neglect was not raised as a specific field of study. Ten years on from Maidment's research social work practitioners working with older persons continue to emphasise the need for specific training in social work with older people. In addition, participants in my research were seeking education and training specific to working with elder abuse and neglect. Several participants made typical responses to the question about ongoing education and training as follows:

> "Well I just feel there's a need all the time to keep updating."
>
> "It would be quite good to do a big update of where everything's at, that would be helpful and you can always go over the theory behind it. Sometimes it's quite good to learn stuff on the theoretical level, get out there, get experience and then go back to the theory again."
>
> "There's not a lot of training in the elder abuse area and when something does come up it would be nice to go to it…"
>
> "I think the training needs to be relevant in those areas (referring to legal issues) and I think that's one thing that we need to do is access good legal advice."

These comments suggest there is a need for continuing education to ensure the issues of elder abuse and neglect are kept current.

Workshops, seminars and conferences were the main source of formal training and even those have been limited in number. As a group, participants spoke with enthusiasm about any training

they had received from these sources but the infrequency of training events, and impediments to opportunities to participate were common issues. Maidment (1993) found that a lack of financial assistance and time to attend were common barriers to participation in training. Little has changed in this respect. Limited availability and cost were given by participants in this research as being major obstacles to attending workshops, seminars and conferences about working with older persons. In addition, the lack of provision of such training specific to elder abuse and neglect reduced the opportunity for professional development. Hospital-based workers were particularly vocal about the lack of support from their employer for attending what specific training was available. One participant who had this to say illustrates their thoughts on the question of lack of investment from the CDHB:

> "I think that what would help is if the CDHB were much more pro-active …instead of saying, 'Yes, we do favour professional development and we want everyone to get into the professional development thing.' It's no good saying that and then saying 'We're not going to fund it' because funding professional development can be a really big problem for a lot of people. You know, a $300 seminar or things about elder abuse that are only offered overseas for example. There's not a lot of training in the elder abuse area and when something comes up, it would be nice to go to it and I think there should be a generous allowance, really for social workers to do more things, and it's inadequate."

It would seem from this response that in the absence of specific training courses resulting in formal qualifications, conferences and seminars were a favoured means of updating current thinking about intervention in cases of elder abuse and neglect. Participants showed they had maximised the opportunities to attend, with many having clear memories of what they had gained from these experiences. One seminar going back a considerable time was recollected by one participant in these words:

> "… fifteen or sixteen years ago…we had a seminar on what was being called 'Granny Bashing' and that would have been about the first indications of it being taken as a serious problem, or taken seriously as a problem, I think."

The impact of this seminar may be due to the fact that it was an early, and possibly first, awareness raising of the reality of elder abuse and neglect. It is interesting to note, however, that the participant had nothing more recent to refer to when other participants gave accounts of having attended seminars and conferences in more recent times. Some gave examples of conference attendance and demonstrated a thirst for ongoing training, saying:

> "…when we had the Alzheimer's conference there was a forum that was organised and that was with regard to capacity assessment and I found that really worthwhile."

> "I think the sort of issues that have come up, for example, looking at the capacity issues etc. like the talk that we had at the Conference, the Melbourne one, it's those sorts of ethical issues, debates, they've been really good."

In spite of the fact that updating knowledge about the topic was, in the main, limited to attending conferences, participants found them to be a useful means of keeping abreast of current thinking about elder abuse and neglect issues.

One source of training that had been attended by most of the participants was a series of seminars provided by the Elder Abuse Practitioners' Group. As discussed in the introduction to this thesis, this group is what remains of the Elder Abuse Resource Team and its paid Co-ordinator and is made up of health professionals from across all the agencies providing services to older persons in Christchurch. It has been self-directed in providing some training, particularly in the area of legal issues, to all social work practitioners working with older people and has been the main source of any specific training for most participants. The merit of training provided by this group comes from the members' passion and enthusiasm for the topic, a willingness to share from their own practice experience, a desire to promote further learning and recognition of the lack of training provisions. Discussing the value of facilitating this training a participant who was a member of the Elder Abuse Practitioners' Group made a representative comment as to its worth by remarking that it:

"…would be as much education for ourselves as for the participants, really."

Training given by this group does not provide recognised or accredited teaching as might be received from a formal academic institution. Furthermore, most of what is taught comes from the accumulated practice wisdom within the elder abuse resource team and has not been validated by research. The benefit of this form of ongoing training comes from the development of a spirit of reciprocity and peer support, which was seen by more than half the participants as essential in the absence of any other provision of training and education. An additional function of the Practitioners' Group has been to provide a forum for casework discussion and reflection. A dependence on the review of their casework with colleagues as the main source of professional development was commented on by one participant, who said:

"…it's what I've picked up from colleagues…"

This was a fairly typical comment from most participants who also said that they relied on this to maintain their practice standards.

Most participants spoke about theoretical knowledge in terms of cycles of violence, ecological assessment or general social work intervention models. Few made specific reference to elder abuse and neglect theories. When asked to talk about their familiarity with these, participants tended to refer to their reliance on a more generic use of theories and intervention models from other areas of social work. Consideration of participants' understanding of theories is included in the Discussion chapter.

Several participants placed great store by the formal training and qualifications they held in associated abuse and neglect work. Three had formal training and qualifications in childcare and protection work and while each acknowledged that there are some principles that are

transferable, they believed child protection work is not the same as work with elder abuse and neglect. The following exemplifies what the participants thought of their ability to transfer things they had learned in the wider area of abuse into their practice with elder abuse and neglect:

> "…some, but if you're thinking of child abuse in particular, the difference there would be the whole legal background and the entire Children, Families and Young Persons' Service, which can't be transferred to elder abuse, nor are the elderly people seen as being different from any other adults insofar as the law is concerned."

Overseas literature suggests that there is more in common between elder abuse and domestic violence than with child abuse (Bennett & Kingston, 1993; Nerenberg, 2000). In the United States more recent attention has been given to research into the correlation between domestic violence and elder abuse prevention programmes. While participants referred to the theoretical understanding of "cycles of violence" greater emphasis was placed on their learning about childcare and protection possibly because they had more education and training in this area. Training specific to the intervention of elder abuse and neglect would give practitioners a focused and in-depth study of current understandings of the topic.

Most reading on the subject was limited to newspaper and magazine articles. The Elder Abuse Practitioners' group has circulated such articles of interest that have been made available to social workers from the various agencies represented.

It would seem that attending training courses, even a one-day seminar, is more appealing and tangible than self-directed learning from reading literature on the topic. In response to the question "Is there anything about training that's stayed with you… been significant?" six participants spoke with enthusiasm about attending "simulation" type seminars. Four had vivid recollections of one such seminar, held more than five years ago, which was organised by the

Co-ordinator of the Elder Abuse Resource Team in existence at the time. Participants remembered this seminar on legal issues in the following ways**:**

> "I think the most helpful ones have been the ones in which we had to participate… I thought that was a very good one, looking at the court processes and filling in the documentation. That one stayed with me."
>
> "…I think from that seminar that we went to actually filling out the papers and signing them in court is actually quite good…and it really was quite good, yes. And probably not being afraid of the legal system either, knowing that it's really there to support us."

Those who had attended this seminar felt less fearful of entering into any form of legal work. The demystification of the legal process left them feeling more confident to take court action. They learned new skills in completing court documentation together with a better understanding of court protocols. The fact that this particular seminar was both memorable and held long lasting benefits for those who attended indicates the effectiveness and appeal of this style of ongoing education for social workers. Pritchard, (1995) supports this method and gives some excellent examples of how the simulation exercise can condense a full working day's experience into a one hour learning session.

It was apparent that the need for training was felt strongly, particularly in all aspects of legal interventions and that the absence of this contributed significantly to a sense of diffidence when interventions required actions through the court system. More than half of the participants had a working knowledge of the Protection of Personal and Property Rights Act 1988 but lacked confidence in using the Act as an intervention tool. This lack of confidence had seemed to cause them to become immobilised and unable to work their way through legal issues. Generally they had sought support and guidance from someone within the legal profession. For CDHB employees this would often have been the Board's legal department. Community-based social workers employed by non- Government organisations did not have ready access to legal advice and expressed a sense of additional trepidation because they felt they had nowhere to go for

advice and guidance on legal matters. By contrast, those employed by the CDHB had the same access to the Board's legal department as hospital based workers. These findings support those of a recent British study (Preston-Shoot and Wigley, 2002) where it was found that legal remedies were rarely used. A lack of training and awareness about what counted as evidence was cited as a major factor in the minimal use of legal options.

5.3 CONCLUSION

The participants' accounts of their education and training experience are included in this chapter, and what they saw as their ongoing needs. The findings showed that while the participants in this research all held a university social work qualification, their education and training specific to the area of elder abuse and neglect was minimal. All participants had wished to take full advantage of opportunities available to them but had been restricted due to time constraints, cost and availability of suitable courses. These findings are similar to those of previous research with social work practitioners working with older persons in the Canterbury area, undertaken by Maidment (1993) were it was found that there was limited education and training in the area of social work with older people.

With minimal opportunities for formal education and training the next chapter presents the findings on participants practice experience and how knowledge was developed.

CHAPTER SIX

FINDINGS – PRACTICE EXPERIENCE AND KNOWLEDGE

6.1 INTRODUCTION

This chapter presents the findings from the research with respect to the extend of the participants' practice experience in working with older persons and their inability to provide statistics on the amount of casework they had undertaken. The findings show how knowledge was built from discussions with colleagues about casework. Participants gave accounts of learning from both positive and negative casework experiences. The use of supervision to make intervention plans and the use of reflective practice is shown to have some deficits in the terms of understanding theory.

6.2 PRACTICE EXPERIENCE

Practice experience in working with older persons ranged from three to more than ten years. Seven of the participants also had more than three years' practice experience in another area of social work. Of those participants who provided service to hospital inpatients, only one had more than ten years' experience working with older persons and most had considerably less. Most of the participants delivering social work services in the community had considerably more than ten years' experience of working with older persons. Collectively, insofar as intervention in elder abuse and neglect is concerned, participants were unable to provide statistics showing numbers of cases with which they had been involved. A typical response to the question "In

terms of elder abuse and neglect, what is the extent of your experience of intervention in that area?" was:

> "I would say in the last five years, it's become much more intensive. Before then my practice was more about education and awareness and all sorts of stuff like that, and prevention, whereas now we are getting into the complex. I'd say that in the last five years there'd always be - I don't know what percentage to say, because our stats are so inadequate and we still don't collect elder abuse and neglect stats. I'm just trying to think what percentage of my caseload - there'd always be a percentage that would be cases of neglect or self-neglect or abuse. But at times it might only be two or three cases, and other times there could be a bit more."

Only one participant from the community-based agency group was able to give any indication about volume but those figures had been compiled more than five years previously. All of those from the community service provision group gave the impression that they had extensive experience in the intervention of elder abuse and neglect, whereas those providing hospital inpatient services were more varied in their experience. Overall, those with the longest practice experience tended to report having intervened in more cases of elder abuse and neglect. On the surface this might seem to make sense particularly when those working in the community had the longest practice experience and were more available for longer-term interventions. The lack of statistical evidence means this can only be seen as an impression on the part of the workers. Three participants from the community-based agencies mentioned a belief that over the last five years there had been an increase in the number of casework interventions in elder abuse and neglect. Again, no statistics were provided to support this belief. The lack of statistical evidence in relation to the extent of interventions in cases of elder abuse and neglect limits some aspects of the data analysis in this research.

6.3 KNOWLEDGE

Comments made by participants about their discussions with colleagues regarding casework experience suggest that this group of workers has developed a rich and combined collection of knowledge. The development of knowledge in this way is consistent with constructivist learning theory. Mutual sharing of practice experience seemed to take the place of formal training. The development of practice wisdom had been achieved by using supervision to reflect on their casework to explain and make sense of the practice experience as described in Chapter Three - Literature Review.

All participants were able to articulate what they might look for in terms of indicators of elder abuse and neglect (Age Concern New Zealand, 1992, p.7.1) but for most it took prompting before they were able to give any account of the social work theories that underpinned their practice. Most spoke about theoretical knowledge in terms of cycles of violence, ecological assessment or general social work intervention models. It seemed more difficult for them to talk about theories specific to elder abuse and neglect and they tended to draw on a combination of general social work theory to explain their casework interventions.

This finding is similar to that of Darlington, Osmond and Peile (2002) as noted in Chapter Three - Literature Review under the heading “Child welfare workers use of theory in working with physical child abuse”. It is not surprising that within the interview situation participants would not readily recall specific theories or models of practice, given that in the day-to-day life of their work these would not be foremost in their thinking and this point is revisited in the Discussion chapter.

In response to questions related to the definition of elder abuse and neglect, most cited the Age Concern Resource Kit (Age Concern New Zealand, 1992, p.3.3) as a reference for definition. With regard to describing common characteristics of the client and of the perpetrator, prompting was needed before they could answer. Given time to think, most participants were able to give comprehensive descriptions closely aligned to those found in the literature.

A significant number spoke about using supervision to reflect on their practice and make sense of the intervention process, and how they applied prior experience to new situations. Participants' reflections and comments show how they made sense of their practice experience and transferred knowledge and skills from one piece of casework to another to develop what is termed practice wisdom.

Talking about learning from experience participants made the following comments:

> [Describing a wrongful accusation by a woman with psychiatric illness]
>
> "I learned heaps from that nightmare of the woman accusing her husband when it (the abuse) was wrongfully accused. Every time you have a case…it's just more experience. I think, 'I did this last time would it work for this case?'"
>
> "I suppose just when you've had a bit of experience with those sorts of cases it's knowing and being clear of the process…making sure all options have been looked at and people have all the information they need."
>
> "As you get experience or find a case you go and get the knowledge."
>
> "Let me just say it's the number of cases."
>
> [Talking about a positive experience] "It makes a difference, it reinforces your work."
>
> "I think it increased my confidence in the fact that small amounts of change can become amplified over time to become significant."

More than half of the participants talked about using supervision on a regular basis for making sense of practice theory. As shown in Darlington et al's (2002) study in Chapter Three "Literature Review " using a reflective approach for professional supervision is a useful way of understanding abuse from an eclectic source of theories. Only one expressed total dissatisfaction with her current supervisor's ability to help her make sense of casework involving elder abuse and neglect.

Reflective practice and the development of practice wisdom is outlined in Chapter Three - Literature Review. To illustrate reflective practice at work one participant called it the "Oh my God" factor when discussing her struggle with her own values and personal reaction to violence. She then went on to discuss how she worked through the "I'm the only one who knows this" and "Can I do what is right to assist this person?" dilemma. This participant was recounting how she needed assistance to work through her initial response to a client's circumstances and the practitioner's own perception of the situation. Critical analysis was used in supervision, firstly to work through her personal reaction to violence and secondly to determine an appropriate intervention approach.

Another participant gave an example of reflective practice when she described a supervision session where she recounted how she didn't feel equipped to deal with the situation. The supervisor told her, "You've got the recipe … you just have to adapt it." She went on to say, "…that was actually really helpful because I couldn't remember the recipe or what the ingredients were." Talking this through with the participant, she described how her unfamiliarity with the circumstances of the casework caused her to feel afraid that she lacked the knowledge to undertake the work. The supervisor's analogy of an intervention plan being "the recipe" and "the ingredients" being knowledge and skills encouraged her to recognise that she had the required knowledge and skills that could be transferred. The participant went on to relate how

this analogy has had ongoing relevance in her practice and she uses it as a touchstone in times of self-doubt.

Using supervision to understand the client's situation was expressed this way:

> "I think of some instances with cases like this [Elder Abuse and Neglect] you can get bogged down in the actual case, it's very hard to see clearly – you need an outsider to sound against."

Participants spoke about using "clinical curiosity" and "intellectual inquiry" to "collect information" and develop a practice "framework" and intervention "process". This approach is referred to by Fook, Ryan and Hawkins (2000) as "transferability" where the ability to adapt theory and knowledge to the situation at hand necessitates an open mind and flexibility to change. A key factor is to ensure that relevance rather than generalisation is applied when transferring practice principles from one situation to another.

To make sense of practice experience, Fook (2002) combines three approaches to considering knowledge, these being reflective, feminist, post-modern thinking. She lists key factors that are shared:

- An inductive approach to theory building
- A recognition of the use and importance of intuition and artistry in professional practice;
- The importance of context and interpretation;
- The importance of holistic perspective;
- Non-positivist and experiential approaches.

Participants used the following to describe how they used an inductive approach to theory building:

- "Learning on the trot, learning as you go"
- "Having a gut feeling about information you've been given and you think about how truthful it may be"
- "Making sure all options have been looked at and people have all the information they need."

This chapter has given account of how, even with limited formal educational opportunities, participants made use of what training has been available to them. Participants' recollected favourably a particular simulation type seminar. It is unclear whether the fact that they found this experiential seminar more memorable was because the learning style was more suited to them, or that it was one of the few opportunities to develop their practice.

Practice wisdom has developed from using supervision to reflect on the practice experience to provide an inductive building of knowledge and understanding. This approach is in keeping with the trends described in overseas literature.

6.4 CONCLUSION

This chapter depicts the findings in relation to education and training. It gives a further detail as to the profile of the participants as a group in that they were all members of ANZASW and all held some kind of university social work qualification. Practice experience of social work with older persons ranged for three years to more than ten. Participants poor account theory regarding the causes of elder abuse and neglect aligned with that of Darlington. In the absence of training provision the participants used reflective practice within supervision to develop practice wisdom.

Constructivist learning theory would suggest that learning took place when participants responded well to experiential type training seminars and used-in-the-moment peer supervision to discuss casework. The next chapter reports on the findings with regard to what aspects of the work generated confidence or diffidence.

CHAPTER SEVEN

FINDINGS – CONFIDENCE AND DIFFIDENCE

7.1 INTRODUCTION

This chapter presents the findings from the research in respect of what participants felt it was that engendered confidence or diffidence when working with cases of elder abuse and neglect. Exploring this aspect of social work intervention was important because it gave some indicators as to what practitioners need to develop and strengthen their professional expertise.

Accounts are given of both the negative and positive practice experiences that had enhanced or developed the practice wisdom and reference as to how they used supervision and sought support. The role of the co-worker was explored. Difficulties participants encountered when working within a multi-disciplinary team highlighted a lack of confidence in professional worth.

7.2 CO-WORKING

For the purpose of this research I have termed the need to involve another professional in the casework, preferably a social worker, as “co-working”. The co-worker may be used simply to provide a second opinion with regard to assessment or the intervention plan or become fully involved in the casework. This might include making joint visits to the client and significant others. The co-worker’s role would not generally be considered to be supervisory.

The support of a co-worker is a requirement within all the agencies that employed participants in this research, (Healthlink South, 1998). Participants noted the use of the multi-disciplinary team approach provided challenges to presenting their professional opinion. All participants expressed a need for a formal system of specialised support for their practice.

In this particular section of the research the participants became animated and illustrated their comments with detailed accounts of their practice experience, speaking freely and with enthusiasm.

Bergeron's (1997) study found that experience of working in the field of elder abuse and neglect was valued highly and seen as very important by the participants. My research showed that seven participants offered the amount of casework experience as a major factor in giving confidence to intervene in cases of elder abuse and neglect. Participants cited both positive and negative experiences they had learned from and which had enhanced their practice.

Responding to the question about any other experiences that had given confidence to intervene in the future, one participant commented: "Let me just say it's the number of cases" and another, describing an initial uncertainty, had this to say:

> I guess your confidence to deal with the situation… you know I talked before about that sense of panic when the word "abuse" is raised, you have confidence that perhaps you do have the skills."

It has been previously noted in the findings chapter entitled "Education and Training", how knowledge is gained and how practice wisdom is developed and it would seem that there exists a parallel between developing practice knowledge and wisdom and an increase in confidence. Participants clearly believed that experience had two components: (a) the number of cases with

which they had dealt, and (b) the ability to transfer knowledge gained from one practice experience to another.

One of the traditional functions of social work supervision has been the educational component. With reference to the teaching component, Middleman and Rhodes (1985) suggest a supervisor will impart wisdom and provide concepts, theories, research, skills, practice strategies and tactics. Participants' use of supervision to enhance knowledge has been covered in the previous findings chapter, "Education and Training".

The majority of participants in my research spoke about supervision being a major factor in maintaining a sense of confidence about their work. Most cited using supervision to explore skills, practice strategies and tactics. The one participant who spoke about supervision as not being helpful at all was in fact seeking these aspects of supervision to assist her to develop an intervention plan for her first case of elder abuse. She described how she had looked for a group or statutory agency similar to Children and Young Persons Service and had been unable to find one. Consultation with a geriatrician was not helpful and "…supervision didn't help." Eventually she went back to her "university links" to help her make sense of the client's circumstances and to identify what steps she needed to take to plan her intervention.

Most other participants found that supervision had been beneficial in assisting to formulate an intervention plan. One participant described the value of the teaching aspect of supervision as

> "…so, there's that… the confidence and confidence in the relationship with your client I guess, and in the social work process."

This participant was summing up a supervision session where the supervisor had helped her identify knowledge and skills that could be applied to a current piece of work.

Some participants used supervision to discuss ethical dilemmas, consisting of conflicts between the organisational culture and the social work profession's culture, (Middleman and Rhodes, 1985). A common theme was "how wide to take it" referring to the number of people with whom they should discuss a client's circumstances. The concern relates to the anxiety about other professionals becoming "reactive" rather than taking time to establish the facts and making a planned intervention.

Two participants spoke about their concerns for their clients' ability to maintain what was already a fragile relationship with the alleged perpetrators. Pressure had come upon the social workers from other health professionals to take measures to distance the clients from the alleged perpetrators. An example given was a case where a woman had admitted "yelling" abuse at her mother. The participant reported that some health professionals were making something "huge" of the situation. Supervision helped to identify "some simple ways of exacting some change in [the] situation". This approach ultimately led to the mother having a comprehensive assessment and being diagnosed as having dementia. This opened the way for the participant to educate and equip the daughter with more constructive responses to her mother's behaviour.

While two participants mentioned using supervision as a means to working through a difference of professional opinion, a further five gave accounts of difficulties they had experienced with members of the multi-disciplinary team. These encounters ranged from feeling that the participant's "own skills were not recognised" to having the joint assessment of a number of professionals over-ridden by a geriatrician, the outcome being that a client was discharged from hospital before an intervention plan could be completed. These struggles were experienced equally across the hospital-based and community-based workers and evenly across the experience range. Although each of these five participants was able to recognise a sense of

disempowerment, none of them felt supervision would have helped them manage the situation any better.

Maidment's study (1993) found that a frequently expressed problem was discord with other disciplines within the multi-disciplinary team. The literature shows that the complexity of elder abuse and neglect intervention means it cannot be addressed by a single discipline and a multi-faceted approach is needed to address a multi-faceted problem (Brown and Stein, 2000; McDonald and Collins, 2000, Sadler and Sorenson, 2000). Internationally there is a move towards using a multi-disciplinary approach to elder abuse and neglect. This trend has been supported by Commonwealth Government agencies (Brown and Stein, 2000; McDonald and Collins, 2000, Sadler and Sorenson, 2000). In New Zealand, the Age Concern Resource Kit advocates using a "multi-agency/multi-disciplinary approach" (Age Concern New Zealand, 1992, p.10.3) and the Ministry of Health, (2004), draft for "Elder Abuse: Family Violence Intervention Guidelines" also promote this approach. More than half of the participants in my research spoke about having experienced difficulty in getting their opinion valued by a professional from the multi-disciplinary team. One participant captured the feeling of frustration experienced by many of the participants when professionals from other disciplines offer poorly informed opinions about clients' situations when she said:

> "I get annoyed when people don't recognise social work skills and stray into it (casework) from an area where they don't actually know sufficient to do what the client requires."

The explanation for why these participants experienced tension in situations such as these is taken up in the Discussion chapter. Discord with other disciplines, in particular nursing staff and other allied health professionals, was more likely to occur for the less experienced social work practitioner. Those participants who had greater casework experience and those who had close

working relationships with The Princess Margaret Hospital felt well supported by the Psychiatric Services for the Elderly and several made mention of having developed a mutual professional respect with the geriatricians. In these cases they said they felt the support had improved over recent times. These same participants recollected that "in the past" they had felt isolated in their work.

A formal system of specialised support for practitioners was the most strongly expressed need by all participants and was frequently raised throughout the interview process. At the end of the interview I asked all participants if there was anything further that they wanted to comment on. Many took this opportunity to reinforce their conviction that to maintain confidence there is a need for some form of co-ordinated approach to support of practice. Support from colleagues was rated highly as an important source of affirmation for their ability, and a sign that at least the need for a co-worker was taken seriously. Only those working from The Princess Margaret Hospital base reported being able to access a co-worker with any ease. All other participants, both hospital-based and community-based, reported great difficulty in finding an available co-worker. Some expressed anxiety about appearing incompetent if they sought assistance or support from a colleague. One participant in speaking about feeling overwhelmed with a piece of casework said:

> "It's really good if you find a co-worker or someone you can work with who doesn't make you feel an idiot for asking simple questions."

She went on to explain that the more she had become regarded as an experienced practitioner the harder it was to find someone who would not think that she should already know what to do.

A number of the more experienced practitioners spoke about the need for an identified specialist supervisor or mentor. Many of these practitioners had been practitioners when the Elder Abuse

Resource Service had a paid co-ordinator. All of those who had practice experience of using this service expressed a wish for this to be re-established in some form. Participants mentioned several areas where they felt the previous Elder Abuse Co-ordinator had helped them with their work. One of the most frequent reasons for using that service was to make a risk assessment about the client's current situation. This included determining the urgency for intervention and assessing whether the client required to be removed from the circumstances. It was felt that the Elder Abuse Co-ordinator had extensive knowledge of other options for providing supports to maintain the older person in their own home over a long period of time. Another function of the Elder Abuse Co-ordinator was to provide advice and guidance when legal remedies were required. The support in these areas was particularly missed and practitioners had not been able to source any satisfactory alternative to meet these needs. Five practitioners who had a working knowledge of the Special Child Assessment Network (SCAN) model used with child protection work at Christchurch Hospital suggested that something similar could be developed to support social work practitioners working with cases of elder abuse and neglect. The SCAN Team offers health professionals within the Canterbury District Health Board (CDHB) a place to go with their concerns about a care and protection issue that may exist for a baby, child or young person that they are working with. The SCAN Team is a multi-disciplinary group, led by a paid co-ordinator, which meets weekly to discuss referred cases that have care and protection concerns. The team makes recommendations that are actioned by an assigned person/s. Cases may be reviewed at an agreed-upon future meeting to follow up on the recommendation (CDHB 2003).

7.3 CONCLUSION

Key findings in this chapter show that confidence had a direct relationship with the amount of experience practitioners had in intervening in cases of elder abuse and neglect. Most participants found supervision to be a key factor in maintaining a sense of confidence about their work.

Supervision was also used to discuss ethical dilemmas. The next chapter brings together the findings and details my own impressions and explanations of what the findings have revealed.

CHAPTER EIGHT

FINDINGS – SAFE PRACTICE

8.1 INTRODUCTION

This chapter presents the findings from the research in respect of what participants said about their understanding of "safe practice". This is a term used widely within New Zealand health settings however; an extensive search of the literature found nothing that referred to social work practice in this way. The common uses of the colloquial term "safe practice" meant that I thought this was an important aspect of intervention into cases of elder abuse and neglect to explore with the participants and worthy of enquiry by this research. This chapter details the measures taken by the participants to ensure adherence to what they understood "safe practice" to be.

It was anticipated that responses to the question "What sorts of things go through your mind in terms of "safe practice"?" would be multi-faceted. The question was phrased this way to give participants the opportunity to put their own interpretation on what is meant by "safe practice" and to prioritise the various aspects of this issue.

8.2 INTERPRETING THE TERM "SAFE PRACTICE"

The first finding of note was how the participants responded to the question of what was for them "safe practice", in that half said they would consult a co-worker or a member of their multi-

disciplinary team in order to seek some confirmation that their assessment was accurate and that their intervention plan was in keeping with the agency's policies and procedures. Four, all of whom worked from hospital departments, discussed the security provisions of their agency. Two spoke about the value of supervision in order to evaluate their practice standards. Only one participant's first response to the question translated it to mean safety from the client's position. Overall, the participants' first thoughts towards "safe practice" concerned the fear of the possibility of allegations of malpractice; therefore protection from criticism of their practice methods was paramount. Protection of their personal physical safety also rated highly.

The principle of "first do no harm" did not appear to be uppermost in their minds despite the fact that four social workers stated that clients' safety should be vital. Three of them had previously said that the training they had had in the principles of Child Care and Protection was transferable to intervention in cases of elder abuse and neglect. A second notable feature in response to the question of "safe practice" was that most participants gave the impression that this was a topic to which they had not given much thought. With prompting and encouragement, all of them eventually covered the question of "safe practice" from a range of perspectives but their answers lacked depth and breadth.

It was in this section of the interview process that I expected participants would take the opportunity to reflect on their practice in a broader sense. I thought they might give consideration to the ecological concepts that might impact on the quality of life for their clients and the factors that may contribute to them being in abusive circumstances. Three participants made some reference to the effects of ageism for the older population in general but did not make strong links between ageism and elder abuse and neglect. No reference was made to ageist attitudes within the health system as being abusive practice. The participants in discussing concepts of "safe practice" did not describe situations that might engender a position of

marginalisation, stigmatism, oppression and power differentiations such as gender, poverty, ethnicity, religion or sexual orientation, physical or cognitive disability. This is not to say that participants were unaware of these issues. They simply did not volunteer them in any part of the interview process. I share further thoughts on this finding in the Discussion chapter.

An attempt to draw more substance from the first response was to ask "What kinds of measures do you take to keep your practice safe?" to which a typical reply was; "Being aware of… if you're becoming personally involved in a case, you can talk that through with somebody so that you've got someone outside of the work to keep you on track." Further prompting was required to bring out the practical steps the practitioner might take. She had previously mentioned not working alone and gave a casework example in which members of a multi-disciplinary team made the intervention plan. All participants mentioned this approach. However, those from the community agencies had more to say about the difficulty in accessing a co-worker or enlisting support from another health professional. They claimed that their length of experience in this area had provided them with a network of support people.

> "I guess having access to a co-worker or somebody with some expertise that you can contact and talk over the situation with them… looking at 'have you missed anything?' Yeah, to make suggestions, a supervisory mentor-type person."

This particular practitioner made reference to the fact that people who initially were regarded as the experts have moved on to positions in other areas, resulting in a lack of that expertise being able to be sought to support her practice. All participants in one way or another raised the principle of not working alone. Most gave a broad interpretation of this and felt that a consultation with appropriate health and legal professionals was sufficient to ensure they were not practising in isolation. Those working from community-based agencies seemed to have to be more creatively resourceful in establishing personal networks with social work colleagues and other professionals with whom they could consult, whereas those working within hospital

departments tended to use members from within established multi-disciplinary team structures. For CDHB workers in the community this was not as difficult because of there hospital based links.

Participants' responses to the "safe practice" question can be put into three categories wherein they considered:

- How practitioners make provision for their own physical and emotional safety;
- How clinical practice upholds codes of ethics and practice standards of the agency and/or ANZASW;
- How the physical and emotional safety of the client is safeguarded following the principles of Child Care and Protection.

8.3 HOW PRACTITIONERS KEEP SAFE

In an exploratory study of Adult Protective Service (APS) workers in New Hampshire USA on the decision factors used when intervening in substantiated cases of elder physical abuse, Bergeron (1997, p.166) found that female workers sought the support of a colleague when they were unsure about their own personal safety. They enlisted the assistance of "…an experienced colleague in APS work or one who was good at interviewing and dealing with unpredictable clients."

My research showed similar results in that four participants stated clearly they would never work alone when they felt their personal safety was at risk. All of the agencies that the participants came from required social work interventions in elder abuse and neglect to be jointly undertaken with a co-worker. The four participants who said that they would never work alone appeared to adhere to this requirement more out of personal principle than compliance with agency

protocols. For example one participant stated, “Well if it was that risky I wouldn’t go on my own. I would actually enlist another worker from another agency.” However, participants said that they inevitably experienced difficulty finding a suitable social worker with whom to co-work. Because of this, two participants reported referring to the Multi-Disciplinary Team and one said she used the Elder Abuse Practitioner Group for professional support. Four participants, all of who were hospital-based practitioners, spoke of notifying the agency’s security system when situations indicated that their personal safety might be at risk.

Four participants gave in-depth accounts of experiences where conflict or violence had placed them in a situation of potential danger. One participant, describing the most violent case she had been involved in, spoke about a situation where there was violence towards an older man. In this particular case the alleged perpetrator lived next door to the victim. The intervention plan was for one worker to hold the alleged perpetrator’s attention in one home while the other worker interviewed the older man at his home.

During the visit two male relatives present in the older man’s home (neither of whom was the alleged perpetrator) unexpectedly began to fight and one produced a hacksaw blade. When he momentarily put down the weapon: “I immediately removed it and took it to the adjacent house… where the co worker was at the time …so I mean it is an area where physical violence can occur and it is really important for me not to visit on my own.” She stressed that in her view it is important that this work is not done alone. Another participant related how, to preserve the safety of the client, she arranged a meeting in a mutually safe environment “…I interviewed a client with another worker at her friends place, because she didn’t want us to come to her home, because her daughter was so mentally unwell.”

Although the safety of the client was the first consideration, personal safety was also a significant factor in making this decision. Bergeron (1997) reported on APS workers' sense of fear for their personal safety. She found that 73% noted feeling afraid when working on certain cases. More than half used a planned approach with the client and perpetrator in cases where they felt their own safety was compromised. Practical steps taken were careful selection of car parking, placing oneself near the exit with clear path and view, keeping visits brief, not working alone. Six participants in my study gave account of taking all these precautions. In a clear parallel with Bergeron's study where one of her APS workers stated that "…fear for self did raise some concern about his or her family's safety at times…" (p.197), one participant in my study spoke about the impact on her family when the son of a client attempted to locate her home telephone number. She spoke at length about this incident and described how the son who:

> …drank heavily and was also a schizophrenic…someone (from the hospital) rang up one morning, because he'd been trying to get my phone number and mine's not in the book under my own name and he'd been ringing up about two o'clock in the morning, trying to get my phone number because he wanted to come and get me and I'd put in an affidavit to the court to support the application and I got a call from the telephonist saying to watch when I came to work in case he was lurking round about.

The participant went on to talk about how her school-age son had been "…quite shocked by that." During the conversation with the telephonist her son had passed her a note urging her to contact the police. The incident was all the more frightening for this participant because her son had been unwittingly caught up in the situation and had become alarmed. All participants who had experienced an aspect of violence in the course of their work spoke in one way or another of the need for specific training in dealing with conflict. One participant's thoughts about conflict resolution were expressed this way:

> I feel that I personally would like some training dealing with situations where you've got conflict and that happens a lot where you've got family or other people, particularly when you've got people who are fixed in their behaviour and it's a bit hard to find some common ground that you can work on with these people.

In her opinion learning some techniques in conflict resolution should be an essential part of training in elder abuse and neglect intervention.

8.4 ETHICS AND PRACTICE STANDARDS

There have been few publications discussing the effectiveness of policies and procedures relating to elder abuse. Penhale (1999, in Slater and Eastman, 1999) and Shawcross (1999, in Slater and Eastman, 1999) and raised the need to research professionals' use of agencies' procedures in the course of their intervention. In a study looking at inter-agency procedures related to the abuse of older persons in domestic settings, Preston-Shoot and Wigley (2002) report on the extent to which policies and procedural guidelines assisted practitioners in the intervention process. Their findings showed that when workers were confident about their work, written procedural guidelines were not seen as particularly helpful. Practitioners were more likely to use procedural guidelines when cases were beyond their normal area of expertise or had unclear legal implications. The study found that "…while some staff used some elements of the procedures there were very few cases where they were closely followed in their entirety." Preston-Shoot and Wigley, 2002, p.304)

Participants in my research reflected similar responses to that of Preston-Shoot and Wigley (2002) in that six participants were aware of agency protocols but only two reported using these guidelines routinely. Two questioned how current the existing protocols were and another two felt the protocols were not helpful at all. Those who were aware of agency protocols but did not refer to them as a matter of course tended to speak about the policies in this way:

> I use the Elder Abuse Manual, but I must confess that I don't always… you know, if I have a case I don't always get it out and look it up but tend to remember the guidelines …I'm aware that I probably should refer to it more often.

One practitioner did report using the policy guidelines regularly as a support to her practice to help her make decisions about the intervention process. She spoke about the need to turn to a checklist before intervening. "I think having the policy in place that we follow, the Resource Manual…" is what gave the mandate to her intervention plan.

8.5 CONCLUSION

Key findings in this chapter show that confidence had a direct relationship with the amount of experience practitioners had in intervening in cases of elder abuse and neglect. Most participants found supervision to be a key factor in maintaining a sense of confidence about their work. Supervision was also used to discuss ethical dilemmas. Although participants were familiar with their agencies protocols they tended not to consult them regularly. The next chapter brings together the findings and details my own impressions and explanations of what the findings have revealed.

CHAPTER NINE

DISCUSSION

9.1 INTRODUCTION

In an attempt to capture as much as possible from what was said during the interviews with participants, the preceding findings chapters were presented in a format that aligned closely with the interview guideline. Following analysis of the data and using a concept mapping method, four broad themes that emerged from these transcripts were dealing with conflict and tension; establishing personal and professional support; education and training needs; and understanding about "safe practice".

This discussion paper traverses these key points in relation to the aims and objectives of the study, which are to develop greater understanding of social work practice in cases of elder abuse and neglect; and to identify the needs of practitioners when intervening in cases of elder abuse and neglect. The research questions sought to discover how training and knowledge have prepared practitioners, how they ensure safe practice, what aspects of intervention have generated confidence or diffidence and what practitioners believe would be helpful to resource, support and enhance their practice.

To some extent, the way the findings have been presented suggest there is a clearer delineation between many of the issues that arose than exists in actuality, where matters that might be presented as being located within one category often impacted on another category. The

presentation of this discussion chapter reflects the way the findings unfolded oscillating between some or all of the other categories.

9.2 DEALING WITH CONFLICT AND TENSION

Participants' responses to questions about confidence or diffidence and safe practice generated narrative about a thought-provoking range of situations that might be expected to create a sense of fear. Smith, McMahon & Nuston (2003) research on social workers experiences of work related fear categorised them into three broad groups as described in the Chapter Three - Literature Review.

Participants in my research gave frequent accounts of difficulties encountered in the multi-disciplinary setting where they felt their professional opinion was discounted or over-ridden. These experiences were couched in terms of feeling intimidated, apprehensive and anxious rather than saying that they felt fearful. However, more than half of the participants mentioned having felt disempowered in these situations. Smith et al. (2003) report that fears of disapproval or rejection by seniors and managers occurred when social workers were concerned that their clients would come to harm as a result of the social worker not following the expected intervention process. My research is not directly comparable with that of Smith et al (2003) as their participant profile was significantly different because most of their participants were working in residential care situations. The notion of fear of disapproval and rejection by seniors and managers is of interest with respect to my research, because more than half of the participants spoke about difficulties in having their professional worth valued within the multi-disciplinary setting. The perceived, if not real, hierarchy of professional status within the health services influenced how the participants responded to situations where they felt their professional view not given due credit. Supervision was not considered by them to be a

particularly helpful resource in addressing a sense of power imbalance and the associated fear of feeling discounted. The support of colleagues was a double edged sword, whereby it was seen as the best form of support but, particularly for the more experienced practitioners, the thought of seeking it also brought with it a fear of looking foolish in the eyes of their peers.

9.3 PROFESSIONAL SUPPORT

Repeatedly, the participants asked for some kind of formal professional support in the form of a resource person readily available to them to help with problems encountered within the multi-disciplinary team. All participants were in agreement that access to a mentor was imperative. The expectation was that such a person would have knowledge and expertise in the area of elder abuse and neglect. Ideally, participants would envisage having one place where they could access assistance with the identification of abuse and neglect and with risk assessment to determine the urgency for intervention and legal advice. It was also felt that there needed to be someone who had a high level of knowledge and understanding, coupled with practice experience, of older people and their needs. Expertise was sought in three particular areas of age-related issues often present in elder abuse and neglect: Dementia, drug and alcohol addiction, and carer stress. All participants were in agreement that access to a mentor was imperative. This relates to the reflective practitioner approach described in the Literature Review and noted in Chapter Five - Training and Education.

The Special Child Assessment Network (SCAN) model for those working in the area of care and protection of children at Christchurch Hospital was mentioned by some participants as away to provide a panel of professional expertise to support them in their work. The benefit of this model is the combined professional approach to assessment and problem solving and is raised again under the Multi-Disciplinary Teamwork section of this chapter. Using this model,

particularly within a health setting, there may be a risk that competitiveness could cause one profession to assert influence over the others. For social workers this may be another situation where they feel disempowered and their professional opinion devalued. To overcome this careful consideration would need to be given to the appointment of a skilled facilitator. The opportunity for mutual understanding between the different professions may enhance working collaboratively. This is raised again under the Multi-Disciplinary Teamwork section of this chapter.

Other participants were more in favour of a specialist person being appointed to the position such as the former Elder Abuse and Neglect Co-ordinator. All who could recall the position of the Elder Abuse and Neglect Co-ordinator working with both hospital and community-based agencies, expressed a desire to have the appointment reinstated. Having just one person in this position across all agencies resulted in some practical limitations chiefly concerned with the management of the service, supervision of the practitioner and lack of replacement when the co-ordinator was on leave. Inability to secure funding was the reason for the disestablishment of the position and it is unlikely funding will be available within the near future to reinstate the role of Co-ordinator as it was. Nevertheless participants felt keenly the loss of this resource person.

Another option not mentioned but worth considering is developing further the function of the already existing Elder Abuse Practitioners' Group. There are some difficulties with this option in that the current terms of reference for the group do not allow for casework discussion that is urgent and requires immediate support of the practitioner. It might be considered more appropriate for a practitioner to ask for extra individual supervision to discuss urgent and difficult casework.

It has been my experience in older persons' health that practitioners frequently seek "in the moment" advice and guidance (Middleman & Rhodes, 1985, p.150) from colleagues on issues that require a prompt solution. Casework discussion with experienced colleagues has probably emerged out of expediency and although this is an informal arrangement, it has become an acceptable form of support. Taking casework discussion to a group of experienced practitioners seems to be a step in between individual supervision and informal peer support. It would have the advantage of providing a range of practice experience and knowledge but the disadvantage is that this has to be planned and arranged and takes away the immediacy of advice and guidance. Further it only gives a single professional perspective and does not fit with the Elder Abuse Family Violence Intervention Guidelines (Ministry of Health, 2004) multi professional approach.

Currently the practitioners' group meets voluntarily once a month and although there is provision for any practitioner to present a case study, it is unlikely that a social worker would feel confident to discuss problems he or she is encountering in the midst of an active case. The reason for this is that the group is comprised of relatively experienced practitioners from across the main agencies that are providing social work intervention with older persons. It could be very intimidating for social workers to expose their vulnerability to what they might see as the most experienced professionals working in older persons' health at a time when the practitioner is already lacking in confidence about their capabilities.

In my opinion beginning specialist practitioners would be better served by having one designated person with whom they can build up a relationship of mutual respect, trust and understanding where they could feel safe to declare their fears and feelings. It might be argued that the practitioner's professional supervisor should take on this role but the participants clearly indicated that in the area of elder abuse and neglect they needed a mentor or someone with specific and specialist knowledge of the area.

Discussions with social work colleagues and other supervisors lead me to believe there is debate about whether a social worker should only have one supervisor particularly where there may be issues concerning lack of confidence about the work. In addition, having more than one supervisor could make it difficult in terms of identifying and addressing poor standards of practice. It is not uncommon within social work for practitioners to have specialist supervision for aspects of work that require a high level of expertise. I suggest that intervention in elder abuse and neglect fits within the category of social work requiring a high level of expertise and, as such, the provision of specialist supervision would be appropriate.

9.4 MULTI-DISCIPLINARY TEAMWORK

Tension when working with professionals from other disciplines was cited by participants in my research as the main area where conflict was experienced. A multi-disciplinary panel of professionals working in the area of older persons' health could provide a place for social work practitioners to discuss individual casework and any difficulties they may be encountering. This would follow the SCAN model.

One advantage of adopting this idea would be the opportunity for some reciprocal understanding, between the various disciplines, of the philosophical views and principles of the other professions. This may help to address at source, conflicts reported by participants when working within multi-disciplinary teams. To be successful, the adoption of this model of support would require a paid co-ordinator to ensure its efficiency. The appointment would need to be given to someone with specialised skills in and knowledge of intervention in elder abuse and neglect. Discussion on the support for multi-disciplinary teamwork when intervening in cases of elder abuse and neglect and the associated training required is mentioned again in this chapter under the heading Education and Training.

Workplace violence encountered by social workers is an emerging topic of discussion and study (Beddoe, Appleton & Maher, 1998; Smith, McMahon & Nusten, 2003; van Heugten, 2004). It is generally agreed that there is a desire to study and explain the impact on social workers of violence experienced in the workplace. Van Heugten comments that difficulty in defining "violence" in the workplace restricts discussion on the issue, consequently making it difficult to determine fields of research. Conflict experienced within multi-disciplinary teams, especially where social workers feel they are being bullied into making practice interventions against their professional judgement, could fit within the definition of work place violence. My research findings add to the empirical collection of evidence that supports the call for further investigation into the subject in order for social workers to be able to assert their professional role within the multi-disciplinary team setting.

Opie (1995) and Maidment (1993) have argued for health social workers to be given more preparation for working within multi-disciplinary teams. Ten years on from Opie's call for improved training for social workers working with older persons, schools of social work continue to pay minimal attention to teaching in the area of group and teamwork. My suggestion is that a balance between direct client work and inter-personal skills in relation to working with colleagues and other professionals is given at the pre-practicum skills training sessions, where inter-personal professional skills for example, conflict resolution, might be included in the programme. The New Zealand Government now recognises the advantage of multi–disciplinary teamwork by endorsing this approach in the elder abuse and neglect family violence intervention draft guidelines. Ministry of Health, (2004).

9.5 PERSONAL SAFETY

More than half of the participants reported feeling fearful for their own personal safety on some occasions. This finding was in keeping with that of Bergeron's study (1997) in which she found 73% of her participants noted "feeling fearful for themselves when working with certain cases." (pg.196). Bergeron recommended this factor be considered in continuing education programmes.

Participants in my research regularly took precautions to ensure their safety. Not working alone, in other words working in consultation with appropriate health and legal professionals, was sufficient to ensure they were not practising in isolation. This was in fact the most significant principle mentioned by all participants. A planned approach to being safe included a range of practical measures from notifying hospital security to choosing a place to park the car. While most participants believed in the principle of not working alone they often struggled with enlisting a co-worker. This was particularly difficult for the participants from community agencies.

Participants were acutely aware of the need to take precautions to ensure their personal safety. Ready access to appropriate support, for example security services provided by the agency, gave them a sense of confidence when they felt there was the potential for personal injury.

As experienced practitioners, their approach to intervention was made up of a combination of practice wisdom and finely honed skills. They tended not to rely directly on policies and protocols, although they were fully aware of these, but responded to situations from a position being deeply grounded in social work practice standards. For example, all participants reported following the principle of not working alone but did not indicate they did so because it was a policy requirement. Preston-Shoot & Wigley (2002) suggested that where workers were

confident about their work, intervention protocols were not seen as particularly helpful. It was when casework went beyond the practitioners' area of expertise or where there might be legal implications that the practitioners were more likely to use them. Participants in my research showed that when they felt confident about their abilities, protocols were not referred to. Research with a group of lesser-experienced practitioners may give a different result.

9.6 CO-WORKING

Participants were aware of the need to enlist the support of a co-worker but often had difficulty identifying a colleague available to carry out this role. Agency protocols show that not working alone is as an essential practice standard. Government ministries and health providers acknowledge child abuse and, more recently domestic violence, as situations that require priority attention. The New Zealand Government has injected additional funding from its 2005 budget into addressing elder abuse and neglect, which suggests that this too should be considered an area requiring priority attention. The provision of appropriate resourcing to ensure that practitioners themselves are equipped to undertake the work is fundamental to ranking such work so highly.

Agencies providing social work services for older persons need to recognise that abuse and neglect is an integral aspect of working with this client group. Practitioners' caseloads should reflect the time-consuming complexity of elder abuse and neglect interventions. Staffing ratios need to factor in the inclusion of a co-worker for this work. It could be argued that a health professional from another discipline, for example medical consultant, nursing, allied health, could fulfil the role as a co-worker. Participants in my research did report having used professionals from other disciplines to discuss intervention plans. However it is debateable whether this practice could be considered to mean the full support of a co-worker.

Community-based participants reported having significantly less access to both social work co-workers and those from other disciplines. Both hospital-based and community-based workers highlighted the lack of ready access to a co-worker as being one of the greatest hindrances to their ability to work safely. It is significantly harder for community-based workers to source a co-worker because they work in smaller teams, with only one or two social workers employed by their agency. These workers are reliant on good working relationships with hospital-based colleagues to assist. One simple and immediate solution would be for the Canterbury District Health Board (CDHB), the largest employer of social work practitioners working with older persons, to give priority to appointing a nominated specialist resource person to each of the social work departments within the CDHB providing services to older persons. Community-based agencies, where the are only one or two social workers on the team, could be offered the access to and support of specialist resource person attached to a hospital-based social work department.

This idea may appear novel and fraught with administrative difficulties however I believe that with goodwill and a positive attitude this is achievable. As described in Chapter One – Introduction, Christchurch has a long history of collaboration between agencies that provide social work services for older persons. The CDHB has previously funded community-based agencies to provide services for older people. Presbyterian Support has been contracted to provide Needs Assessment and Service Co-ordination in rural North Canterbury and is an example of how inter-agency collaboration can meets the interests of the client group. Hospital-based services, with time constraints, cannot give the same service to clients as community-based agencies. Now funding from the Ministry of Health for all aged care is managed by the CDHB, resourcing the community agencies to provide longer-term interventions and monitoring in cases of elder abuse would make sense.

Agency protocols require that practitioners do not work in isolation. The prerequisite to co-work in casework involving elder abuse and neglect seems to be left to the individual practitioner to action and arrange. If agencies are to provide intervention in cases of elder abuse and neglect, staff undertaking such work need to have ready access to the support of a co-worker.

9.7 SUPERVISION

Most participants saw supervision as a key resource for support. They gave accounts of using supervision to assist them to work through the personal impact of casework and examine their reactions to clients' circumstances. The definition for professional social work supervision as set down by Aotearoa/New Zealand Association of Social Workers' (1998, p.1) is: "…a process in which the supervisor enables, guides and facilitates the workers in meeting certain organisational, professional and personal objectives. Objectives are: competency, accountable practice, continuing professional development and education and personal support." ANZASW expects a fully competent member to undertake supervision at least once a month.

O'Donoghue (2004) asserts that what distinguishes social work supervision from supervision within other professions is that "it is concerned with the work, the person of the worker, the process of working, the situation of the workplace and the wider world or the environment in which they are located." (p.3). Two participants found supervision useful in analysing situations where the practitioner had a different professional opinion from others. Usually, these incidents happened within a multi-disciplinary setting and professionals from another discipline held opposing views. The most difficult encounters were when other professionals in positions of seniority held differing views.

One of the accepted functions of supervision is to provide personal support and to help with managing tension. Examining issues of conflict and coping with stress, according to Middleman and Rhodes (1985), is the supervisory function termed "managing tension" (p.129). Since this is one of the key components of supervision, it is interesting to note that five participants specifically mentioned that supervision would not have helped to resolve their difficulties within the multi-disciplinary team. The reason for supervision not being seen as helpful in these types of situation was not explored. However, by implication they were asking for specific skills training in putting forward their opinion to professionals from other disciplines, particularly those of senior rank.

Supervision is often put forward by social workers as an important aspect of knowing that their practice standards are upheld (Alston & Bowles Routledge, 2003). Participants in my research cited supervision as being one of the main ways they ensured their adherence to ANZASW standards of practice. This point is taken up again in this chapter under the heading Safe Practice. Further comment with regard to the supervisor's needs when supporting social workers that bring issues related to intervention in cases of elder abuse and neglect is beyond the scope of my research. Nevertheless, as a practitioner who provides supervision for social workers, I am curious to know how prepared supervisors might feel when practitioners present with dilemmas experienced in this kind of casework.

9.8 EDUCATION AND TRAINING

There were two areas of education and training that participants raised as being important in terms of being able to undertake interventions in elder abuse and neglect. The first was continued professional education in dealing with situations that may involve legal remedies. Simulation type seminars were seen to have provided greatest benefit especially when learning related to

legal issues. This style of learning gives both theoretical learning and practice skills simultaneously. One of the key aspects to this style of teaching is that it allows participants to build on current knowledge and understanding by discussing their experiences with others and then trialling the acquired knowledge with practical experimentation, which follows the theory of constructivist learning.

The second area concerned a practitioner's ability to deal with conflict. Difficulty with managing tension arose in a number of aspects of working with elder abuse and neglect ranging from angry family members to differences with members of multi-disciplinary teams. The positive outcomes for participants who had previously experienced simulation type seminars suggest that this may also be a helpful way to present training in managing conflict resolution.

Keyes (2003) suggests there is a continued move towards using a multi-disciplinary approach in cases of elder abuse and neglect. Payne (2000) reports that joint education and training for multi-discipline work in the United States of America began to emerge in the early 1970s and came to fruition in the mid 1980s. A call for joint training on elder abuse and neglect has continued in both the United States of America and the United Kingdom (Payne, 2000; Otto 2000, Reed, Stanley & Clarke, 2004).

From a New Zealand perspective Opie (1995) among others has strongly advocated for social workers to have specific education and training in teamwork. Although not specifically writing about elder abuse and neglect Opie clearly sees the ability to work in a multi-disciplinary team as an integral part of social work with older persons.

Participants in my research reported being professionally challenged when required to work with professionals from another discipline. It would make sense for educational providers in New

Zealand to follow the examples and trends from overseas particularly in the United Kingdom and United States of America and explore the possibilities of multi-disciplinary and multi-institutional collaboration in providing professional education related to work with older persons. I envisage that elder abuse and neglect would be a component of such training. A web site check of institutional training programmes as mentioned in Chapter Five -Training and Education identified no courses specific to elder abuse and neglect.

Christchurch Hospital, with its strong links to the University of Otago's School of Medicine already runs a gerontology programme that runs across disciplines. Social work has not featured highly in these programmes. The inclusion of social work in multi-disciplinary education and training in the intervention of elder abuse and neglect could bring dual benefits. Increased awareness of and development of practice skills in the area of identifying elder abuse and neglect would bring about common understandings of the definitions and specific characteristics of the abused person and the perpetrator(s) and go a long way to reducing tension between professionals from different disciplines.

9.9 USE OF THEORY

Participant's understanding of theories to understand and explain elder abuse and neglect was limited. This finding was in keeping with those of Bergeron (1997) and Darlington (2002) who found that the use of theory for understanding the specific areas of abuse that social workers were practicing in was minimal. Practitioners in their studies drew on other more generic social work theories to explain abuse. Bergeron found her participants lacked a depth of understanding of how these theories might shape social workers interventions with clients. Both Bergeron and Darlington recommended that the subject of abuse theories be included in schools of social work curricula.

It seems to me that this education should also be included in tertiary training for social workers in New Zealand.

9.10 NETWORKING

Networking is a term familiar to practitioners, managers and policy makers. Payne (1993) argues that almost any type of “linking” can be described as networking. Trevillion (1999) promotes the importance of networking in social work to the extent that he believes it to be a subject for basic professional training. The importance of inter-agency collaboration has long been recognised in all areas of social work intervention in cases of abuse whether that be child abuse, domestic violence or elder abuse and neglect (Kleizkowski, Elling & Smith, 1984)

Inter-agency partnership, and discussions between them on providing social work interventions in cases of elder abuse and neglect, has been a feature of social work with older persons in Christchurch for many years. Participants in my research did not specifically refer to the benefits of these professional links except when talking about enlisting the support of a co-worker. As noted earlier practitioners working out of community-based settings mentioned greater difficulty in enlisting this kind of support. My own observation over the last five years has been that the number of formal and informal gatherings between groups of social workers working with older persons has dwindled.

The Elder Abuse Practitioners Group is one setting where social workers can get together for a shared purpose. However because this group meets within work hours membership is limited due to restrictions placed by the employer. In the case of Christchurch Hospital, at any one time only two representatives from the social work team are given leave to attend meetings. I suggest that because most of the participants in my research had long and established connections with

practitioners from other agencies regular meetings have not been as necessary to maintain the professional relationship. Social workers newly appointed to positions in these agencies may have great difficulty in developing rapport with other social workers in their field.

9.11 SAFE PRACTICE

When I began this research I was of the belief that "safe practice" was a recognised concept but I have not been able to source any description of the phrase in the social work literature. It was my expectation that participants would share my own understanding of the term to be encased within ANZASW Code of Ethics 1993, that social workers have a responsibility to "…work towards providing the best possible assistance to anybody seeking their help and advice." On checking with colleagues, all agreed to knowing and using the phrase and understanding it to mean practice within the ANZASW Code of Ethics and that the client would come to no further harm on account of the social work intervention.

Fiona Robertson, a social worker in private practice, and Olive Webb, a clinical psychologist, are offering a two-day training programme entitled "Supervision, Ethics and Safe Practice" in Christchurch in July 2005. I e-mailed Fiona asking her for an explanation of their use of the term "safe practice". I received a reply (Personal communication, May 9, 2005) that concurred with my understanding of the term. In addition she suggested that a resurgence of interest has come from the Health Practitioners Competence Assurance Act (2003) and the need for social workers to demonstrate competency and adherence to the practice standards set by ANZASW.

A change in the political climate in this country seems to suggest that social work practitioners are becoming more alert to the possibility of litigation. ANZASW membership, which is voluntary, now includes a compulsory professional indemnity insurance cover and the

attractiveness of this deal to practitioners concerned about incurring legal costs may explain why a greater percentage of my participants now hold ANZASW membership than those in the study undertaken by Maidment (1993). This may also be a reason why only one participant's first response to the question of "safe practice" gave consideration to the safety of the client before talking about her own personal or professional safety.

The limitations of this research preclude being able to draw the conclusion that this self-concern is indicative of current thinking within social work. However, it is worth considering if the concept of "first do no harm" has been overtaken by practitioners' anxiety about becoming involved in litigation. This is somewhat of a paradox in that the intention of the Health Competency Assurance Act (2003) and the Social Workers Registration Bill (2003) is to provide protection for clients by ensuring that professional practice standards are upheld.

Alston & Bowles Routledge (2003) argue that supervision is one method of evaluating practice used by many social workers. These sessions are used to reflect on practice and casework, on theoretical understanding and on outcomes to their interventions. This is to provide some benchmark of practice standards. Regular supervision sessions are suggested to be examples of best practice assessment. Participants in my research expressed mixed satisfaction with the outcome from taking issues to supervision. Half of the participants spoke about supervision having been of little or no help with issues related to dealing with conflict. Only two participants specifically mentioned supervision as being of value in relation to "safe practice". In social work supervision is generally considered to be an integral aspect of "safe practice". It is interesting that the participants made little mention of using supervision for this purpose. Although it is beyond the scope of this research to examine the supervision received by these participants, it does raise the question as to what is happening in the supervisory relationship that leaves the supervisee

feeling a lack of confidence and diffident to assert her professional position in situations of conflict.

Training opportunities in social work supervision are minimal and are usually provided as short seminars by social workers in private practice. To meet the requirements for social work registration and ANZASW competency standards required for membership, there is an expectation that best or safe practice will be demonstrated in part through the supervision process. I suggest that, in turn, supervisors will need to demonstrate their own competency. One way for this to be evidenced is for supervisors to have undertaken post-graduate training and education in supervision and I believe that schools of social work should consider providing more of this education than is currently being offered.

As raised in Chapter Eight – Safe Practice this was the part of the interview process where I anticipated participants would raise the wider issues related to abuse and neglect and the implications for social policy. The question of ageism has posed reoccurring thoughts for me as I have undertaken this research. The slow response to take action following the problem of elder abuse and neglect being identified for more than a decade has caused me to wonder whether this could in fact be deemed to be a systematic abuse of older people. Participants who spoke about ageist attitudes within the health system were making indirect reference to this form of abuse.

It seems there is hope on the horizon with regard to addressing some of the gaps. The Governments recognition of elder abuse and neglect as a health and social problem and the injection of extra funding from this years budget is encouraging.

The fact that participants did not suggest that marginalisation, stigmatism, oppression and power differentiations such as gender, poverty, ethnicity, religion or sexual orientation, physical or cognitive disability are concepts for “safe practice” is interesting. My own interviewing style

may have precluded participants from responding to the question of “safe practice” from this perspective. Another reason could be that their motivation for participating in the research was that it was an opportunity to express their feelings about the support of (or lack of support) their own practice. This may have meant that the broader issues around elder abuse and neglect where not uppermost in their minds. As a practitioner/researcher who has prior knowledge of the participants I do not believe that they were ignorant or naïve as to these concepts.

An additional reason may have simply been the participant’s interpretation of the term “safe practice”. I acknowledge that in writing up this thesis it has been a phrase that has caused me to rethink the meaning. If it has been difficult for me then it is reasonable to expect that it would have been harder for participants who perhaps may not have given as much thought to the use of the term.

9.12 CONCLUSIONS AND IMPLICATIONS

Even though the findings from this study can be considered as indicative rather than conclusive, they provide a start to understanding the needs of social work practitioners when intervening in cases of elder abuse and neglect. Some recurrent themes that have emerged suggest that practitioners undertaking this work need different forms of professional support than are currently provided. The need for ongoing education and training has been identified from practitioners’ own comments during the interviews and by inference from some of their responses.

Given the small nature and sample size, the findings from this research can be considered only as preliminary. Some aspects of this research have been limited because the participants could not provide reliable statistics regarding casework numbers, complexities or the nature of the elder

abuse and neglect work they had undertaken. Nonetheless, the findings can point toward some aspects of social work service in elder abuse and neglect that might be improved.

I suggest that these findings are of interest to social work practitioners working with older persons, agencies that provide social work services, social work education and training institutions and Government policy makers. From the findings I make five recommendations and with each one, any or all of the above could take responsibility for making changes.

9.13 RECOMMENDATIONS

The most important needs for social work practitioners intervening in cases of elder abuse and neglect appear to be for professional support and ongoing education and training. Further information about the experiences of practitioners in other New Zealand centres may help to clarify the nature and extent of these needs. For this reason the following five recommendations are given.

1. Accurate statistics are collected on the number and nature of interventions in cases of elder abuse and neglect.
2. Education and training programmes are provided with an emphasis on theories and legal issues, in relation to elder abuse and neglect, working within a multi-disciplinary team structure and general conflict resolution skills.
3. Networking is recognised as an important component of the social work role and agencies support the reestablishment of inter-agency meetings to discuss and debate issues related to elder abuse and neglect.

4. The term “Safe Practice” is defined and acknowledged as a term that incorporates both practitioner and client.
5. Further research on the needs of social work practitioners when intervening in cases of elder abuse and neglect is undertaken in the areas of: social work practitioners in other New Zealand centres, involving less experienced practitioners, from a supervisors’ perspective and from a Maori perspective.

9.14 FINAL COMMENTS

This is the first attempt in New Zealand to identify the needs of social work practitioners when intervening in cases of elder abuse and neglect and it was interesting that the narratives of the participants reiterated some of my own experiences as a practitioner in the area. One of these is the need for an identified person to provide specialist knowledge in the area of elder abuse and neglect. This person should be familiar with available resources and be able to provide advice and guidance on legal matters.

Another finding of significance is the need for further education and training specific to social work intervention in cases of elder abuse and neglect. Implications for education and training arose not only from what participants expressly identified but also inferred from other stated needs.

Out of my research findings I have made five recommendations. I believe that the adoption of these recommendations will help to provide a more comprehensive and robust service for older persons. Acting on these recommendations will advance the best possible intervention and protection for the most vulnerable of the older population in our community.

APPENDIX 1

F/1 26 Wades Avenue
St Martins
CHRISTCHURCH 8002

Telephone: Bus (03) 364-0420

29th October 2002

Margaret Krauss
The Manager
Social Work Services
Canterbury District Health Board
Christchurch Hospital
Private Bag 4710
CHRISTCHURCH

Dear Margaret

I am writing to request an opportunity to speak at a staff meeting about research I am undertaking. As part of a Master of Arts in Social work I am carrying out research on social work practitioners and their needs when intervening in elder abuse and neglect and I am interested to know about the experiences of Christchurch social work practitioners in this field.

This will be the first piece of research undertaken in New Zealand from a social work practitioner's perspective. Internationally there also has been very little research carried out to show the needs of practitioners when intervening in cases of elder abuse and neglect. As such the research findings will contribute to understanding about social work practice in elder abuse and neglect that could be useful in developing intervention protocols, curriculum content for schools of social work and in providing direction for further study.

The objectives of the research are to find out:

- how training and knowledge has prepared practitioners
- how they ensure safe practice
- what aspects of intervention have generated confidence or diffidence
- what practitioners believe would be helpful to resource, support and enhance their practice.

I intend to interview experienced, qualified practitioners from both hospital and community based agencies that have intervened in at least one case of elder abuse and/or abuse in the past twelve months.

I would appreciate the opportunity to have up to twenty (20) minutes during which I would outline my research and invite potential volunteers to contact me to discuss participation. I enclose a copy of the research Information Sheet for your interest.

Thank you for your consideration of my request and I look forward to hearing from you in the near future.

Yours sincerely

Penny Maher MANZASW

APPENDIX 2

A STUDY OF SOCIAL WORK PRACTITIONERS AND THEIR NEEDS WHEN INTERVENING IN CASES OF ELDER ABUSE AND NEGLECT

INFORMATION SHEET

As part of a Master of Arts in Social Work I am carrying out research on social work practitioners and their needs when intervening in cases of elder abuse and neglect and I am interested to know about your experience as a social work practitioner in this area.

This will be the first piece of research undertaken in New Zealand from a social work practitioner's perspective. Internationally there has also been very little research carried out to show the needs of the practitioner in cases of elder abuse and neglect. As such the research findings will contribute to understanding about social work practice in elder abuse and neglect that could be useful in developing intervention protocols, curriculum content for schools of social work and in providing direction for further study.

I intend to interview experienced practitioners from both hospital and community based agencies who have intervened in at least one case of elder abuse and/or Neglect in the past twelve months.

The objectives of the study are to find out:

- How training and knowledge base have prepared the practitioners
- What aspects of the intervention the practitioners have felt confident/diffident about
- How the practitioners ensure safe practice
- What the practitioners believe would be helpful to resource, support or enhance their practice

If you agree to participate in the research it will involve an audio-taped interview of approximately one and a half hours, which will then be transcribed, by the researcher, to provide the data for analysis. Interviews will be conducted at a place of your choice. Participants may choose to seek permission from managers to be interviewed during work time, or those wishing to retain complete anonymity will need to be available outside working hours.

Please be assured that complete confidentiality and anonymity will be maintained.

The researcher will transcribe the audiotapes. Tapes and transcriptions of the interviews will not be available to staff or management of your employing agency and tapes will be destroyed upon completion of this project. Participants will be sent a preliminary analysis of the results for feedback and comment. A copy of my findings will be made available to participants, managers of social work departments of all participants and the Violence Research Centre, Department of Social Work, University of Canterbury. Findings from my thesis may also be used to write articles for publication.

APPENDIX 2 (cont.)

Participants have the right to withdraw any or all information at any time.

Your participation in this survey is completely voluntary and it would be very helpful if you agree to be involved.

Approval for this research has been sought from the Ethics Committees of the University of Canterbury and the Canterbury District Health Board.

If you have any queries or concern with anything relating to this research it can be discussed with me or my course supervisor Verna Schofield at the Department of Social Work, University of Canterbury, telephone: (03) 364-3164.

Thank you for considering taking part in this research and I look forward to making further contact with you shortly.

P.A. Maher MANZASW

Telephone: Bus: (03) 364-0420 Home: (03) 332-3657

APPENDIX 3

Consent Form for Survey

A Study of Social Work Practitioners and Their Needs when Intervening in Cases of Elder Abuse and Neglect

I have read the information sheet regarding the research, which Penny Maher is carrying out for her Master of Arts in Social Work, and I understand what will be required of me.

I consent to an interview, which will be audiotaped and transcribed by the researcher, and for a summary of the findings to be used in the thesis. I acknowledge that I may choose to seek permission from my manager to be interviewed during work time, or to retain complete anonymity, that I will need to be available outside working hours. The researcher will not disclose my participation to my employer.

I give permission for the findings from the thesis to be used to write articles for publication.

I understand that information will be used in a way that will not identify me.

I am aware that I have the right, until the commencement of writing the draft thesis, to withdraw any or all information given during the course of the data collection and that the tapes and transcripts will be destroyed once the research project is completed.

I know that if I have any queries or concerns with anything relating to this survey they can be discussed with Penny Maher, phone: Bus: (03) 364-0420 Home: (03) 332-3657 or her course supervisor Verna Schofield at the Department of Social Work, University of Canterbury, phone: (03) 364-3164. If I have any queries or concern regarding my rights as a participant in this study I may contact the Aotearoa New Zealand Association of Social Workers (ANZASW), National Office, P O Box 1072, Dunedin.

I_____consent to take part in this research.
(Please print name)

Signature:_____Date:_____.

APPENDIX 4

F/1 26 Wades Avenue
St Martins
CHRISTCHURCH 8002

[Date]

[Name]
[Address Line 1]
[Address Line 2]
[Address Line 3]

Dear [Name]

Thank you for your inquiry with regard to participating in my research "A study of social work practitioners and their needs when intervening in cases of elder abuse and neglect"

As discussed I have enclosed an information sheet, outlining the research, and a consent form for your consideration. I will contact you again in a week's time to confirm your intention to participate.

It would be helpful if you would give thought to a suitable place for the interview to be carried out should you choose to continue. Appropriate settings would need to be quiet and relaxing with no pressure from possible interruptions and where your anonymity could be ensured. I can suggest for your consideration the Department of Social Work, University of Canterbury.

If you have any questions please feel free to contact me and I will be happy to discuss these with you. I look forward to speaking with you again.

Yours sincerely

Penny Maher MANZASW

APPENDIX 5

INTERVIEW QUESTION GUIDE
Open-ended questions will be used to explore the following

Training and knowledge

1. How has training and education influenced practice.
2. What is the extent of experience in working with older persons.
3. What is the understanding of elder abuse and neglect. (Prompt - definition client characteristics, perpetrator characteristics)
4. What education and training is specific to elder abuse and neglect.
5. What is the extent of practice experience in the intervention of elder abuse and neglect.
6. Thinking of the practitioner's own practice experience what are some of the factors that they think about when intervening in elder abuse and neglect.
7. What intervention strategies are considered when intervening in elder abuse and neglect.

Safe Practice

8. What provisions are made to ensure safe practice? (Prompts: Supervision, co-worker, policies and procedures, ANZASW membership).
9. What measures are considered to keep the practitioner safe.

Confidence or Diffidence

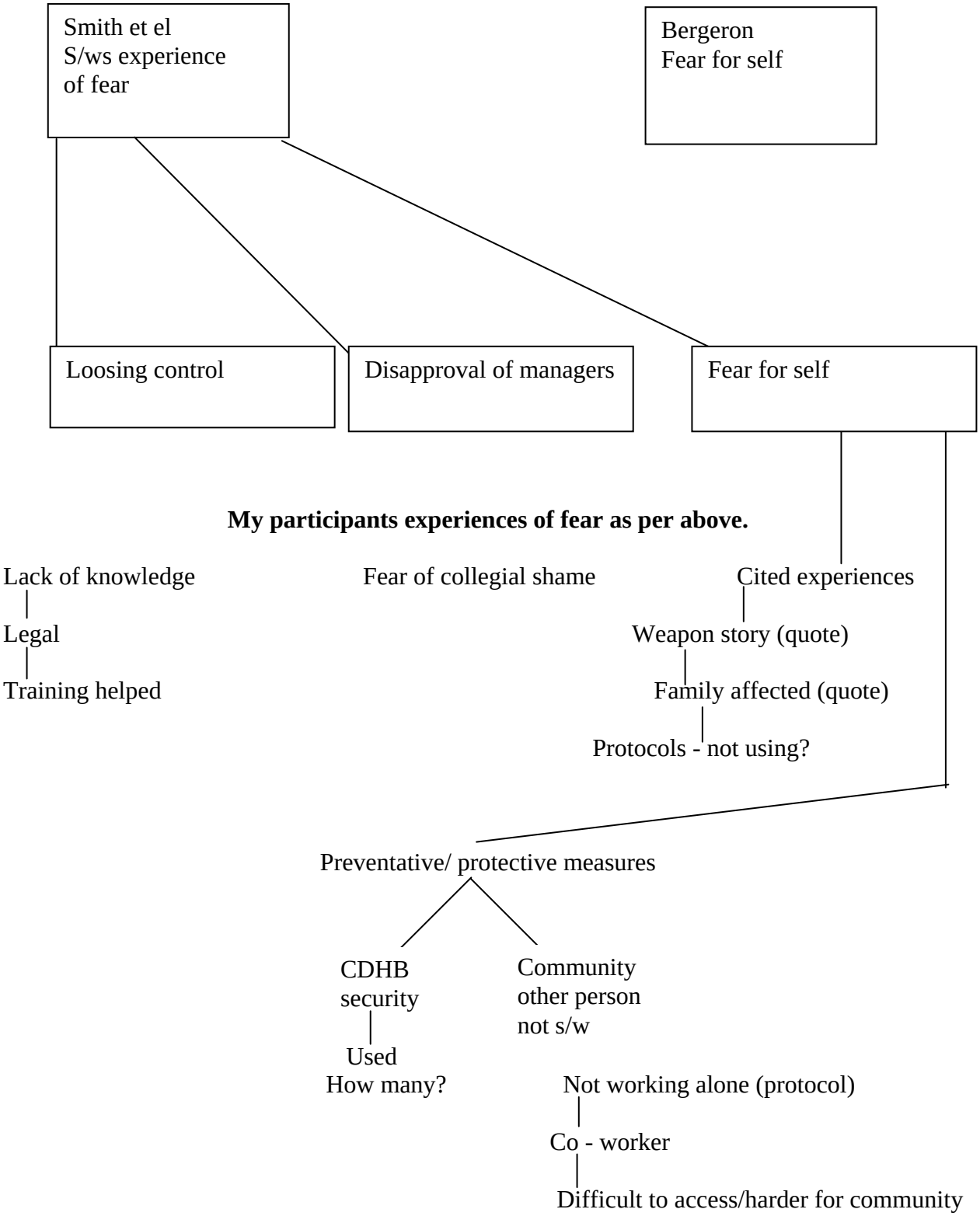
10. Thinking of the practitioner's own practice experience, what aspects of the intervention experience have gone well.
11. How did this experience increase confidence.
12. Thinking of the practitioner's own practice experience where a case has had a particular difficultly, what aspects were difficult and why.
    Prompts: Definitions, identification, ethical issues, personal safety, knowledge deficits e.g. legal, clients right to self-determination.
13. How was the challenge met.
14. Has this experience influenced the practitioner's practice.
    Prompts: Gained more confidence, practice wisdom and/or insights, loss of confidence, reluctance to practice in this area.

Resources and Support

15. Thinking of practice experience what is found to be helpful to resource and support the practitioner. Prompts: Collegial support, legal advisor, specialist supervision or mentor, access to specialist health professionals.
16. What is seen as ongoing educational and training needs.
17. With reference to support of the practitioner's practice, is there anything further to be said.
18. Any other general comments.

APPENDIX 6

Example of concept map exploring the notion of fear



Solutions: Agencies Provide Co – Worker, Training conflict resolution, MDT/Co – worker? Improved Protocols

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