A socio-ecological approach to elder abuse and adult safeguarding

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Bronfenbrenner

- Russian psychologist (but moved to the US)
- Based his work on children
- Immersed in context
- Systems interact and influence each other
Socio-ecological approach

- Multiple, interacting systems
- Human beings are embedded in context and progressively adapt to accommodate to their environment over time
- Nested Systems
- Context culture and history
- Individuals are affected by, and in turn affect their environments. Secondly, reciprocal causation is present, which means individual behaviour moulds, and is moulded by, environment (Phelan & Kirwan 2020)
- The socio-ecological model allows an integration of individual and environmental factors to consider health and health-related behaviours.
Why?

Can account for complexity of an issue of interest: Elder abuse.

- Looks at interaction of systems and accommodates for changes over time.
- Allows for a deeper consideration of the factors and an identification of where to target action.
- Problem analysis-goal planning-implementation-evaluation.
“Putting measures in place to reduce the risk of harm/abuse, promote and protect people’s human rights and their health and wellbeing, and empowering people to protect themselves” (HIQA, 2019:8)

Abuse is defined as:

‘...a single or repeated act or omission, which violates a person’s human rights or causes harm or distress to the person.’

(HIQA & MHC, 2019:15)
Socio-ecological approach

**Chronosystem:** Changes over time

**Macrosystem:** Social and cultural values

**Exosystem:** Indirect environment

**Mesosystems:** Connections between microsystems

**Microsystem:** Immediate environment

**Adult at risk**

**Global context**
Microsystem as context

**Gender:** Females living longer and are often subject to significant inequalities. IPV grown old. Pooled prevalence of 50 publications-14.7% (within a 12 month period). Gender roles-traditional, Systemic oppression (Yon et al., 2017).

**Capacity**

**Dependency**

**Lifetime exposure to abuse:** Canadian and Norwegian prevalence studies.

**Health:** Poor health of the older person (esp frailty), dependency, dementia

**Socio-economic status:** Lower income and poverty (Burnes et al., 2015)

**Social isolation.**

**Perpetrator:** Alcohol/substance abuse, poor mental health, living with older person, dependency on older person, relationship history. Coping mechanisms.

Most influential.
Microsystem

Immediate environment → Who does the person interact with? → Relationships-quality and history → Strongest relationship with particular individual?
Mesosystem: Relationship between microsystems

- Social networks
- Neighbourhood
- Clinic, supportive care
- Church
- Respite care etc
**Exosystem**

- Not directly in contact, but impacts the older person’s lifeworld.
- Support systems and independent advocacy.
- Community integration and solidarity.
- Care delivery-structure, leadership, staffing, policy, training and education, open system of disclosure, compliance, evaluation, outcomes that value and support the voice of the older person. Balanced risk management.
- *Local institutional policy*: multidisciplinary assessment and intervention- legal support
  Perpetrator risk/need and older person risk/need  (Storey et al., 2021).
- Monitoring and benchmarking
- Critical decision making, dynamic intervention.
<table>
<thead>
<tr>
<th>Safeguarding responses should be proportionate to the concern.</th>
</tr>
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</table>

### Deal at local level-sense-making of incident and context.
- Your service, your say
- Trust in care process
- Confidential recipient
- Advocacy/support ie Sage advocacy

### Accelerate to a formal safeguarding concern-HSE Safeguarding services.

### Involvement of external organisations
- HIQA
- MHC
- Fitness to Practice (CORU, NMBI)
- Police.
- HSE National Independent Review Panel
Integration and inter-sector collaboration (LRC, 2019)
Public health guidelines have demonstrated an increase in family violence. Exacerbation of risk.

Increased calls to helplines (Elman et al., 2020) and incidents of abuse perpetration (Boserup & Elkbuli, 2020).

Intimate partner violence being termed “a pandemic within a pandemic” (Evans et al., 2020: 2302).

Public health measures have exacerbated risk (Storey, 2020) and increased potential for coercive control.

Additional support needed by family but increased risks and reduced access to help.

*Human rights of older people*: little or no older voices being elicited regarding the restrictions policies (Peisah et al., 2020; Mahler, 2020; Mills 2021).
Safeguarding in Covid 19

- Impact of worry can trigger self-neglect
- Risk can also be sustained beyond the pandemic.
- *Financial abuse*: increases by known people and strangers.
- Strangers: Scams “coronavirus decontamination”, various scam calls and texts
- A recession may exacerbate financial abuse (Makaroun *et al.*, 2020)
- Substance abuse rise (Zaami, 2020; Abramsom 2021)
- On line survey (n=897): older people during Covid 19 (physical abuse +237.5%, verbal +0.02% and financial abuse +114.3%) (Chang & Levy, 2021).
- *Nursing homes*: Concerns re care quality, human rights or “fatal isolation.” (Lowenstein, 2020:89)
- > 200% increase in Canada (Tamblyn Watts, 2021)
- Poor standards, isolation, abandonment (HelpAge *et al.*, 2020)
Financial arrangements during lockdown-11% needed assistance but 2/3 have not taken control back (in loosening of restrictions).

13% concerned about being taken advantage of financially, with 12% having less control of finances (Oct 2020)

Almost 1:4 do not know who to report to; 7:10 would report for self while 92% if another person (November 2020)
Macrosystem

<table>
<thead>
<tr>
<th><strong>Culture</strong>: Impacts on perspectives of abuse, its recognition and reporting.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic cultures - lower prevalence of neglect, and under-reporting.</td>
</tr>
<tr>
<td>May not recognise FA.</td>
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<tr>
<td>African cultures ‘have a shared history of chattel slavery, forced segregation, poverty, and a distrust of authority.’ (Storey, 2017:461)</td>
</tr>
<tr>
<td>Private family matter (Asia)</td>
</tr>
<tr>
<td>Cultural disparities among older and younger generations (Li et al., 2020)</td>
</tr>
<tr>
<td>Ageist stereotypes (WHO, 2020)</td>
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</tbody>
</table>
Macrosystem

- Cultural ‘Norms’ such as inheritance as entitlement
- Deprivation of liberty (Liberty Protection Safeguards)
- Public awareness and responsibility.
- Impact of mobility of younger generations, erosion of generational bonds
- Response-preventative and intervention (service, inter-sector collaboration, legislative, legal, regulatory, data sharing).
- Connected system governance-public private, acute-community.
Global system

Convention on the Rights of Older People (INPEA et al, 2010; HelpAge et al., 2020)

Focus

- Rights based approaches
- Freedom and discrimination
- Freedom from violence
- Right to social security
- Right to health
- Right to work
- Right to property and inheritance

A convention would:

- **Combat** Combat age discrimination
- **Change** Change people’s lives
- **Clarify** Clarify responsibilities
- **Improve** Improve accountability
- **Guide** Guide policy making
Changes and continuities occurring over time that influence an individual’s development.

How to support people in retirement, health deterioration, financial choices, residential care.

Requires a supportive environment to foster changes over time.

Escalate over time and may progress from one type to clustering.
Using a socio-ecological framework

The ecological framework treats the interaction between factors at the different levels with equal importance to the influence of factors within a single level. For example, longitudinal studies suggest that complications associated with pregnancy and delivery, perhaps because they lead to neurological damage and psychological or personality disorder, seem to predict violence in youth and young adulthood mainly when they occur in combination with other problems within the family, such as poor parenting practices. The ecological framework helps explain the result—violence later in life—as the interaction of an individual risk factor, the consequences of complications during birth, and a relationship risk factor, the experience of poor parenting.

Representative sample of cases from Elder Abuse Resource and Supports Team (EARS), Edmonton, Canada (Storey et al. 2021)

<table>
<thead>
<tr>
<th>Terminology</th>
<th>Definition</th>
<th>Example</th>
<th>Frequency</th>
</tr>
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<tbody>
<tr>
<td><strong>Risk management</strong></td>
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</table>
| Intervention         | An action suggested or taken by those involved in cases where the goal is to promote desistance of elder abuse or decrease the vulnerability of victims. | • Mental health crisis team referral  
• Homecare set up              | 369       |
| Intervention strategy| A group of interventions that have the same proximal goal or achieve the same goal in a similar way. | • Mental health care  
• Physical health care          | 30        |
| Intervention category| A collection of intervention strategies that target the same issue or individual. | • Victim care            | 12        |
| **Outcomes**         |                                                                           |                                                                         |           |
| Positive             | The intervention had a positive impact on the case.                       | • The cessation of abuse  
• The victim agreed to intervention  
• Obtained confirmation or admission of abuse  
• Victim is happy, with no abuse concerns | 384       |
| Neutral              | The intervention had no identifiable impact on the case.                  | • There was no change in the victim’s circumstances  
• No change in abuse            | 177       |
| Negative             | The intervention had a negative impact on the case.                       | • The abuse worsened  
• The victim withdrew from services  
• The victim became more vulnerable | 13        |
| Could Not Implement (CNI) | The recommended intervention was blocked from being implemented by the victim, perpetrator, or another individual involved in the case | • The victim refused to limit contact with the perpetrator  
• The family did not call police for help as agreed | 236       |
| Unknown              | The impact of an implemented intervention could not be identified.        | • The case was closed prior to the tactic outcome being recorded  
• The victim or family did not follow-up to feedback as agreed | 293       |
So what...?

- A comprehensive system to respond to elder abuse must have a synergy between system levels which can accommodate the individual context for the individual older person.
- The voice of the person is key and using empowerment approaches are central in engagement of all sectors. Acknowledge subjectivity.
- Key performance indicators need to enable both a qualitative and quantitative review of cases.
- A lead agency, with legislative authority, can address fragmentation related to setting and sector.
- Data sharing - barriers removed.
- Full equality as a crime and legal engagement facilitation.
- Independent advocacy, empowerment and strengths based approaches.
- Focus on prevention (creating barriers to abuse) and intervention.
- Response specificity: Motivational interviewing, Restorative justice, legal, MDT, Inter-sector collaboration, capacity assessment, older person and perpetrator focus.
- Community: duty of care, duty to care.
- Supportive systems for older people and caregivers-ageing in place and homecare access.

<table>
<thead>
<tr>
<th>Ecological systems Level</th>
<th>System subtheme</th>
<th>No. of Papers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Micro-system</strong></td>
<td>Review of EA cases</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Review of specific aspects related to elder abuse cases</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>(self-neglect, gender &amp; financial abuse)</td>
<td></td>
</tr>
<tr>
<td><strong>Sub-total</strong></td>
<td></td>
<td>9</td>
</tr>
<tr>
<td><strong>Meso-system</strong></td>
<td>Evaluation of service models</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>• Multi-disciplinary teams, Adult Protective Services, thematic service models</td>
<td></td>
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<tr>
<td></td>
<td>(8)</td>
<td></td>
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<tr>
<td></td>
<td>• Financial abuse (2)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Case management service models (2)</td>
<td></td>
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<td></td>
<td>• Gender based services (2)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Educational programmes and training initiatives</td>
<td>11</td>
</tr>
<tr>
<td><strong>Sub-total</strong></td>
<td></td>
<td>25</td>
</tr>
<tr>
<td><strong>Exo-system</strong></td>
<td>Evaluation of systems and service delivery</td>
<td>14</td>
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<tr>
<td></td>
<td>• Multi-disciplinary collaboration and case management (6)</td>
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<td></td>
<td>• Ethos in case interventions (3)</td>
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<tr>
<td></td>
<td>• Family based interventions (2)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Typology based service interventions (3)</td>
<td></td>
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<tr>
<td></td>
<td>Criminal justice system</td>
<td>9</td>
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<tr>
<td></td>
<td>System process improvement</td>
<td>5</td>
</tr>
<tr>
<td><strong>Sub-total</strong></td>
<td></td>
<td>28</td>
</tr>
<tr>
<td><strong>Macro-system</strong></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>67</td>
</tr>
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</table>

O’Donnell et al., 2015
Conclusion

• ‘...the emphasis of this model is not only on changing the individual factors, but on changing the physical and social environments.’ (Gargari et al. 2018: 170)

• It allows a step back approach to examine the interacting contexts within which public health issues arise-conditions for possibility.

• Comprehensive picture addressing all levels of impacting issues in and between system levels. Not victim blaming.

• A robust response system therefore needs an alignment of the system in terms of prevention, intervention and intersection.
New Micro-credentialing graduate programme in the School of Nursing and Midwifery TCD:
Adult Safeguarding
Commencing Sept 2021 (Blended Learning)