

Inquiry into Elder Abuse in Queensland

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The following submission is composed of content taken directly from the final evaluation report provided to the Sherwood Neighbourhood Centre on its “Hear Our Voices” project by researchers from Griffith University School of Human Services and Social Work. (“Hear our Voices”: A Community Support Group for People with the Lived Experience of Elder Abuse. Dr Patricia Fronck, Associate Professor Lynne Briggs, Val Quinn. 2019)

We hope that it is useful in contributing to the objectives of the Inquiry and for our elders in our community who are impacted by Elder abuse.

In 2019, Sherwood Neighbourhood Centre, with funding from Queensland Government Department of Communities, Disability Services and Seniors Advancing Queensland: An Age-Friendly Community Grants Program, developed and implemented a community-based program with the objective of providing support to people who have experienced elder abuse called “Hear our Voices”, initially known as “Our Voices Count”.

The impetus for establishing the group came from members of the community who attend the Centre and a growing trend noticed by staff of people presenting with emergency requests for food and accommodation following financial abuse.

The project logic was based on the available literature of the impact of Elder abuse and strategies to overcome its affects. It was hypothesized that older people who have experienced elder abuse may feel demoralized and may feel less hopeful about their future; and that the community-based support group, “Hear our Voices”, that addressed social isolation, psychosocial issues, and provided information and resources relevant to elder abuse would positively address demoralization,

hopefulness and social isolation as well as other benefits such as the provision of practical information relevant to an individual's circumstances.

The "Hear Our Voices" community support group ran on a weekly basis for a nine-month period during 2019, with facilitation provided by staff from Sherwood Neighbourhood Centre. The aim of the group was to provide information, develop skills and provide social and practical supports through social interaction to support recovery. Sessions included education delivered by experts on topics relevant to group participants. The therapeutic aspects of the program focused these key issues: developing a sense of hope about their futures; adapting to a changed life; reducing isolation; identifying and building on strengths; exploring identity, becoming a stronger person; and empowerment through knowledge and accessing assistance. One innovative aspect of the group was to prepare the participants to produce podcasts where they can anonymously tell their stories to reach others in similar circumstances. Researchers from Griffith University School of Human Services and Social Work undertook the evaluation of the project and found the following results: Quantitative analysis showed very high satisfaction with each session of the support group program which included the provision of information and therapeutic approaches. Participants showed improved scores in both demoralization and hope measurements indicating the usefulness of community support interventions to decrease demoralisation and increase hope in people who have experienced elder abuse. These are positive results given the relatively short duration of the evaluation period and that individuals were in different stages of recovery.

The demoralization scores pre-group (Meaning and Purpose subscale mean = 5.75; Distress and Coping subscale mean = 7.63) showed a moderate level of demoralization which is of concern as demoralization can progress to mental illness in some people if unaddressed (Briggs & Fronek, 2019). After participation in the group, the scores decreased in both subscales (Purpose and Meaning subscale = 4.29; Distress and Coping subscale mean = 6.17) indicating participants were feeling less demoralized. A comparison of the Hope subscale scores also showed a considerable increase in the follow up scores over the program. The percentage achieving scores ≥ 24 for the Agency

Hope follow up mean score increased to 57% compared to the baseline Agency score of 37.5%. Likewise, the Pathways subscale follow up mean score also showed a considerable increase with 86% of the participants achieving a mean total Pathways score of ≥ 24 in comparison to 62.5% at baseline. Overall, in this sample the participants became more hopeful than when they first started attending the group, a positive result. The qualitative findings supported the quantitative findings adding richness to understanding the women's experiences and the value of the "Hear our Voices" intervention. There were several barriers to participation in the group, mainly financial barriers, poor health and low referral rates. The impact of elder abuse and the type of abuse experienced was consistent with the literature. The strengths and courage of participants was remarkable, and their self-reported improvement in confidence, self-esteem and skills was substantial. The skills of facilitators were key to progress. The major finding was the positive influence of the group on supporting social connections and reducing isolation. The value the women placed on these connections had a flow on effect supporting improvements in other areas. The relational aspects of the group were key in facilitating change. Working in a group setting was helpful for participants and triggered thoughts that went well beyond the sessions helping them to work through how they felt about their own situation. The value of sharing shameful experiences in an emotionally safe and non-judgemental environment cannot be underestimated for these women. Another key finding was the emergence of natural leadership in the group which does indicate the potential for the development of peer support programs.

The flexible structure of the group supported the emerging leadership by enabling participants to lead sessions that reflected their skill base, for example, knitting and self-defence. Many issues arose in group discussions. These included; reminiscence about how things used to be, parenting and family events; the freedom inherent in not keeping unhealthy secrets despite rejection experienced by some participants as a consequence of disclosure; living on low or reduced incomes and cash flows, driving and other practical issues such as reduced mobility, independence and interactions with the health system and access; pets; coping with depression and stress; discussions about ageing including Go Cards, Pension cards, op shop strategies, and

residential aged care. Participants also explored broader topics such as crime, drugs, Indigenous disadvantage; and role of institutions such as churches as complicit in leaving women and girls vulnerable to exploitation.

The women were highly motivated to support and educate others and as their confidence grew so did their motivation. When one considers hope and demoralisation, the podcast innovation provides a purposeful and meaningful future goal. Involving these women in podcasting is innovative goal which is expected to yield multiple benefits for the participants in these group and for others.

The findings clearly indicated that participants were able to move from traumatic experiences to re-imagining a different future and more successfully living changed lives. The qualitative findings were overwhelming positive and brought the lived experience of group participation and its impact to life. Emphasising the need for ongoing support when indicated after the cessation of this group. The focus on strengths and social connections rather than psychopathology address need in a ways other interventions such as counselling and advocacy alone cannot achieve. The results have shown that “Hear our Voices” had a positive impact on Hope and Demoralization scores rarely measured in community- based group interventions. Specifically, the provision of information, a therapeutic focus on recovery, practical support and building social networks have been appropriately targeted towards need. Although demonstrating the effectiveness of community-based interventions with small numbers of participants always poses challenges, addressing complex issues at the grass-roots level is where problems such as elder abuse may be best tackled for those individuals already affected.

(“Hear our Voices”: A Community Support Group for People with the Lived Experience of Elder Abuse. Dr Patricia Fronek, Associate Professor Lynne Briggs, Val Quinn. 2019)