

# Acknowledgement

TOGETHER MAKING CHANGE: TACKLING THE  
ISSUE OF ELDER ABUSE FROM WITHIN THE  
CALD COMMUNITIES

JOHN BISWAS, NORTHERN SETTLEMENT SERVICES LTD  
NERIDA WALKER, HUNTER NEW ENGLAND CENTRAL COAST PRIMARY  
HEALTH NETWORK

**“Everyone Deserves Respect”**

Hunter CALD Elder Abuse Prevention Campaign 2017  
The Hunter CALD Elder Abuse Prevention Campaign Network

# **“EVERYONE DESERVES RESPECT”**

## **HUNTER CALD ELDER ABUSE PREVENTION CAMPAIGN 2017**

### **CALD context**

- **Local context**
- **Cultural expectations**
- **Limited English**
- **Absence of awareness**
- **Reverting to language of childhood with ageing**
- **Increased vulnerability**

**Lessons learned from the Hunter Campaign**

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### *Response*

Northern Settlement Services Ltd, ECCNSW and Hunter Multicultural communities  
(August 2016)

Working Group formed (September 2016) with support from EAHRU and Senior Rights Services

Multicultural Health Services – Hunter New England Health, Police, MDAA and Hunter New England and Central Coast Primary Health Network and SSDO from Wesley Mission.

April 2017, the group morphed into the **Hunter CALD Elder Abuse Prevention Network**

8 May 2017, the Elder Abuse CALD campaign was launched, officiated by Hon Tanya Davies, NSW Minister for Ageing

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### *Objectives:*

- Strengthen capacity of relevant services to engage
- Raise awareness among CALD communities in the region about available support
- Encourage collaboration between agencies for effective services access

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### *Network strategy with services –*

- Take a collective approach to face the issue
- Develop culturally responsive training and information for the communities
- Train bi-lingual workers/providers with CALD

### *Network strategies with communities*

- Reach out to the CALD communities
- Empower CALD communities in the region with information
- Receive recommendations and ongoing feedback

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**In 2016 Top 10 languages spoke at home in NSW**

**Mandarin**

**Arabic**

**Cantonese**

**Vietnamese**

**Greek**

**Italian**

**Tagalog/ Filipino**

**Hindi**

**Spanish**

**Korean**

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Since it's inception in October 2016

12 Network meetings

CALD presentation developed both for community leaders/educators as well members.

9 community conversations and 1 Train the trainer training for community educators

Education sessions held with 12 units of clinicians and support staff of community aged care services by NSW Health Multicultural Health Liaison Officer

Up to 130 residential aged care services across Hunter New England and Central coast through Primary Health Network- on going.

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### **Primary Health Perspective-**

- **Capacity building for GPs**
- **Importance of encouraging multicultural communities to have on-going relationship with General Practice**
- **Case study and Police lead education at a local level for Residential Aged Care staff and Home Care package provider staff**
- **Continuing to identify opportunities to integrate preventative and early identification of Elder Abuse in vulnerable communities**

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### *Some of the learning so far?*

Reluctance to accept elder abuse exists in the community

With all community conversation data on perpetrators relationships was most effective.

All community conversations prompted positive response.

Financial abuse require varied examples when presenting to the communities.

Much confusion about aged care support  
Bilingual workers and use of interpreters

There is intersectionality between acceptance of abuse and cultural and religious beliefs

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### *Some of the learning so far?*

2 groups discussed consequences of leaving an abusive home for an elderly woman and helplessness that exists

Engage with other agencies i.e EAHRU/Police so they can respond to arising issues

Power of attorney, enduring guardianship issues drew big discussions from Mandarin and Cantonese groups

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### *Recommendations from the Hunter CALD Campaign*

- 1. Make information on supports available and how to get help in different languages.*
- 2. Identify community leaders/animators who can facilitate community conversations.*
- 3. Set up CALD Elder Abuse Collaborative where possible (in conjunction with mainstream collaborative).*
- 4. Provide training to community leaders, animators, CALD age care coordinators, managers, specialist organisations*

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*5. Provide training to religious leaders as priests/imams can enable a wider reach of the campaign conversations. They can also alleviate some of the religious thinking/framework that can contribute as undercurrent of abusive circumstances i.e. notions of marriage etc.*

*6. Work with each individual communities separately as cultural dynamic and nuances can differ from one community to another*

*7. For some communities it might be best to have external person facilitate the conversation as some issues might be taboo to be openly discussed*

*8. Provide resources both financial/ funding and administrative to CHSP Sector Support and Development Work/ Multicultural Access Project/ Health liaison where appropriate to facilitate collaborative*

**9. Make Age Care more accessible to aged community members from the CALD groups**

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