MINISTRY OF SOCIAL DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

25 AUG 2017

[redacted]

Dear [redacted]

On 9 July 2017, you emailed the Ministry requesting, under the Official Information Act 1982, the following information:

- *The RFP - RFx ID: 18456363 - completed by Wesley Community Action, also trading as Wesley Wellington Mission, for tender of Elder Abuse and Neglect.*

The primary objective of the new service, Elder Abuse Response Service (EARS) is to ensure that older people who experience or are at risk of experiencing abuse and neglect have timely access to appropriate local services that respond to ensure their immediate safety, and support them to have greater control over their lives. EARS interventions are expected to prevent revictimisation of older people and to be culturally responsive, particularly for Māori, Pasefika and migrant communities.

More information regarding elder abuse and the launch of the new service can be found on the Super Seniors website: superseniors.msd.govt.nz/elder-abuse/new-elder-abuse-response-service-launched.html

Please find enclosed a copy of the response form submitted by Wesley Community Action in response to the Elder Abuse and Neglect Response services Request for Proposal.

As you will note, some information regarding Wesley Community Action's proposed budget has been withheld under section 9(2)(b)(ii) of the Act as, if released, would be likely to prejudice the commercial position of the supplier or the subject of the information. The greater public interest is in ensuring that the commercial position can be maintained.

The names and details of some individuals are withheld under section 9(2)(a) of the Act in order to protect the privacy of natural persons. The need to protect the privacy of these individuals outweighs any public interest in this information.

The Aurora Centre / 56-66 The Terrace / Wellington 6011
PO Box 1556 / Wellington 6140 / New Zealand
Phone: 64 4 916 3300 / **Fax**: 64 4 918 0099 / **www.msd.govt.nz**

The principles and purposes of the Official Information Act 1982 under which you made your request are:

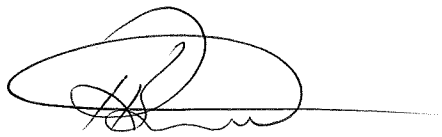
- to create greater openness and transparency about the plans, work and activities of the Government,
- to increase the ability of the public to participate in the making and administration of our laws and policies and
- to lead to greater accountability in the conduct of public affairs.

This Ministry fully supports those principles and purposes. The Ministry therefore intends to make the information contained in this letter and any attached documents available to the wider public shortly. The Ministry will do this by publishing this letter and attachment on the Ministry of Social Development's website. Your personal details will be deleted and the Ministry will not publish any information that would identify you as the person who requested the information.

If you wish to discuss this response with us, please feel free to contact OIA_Requests@msd.govt.nz.

If you are not satisfied with this response regarding the tender for Elder Abuse Response Services, you have the right to seek an investigation and review by the Ombudsman. Information about how to make a complaint is available at www.ombudsman.parliament.nz or 0800 802 602.

Yours sincerely



Ruth Bound
Deputy Chief Executive, Service Delivery

MINISTRY OF SOCIAL DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

COMMUNITY INVESTMENT
TE HAUMI Ā-HAPORI

Response Form

In response to the Elder Abuse and Neglect Response services procurement Request for Proposals

Submitted by: Wesley Community Action

1. About the Respondent

Organisational details	
Trading name:	Wesley Community Action
Full legal name (if different):	Wesley Wellington Mission
Physical address:	75 Taranaki Street Wellington City
Postal address:	P.O. Box 9932 Wellington 6141
Business website:	www.wesleyca.org.nz
Type of entity (legal status):	Charitable Trust
Companies Office Registration number:	Charities Registration No. 499430
Registered office address:	Epworth House, 75 Taranaki Street Wellington
MSD Provider Identification number:	12320
MSD Approval Level held:	Level 1 specialist service accreditation for foster care programme

Contact person:	Section 9(2)(a) Privacy of natural persons
Position:	Manager Operations
Phone number:	Section 9(2)(a)
Mobile number:	
Email address:	

2. Response to the Requirements

#	Pre-condition	Meets
1.	Is your organisation a legal entity in New Zealand?	YES
2.	Does the person completing the application have authority to do so on behalf of the organisation?	YES
3.	Does your organisation (or all organisations in your collective) hold or is willing to obtain Approval Level 2 within three months of signing the Outcome Agreement?	YES
4.	Are you currently delivering services to or with senior citizens?	YES

Overview of our solution

1. Organisational Capacity and Capability	Weighting 15%

1.a) Tell us about your organisation. Please include information such as the number of staff, structure, staff capability, purpose, location or communities you currently work in. (5%)

Wesley Community Action (WCA) is a not for profit organisation governed by a Board of Trustees under the umbrella of the Methodist Church. The organisation employs c.170 people. The staff in the organisation has a range of qualifications and experience, including registered social workers, registered nurses, and community support workers with qualifications ranging from post graduate level to under graduate diplomas. WCA places a high premium on qualified and experienced staff and has developed a sound internal framework of professional development. We work with vulnerable and hard to reach communities in the Greater Wellington area from birth to death. In the organisation are teams who work in community development, with young families (Family Start), foster care, with older vulnerable people in the community (supported independent living DHB contracts) and in aged residential care (Wesleyhaven). WCA holds MSD specialist service level 1 accreditation. The organisation works with communities in Kapiti, Otaki, Porirua, Wellington, Lower and Upper Hutt.

WCA is a social justice organisation. Our mission is to create just and caring communities, and this includes a focus on Community, Compassion, Change. WCA is committed to working to uphold the Treaty of Waitangi. We have cultural advisors on staff for consultation and cultural supervision. WCA is a strengths based organisation. We aim to engage with people in a way that brings out the best in all. The principles that underpin work are listed below:

- Build respectful relationships based on transparency and our belief in the abilities of the people we work with
- Acknowledge the power we have in our roles and work to shift power to the people we work with
- Use the Treaty of Waitangi as the base and resource for shaping our work
- Focus more on what's working and build on that
- Are as courageous as the people we work with
- Get ongoing feedback to guide the relationship with people we work with
- Acknowledge that people know most about their lives and what could work for them
- Call and challenge injustice
- Want to do our best and are keen to learn by sharing what works and being open to new ideas

1.b) Tell us about your relevant experience delivering services to vulnerable older people in your community. (10%)

Staff profile and organisational experience

Wesley Community Action has been working with older people in the community and in aged residential care for 60 years. There are currently 4 FTEs in the older persons community social work team of 5 staff, and a clinical manager working in the community with highly vulnerable old people. All of the team are social workers; three registered, one working towards registration, and one staff member who is currently completing a degree in social work. The clinical manager has 30 plus years of experience in community health and social work. The current team has significant experience in older people's health, working with multidisciplinary teams and across multiple agencies, mental health and addictions, homelessness, palliative care, nursing, strengths based practice, and talking therapies. WCA older persons' team has staffing appropriate to the complexity of the work with highly vulnerable older people.

Current older person population

The older persons' community team work with vulnerable and isolated older people in Kapiti, Porirua, Wellington City, Lower and Upper Hutt. There are two contracts with CCDHB and HVDHB respectively. The contracts specify working with people over 65 (and over 55 if Maori or Pasifika) who have complex and high needs, and are extremely vulnerable to placement in an aged care facility without long term support. There are 75 +/- older people in the service at any one time. The core work of the service is with people who are at high risk of abuse and neglect, including cases of financial, psychological and physical abuse. Most of the older people live alone, are socially isolated, on a low fixed income, live in social housing, and have a diagnosis of dementia or mild cognitive impairment. Many older people in the service have co-existing mental health or addictions histories. Under the Crimes Act, most of the older people we work with are identified as vulnerable persons and need protection and advocacy to sustain living in the community[1].

Percentage of current older people in the WCA older persons community service, who have one or more risk factors for abuse or neglect.

The risk factors that we have chosen to present are based on the needs based funding allocation model of the EARS RFP, known risks of abuse from the research, and our own knowledge of this sector. The risk factors we have used in this description are as follows:

- Socially isolated – no local friends, and/or attends a day care centre or DHB dementia club
- Lives alone or shares with flatmate (not family or spouse)
- Pension sole income with no significant assets (doesn't own home)
- Over 75 years old
- Is Maori or Pasifika
- Lives in social housing or private rental
- Has either mental health diagnosis, or dementia diagnosis
- history of alcohol or drug misuse,
- Needs assistance with finances - proxy measure WCA is WINZ agent or active property EPA
- Has no family locally
- Has concurrent involvement with the DHB psychogeriatric or older person's team

Below is the risk factor matrix that is used to determine level of risk of our current older people. For new referrals, the matrix helps prioritise the urgency and acuity. We will use this matrix to identify risk factors for referrals for the EARS service where abuse is not directly reported. It is important to note that this matrix

[1] The Crimes Amendment Act (3) 2011 defines a vulnerable adult as "a person unable, by reason of detention, age, sickness, mental impairment or any other cause to withdraw himself or herself from the care or charge of another person". https://www.nzma.org.nz/journal/read-the-journal/all-issues/2010-2019/2012/vol-125-no-1353/letter-abeygoonesekera

does not include gender, although we know from the NZ research that women are more likely to be subjected to abuse than men[2]. Where abuse is suspected we will administer the Vulnerability to Abuse Screening Scale (VASS) [3] to determine the type and extent of abuse.

WCA RISK FACTOR MATRIX FOR OLDER PEOPLE

Social isolation factor	Poverty factor	Age factor	Financial vulnerability factor	Cognitive impairment factor	Complex needs factor
Lives alone	Social housing	Over 75	WCA is WINZ agent	Dx dementia	Involvement by PG or ORA team
No local family	Private rental	Over 65 if Maori or Pacifica	WCA financial vulnerability questionnaire shows significant risk factors present	Mild Cognitive Impairment	Hx of A&D
Shares with flatmate (non family)	No other assets or sources of income except pension		No property EPA	Attends day care or dementia club	Hx of mental health
Has multiple home care support agency workers visiting the home					Current conflict in the family

Using the above matrix, we have calculated the number of risk factors that our current case load of in the older persons' team is managing. N = 69 for older people for whom we have complete data at the time of writing.

Number of risk factor types (less than or equal to)	% of current older people cumulative risk
1	100%
2	90.0%
3	65.3%
4	42.1%
5	13.2%
6	13.1%
4 or more risk factors = high risk	**65.2%**

[2] Waldegrave, C (2015) Measuring Elder Abuse in New Zealand: Findings from the New Zealand Longitudinal Study of Ageing (NZLSA). *Family Centre Social Policy Research Unit.*

[3] Schofield, M.J, and Mishra, G.D. (2003) Validity of self-report screening scale for elder abuse: Women's Health Australia Study. *The Gerentologist, 43(1) 11-120, table 1.*

Older person-centred work.

When working with older people, the older persons team staff create a strengths based "older person led plan" and work with older people on their own agreed goals, engage with wider whanau and community, liaise closely with other home care support agencies and health partners, solicit formalized routine feedback form older people about what is working and why, and support older people to measure changes themselves. In addition older people provide ongoing feedback to the staff about the older person-worker relationship and ensure older person-centred goals are being met. This formalised system of feedback is called PCOMS (Partners for Change Outcome Management System)[4]. Wesley hosts the national PCOMS Aotearoa collaboration, and are a leader in the field of older person centred change measures, feedback and evaluation.

Restorative Justice

In 2016, WCA hosted Mandy Halibi, a Circle Keeper from Canada, to run three day training in Circle Work. All staff are now proficient in using Circle as a tool for engagement and in restorative justice. WCA is part of a Wellington network for people interested in using Circle work in a Restorative Justice context.

Professional development

- Core WCA training in strengths based practice, PCOMS feedback system
- Annual team professional development days. This year the focus was on legal capacity, PPPR Act, living with risk assessments, and cognitive and capacity testing
- annual team individual learning plans and performance appraisals
- PCOMS formal feedback from older people to staff directly informs the work with older people, and provides timely and direct mechanism of continuous quality improvement.

Community development to lessen social isolation and the incidence of abuse and neglect of older people

In addition to responding to abuse, WCA works to prevent abuse and neglect of elders by promoting social change, and building strengths and resilience in communities. In the last year the older persons' team has been working in the following areas to lessen the vulnerability of older people to abuse, and to respond with timeliness and effectiveness to signs of abuse.

- Collaborated with Age Concern and designed and implemented and shared a financial vulnerability assessment tool for use with older people, and shared the tool with the sector.
- Collaborated with Community Law and CCDHB to pilot named staff in the organisation holding personal orders for property administration to protect older people who do not have capacity to manage their affairs and have no property EPA. WCA anticipates this will be an important par t of core business and will support the work of the welfare guardianship trust to better protect older people from financial abuse.
- Collaborated with Wellington City Council and other NGOs to develop a workstream in the council to end social isolation and for an age and dementia friendly city
- Headed the Hoarding Task Force to support older people to sustain tenancies and improve their health and wellbeing.
- Hosted "SILNET" a forum for NGOs to share information and better support older people in the community
- Work with older people to highlight risk and vulnerability to abuse, and implemented action plans with the older person and their communities of support to mitigate risks.

Community Led Development

In addition to the specific community development outlined above, WCA has a strong track record of community led development. In close collaboration with Inspiring Communities, WCA is working with identified vulnerable communities to identify community leaders, build social inclusion and pride, and strengthen resilience and safety in the community. Recent examples of this work are demonstrated in Waitangirua with the "P pull" project, hosting a community led response to the P epidemic. The outcomes are

[4] https://www.heartandsoulofchange.com/

a large online community, political approval and backing from the Porirua Council, resources and support from The Drug Foundation and CCDHB, and communities helping each other to reduce the damage from P, including reduced associated crime. Cannons Creek community led development outcomes are a self sustaining community garden, community pantry, and a greater wellington wide fruit and vegetable coop with the support of Wellington Regional Public Health. Strathmore community led development to improve wellbeing in whanau in social housing, in collaboration with Wellington City Council, NZ Police and Housing NZ. Outcomes emerging are increasing social inclusion, sustainable tenancies, and reduced crime.

2. Proposed Service Delivery	**Weighting 65%**

2.a) The primary focus of Elder Abuse and Neglect Response services is intervention which aims to ensure older people who experience, or who are at risk of experiencing, elder abuse and neglect have timely access to appropriate local services to support them to have greater control over their lives.

Specifically highlight any areas of innovation and other benefits or added value your organisation can offer.

Please describe, in detail (using the template below), the service your organisation is proposing to deliver to meet the results or outcomes the Ministry is aiming to achieve. We want you to tell us:

- what activities you are proposing, (i.e. what your organisation will actually do to deliver this service)
- what you expect those activities will deliver (output/deliverable), (i.e. if you do that activity, what will you achieve?) and
- What is the purpose of that output (the immediate outcome you expect), (i.e? if this happened, what will it mean for the older person)

Your proposed service (activities, outputs and purpose) should logically lead to the results the EARS is aiming to achieve.

(20%)

Expected results for the Elder Abuse & Neglect Response service delivery	Older people experiencing or at risk of experiencing (or perceived to be) abuse and neglect are protected and safe	Older people's views are respected, valued and they are recognised as the experts of their lives	Older people are empowered to be self-determining, independent and confident in their daily life, as appropriate	Older people, their families and whānau trust services and are well connected to services and their community
Purpose **What is the main objective (immediate outcome) for the deliverable/output**	• Vulnerable older people are identified, assessed, prioritised according to risk, and interventions to prevent and stop abuse put in place, including appropriate referrals made to Police, specialist DHB teams as required. • All stakeholders are aware and share the common purpose to keep older person safe and well in the community • Whanau understand the impact of abuse	The older person's views and preferences are visible and represented in interagency collaboration and guide all interventions in the application of the Wesley Way.	Older people are using their full extent of capacity and autonomy and dignity to live as independently as possible, making their own choices, with risks for abuse mitigated as far as possible within these boundaries.	• WCA supports the building of strong safe and resilient communities that are connected and act to protect elders in the community from abuse and neglect. • WCA regularly communicates themes of concern and opportunities of engagement with older people, and shares widely with the sector and communities. Key stakeholders are involved in interagency collaborations to improve quality and access and opportunities for older vulnerable older people to live well and safely in their communities.
Output (deliverable) **What will specifically be delivered as a result of doing the activities**	• The greater Wellington community are aware of the EARS service and how to refer. Older people are visited in a setting where they feel comfortable (mostly their homes). Older people have security of their finances. • EPAs understand their rights and responsibilities. If older person beyond capacity and have no EPAs, property administration is by WCA and a welfare guardian appointed. • All involved agencies supporting the older person are in regular communication, and communication books are used in older people home. • Abuse stopped and police investigation where appropriate. Restorative justice approach is evident in supporting older	• All vulnerable older people have an older person-led goal plan in their own words that they understand. • Older people in the service have formalised feedback about the older person / worker relationship and older person wellbeing in the form of PCOMS to guide the work and the older person worker relationship. • Older people are involved as far as possible in finding their	• Where older people make an informed choice to continue living with some degree of risk, workers will offer active support and monitoring, and this is clearly understood by all key stakeholders. • Staff share all key information with older people to support them to make informed decisions. • Information collated and organised in a format that is accessible for older people to understand. • Older people eat well and have food that they like and appropriate to their culture. Regular grocery and other	• WCA form strong working relationships with Local government (Wellington City Hutt, Kapiti, and Porirua Councils, NGOs work to strengthen communities. • WCA in close collaboration with Inspiring Community Trust, explore opportunities to work with geographic communities to build resilience and strength in those communities to better protect and support older people. • WCA analyses patterns of referrals to highlight systemic concerns and use networks to raise awareness of dubious

Expected results for the Elder Abuse & Neglect Response service delivery	Older people experiencing or at risk of experiencing (or perceived to be) abuse and neglect are protected and safe	Older people's views are respected, valued and they are recognised as the experts of their lives	Older people are empowered to be self-determining, independent and confident in their daily life, as appropriate	Older people, their families and whānau trust services and are well connected to services and their community
	people and whanau to understand the impact of abuse and finding solutions to end abuse. • Ethical responses are evident in action plans that balance older person autonomy dignity independence and safety to self and others.	own solutions to problems. Older people have their sense of identity and personality preserved in all matters across agencies as far as possible in the face of increasing disability. • All key stakeholders are aware of the older person's values, views and preferences and these are visible in interagency meetings and guide decision making.	shopping is safe and protected from vulnerability to abuse. • Older people manage their own financial transactions as far as possible without risk of financial abuse.	schemes that target vulnerable older people. • WCA makes reports available to key stakeholders about patterns of referrals and systemic issues. • WCA develops advice and information to educate key stakeholders in communities about early intervention and proactive activities to keep older people safe. • Older people and their whanau express trust and confidence in their WCA social worker and in the organisation.
Activities to be done **What are the key activities to be done and in what sequence are they to be done in in order to achieve the desired result**	• WCA advertises the service with key groups including health agencies, citizens advise service, Older Persons organisations, aged concern, grey power, and community networks through social and print media and local councils. • Risk of abuse / neglect is identified	• Older person led plans are developed for every older person. • PCOMS feedback is used for every older person who is cognitively able to utilise this well. Where this is not possible due to	• Older person led plans are completed showing older people own words and with older person "I" statements. Advanced care planning is encouraged and facilitated by workers. A financial safety plan is made. • Case conferences always include	• WCA will collate and analyse the data from referrals and intervention strategies, and key stakeholder feedback. • WCA records stories of pro-social responses to mitigate vulnerability to abuse in communities.

Expected results for the Elder Abuse & Neglect Response service delivery	Older people experiencing or at risk of experiencing (or perceived to be) abuse and neglect are protected and safe	Older people's views are respected, valued and they are recognised as the experts of their lives	Older people are empowered to be self-determining, independent and confident in their daily life, as appropriate	Older people, their families and whānau trust services and are well connected to services and their community
	according to the WCA risk factor matrix, the VASS screening scale and the WCA financial vulnerability assessment questionnaire. Cognitive assessment of the older person is supported if required Supportive relationships and EPAs are identified. • Formulate action plan to stop or prevent abuse and communicate to whanau and key partner agencies involved. Apply to family court for property administration if person lacks capacity, and refer to Welfare Guardianship trust. Communicate closely with EPAs and whanau members. Intervene to stop identified abuse, including Police action where indicated. Use a restorative justice approach to help whanau understand impact and to help the older person regain dignity and autonomy.	cognitive impairment, workers routinely ask older people for their opinions and ideas for solutions to problems. • Workers ask questions to grow the best understanding of older people views preferences and values and hold these "on behalf" to represent these views and preferences in interagency collaborative work. • All older people are invited with a support person to case conferences with other agencies to discuss best integrative support and planning. • Older people work at their goals at their own pace as far as possible within the limits of safety and increasing impairment.	the older person wherever possible, and where not possible due to severe incapacitation, the older person's views and values are represented and plans include the least resistive measures to preserve dignity and autonomy as far as possible, and debriefs are held with the older person as soon as possible. • A specialised supported shopping service for people with cognitive impairment is developed where a community social worker will take older people to do their shopping, or complete shopping on request of the older person, supporting the older person to maintain autonomy and dignity as far as possible.	• Annual customer satisfaction surveys with older people, whanau and key stakeholders are held, and feedback is welcomed and invited at all times. • WCA host community meetings and forums with diverse stakeholders, and use social innovation and co-design approaches to develop initiatives that mitigate vulnerability, E.G group shopping for the financially vulnerable. • WCA regularly cans the environment for developing technologies to better support vulnerable older people • Regular education sessions and awareness raising of the WCA older persons EARS service across the sector.

The risk factor matrix WCA currently uses to identify vulnerability to abuse will be used to identify risk factors for referrals to the EARS service where abuse is not directly reported. Where abuse is suspected, the SW will administer appropriate screening tools such as VASS, and WCA financial vulnerability questionnaire, as well as supporting cognitive capacity assessments.

The existing staff is familiar with responding to vulnerability to abuse or neglect and demonstrates effective older person-centred and strengths based interventions. The existing staff will support the work of the dedicated EARS staff, increasing the capacity of the team overall to effectively intervene with older people presenting with suspected abuse or vulnerability to abuse. An important consideration not specified in the needs funding allocation model is the issue of dementia. The risk of developing dementia increases markedly with age[5]. Moreover dementia is strongly correlated with deprivation: Poorer education, poorer childhood nutrition, smoking and obesity are correlates of diagnosis of dementia along with increasing age. In the RFP funding model, people over 65 with higher deprivation scores are a higher risk of dementia. Cognitive impairment is in our experience one of the highest t risk factors for abuse and neglect[6]. In our current older person mix, over 70% have a cognitive impairment. We have significant experience and intelligence about supporting older people who have diminished capacity, and utilizing the pertinent Acts in the law (The PPPR Act, and The Crimes Act). Age Concern report that over 70% of people who experience abuse have memory problems[7]. This will have an important effect for MSD results based accountability, particularly informed consent in ICLD reporting. It will be important to negotiate a working solution within these reporting requirements. Without this, we fear a large proportion of elderly at risk of abuse and neglect because of cognitive impairment will be denied access to EARS services. (please refer to contract feedback at end of RFP) WCA currently works with Maori and Pacifica populations 55 to 65 years old in the supported independent living contract. The Ministry of Health offers aged care services access to Maori and Pacifica population over 55 because their health outcomes are poorer and morbidity higher. We would like to encourage MSD to review their access to EARS services for Maori and Pacifica for 55 years and older.

2.b) Empowering people works best when services are meaningful and value the capacity, skills, knowledge, connections and potential in people. Older people should be recognized as the experts of their own lives, and supported to build on their strengths to be self-determining, confident and independent.

Please describe how your service is older person-centered, and engages with older people using a strengths-based approach. Please provide a case study which demonstrates your philosophies in action (10%)

Case study example – a strengths based approach to living with risk and ending financial and psychological abuse

A 75 year old Maori man, who lived in his own home. At the time of his referral he was living alone and experiencing serious financial problems, declining health and mobility, low mood, cannabis dependency. He had limited support from family but maintained contact with adult children and enjoyed his role as grandfather and in particular with his 18 year old granddaughter who was estranged from her parents.

Working with the SW, the gentleman identified his strengths as having a great sense of humour, being friendly and open minded, having a love for the coast and ability to live off the land, loving to help others out,

[5] Deloittes (2017) Dementia Economic Impact Report 2016. *Alzheimers New Zealand*

[6] Downes, C et al (2013) Abuse of older people with dementia: a review. *National Centre for the Protection of Older People (NCPOP) & UCD School of Nursing, Midwifery and health Systems, University College Dublin*

[7] www.ageconcern.org.nz

and having a great love for his grandchildren. The goals of the work were to support him to get his finances back on track, and to maintain his important relationships despite his health challenges. The SW supported the gentleman to establish regular automatic payments and direct debits for utilities and the minimum repayment on his substantial credit card bill. Once regular automatic payments and direct debits were paid, the gentleman had very limited funds for purchasing food and cannabis, and continued to rely on support from his community social worker to keep on top of his finances.

The 18 year old granddaughter moved in with him for a few weeks and began to financially abuse him. His ATM card was stolen and funds withdrawn, and his landline was used to make large number of calls, amassing a bill of over $800. Two uninsured cars on his property that were still being paid off were also stolen. The following actions were taken upon discovery of the abuse, after the granddaughter had moved out: The SW negotiated an advance from Work and Income, and then with the telephone company to avoid disconnection. The SW reported the theft to the Police, but on investigation the Police decided no action could be taken, as the gentleman reported that since the initial theft, he had consented to give the granddaughter his Eftpos card and his pin number on a number of occasions, for various "reasons" the granddaughter had cited. The gentleman was adamant that he did not want to issue a trespass notice to his granddaughter. Although upset by her behaviour, he felt strongly that he wanted to continue providing support to her. Health/mobility problems limited s 9(2)(a) ability to get out of the home, and the granddaughter's companionship was emotionally very important to him.

As the gentleman was clear about his reasons for continuing to offer support to the granddaughter, the SW strongly advised him to keep his ATM card safe, and not disclose the PIN to anyone. Then the granddaughter returned to stay, bringing her boyfriend. By this stage the gentleman's health had further declined. The gentleman began to acknowledge concerns with the couple staying: He was upset that they did not contribute financially or help around the home, or provide him with the companionship he desired. The couple's presence in the house began to intimidate home care support workers, and the household maintenance was not kept up. The SW took the gentleman out for coffee, away from the couple, and in this neutral space he was able to make clearer the extent of his fears, and that he wanted the couple to leave. The SW supported him in his wish to ask his granddaughter to leave himself, and negotiated agreement to a trespass notice with the Police should this not be successful. He also expressed his desire to move to an aged care facility in the future. Shortly after these decisions were made, the gentleman was admitted to hospital with a Stroke. While in hospital the gentleman told his son to ask the couple to leave. The SW also supported him to complete a trespass notice to issue to the Police.

By the time he had discharged from hospital the couple had vacated the premises. The gentleman decided he did not need to involve the Police and issue a trespass notice. However a few days later his house was broken into and the Eftpos card was stolen. With support from the SW, the bank was notified immediately and the card cancelled. A few weeks later the gentleman chose an aged residential care facility near his son. The facility agreed to refuse visits from the granddaughter. The SW respected the gentleman's strong desire for his granddaughters love and companionship, and his choices to live with risk in order to preserve his relationship with her. By working from a strengths-based framework, the SW was able to support the gentleman to continue to make decisions including putting himself at risk, and allowing his granddaughter to return to the home contrary to the advice of police and the SW. The gentleman's eventual decision to move into an aged care facility was his own, and his grief about the loss of relationship with his granddaughter was not exacerbated by a feeling of undue pressure from his professional support.

<u>Case study example – mitigating potential psychological and financial abuse</u>

A 71 year old man, a former English college teacher, who experienced schizophrenia. With good medication control he was fully competent to make his decisions. His accommodation was a poorly maintained Housing New Zealand flat in a large multi-tenancy block. He frequented the local soup kitchen and was known to people who attended to be a "soft touch". He had multiple episodes of unwanted "house guests" at his flat who had assaulted him, eaten his food, taken what money he had and forced him to sleep on the floor during their stays.

His sister had EPOA for property and health and welfare, and Trustee of a family trust that partially supported the gentleman. Upon his death, his sister will be an inheritor of the Trust's residuals. The property EPOA was

invoked, but not the health and welfare. Despite this, the sister had convinced his NGO support services that she had active control over his financial and health and welfare life and assigned his financial management to a budgeting service to dispense cash under her authority only. The budgeting service provided the EPA with regular "behaviour reports" from his "budget advisor" that were disrespectful of his dignity and autonomy, and the financial arrangements were holding the gentleman in unnecessary abject poverty. The poverty was such that the gentleman did not have enough to eat to last a week, due to his sister encouraging the Budget service to stop supplying monies for tobacco.

Interventions: The SW built a strong and trusting relationship and learned about the gentleman's desires about how he wants to live, and who he likes as company. The SW worked with the gentleman to gently remind him of his rights and solicit his desires related to autonomy. Utilising the older person's expressed choices, the SW advocated on his behalf with the NGO service about his rights and capacities to manage his affairs, and ways to support him to maintain his autonomy. The SW made frequent home visits to investigate "house guests". With his consent, the SW liaised with the Police to issue trespass notices to unwanted guests. Outcomes: reduced inappropriate family exploitation. NGO mindful of inappropriate "behaviour reports" and the legal boundaries of the EPOA. His food supply is now autonomously managed, and his weekly budget has been increased.

Case study example – mitigating risk of psychological, sexual and financial abuse

A 71 year old male, former legal executive, who had an Autism Spectrum Disorder and a traumatic brain injury, lived in his non-mortgaged home with about $100,000 in invested capital. A 28 year old, female part-time cook moved into his home, and lived rent free, in return for cooking his meals and doing light cleaning. She was alcohol dependent, often intoxicated and has from time to time, moved her "boyfriends" into her room, also free of board. On average she extorted $10,000 - $20,000 a year for various "family back home emergencies." He disliked her "hitting him up for "loans" that are never repaid, her intoxication, stealing alcohol, and her periodic sexual advances, but he declined assertive actions to remove her, as he needed the daily living assistance and the companionship. The SW worked to carefully understand what about the relationship with his caregiver was useful and helpful to him, and what aspects of this he wanted stopped. The SW assessed that the gentleman had capacity to make informed decisions. The SW worked transparently alongside the gentleman, supporting him to ensure his essentials were paid for, and his investments were secure. The open monitoring of his social and financial situation acted as a deterrent to the female caregiver, and the pleas for money lessened, and the sexual advances stopped. The gentleman and his caregiver continue to live in the same household and his reports of his wellbeing have improved.

2.c) To be safe and protected, older people need to get the right support, when and how they need it. Please describe how you ensure your proposed service:

- effectively prioritizes referrals to the service
- works with other providers to meet older person's needs
- is easily accessible
- ensures an immediate response for older people
- Prevents re-victimization of older people experiencing abuse and/or neglect. (10%)

Case Study example – rapid assessment and intervention to stop financial abuse for a homeless man.

WCA established a working collaboration with Care Coordination (the NASC for over 65's, the CCDHB homeless service and the Wellington Night Shelter), to support obtaining sustainable accommodation for men over 65 who are acutely vulnerable and of great risk of abuse. In the last 3 months, 3 men have been supported into sustainable accommodation. WCA is usually able to assess and intervene within 48 hours, and in one case a gentleman was housed in 48 hours of referral.

An 80 year old man with moderate dementia, made homeless from his owned apartment after some actions by other members of the body corporate, was referred to us via the Night Shelter where he was living. The

referral was actioned within 24 hours due to the gentleman's acute risk and vulnerability and homelessness. The gentleman was unable to explain how he lost possession of his home. In the first interview the SW explored his history of losing his accommodation and discovered that control of his finances had been taken over by his companion, a younger woman with untreated mental health issues, who repeatedly drained his account of cash and had possession of his bank card and PIN. She was able to force her transactions at the bank by declaring herself his EPOA, without the bank securing documentation. Working with the couple over two days, the SW was able to get him a new Bank Card and Pin that only he controls and his bank has flagged his account as "vulnerable." The bank ceased transactions on his account until EPOA documentation is on file. The SW is now the Work and Income agent for the gentleman, and is working with the department to explore if there has been fraud, and if so, stop this and negotiate repayment. Next steps are to get statements and trespass notices from the Police to understand how the body corporate removed him from his apartment, and explore the legal options to regain the apartment with community law. The SW has also activated psychiatric assessment for the girlfriend, under the Crimes Amendment Act 2011, for abusing a vulnerable person.

<u>Case Study example – rapid assessment and intervention to stop financial and psychological abuse of a woman with advanced dementia.</u>

WCA works in close collaboration with the CCDHB Older Persons Rehabilitation and Mental Health teams and with Care Coordination (the NASC for over 65s). In addition WCA is well known in the community as providing protection for vulnerable older people. An 88 year old widowed woman, with an advanced dementia, living with a fulltime caretaker who was her niece; this arrangement was "managed" by the elderly woman's son, the niece's father. A neighbour called Wesley after complaining the woman was without food and dressed in a night gown outside during the day in winter. WCA agreed to enquire if the woman was known to Care Coordination, and to report the concerns. After some enquiry, WCA confirmed she was known to Care Coordination and the concerns were noted to the woman's care manager. The care manager confirmed she was also concerned that the woman was at risk of abuse, but had not known how to intervene. Between the neighbour, the care manager and the elderly woman's niece there were various and conflicting reports about the situation and how "bad" the suspected abuse was.

Care Coordination made an urgent referral to WCA, and the woman was met within days of the referral. The SW visited the home but the older person was isolated by the niece, and not permitted to be interviewed. She was observed from a distance only. The niece did not want us to contact her father, whom she said was controlling, non-responsive, angry and uncooperative, and she implied she may suffer abusive repercussions. The niece hinted that her father controlled her both her Aunt's and her own bank account and provided them with their living expenses. The accommodation of the daughter and her own son in her home was *in lieu* of paid care. The caretaker niece blamed the "controlling" of her father for the present situation.

Intervention: At the next meeting the SW advised the niece of her rights and the services available to support her, including payment as a full-time caregiver and that her Aunty could get respite care. The niece agreed respite would be a great idea, as it would allow her to take a break and see other members of her family after Christmas. Respite was added to the older woman's support package on our recommendation, and it also provided an opportunity to fully assess her needs, care and condition. On the third visit, the niece said, all the "issues" with her controlling father had been resolved, and that he had provided money for her to get her Aunt some good clothes for her respite. Once in respite care the elderly woman was re-assessed as requiring rest home level care, and was admitted to residential care without returning home. It was difficult to determine the extent of the abuse, however utilising respite care enabled a least-intrusive separation, assessment and successful transition into care, and the end of the suspected abuse.

2.d) A diverse population means that service delivery needs to be meaningful across a range of cultures. Describe how your intervention is culturally responsive particularly for Māori, Pasifika peoples and migrant groups. Please provide a case study which demonstrates your philosophies in action. (15%)

Case study example – culturally respectful intervention to stop financial and psychological abuse against a Maori woman

A s 9(2)(a) OIA 74 year old woman s 9(2)(a) OIA living alone in her own mortgaged home. Her husband was deceased and her grown children were not living in close proximity to her but she had some extended whanau with whom she had regular contact. She had lived in her own home that she shared with her husband and five children for many years, and in the past was well known for supporting at risk youth from the area. She continued this work she did with her husband helping others in the community up to the present time, but increasingly this had taken a toll on her health and caused financial hardship. In her role as kaumatua the younger members of the whanau relied on her for their financial needs and this put her in an invidious position where she felt she could not refuse their requests, and her own health and wellbeing suffered.

The referrers identified the issues of having no money to buy food. They also noted the older woman's low mood and desperate financial issues. On the first visit the SW noted that the kaumatua only had some Weetbix, frozen corn and some mouldy bread. She reported to the SW that she only had one meal a day provided by a grandson living next door. The bathroom was damp and mouldy, and the house poorly insulated. The older person reported the SW that a few younger members of the extended whanau helped themselves to her home and stole her belongings, and extorted money from her to buy drugs and alcohol. The older person was whakamaa about her grandson living next door and drinking and drug use, and reported that the Police were frequently called to her extended whanau's house next door to intervene in domestic violence.

Whakawhanaungatanga
The initial hui was held within 3 days of referral. The SW chosen to work with the older person was tauiwi, and has strong bicultural social work practise skills recognising the importance of accepting the values of the two traditions within Aotearoa and the links to the partnership agreement from the Treaty Of Waitangi. The SW first task was to honour and awhi this kaumatua with the greatest dignity and respect she deserved. The process used was similar to that of receiving manuhiri on the Marae. Tikanga was followed; removing shoes, walking into the home with respect and greeting the older person formally with a kiss on the cheek, and waiting to be asked to sit down. The hui opened and closed with karakia (and this occurred at every subsequent visit). Whakawhanaungatanga was exercised by sharing stories about whanau, values and views. One of the mokopuna in the house was invited to sit quietly nearby to support his grandmother for the initial hui. Following Tikanga resulted in building close ties and a solid and respectful platform from which the elder was able to gather her strength and begin to pursue her goals by taking back the control of her life. A cultural advisor from WCA was also offered on several occasions but the older person has kindly declined this support because she explained that she did not think this was necessary.

Mahi/intervention/Tasks/Outcomes
The older person identified financial security and safety as her primary goal. Her aspiration was to sell her home and return to her turangawaewae.
The kaumatua was supported with Police with a protection order against an abusive mokopuna who had extorted money and threatened her. She was linked with budgeting services, and the SW supported her to negotiate with her bank, the Council and she approached a real estate agent for information and advice. Older person accepted support from her community from the Foodbank, and Grey Power. With support from the SW, the elder told the whanau about her situation and felt more empowered and the coercion by whanau for money has stopped. The kaumatua is now getting good support from two mokopuna. PCOMS shows that the older person made steady progress towards reaching her goals, and she rated the relationship and methods and goals of interventions highly. She felt safer in her home, had more money to buy food and the SW is continuing to support her decision-making for her future. The older person is still undecided whether she is selling her home and returning to her people on the East Coast.

2.e) How will you measure the effectiveness of your service? How will you identify areas for improvement within your organisation? How will you measure older person satisfaction? (10%)

The prevalence of elder abuse and neglect in NZ is estimated at 10%[8]. No single EARS service will be able to respond to all abuse. It is important to support communities to respond to mitigate abuse of older people. WCA will use intelligent analysis of patterns of abuse and systemic issues to mitigate the vulnerability of older people to abuse in geographic communities, through education and raising awareness.

To measure the satisfaction of older people who have the capacity to do so, WCA staff will use The Partners for Change Outcomes Measurement System (PCOMS)[9] which is used throughout the organisation. PCOMS is recognized by SAMHSA as evidence based practice, and has been validated by 5 random control trials. Wesley Community Action is the host of the PCOMS Aotearoa group. The manager of the older persons' team and one staff member hold level 1 practitioner training qualifications, and the practice manager of the organisation is the only person in NZ to hold level 2 practitioner training qualification. PCOMS is two brief 4 item older person self reports. The Outcome Rating Scale measures older person wellbeing and the Session Rating Scale measures older person engagement, and worker –older person fit, and older person centred goals and methods. This system provides ongoing formalized feedback from the older person about what is working and how. Areas for improvement for individual older people are identified using PCOMS.

For cognitively impaired older people, staff seek regular verbal feedback about what is working, and areas of improvement. In addition, the agency holds annual customer satisfaction surveys for older people, whanau members, key stakeholders and partner agencies. Questions are asked about satisfaction and areas for improvement and guide the team's strategic planning and operations.

Another measure of effectiveness is the pattern of referrals over time, and the outcomes of closed cases. WCA monitors the number and content of referrals, and reviews successful cases to grow intelligence about effective responses, and shares this information with key partner agencies and local communities.

[8] Waldegrave, C (2015) Measuring Elder Abuse in New Zealand: Findings from the New Zealand Longitudinal Study of Ageing (NZLSA). *Family Centre Social Policy Research Unit.*

[9] https://www.heartandsoulofchange.com/

3. Price

3. Price as a weighted criterion	Weighting 20%

WCA has formulated the budget based on:

- the needs funding allocation model;
- an examination of the population statistics;
- the known and suspected prevalence of abuse and neglect of older people;
- the prevalence of dementia; and
- deprivation scores in the territorial authorities

as proxies for high levels of vulnerability and risk of abuse.

See Appendix One for a full list of references, and Appendix Two for the analysis of the estimates of prevalence. This budget will not meet the estimated prevalence, and WCA believes that a community development approach is an important part of mitigating abuse, and better supporting older people in our community.

WCA presents two alternatives for the budget. These are based on

- the formulae used in the Supported Independent Living contracts currently held; and
- known staff capacity for work with similar populations.

Option A is the estimate of the cost of EARS service provision in the five territorial authorities of Kapiti, Porirua, Wellington City, Lower Hutt and Upper Hutt, and includes dedicated clinical oversight and financial abuse prevention service across all five territorial areas. **This is our preferred service option** as it offers greater scalability and economic use of resources. It also meets the needs of a significantly higher number of older people.

Option B is the estimate of the cost of EARS service provision to the highest need territorial authorities, Porirua OR Kapiti and Wellington city, with no dedicated clinical oversight or financial abuse prevention service. We consider this to be suboptimal on a number of dimensions, including scalability, numbers of older people supported, and very limited prevention capabilities.

Budget

Section 9(2)(b)(ii) Commercially Sensative

Section 9(2)(b)(ii) Commercially Sensative

Geographical delivery of proposed service in Budget

Please specify the Territorial Authorities or Local Boards that you will be delivering the service in and an approximate number of older people that could receive intervention services under this proposal.

Territorial Authority, Local Board or region service is to be delivered in	Number of older people that will receive intervention		
See Appendix Two for an analysis of the prevalence of abuse in the territorial authorities and differential services and FTE's for Options A and B(i) and B(ii).	Option A (Total = 90)	Option B(i) (Total =40)	Option B(ii) (Total =40)
Wellington City	20	20	nil
Porirua	40	nil	40
Kapiti	20	20	nil
Lower Hutt	10	nil	nil
Upper Hutt	10	nil	nil

Implementation Plan and Timeline

We understand that it can take time to be service ready and operating at full capacity. Please use the following table to detail the actions and timeframes required to fully implement the service.
Please note that this Implementation Plan may form part of your Outcome Agreement should your application be successful.

Milestone description	Activities/tasks involved	Expected delivery date
Staffing level meets service demands	• Create new job descriptions • Advertise • Interview • Notify successful candidate • Start date negotiated	2 months after Outcome agreement signed or 28/6/17, whichever is sooner
Other key partner agencies are aware of the EARS service	• Communication strategy developed • EARS service is promoted widely across the sector	Two months after outcome agreement signed or 28/6/17, whichever is sooner
Other key partner agencies are sending referrals to the EARS service	• Referral process to EARS service developed in conjunction with the CCDHB, HVDHB, Care Coordination, identified PHOs and ACCESS home support agency. • Referral form developed and disseminated across the sector	Two months after outcome agreement signed or 28/6/17, whichever is sooner
Expected date of full capacity service delivery		**28/8/17 or three months after outcome agreement signed, whichever is sooner**

4. Proposed Contract/Outcome Agreement

Having read and understood the Proposed Outcome Agreement, in the RFP Section 5, I have the following suggestions to make. If successful, I agree to sign an Outcome Agreement based on the Proposed Outcome Agreement subject to negotiating the following clauses:

Clause	Concern	Proposed solution
Client level data	Older people who lack capacity (through diagnosis of dementia or otherwise) and no invoked health and welfare EPA, CANNOT consent to provide client level data.	Where the capacity to consent to disclosure of client level data cannot be gained then this should be an agreed exception to this contract. We propose that we report aggregate and/or anonymised data for clients who lack capacity.
8.3	Not relevant to this contract	delete
Appendix 9, 10, 11	Education and training sessions for clients are inappropriate for vulnerable older persons subject to abuse. These are unlikely to be a separate activity from response.	WCA will provide education and training about what constitutes abuse and rights and responsibilities of clients and their EPAs. For all clients, wherever possible, this will be on a one to one basis as part of the response to abuse in a restorative justice approach. WCA suggests deleting or changing measure to reflect a restorative justice process
Appendix 9, 10, 11	Awareness building activities delivered are likely to be delivered by the prevention strategy service contract holder	Awareness raising about what constitutes abuse and signs of abuse, and rights and responsibilities will be planned to dovetail with national abuse prevention strategy, and will be amended for local populations needs
Appendix 9, 10, 11	Of the clients who closed, percentage of clients who provided formal client satisfaction feedback will be limited to those who have the cognitive capacity to give this feedback using PCOMS	For clients who because of cognitive incapacity cannot use PCOMS, WCA staff will seek formal feedback from whanau caregivers. Where no whanau caregivers exist, WCA will seek formal feedback from referrers.
Appendix 9, 10, 11	Number of education and training clients "successfully completing" will be difficult to disentangle from clients who have received a restorative justice approach to ending abuse, and one to one education of clients and whanau.	Suggest deletion.
Appendix 9, 10, 11	The percentage of clients who indicate that "the service met their needs", "have greater control" "feel safer" and "feel respected" will be limited to those who have the capacity to give this feedback.	For clients who because of cognitive incapacity cannot use PCOMS, WCA staff will seek formal feedback from whanau caregivers. Where no whanau caregivers exist, WCA will seek formal feedback from referrers

Clause	Concern	Proposed solution
Appendix 9. 10, 11	Number of clients who report being better informed will be limited to those who have the capacity to give this feedback. If this relates to community awareness raising, it is more appropriate to prevention than to response.	For clients who because of cognitive incapacity cannot use PCOMS, WCA staff will seek formal feedback from whanau caregivers. Where no whanau caregivers exist, WCA will seek formal feedback from referrers.
Appendix 9, 10, 11	Percentage of clients supported to immediate safety is not well defined.	Suggest re-wording to reflect ending abuse and preventing further abuse. For clients who because of cognitive incapacity cannot use PCOMS, WCA staff will seek formal feedback from whanau caregivers. Where no whanau caregivers exist, WCA will seek formal feedback from referrers.

5. Referees

Please supply the details of two referees for your organisation. Include a brief description of the goods or services that your organisation provided and when.

Please note: in providing these referees you authorise us to collect any information about your organisation, except commercially sensitive pricing information, from the referees, and use such information in the evaluation of your Proposal. You also agree that all information provided by the referee to us will be confidential to us.

First referee	
Name of referee:	Anne Schumacher, chief executive
Name of organisation:	Alzheimers Wellington
Goods/services provided:	Community development, key stakeholder in providing supportive services for vulnerable older people, education and professional development
Date of provision:	2016 on-going
Telephone:	Section 9(2)(a) Privacy of natural persons
Email:	ce@wellingtonalzheimers.co.nz
Second referee	
Name of referee:	Jenny Raines, community services manager
Name of organisation:	Wellington City Council
Goods/services provided:	Community development, key stakeholder in providing supportive services for vulnerable older people.
Date of provision:	2015 on-going
Telephone:	Section 9(2)(a)
Email:	Jenny.Rains@wcc.govt.nz

Please contact me before you approach a referee for a reference	Not required

6. Our declaration

DECLARATION

I/we declare that in submitting the Proposal and this declaration:

a. the information provided is true, accurate and complete and not misleading in any material respect

b. the Proposal does not contain intellectual property that will breach a third party's rights

c. I/we have secured all appropriate authorisations to submit this Proposal, to make the statements and to provide the information in the Proposal and I/we am/are not aware of any impediments to enter into a Contract to deliver the Requirements.

I/we understand that the falsification of information, supplying misleading information or the suppression of material information in this declaration and the Proposal may result in the Proposal being eliminated from further participation in the RFP process and may be grounds for termination of any Contract awarded as a result of the RFP.

By signing this declaration the signatory below represents, warrants and agrees that he/she has been authorised by the Respondent/s to make this declaration on its/their behalf.

Signature:	Section 9(2)(a)
Full name:	
Title / position:	Community Operations Manager
Name of organisation:	Wesley Community Action
Date:	28/4/17

Check list for Respondents

Task	✓
1. Complete all sections of this Response Form.	x
2. Delete all 'supplier tip' boxes from this Response Form.	x
3. Remove all yellow highlight from this Response Form.	x
4. We recommend the font used is Calibri font size 10.	x
5. Arrange for the declaration to be signed.	x
6. Prepare your Proposal for EARS by creating a final electronic copy. Ensure that your email attachment is in PDF format.	x
7. Current unfunded providers only - Attach the last two years of audited accounts as a separate PDF document	
8. Entitle your email 'EARS APPLICATION'.	x
9. Arrange for the Proposal to be submitted electronically as a PDF to elderabuseinfo@msd.govt.nz before the Deadline for Proposals.	x

APPENDIX ONE: References

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- Davey, J & McKendry,J (2011) Financial abuse of older people in New Zealand. *Institute of Policy Studies Working Paper 11/10*
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APPENDIX TWO: Analysis of population in the Greater Wellington Region & Estimation of Prevalence

- *Budget assumptions are based on current Supported Independent Living formulae and staff capacity for similar client base.*
- *In Option A, our preferred option, Wellington City would have senior social worker as a lead practitioner with smaller case load and dedicated clinical oversight responsibilities; and included is 1.0 FTE community support position, to provide additional financial abuse prevention support for older people living with dementia. Option A also provides the opportunity to allocate services / FTEs flexibly and responsively to areas of greatest ot increasing demand.*
- *In Option B(ii),services would ONLY be provided in Porirua (area of greatest deprivation).*

					Option A	Option B(i)	Option B (ii)
					Estimated no. of EARS clients		
Territorial authority	**65-84 years old % (pop N.) prevalence 10% of pop N[10]**	**Maori %**	**85+ years old % (pop N.) Prevalence 50% of pop N[11][12]**	**Deprivation weighting**	**90 - 6 FTE required**	**40 -2 FTE required**	**40 - 2 FTE required**
Kapiti Prevalence	21% (8853) 885	1.9%	4% (1653) 800	nil	20 1FTE	20 1 FTE	nil
Porirua Prevalence	9.5% (4896) 489	5%	0.8% (432) 215	***	40 2 FTE	nil	40 2 FTE
Wellington city Prevalence	8.4% (16,074) 1607	5%	1.1% (2142) 1000	nil	10 0.5 FTE (plus clinical oversight 0.5 FTE)	20 1 FTE	nil
Lower and Upper Hutt Prevalence	11% (16,239) 1623	3.9%	1.6%(2187)1000	*	20 1 FTE	nil	nil
Financial abuse prevention service – supported grocery shopping					*INCLUDED IN ABOVE* 40 / 90 clients at any one time 1 FTE	nil	nil
Clinical oversight					Dedicated clinical oversight for 90 clients	No dedicated clinical oversight for 40 clients	No dedicated clinical oversight for 40 clients

[10] Waldegrave, C (2015) Measuring Elder Abuse in New Zealand: Findings from the New Zealand Longitudinal Study of Ageing (NZLSA). *Family Centre Social Policy Research Unit.*

[11] www.ageconcern.org.nz

[12] Downes, C et al (2013) Abuse of older people with dementia: a review. *National Centre for the Protection of Older People (NCPOP) & UCD School of Nursing, Midwifery and health Systems, University College Dublin*

From a careful review of the RFP needs based funding model, the international and national prevalence research, and the statistics available from Statistics NZ, Age Concern, Dementia economic impact report 2016, Office for Senior Citizens prevalence research, and the CCDHB and HVDHB health needs assessments of older people 2016, WCA have estimated the prevalence of abuse, and demand for EARS service. The total demand for EARS far outweighs WCA capability to meet this. WCA have determined the FTEs required meeting the needs of 90 older people in the greater Wellington Area (Option A) or 40 older people in either Kapiti and Wellington City or Porirua (Options Bi and Bii).

The following discussion about prevalence is based on the research and population statistics:

- 50% of abuse is experienced by people over 80 years old
- 40% of people over 65 in NZ are solely dependent on superannuation for income and so have a higher level of deprivation, an associated risk factor for abuse.
- 1500 cases of abuse reported to Age Concern nationally in 2011
- 70% of people who have experienced abuse have memory problems
- NZ prevalence of dementia is 1.3% of the population, and the prevalence rises rapidly with age, 65-69 2.8%, 80-84 12.5%, 85-89 20.3%, 90+ 33.6%
- 9725 inteRai assessments were completed in the Central Region in 2015
- International research about prevalence of abuse in over 65s to be between 3-10%
- Abuse is chronically under-reported, and may be as little as 16% of actual prevalence
- 10% estimated prevalence amongst over 65's in NZ (2015 NZSLA study)
- Maori more likely to be abused than non-Maori
- Loneliness and living alone a strong factor in abuse
- Women more likely to be abused than men

The reports of abuse by Age Concern show a solid trend over several years. The risk of abuse rises rapidly with age, as does the rise of dementia. The occurrence of dementia is of itself a significant risk factor for abuse, particularly financial abuse. Abuse is much more likely to occur if an older person is dependent on help (professional and informal) to maintain normal activities of daily living (ADL). Abuse is strongly associated with loneliness and living alone, and poorer wellbeing and mental health. Women and Maori are more likely to be abused. Therefore, after examining the population statistics available, and in particular noting the number of assessments for help with ADLs, we estimate that the likely prevalence of high risk of abuse, to be commensurate to the estimates of people living with dementia, and needing home care based support.

The following descriptive analysis is a *very conservative estimate*, of actual prevalence, and does not take into consideration ethnicity or gender.

Taking only population statistics for over 65s and applying a nominal *international prevalence* of abuse of 5%, we estimate that there may be as many as 1500 people in CCDHB, and a further 800 in the HVDHB that may be being currently subjected to or at very high risk of abuse. If only 16% of abuse is currently reported to authorities, the number of *known cases of abuse* could be as low as 240 in the CCDHB, and 128 in the HVDHB.

Taking only population statistics for over 65s and applying the estimated 2015 NZ prevalence of abuse of 10%, we estimate that there may be as many as 3000 people in CCDHB, and a further 1600 in the HVDHB that may be being currently subjected to or at very high risk of abuse.

If only 16% of abuse is currently reported to authorities, the number of *known cases of abuse* could be as low as 480 in the CCDHB, and 256 in the HVDHB.

However if we apply the trends noted by Age Concern, that being over 80 years old, and having memory problems are large contributors to the risk of abuse, we can use as a proxy for high risk of abuse, the prevalence of dementia for people over 80. In this case we would estimate that the number of people in the CCDHB over 85 who are at a high risk of abuse is 845, and in the HVDHB is 437.

If we examine the population statistics for people on low incomes and in rented accommodation as a proxy for high risk of abuse, we can estimate the number of people who are dependent on superannuation income alone in the CCDHB to be 11,932, and in HVDHB 6,495.

In summary we estimate that in the territorial authorities of Kapiti, Porirua, Wellington, Upper Hutt and Lower Hutt, there are between 1300 and 4600 older people who are being subjected to or living at high risk of abuse or neglect, although the numbers of *reported cases* could be as low 368 cases per annum for the greater Wellington area.

As a public awareness campaign is developed and institutions such as banks and home care support agencies get wiser to signs of abuse, the numbers of reported cases will inevitably rise.

Population Health Statistics

HVDHB (Lower and Upper Hutt)

indicator	65-84 years old	85+ years old	Over 65s total
population	16,239 (11%)	2187 (1.6%)	
Pop growth 2033	75% growth	110.4% growth	
Maori	834 (3.9%)	30 (0.1%)	
Pacifica	552 (5.6%)	27 (0.3%)	
asian	885 (7.1%)	69 (0.6%)	
other	13,968 (14.7%)	2058 (2.2%)	
InteRai assessment data 2015 for people over 65 requiring home based supports (health measures for highly vulnerable)	MAPLe scores over 4 (high risk of institutionalisation)		55% of people receiving an InteRai assessment
	CPS scores over 3 (dementia)		20% of people receiving an InteRai assessment

CCDHB (Kapiti, Porirua, Wellington city)

indicator	65-84 years old	85+ years old	Over 65s total
population	29,832 (10.5%)	4227 (1.5%)	
Pop Kapiti	8853 (21.6%)	1653 (4.0%)	
Pop Porirua	4896 (9.5%)	432 (0.8%)	
Pop Wgtn	16,074 (8.4%)	2142 (1.1%)	
Pop growth 2033	81.7% growth	122.7% growth	
Maori	1161 (4.0%)	51 (0.2%)	
Pacifica	1218 (6.4%)	57 (0.3%)	
Asian	1932 (6.1%)	129 (0.4%)	
other	25,518 (12.5%)	3993 (2.0%)	
InteRai assessment data 2015 for people over 65 requiring home based supports (health measures for highly vulnerable)	MAPLe scores 4 or 5 (high risk of institutionalisation)		43% of people receiving an InteRai assessment
	CPS scores over 3 (dementia)		13% of people receiving an InteRai assessment

NZ Dementia prevalence	Age	% dementia
from Deloittes Economic Impact of Dementia Report 2017	65-69	2.8%
	70-74	4.5%
	75-79	7.5%
	80-84	12.5%
	85-89	20.3%
	90+	33.6%