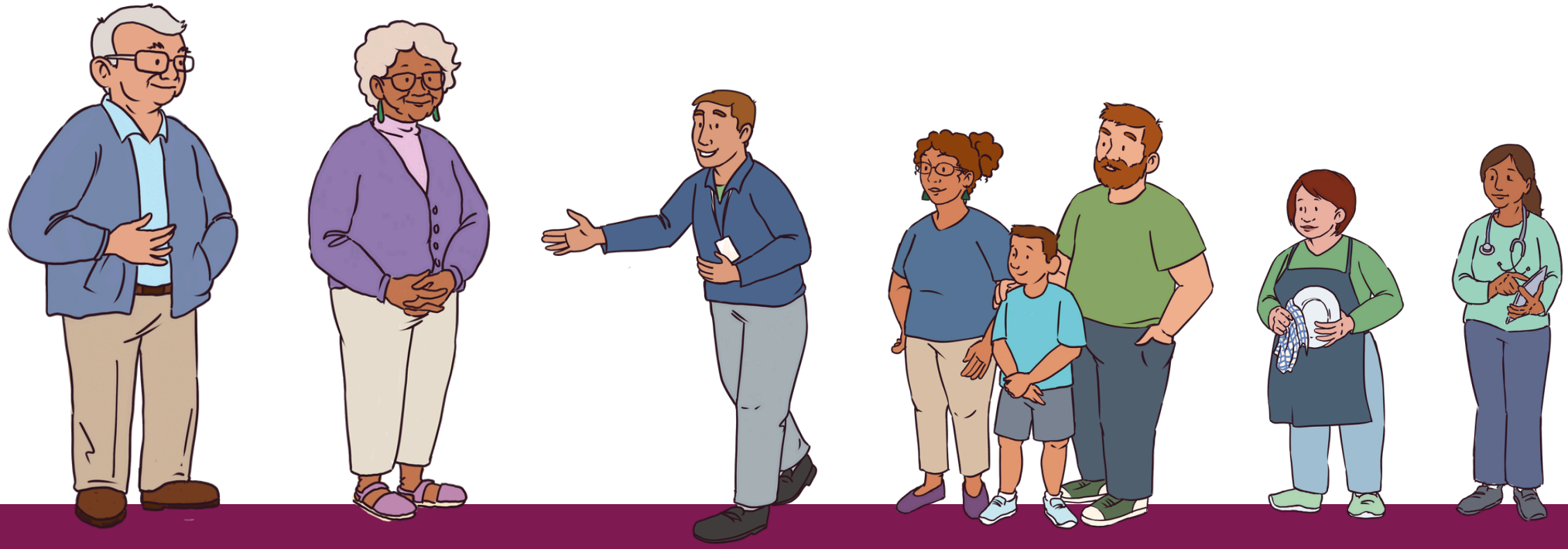
ThinkPlace
WāhiWhakaaro

dovetail



Mapping the system of supports for abuse of older people

A report commissioned by the Ministry of Social Development

July 2025

This work was commissioned by the Ministry of Social Development (MSD). Conclusions in the report are those of the research team and are not necessarily endorsed by MSD.

Contents

Introduction	**3**
Preamble	5
Methodology	6
Insights	**8**
What we learned (context and overview)	9
Insight 01: Only a small proportion of older people who experience AOP are accessing the AOP support system.	11
Insight 02: The system of supports is impacted by societal attitudes, such as ageism.	17
Insight 03: The system of supports for AOP is broader than formal AOP services.	21
Insight 04: The complex nature of AOP requires holistic and collaborative approaches.	25
Acknowledgements	**29**
Appendix	**30**
Appendix One: Glossary	31
Appendix Two: System intervention points (collated)	32

Section 1

Introduction



Preamble

The Ministry of Social Development (MSD) has recently led a programme of work related to abuse of older people (AOP), also known as elder abuse. This programme of work has focussed on better understanding and preventing AOP in Aotearoa New Zealand.

As part of this work programme, MSD commissioned ThinkPlace New Zealand and Dovetail Consulting to undertake *a system mapping exercise to analyse the system of supports around AOP*.

This work was focussed on the system of supports around AOP, rather than covering AOP itself. Our project objective was to use visual storytelling to build understanding about the current system of supports around AOP, including how the system is configured, how it operates or behaves, and the gaps or barriers in the support system for older people and for those navigating the system.

To explore this, our approach (detailed on page 6) was to speak with a cross-section of 'key informants' or experts from across the AOP system. This included a combination of people working in frontline and service delivery organisations, academics researching AOP, and government agencies that work in this space.

From these conversations, we identified four key insights with complementary visuals. These focus on the current system of supports for AOP as well as potential levers for change to improve the support system.

Our project objective was to:

Complete an initial mapping and analysis of the system of support around AOP.

The purpose of this work is to build understanding about the current system of supports around AOP, including:

- how the system is configured
- how it operates and behaves
- the gaps and barriers in the system for older people and for those navigating the system.

This project aims to help MSD and other government agencies understand the broader systems context around services and supports for AOP.

Methodology

Scope of analysis

Defining 'abuse of older people'

For this work, we have relied on the World Health Organization (2024) definition of abuse of older people:

> *"a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person. This type of violence constitutes a violation of human rights and includes physical, sexual, psychological and emotional abuse; financial and material abuse; abandonment; neglect; and serious loss of dignity and respect."* [1]

We recognise that different groups may define 'older people' at different ages (i.e., 50+, 55+ or 65+), and some people would prefer a broader focus on 'abuse of adults'. In this project, we did not refer to any set age group. Instead, we were open to the different interpretations of our key informants and the supports that they identified as being for 'older people'.

Defining the 'system of supports'

This work is focussed on the system of supports for AOP, also referred to as 'support system' or 'system' for the purposes of this report. Our interpretation of this is broad and encompasses all parts of the system that might contribute to responses to AOP. This includes formal supports such as government agencies and other organisations who have a purpose or mandate around AOP, as well as informal supports, such as friends, family and community.

1. World Health Organization. (2024, June 15). *Abuse of Older People*. https://www.who.int/news-room/fact-sheets/detail/abuse-of-older-people

Our methods

This was a design project to visually map the system of supports for AOP, with an accompanying written commentary about the state of the current system. We worked with MSD to identify a number of experts from across the system to inform our work, rather than undertaking lived experience research.

Interviews

We first conducted a brief literature scan to inform the design and direction of the interviews. We then spoke with a total of 23 key informants across 13 conversations (a combination of 1:1 and group interviews). These informants included researchers and academics, clinicians, EARS providers, and stakeholders from various government agencies and services.

We recognise the breadth and diversity of the support system and the relatively small sample size for this work. Our key informants were those who had visibility and access to different parts of the system, including those who could speak to a range of perspectives and experiences, including health, social, service provision and delivery, Māori, migrant and former refugees, Takatāpui/Rainbow, and across different regions. While this is not representative of all groups, researchers, providers and organisations working in this space, the range of people interviewed and their depth of knowledge and expertise provided a strong foundation for this work.

Our lines of enquiry

The conversations were semi-structured, with space for informants to direct the discussion to areas of importance and relevance to them and their context.

Lines of enquiry centred on:

- how the current system is configured and how it behaves
- the strengths, gaps and barriers in the current system
- insights and ideas for sparking positive change for the system of supports and how it could operate to better support older people experiencing AOP.

Developing the outputs

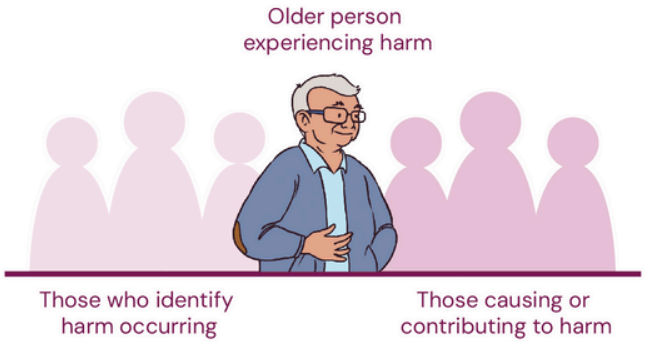
We iteratively analysed the conversations to draw out key points, and synthesised these into insights. As a project team, we identified potential levers for change and the desired outcomes of these, based on the insights. Some - but not all - levers for change were explicitly suggested by informants. All levers for change are collated in Appendix 2. These are intended to spark further exploration, conversation and consideration of ways the system of supports can be strengthened.

We worked collaboratively as a project team to develop the supporting visuals and tested some ideas with key informants in some of our later conversations. The written and visual components are designed to be complementary, and do not attempt to reflect each other in their entirety. The visuals may zoom in on one or more aspects of the insights to illustrate particularly complex or compelling concepts.

People accessing the AOP system of supports

We have chosen to spotlight the older person and their experience of the system throughout our visuals. We recognise, however, that they are not the only group accessing the system of supports for AOP; the person seeking help might be the person causing harm, or someone else who has identified that an older person is being harmed. To depict this throughout our visuals, we will use the visual tool (below) which spotlights the older person to acknowledge their agency, rights and wellbeing, and has background silhouettes of other potential help-seekers.

The 'users' of the AOP system of supports might be older people, those who identify harm occuring, or those causing or contributing to harm.



This illustrative tool (right) will be used throughout our visuals to depict the different possible 'users' of the support system.
It spotlights the older person to acknowledge their agency, rights and wellbeing, and has background silhouettes of other potential help-seekers.



Section 2

Insights



What we learned

Context: The complexity of AOP

From our brief desktop review and initial conversations with key informants, we learned that AOP is not a straightforward issue. There are a myriad of nuanced complexities around it. Some of the complexities highlighted throughout our conversations were:

> Older people are a diverse population, and much like wider society, they vary in their social, cultural and economic contexts. Inequities and vulnerabilities experienced by the general population can compound and increase in older age. Some older people will have greater vulnerabilities than others.
>
> There are different types of AOP (including physical, financial, sexual, cultural and emotional abuse, and neglect).
>
> AOP exists within the context and history of each older person's life; it is not a discrete thing that happens at a singular time.
>
> There is no one setting or context in which AOP always occurs. It can happen to those living at home (in the community) and in aged care facilities, by partners and family members or by people outside of the family. AOP can sit at the interface of all of this (e.g., financial abuse by a family member while in residential care where they experience cultural abuse).
>
> While some AOP may be intentional and malicious, in many instances this is not the case. For example, when a family member inadvertently restricts an older person's freedom or agency while taking actions to protect an older person from other harms.

These are just some of the many complexities around this issue (noting these are well-documented elsewhere). We have highlighted these as necessary context for the insights to follow.

Our key insights (overview)

We learned that the current system of supports in Aotearoa New Zealand is not well-positioned to respond to the complex, pervasive and cross-cutting issue of AOP. While there is clearly some notable work being done to prevent and respond to AOP, the system is largely fragmented and 'threadbare', as illustrated on the next page.

We explore this story of the system through four key insights that emerged from our conversations (listed below). For each insight, there is a visual component and relevant system intervention points where we have identified potential for change.

Four key insights

01. Only a small proportion of older people who experience AOP are accessing the AOP support system.

02. The system of supports is impacted by societal factors, such as ageism.

03. The system of supports for AOP is broader than formal AOP services.

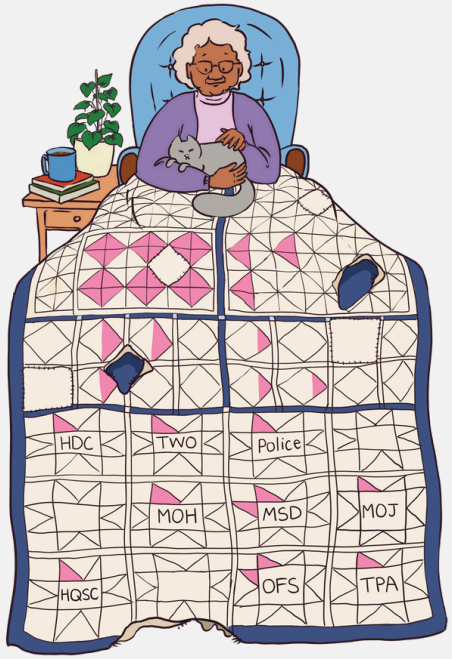
04. The complex nature of AOP requires holistic and collaborative approaches.

A threadbare quilt of AOP supports (an illustrative view)

We heard that the current system of supports is like a patchwork quilt, with threadbare parts and even some holes. This quilt illustration shows some of the key government agencies and other organisations that formally provide support for AOP.

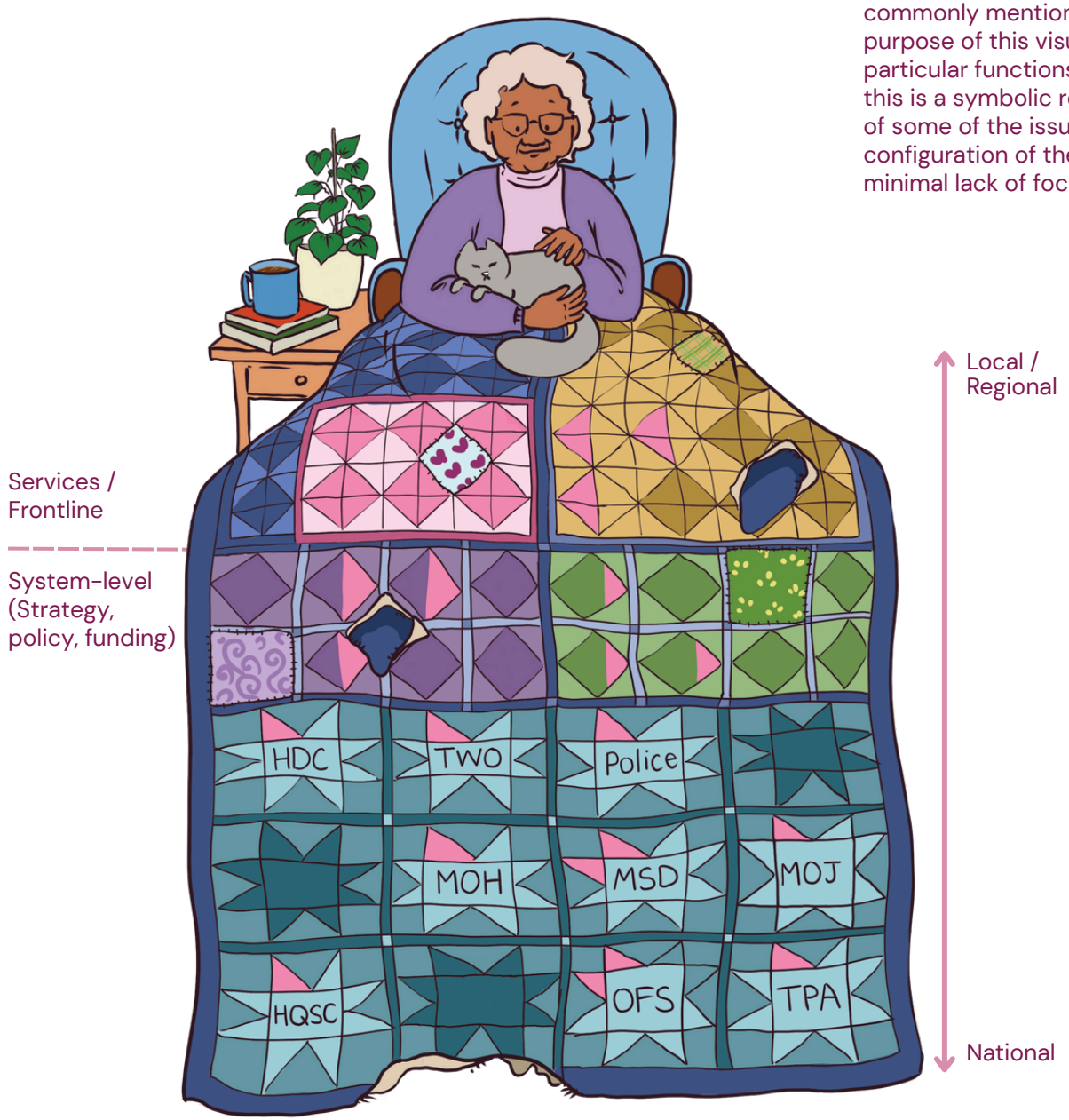
There is no centralised strategy or connecting pattern to the quilt. While it is made of many important patches, for many of these entities, AOP is a minor part of their remit or portfolio. The amount of the system that is *dedicated* to AOP (shown in pink) is far less, and makes for a very sparse blanket, as pictured below.

Dedicated AOP supports



The formal AOP support system as a patchwork quilt

Individual and collective organisations stated below and in the visual are only some of the commonly mentioned parts of the system. The purpose of this visual is not to define particular functions or quantify these. Rather, this is a symbolic representation (estimated) of some of the issues within the current configuration of the system, and the relatively minimal lack of focus on AOP.



Key

- EARS providers
- Other frontline staff (health, social services)
- Older people advocacy organisations
- Other community organisations
- Government agencies
- AOP focus or dedicated services

Acronyms

HDC	Health and Disability Commissioner
TWO	Te Whatu Ora, Health New Zealand
MOH	Ministry of Health
MSD	Ministry of Social Development
MOJ	Ministry of Justice
HQSC	Health, Quality and Safety Commission
OFS	Office for Seniors
TPA	Te Puna Aonui

Insight 01.

Only a small proportion of older people who experience AOP are accessing the AOP support system.

From our conversations, it is clear that many older people experience AOP in Aotearoa New Zealand (a national survey of the prevalence of AOP is underway at the time of writing this report). We heard, however, that the number of people who access some form of formalised AOP support is comparatively low. For example, the number of people using services such as the Elder Abuse Helpline, EARS providers, or referrals to/from Police, is minimal compared to what is known about the prevalence of AOP. There are a range of factors that may contribute to this, including barriers to both seeking and receiving appropriate support.

There are significant barriers to *seeking* support for AOP

Our informants emphasised that definitions of AOP are nuanced, and people's views of what constitutes abuse may vary. It may also look different in different contexts and communities. This can lead to AOP not being recognised or acknowledged in the first place, and may prevent people from accessing the most relevant service. At the time of writing this report, there is research on cultural perspectives and conceptualisations of AOP underway (funded by MSD).

If AOP *is* recognised, the person seeking support is faced with a complex mix of interrelated and often compounding personal, environmental and systemic barriers. These barriers are vast, and again, look different in different contexts. Some of the barriers shared by our informants were: not knowing where to get help, language barriers, fear of getting themselves or someone they care about in trouble (often a loved one or someone that is depended upon for care and support), not wanting to impact relationships, or not feeling they have agency to take action.

Our informants explained that some groups of people face greater barriers to seeking support than others. This includes those with a limited support network or community around them in the first instance, those living in rural areas, and those who belong to minority communities such as disabled people, Takatāpui and Rainbow communities, migrants and former refugees, Māori, and Pacific peoples. The intersectionality of these factors makes for unique challenges to help-seeking.

Because of the broad range of ways in which AOP occurs (from physical abuse through to emotional or cultural abuse), it may not be immediately obvious to people what the 'right' pathway is to seek support. We heard that in most instances, older people want the abuse to stop, but they don't want anything to happen to the person causing the harm. This makes it particularly complicated to identify the best support pathway.

There are significant barriers to *receiving* adequate and appropriate support for AOP

One informant described the support system as non-existent. From others, we gathered that the support system is seen as minimal and fragmented.

One issue that was raised is the lack of formal systems for the identification or reporting of AOP, although screening and risk assessment tools are currently being developed. The implication is that people who are well-placed to recognise AOP and activate the

support system may not be looking for AOP. This includes primary healthcare, banks, hairdressers, carers, dentists and other professionals who have an ongoing relationship with older people.

We view the Elder Abuse Helpline as under-utilised. The number of calls is relatively low (approximately 100-200 per month). However, we see that it has the potential to play an important role in the system. For example, it can bridge system gaps by supporting help-seekers to identify the appropriate services for their specific context (also known as triaging). It may also provide a support option that allows for greater levels of anonymity, which is important given many of the sensitivities surrounding the contexts in which AOP often occurs.

We heard about the excellent work that Elder Abuse Response Services (EARS) providers are doing across the various regions. Because they have an explicit focus on AOP, EARS providers play a vital role in the support system, including by providing a connection between the disparate parts and entities. Some key informants raised that, even within the current funding settings, EARS providers are seeing greater need for their services than they are able to deliver. We also surfaced that greater consideration needs to be given to the non-financial ways to support newer EARS providers to develop and mature professionally (e.g., support, training, guidance).

Some informants mentioned specific challenges for older people living in rural areas to receive adequate support. This included limited access to *all* services that could support them (not exclusively AOP support), including community supports and social connection that can work to keep them safe. One informant highlighted that this makes it difficult to provide holistic or collaborative AOP response services (see Insight 04), as the ability to connect with other service providers is limited.

We learned of a gap in the current support system: the capability of individuals and organisations to provide AOP services that are safe, affirming and appropriate for communities such as Māori, migrants or former refugees, disabled people, Pacific peoples, or Takatāpui / Rainbow communities[2]. This applies to frontline services and community organisations (including but not limited to EARS providers). Our informants shared that organisations with high capabilities with these communities often don't specialise in AOP, or may not even work with older people. Yet informants also expressed that organisations who work with older people or specialise in AOP don't always have the required capabilities to create safe, accessible and inclusive spaces for all people. Noting some EARS providers do specialise in working with these communities, many of our informants emphasised the need for further up-skilling or training across different organisations to deliver AOP services safely and appropriately. Informants felt this should be reinforced through the performance criteria of service contracts. Collaborative knowledge sharing between different parts of the system could help to achieve this (further discussed in Insight 04).

2. For further exploration of this in relation to Rainbow/Takatāpui communities, see: Dickson, S., Bennett, T., Bramwell, N., Brown, O., Cook, C., Divakalala, C., Fraser, B., Hickey, H., Matheson, L., Miller, K., Monise, M., Munroe, H., and Rodriguez, M., (2023). *Uplifting Takatāpui and Rainbow Elder Voices: Tukua kia tū takitahi ngā whetū o te rangi.* https://kahukura.co.nz/wp-content/uploads/2024/05/Uplifting-Takatapui-and-Rainbow-Elder-Voices-Tukua-kia-tu-takitahi-nga-whetu-o-te-rangi-compressed-copy.pdf

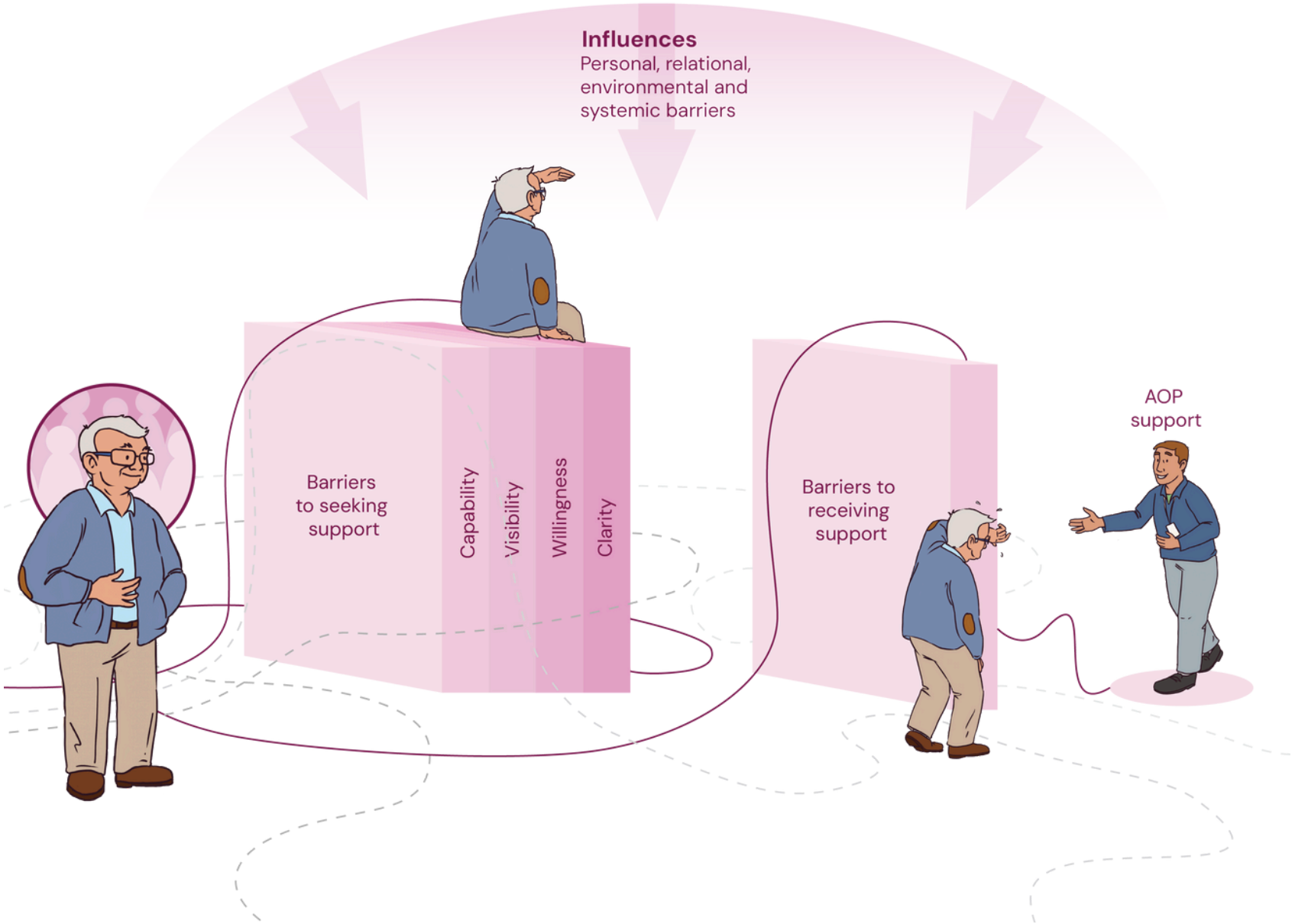
Overcoming barriers to seeking and receiving support: A non-linear journey

This illustration shows how a support-seeker faces a range of barriers to receiving support for AOP.

The first set of these are intrinsic/ contextual barriers to seeking support, and recognise the support-seeker's situation, knowledge and agency. These dimensions are explored further on the next page.

If the support-seeker successfully navigates the first set of barriers, they then face a broader range of external barriers to receiving adequate and appropriate support (such as accessibility, availability, language, cultural appropriateness, etc.).

It is only if all these barriers are navigated that the support-seeker will receive AOP support.

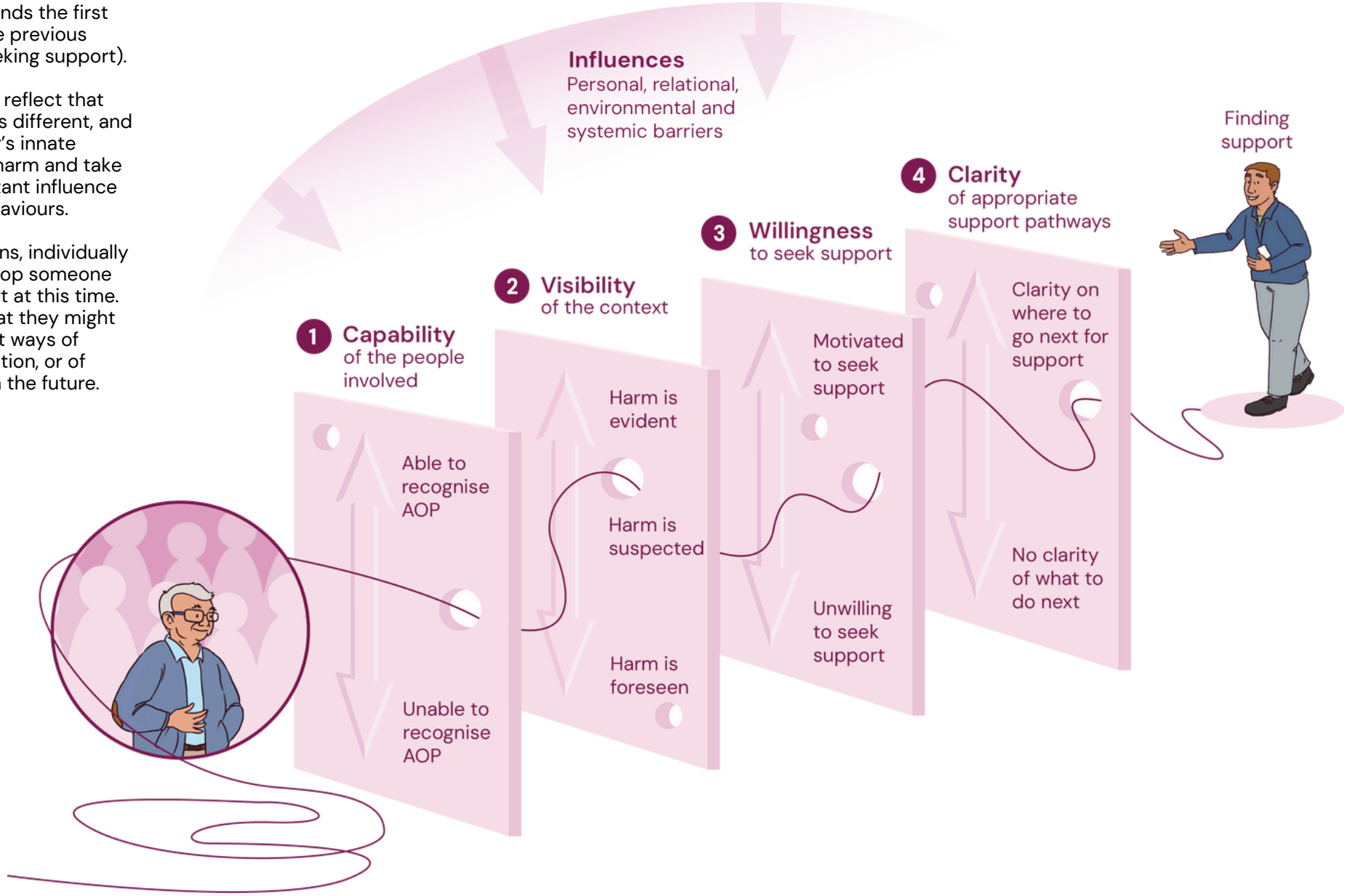


Overcoming intrinsic barriers to seeking support

This illustration expands the first set of barriers on the previous page (barriers to seeking support).

The four dimensions reflect that each AOP situation is different, and that the help-seeker's innate ability to recognise harm and take action has an important influence on help-seeking behaviours.

These four dimensions, individually or together, might stop someone from seeking support at this time. Noting, of course, that they might try new and different ways of improving their situation, or of seeking help again in the future.



System intervention points (Insight 01)

We have identified these levers for change and desired outcomes as a project team, informed by conversations with key informants.

Levers for change	Desired outcomes
Work towards alignment and agreement of AOP terminology and definitions across the system to bring consistency.	Education and awareness-raising efforts are strengthened by older people and the general population being clear and familiar with AOP, what constitutes it, and how to identify it. Organisations working across the system have shared language and frameworks for AOP, even if they differ in their approach.
Review the names of services (such as the Elder Abuse Response Helpline) to address the terminology as a potential barrier to utilisation.	Increased utilisation of these services, regardless of different interpretations or understanding of what constitutes 'elder abuse'.
Following the development of screening and risk assessment tools, explore the possibility of mandating the use of these by certain system roles, such as GPs.	The system fosters the identification and recognition of AOP by those well-placed to do so. There is consistency across the system in AOP screening and risk assessments.
Review how existing services are being promoted and made accessible to people.	Services are easy for people to access and find, and are used more.
Review the commissioning of EARS contracts.	EARS contracts are commissioned in a way that fosters long-term thinking for providers, and collaboration across different EARS providers.

Levers for change



Ensure performance criteria for service contracts reflect the importance of mainstream services being safe and appropriate spaces for all older people.



Assess the support that new EARS providers receive.

Desired outcomes



All services are appropriate, safe and affirming for all older people, inclusive of a diverse range of cultures, communities, needs, and lived experience.



EARS providers are supported to deliver their services and meet funding requirements.

Insight 02.

The system of supports is impacted by societal attitudes, such as ageism.

Most of our informants highlighted the influence of societal attitudes toward ageing and older people right across the AOP support system. These attitudes impact how the system operates, and older people's experiences of AOP and the support system.

Ageism (stereotyping, prejudice, and discrimination against people based on their age[3]) can lead to beliefs that older people are less important, burdensome, and unable to make decisions or meaningful contributions. Ageism is damaging, and even moreso when compounded with other discrimination, such as ableism, sexism, racism or homophobia[4]. Our key informants highlighted that these pervasive views are often deeply ingrained in institutions, policies, organisations, and communities.

Ageism influences how people position and respond to AOP

Societal attitudes about the worth and importance of older people influence responses in direct and indirect ways. Sometimes, instances of abuse are intentional and occur in a context of disregard for the wellbeing of an older person. However, we heard that in many cases, abuse is a result of well-intentioned people who may not know that they are acting in an abusive or neglectful way. In these instances, ingrained beliefs about an older person's autonomy, ability to make decisions, and rights to respect and dignity may be indirectly driving abusive behaviours. This can be seen in a variety of relationships, including with family members, health professionals, or essential service providers. Informants explained how views can also be internalised by older people themselves, affecting the way they think, feel and act. Examples given of older people's internalisation of ageist beliefs include not wanting to be a 'burden' or feeling somehow at fault for an abusive situation.

Ageism influences how the AOP support system is shaped

We heard that ageist attitudes manifest in how public institutions operate and how services are delivered. Multiple informants highlighted a lack of consultation with older people on strategies, policies and design of services for older people. One informant added that many of those working in, or shaping, the support system don't have lived experience of being an older person. And yet this doesn't appear to lead to greater engagement of older people in service design and decision-making.

We heard how the collective efforts to develop and embed *Te Aorerekura: National Strategy to Eliminate Family Violence and Sexual Violence* have been an extremely positive step. Yet, many of our informants felt that AOP doesn't have sufficient visibility within *Te Aorerekura* and that there is a need to prioritise AOP in its own right. A targeted strategy or approach could better facilitate the system of supports to work in a more cohesive, strategic and effective way, especially considering no one government agency is responsible for the AOP system or bringing the supports together.

Our conversations suggest that across the system, an older person-centred lens is missing. Informants raised concern that older people are often an afterthought, or made to be a lesser priority. For

3. World Health Organization. (2025, April 28). Ageism. https://www.who.int/news-room/questions-and-answers/item/ageing-ageism

4. Amundsen, D. Being Called "Elderly" Impacts Adult Development: A Critical Analysis of Enduring Ageism During COVID in NZ Online News Media. J Adult Dev 29, 328–341 (2022). https://doi.org/10.1007/s10804-022-09405-8

example, organisations might not provide the supports an older person needs because it doesn't align with their standard processes or ways of working. We recognise that there is a broader shared responsibility to collectively support older people and respond to AOP; it is not solely the job of those government and community organisations who explicitly focus on AOP.

Given the extent to which ageism was referenced in our conversations, it is clear that it is worth further reflecting on the impacts of ageism on how the system of supports is funded, configured, and how it operates.

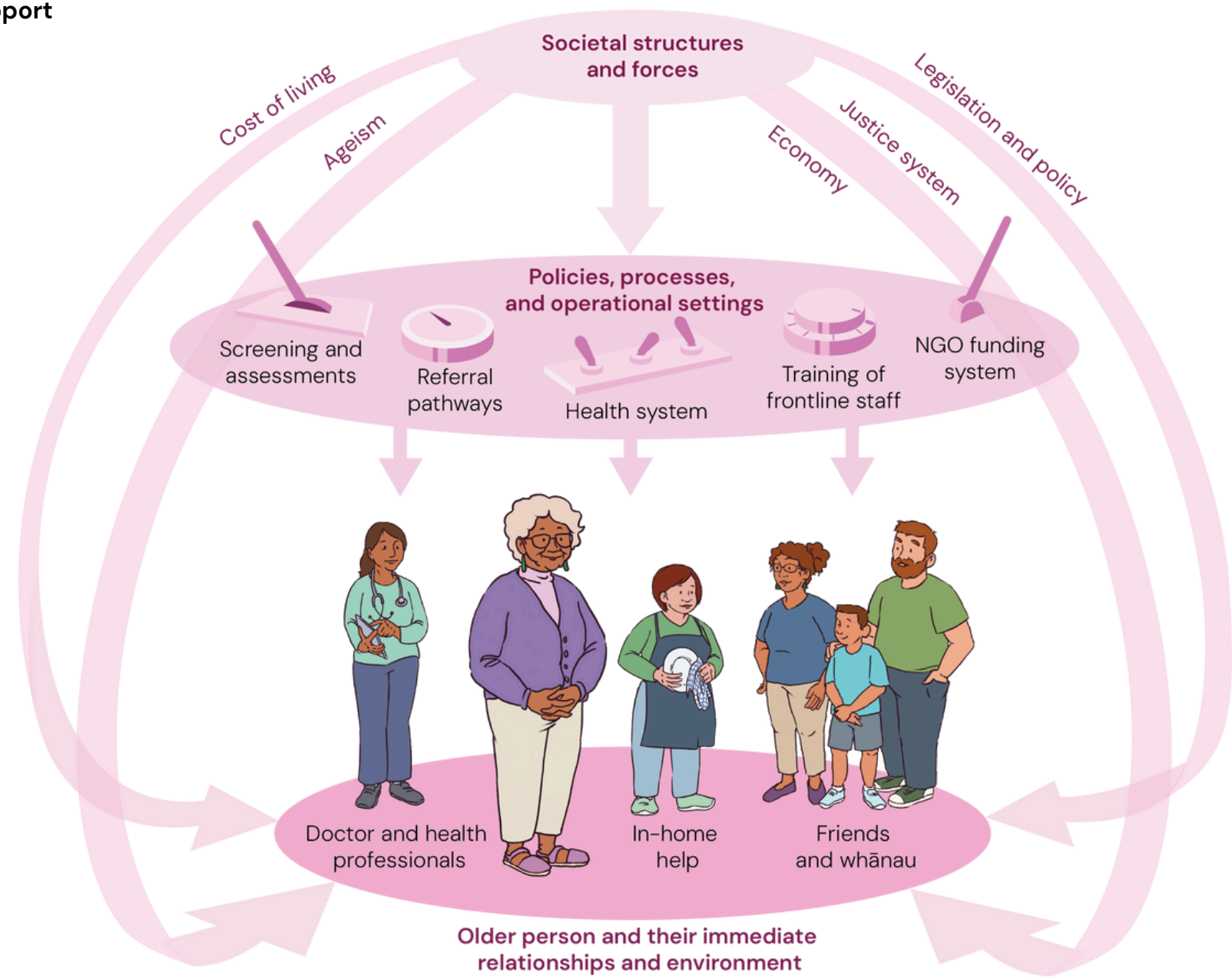
A multi-layered system of support

This model shows three layers of the support system for AOP and the way in which the macro-level layers directly impact the micro-level layers of the system. The visual provides some examples at each layer, but is not an exhaustive list.

The bottom layer is the support system that an older person engages with: their relationships and immediate environment.

The middle layer is the policies, processes and operational settings in place across the system. This layer informs and shapes the support system that older people engage with (expanded on in Insight 03).

The top and outer layer is the societal structures and forces operating at a macro level. This layer shapes and infiltrates the other two layers. As explored in Insight 02, ageism is an example of a societal force that impacts older people and the system of supports.



System intervention points (Insight 02)

We have identified these levers for change and desired outcomes as a project team, informed by conversations with key informants.

Levers for change	Desired outcome
Ensure older people are involved/consulted on strategies, policies and the design of services that impact (or are for) older people.	The system of supports is older people-centred, with greater engagement of older people in design and decision-making.
Ensure those with experience working with older people and responding to AOP are involved/consulted on the design of services that impact (or are for) older people.	Decision-making and design of the system for AOP is informed by the experience and expertise of people working with older people and responding to AOP.
Explore the possibility of a specific strategy for AOP and/or older people's wellbeing (additional to *Te Aorerekura*).	AOP is adequately addressed in national strategy. Having a national strategy brings greater cohesion and alignment across the system (for AOP).
Shine a spotlight on ageism and reflect on the ways in which it shows up in service provision, decision making, delivery and policies.	Ageism is consistently being recognised and addressed as much as possible, in an ongoing way.
Once the 'size of the problem', or prevalence of AOP, is understood, assess what 'size of a response system' would be required to provide an adequate response.	The AOP system of supports is relative to the prevalence of the issue, providing an adequate and effective system for responding to AOP.
Consider how society and communities can be organised and equipped to better support, include and care for older people.	Older people are supported, looked after and able to meaningfully engage in our society.

Insight 03.

The system of supports is broader than formal AOP services.

While there are challenges, fragmentation and gaps across the AOP service environment, we believe it is important to position these formalised supports in the context of all the supports that are available. We heard of how the ecosystems surrounding older people are multi-layered and multi-faceted. This includes 'informal' supports in the lives of older people (such as family, friends, or a professional who lends a listening ear), as well as parts of the overarching system that indirectly shape older people's experience of the support system (such as policy, funding, strategies, etc.). Based on our conversations, we see benefit in thinking about and designing for the 'system of supports' in an inclusive and integrated way.

'Informal' supports play a significant role in the lives of older people

For many people, informal supports are their primary support system. By 'informal', we mean the supports in older people's lives and communities that don't explicitly or specifically respond to AOP. This includes a broad range of relationships and spaces; from whānau/family, friends, and neighbours; through to community, cultural or religious groups; as well as other health or wellbeing services such as physios, hairdressers, or dentists.

The extensive network of informal supports often works as a whole to keep older people safe (with the clear exception of those situations where a support person causes or contributes to harm). We learned that older people with stronger and more informal supports may be better-positioned to raise concerns or seek support around AOP themselves. As well as contributing to wellbeing through care and social connection, we heard how informal supports are often well-placed to identify AOP or potentially risky/unsafe situations. Yet, many organisations and groups who do great work with and in communities are not informed, resourced or organised to respond to AOP.

Based on these insights, we believe an efficient and effective system of supports would take an inclusive view of the range of supports, recognising the role each of them play. The opportunity extends beyond awareness-raising and education about AOP and into how these informal supports could be equipped to identify AOP, and their role in formal service responses to AOP.

There are many parts of the system that *indirectly* but significantly impact older people's experiences of the system.

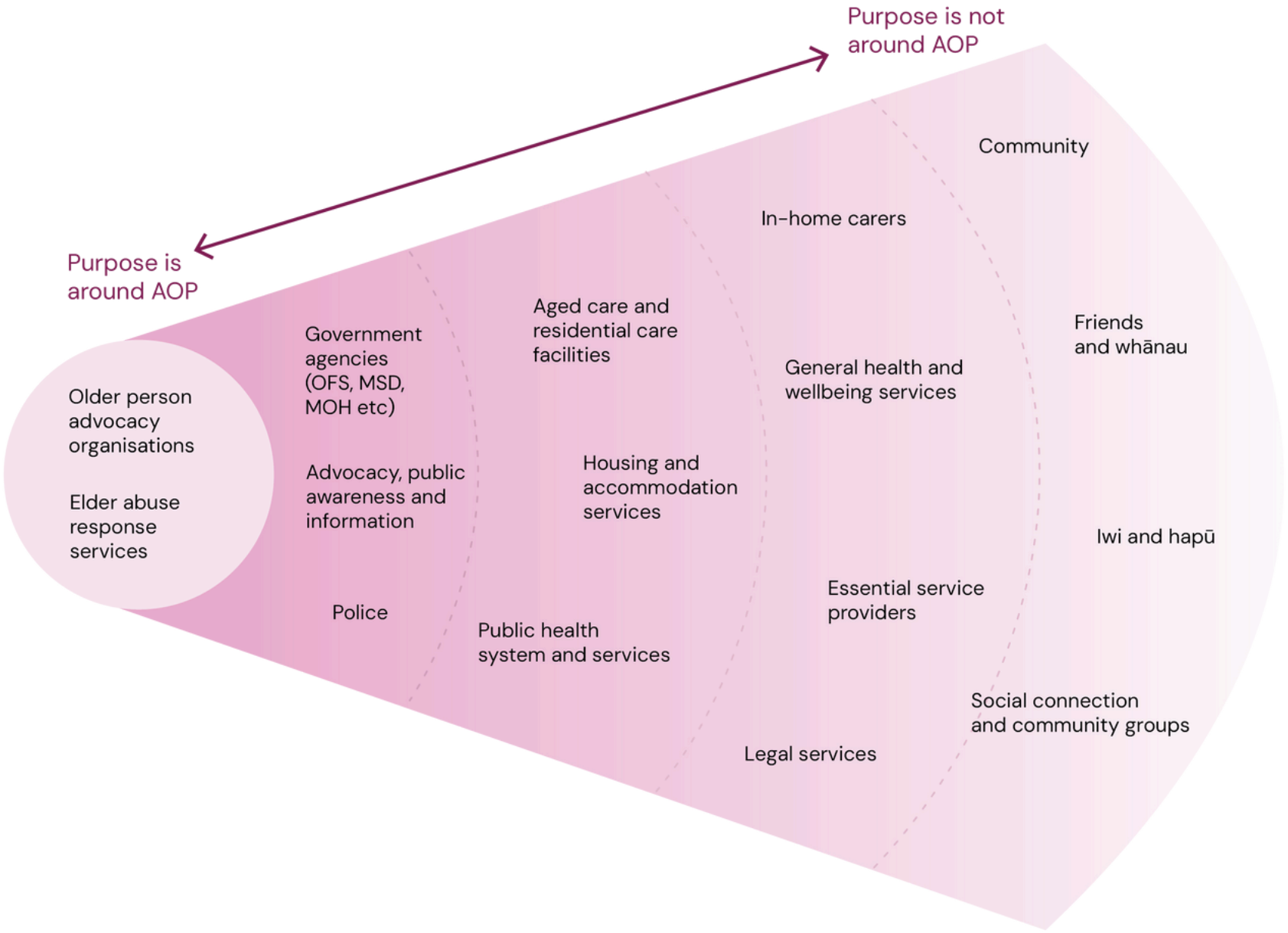
Many of our informants spoke to parts of the system which older people do not engage or interact directly with but have a significant impact on their experience of the AOP support system. This includes factors such as referral pathways, service funding mechanisms, workforce training, internal classification codes, research, the justice system, and legislation and policy (such as mandated screening). These factors operate at a macro level, but clearly influence and shape the system of supports. We illustrate this in our visual '*a multi-layered system of supports*' on page 19.

What is happening in one part of this indirect, macro layer of the system is often not visible to other parts of the system. Our conversations surfaced that people rely on assumptions about what is happening in other areas. Lack of interconnectedness is fundamental to the fragmentation that people operating within the AOP support system experience.

The landscape of supports for AOP

A visible part of the system includes formal or mandated services that have the purpose of responding to AOP. However, the system of supports goes far beyond this, as discussed in Insight 03.

The support landscape in this diagram is visualised on a spectrum of purpose: from formal or mandated services through to roles that are not specifically focussed on providing AOP support. This is intended to be indicative only, and is not an exhaustive list of all supports.



When people seek or receive support for AOP (whether the older person themselves, those causing or contributing to harm, or those who have identified harm is occurring), it is likely that they will engage with more than one of these supports, and often in a non-linear way. The following page uses a story vignette to illustrate an example of a pathway through this landscape of supports.

Navigating the landscape of supports (a vignette)

1

Ana enjoys having her daughter and young grandson living with her. From time to time, Ana offers her daughter money to help cover expenses or school supplies for her grandson.

2

Ana's daughter keeps asking her for money. Ana worries she won't have enough money to cover the bills, so she refuses. This creates conflict between Ana and her daugher.

3

A neighbour hears shouting at Ana's house. Ana doesn't want to talk about her financial situation, so she reassures the neighbour that everything is fine.

4

Ana fears her relationship with her grandson will be impacted by conflict with her daughter, so she continues to give her daughter money whenever she asks.

5

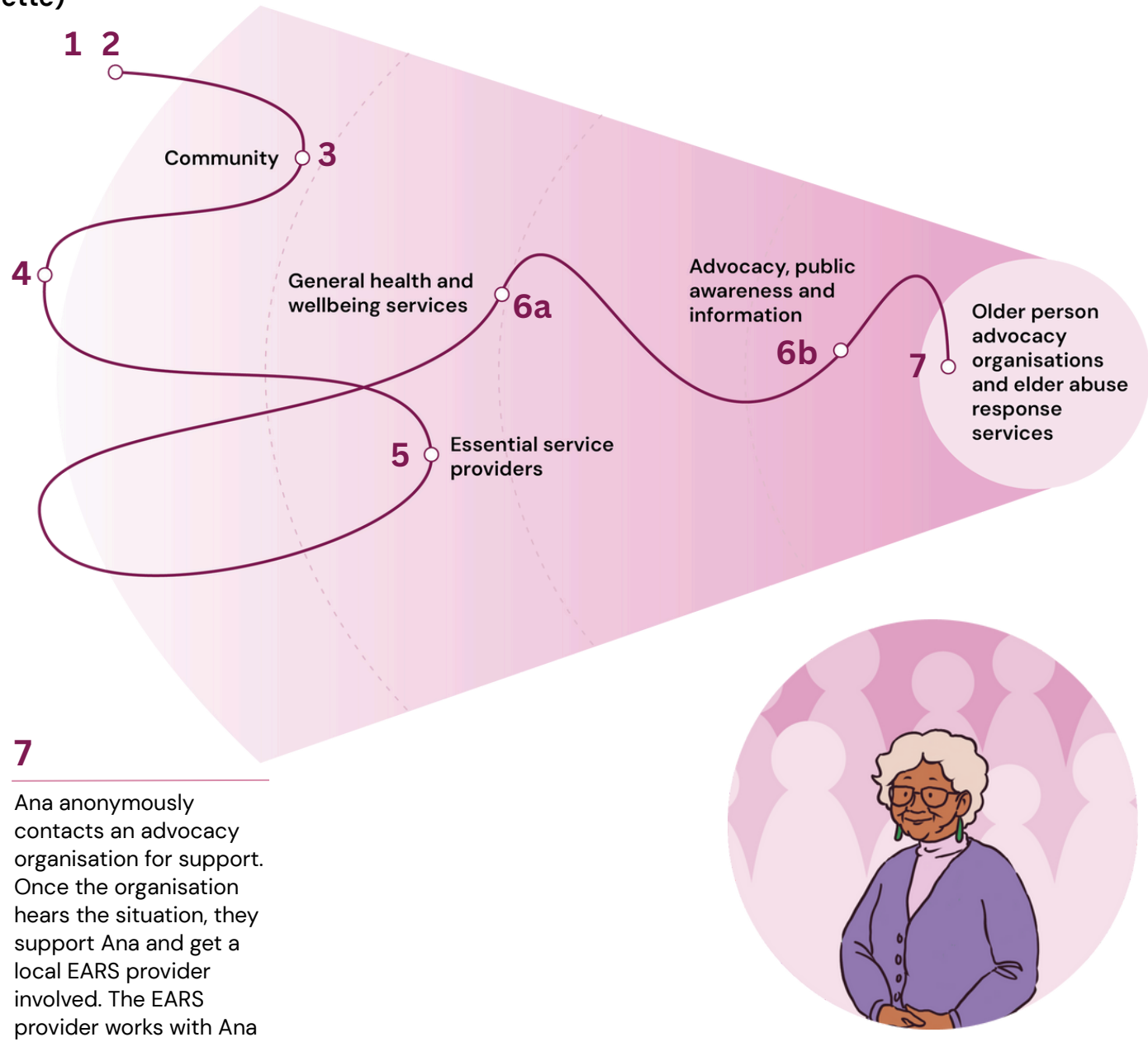
Ana's bank contacts her about the many transfers out of her account. Ana justifies the transactions to the bank because she is worried that her daughter will get into trouble.

6

Ana feels increasingly concerned about the amount of money her daughter is taking. While at her doctor's office, Ana finds a pamphlet about 'elder abuse'.

7

Ana anonymously contacts an advocacy organisation for support. Once the organisation hears the situation, they support Ana and get a local EARS provider involved. The EARS provider works with Ana and her family.



System intervention points (Insight 03)

We have identified these levers for change and desired outcomes as a project team, informed by conversations with key informants.

Levers for change



Create opportunities for greater visibility across the AOP system and greater understanding of the mandates and constraints of different organisations.



Explore ways to assist 'informal supports' and community groups/ organisations to recognise AOP and identify the best support pathway.

Desired outcome



Different parts of the system are aware of what is happening at other parts of the system, have the ability to identify overlaps or gaps, and can support and coordinate with one another.



People, organisations and businesses outside of the 'formal' AOP response system can recognise AOP and know who to contact about it.

Insight 04.

The complex nature of AOP requires holistic and collaborative approaches.

AOP is a complex and nuanced issue, as outlined in the context on Page 9. Our informants emphasised that every instance and context of abuse is unique and requires a tailored, sensitive and appropriate response. From our conversations, it was clear that to be effective, the support system requires holistic, coordinated and integrated approaches that work across the entire support system.

Holistic, wrap-around approaches are required

Our informants told us that responses need to be multi-faceted and multi-disciplinary to provide meaningful and effective solutions for older people and those around them. We note that it is important that these responses encompass not only the older person, but also their supports, and the person contributing to or causing harm. Any one AOP situation might benefit from the involvement of, for example, social workers, health services, psychologists, addiction services, or in-home care assistance. Having the resources, networks and clear referral pathways to ensure the right people are involved is essential. These different parties should not work in isolation, but in a collaborative and integrated way.

Currently, the EARS contracts are limited to 'response' services, and there is no specific funding for prevention, awareness raising or education. Multiple key informants identified there are other roles that EARS providers, and others in the support system, could (and do) play, that help to prevent and identify AOP but are not funded. For example, those who might support older people to navigate government agencies to receive support, to engage with a utility provider, or to secure housing. As highlighted in Insight 03, these types of supports are integral parts of the support system for AOP.

We learned that the system of supports would be strengthened by taking a holistic approach, beyond what might be considered purely 'response' services.

Collaboration across the system is essential, but currently limited

It is clear from our conversations that to deliver effective and holistic responses to AOP, integrated and collaborative approaches are required. Some of our informants identified that no one organisation can provide this multi-faceted response. Opportunities for collaboration include EARS providers working together, as well as coordination and collaboration across the whole system of formal and informal supports. For example, this might be GPs, police, EARS providers, and government agencies interacting with each other or forming multi-agency collectives.

Collaboration could involve knowledge sharing and capability building, working on initiatives or campaigns for AOP more broadly, and/or working on particular AOP cases in a more holistic and collective way. We acknowledge there privacy legislations may create real or perceived constraints to this.

We surfaced that there is appetite to work more collaboratively and collectively, yet there are few opportunities and formal mechanisms to do so. There has been work done to bring organisations together to collaborate on AOP, for example through the Regional Elder Abuse Networks[4]. From our conversations, we gathered that in some

4. Dovetail. (2024, November). *Regional Elder Abuse Networks Evaluation.* https://www.who.int/news-room/fact-sheets/detail/abuse-of-older-people

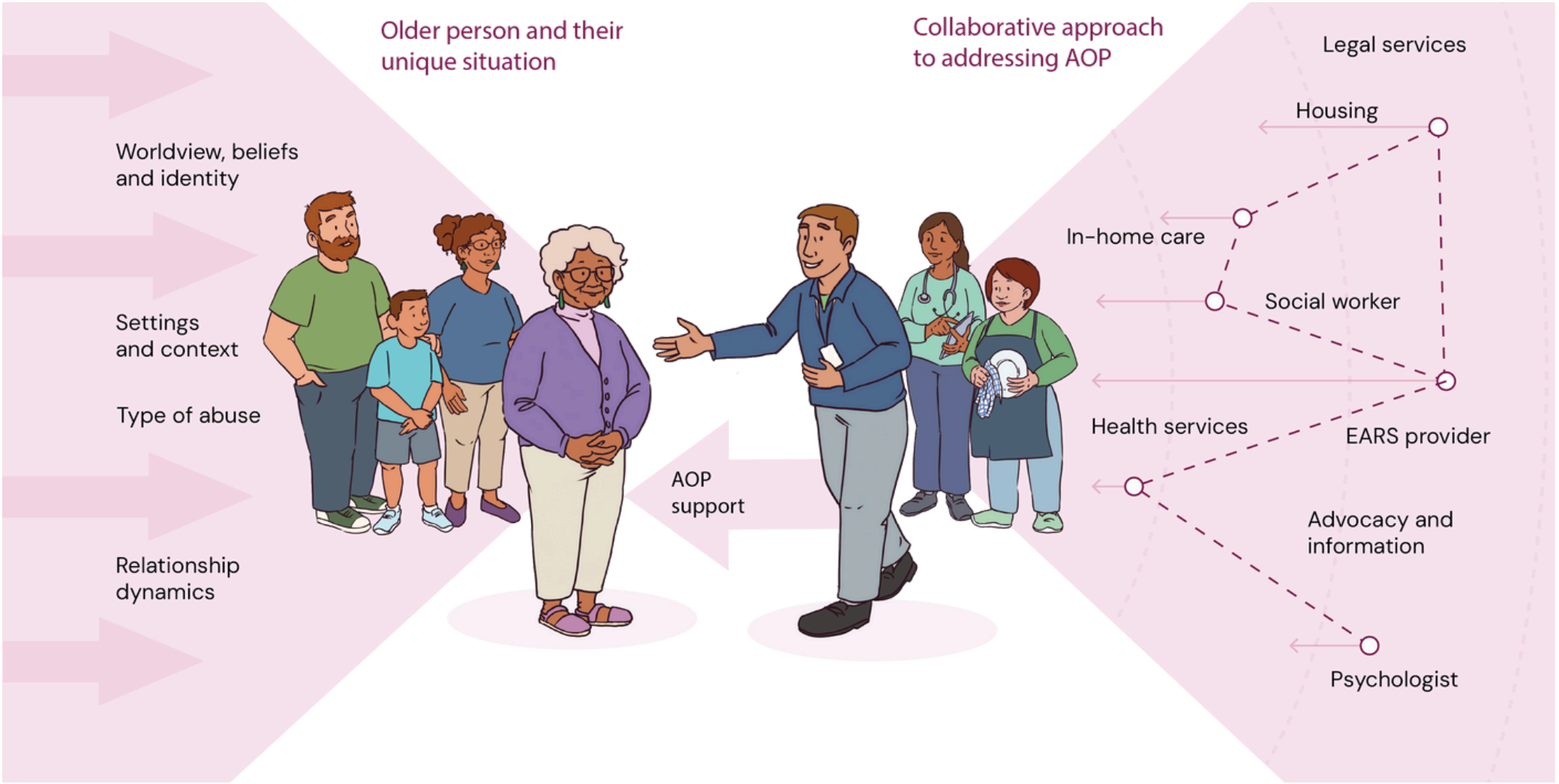
regions, there are strong and longstanding collaborative relationships, particularly between EARS providers. Generally, however, our conversations suggest collaboration is organic, minimal and inconsistent across different regions. This appears to be more common for newer organisations working in this space, who don't have relationships or connections to other providers or agencies. Some of our informants indicated that the competitive funding environment (where providers who could potentially partner feel like they are pitching against each other) is not conducive to collaborative working relationships.

As highlighted in Insight 03, there is limited visibility of how other parts of the system operate. We believe that opportunities to work together would help to resolve that, supporting a more consistent, connected and strong support system for AOP. Most of our informants commented on the untapped potential of greater collaboration and connection across the system of supports.

A support system that responds to the complexity of AOP

This visual attempts to illustrate Insight 04 in its entirety. On one side, we have the older person, their unique AOP context, and all that they bring to the situation.

On the other, we have the ideal state – a connected, cohesive and holistic system of supports to meet that person. The response services included are examples only.



System intervention points (Insight 04)

We have identified these levers for change and desired outcomes as a project team, informed by conversations with key informants.

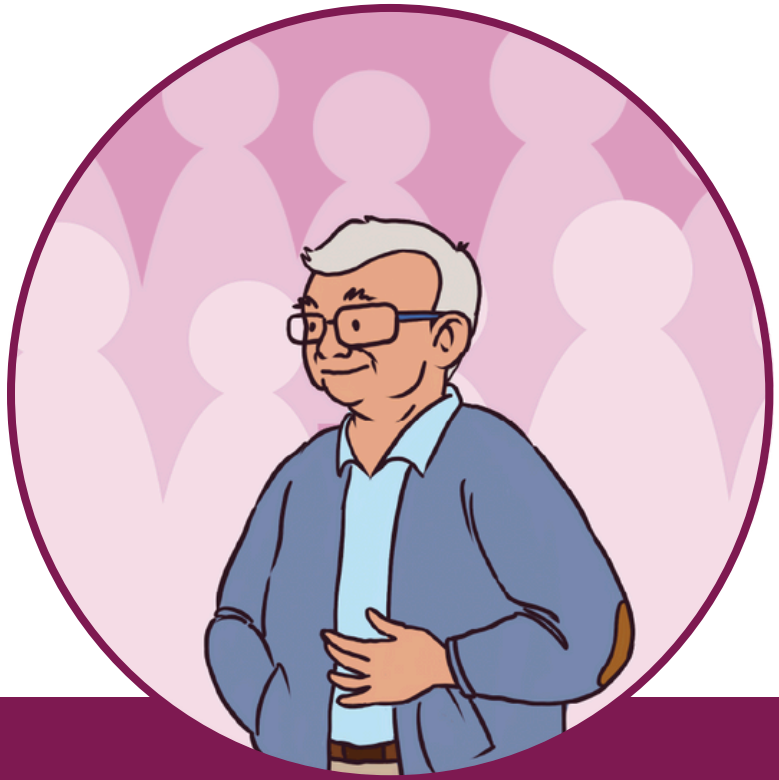
Levers for change	Desired outcome
Ensure the funding and commissioning of EARS support holistic and wrap-around approaches to be taken.	Responses to AOP are effective and comprehensive, and able to respond to unique and complex situations.
Create opportunities for greater collaboration between EARS providers.	EARS providers have good working relationships that build their knowledge and capability, and can work together to ensure older people and their communities are getting adequate and appropriate support.
Create opportunities for multi-agency collaboration on AOP.	Agencies can work together to prevent and respond to AOP, finding effective ways of working with the complexity. The system of supports is highly visible, cohesive and consistent for help-seekers.
AOP in the context of aged residential care is recognised as an important issue, yet has a different context and construct than AOP in the community.	The system of supports considers and responds to AOP in aged residential care contexts, but in a tailored and unique way (compared to AOP in wider community contexts).

ThinkPlace WāhiWhakaaro | dovetail

Thank you.

We extend sincere gratitude to all our key informants for this project. It was a privilege to speak with such knowledgeable and passionate people about this important issue.

We also acknowledge the other work streams of this programme to understand and prevent the abuse of older people, by the Ministry of Social Development and their range of partners. We hope our work can be a meaningful contribution to this, and lay the foundation for an improved system of supports for abuse of older people.



Appendix

Appendix One: Glossary

Abuse of older people (AOP)	Also known as elder abuse, abuse of older people (AOP) is: "a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person. This type of violence constitutes a violation of human rights and includes physical, sexual, psychological and emotional abuse; financial and material abuse; abandonment; neglect; and serious loss of dignity and respect." - World Health Organization. (2024, June 15). Abuse of Older People. https://www.who.int/news-room/fact-sheets/detail/abuse-of-older-people
Ageism	Stereotyping, prejudice, and discrimination against people based on their age
Elder Abuse Response Services (EARS)	Funded by the Ministry of Social Development, EARS providers deliver Elder Abuse and Response Services (EARS) that address the immediate needs of older people experiencing or at risk of experiencing abuse and neglect. Elder Abuse services were added to the Family Violence work programme in late 2018
Elder abuse	See 'abuse of older people'
Elder Abuse Helpline	A free, confidential 24 hour helpline for those seeking support for abuse of older people, by Office for Seniors.
Formal supports for AOP	Services, providers and organisations who have a mandate or purpose to respond to AOP
Help-seekers	Those who might seek support for abuse of older people - for themselves or someone else. This might be an older person, those causing or contributing to harm, or those who observe or identify harm of someone else.
Informal supports for AOP	The supports in older people's lives and communities that don't explicitly or specifically respond to AOP. This includes a broad range of relationships and spaces; from whānau/family, friends, and neighbours; through to community, cultural or religious groups; as well as other health or wellbeing services such as physios, hairdressers, or dentists.
System of supports for abuse of older people or AOP	The system that supports and responds to abuse of older people. This includes government and non-government services and providers, and both formal and informal supports, and the mechanisms and relationships that inform the support older people receive.
Takatāpui	"Takatāpui is a traditional Māori term meaning 'intimate companion of the same sex.' It has been reclaimed to embrace all Māori who identify with diverse genders, sexualities and sex characteristics" - RainbowYOUTH, & Tīwhanawhana Trust (2024). Takatāpui. https://takatapui.nz/#home
Te Aorerekura: National Strategy to Eliminate Family Violence and Sexual Violence	New Zealand's 25-year national strategy to eliminate family violence and sexual violence, released in 2021.

Appendix Two: System intervention points

This list is a collated view of the same levers for change that are dispersed throughout the report. We have identified these levers for change and desired outcomes as a project team, informed by conversations with key informants.

Levers for change	Desired outcomes
Work towards alignment and agreement of AOP terminology and definitions across the system to bring consistency.	Education and awareness-raising efforts are strengthened by older people and the general population being clear and familiar with AOP, what constitutes it, and how to identify it. Organisations working across the system have shared language and frameworks for AOP, even if they differ in their approach.
Review the names of services (such as the Elder Abuse Response Helpline) to address the terminology as a potential barrier to utilisation.	Increased utilisation of these services, regardless of different interpretations or understanding of what constitutes 'elder abuse'.
Following the development of screening and risk assessment tools, explore the possibility of mandating the use of these by certain system roles, such as GPs.	The system fosters the identification and recognition of AOP by those well-placed to do so. There is consistency across the system in AOP screening and risk assessments.
Review how existing services are being promoted and made accessible to people.	Services for AOP (such as the Helpline) are utilised.

System intervention points *(cont.)*

Levers for change	Desired outcomes
Review the commissioning of EARS contracts.	EARS contracts are commissioned in a way that fosters stability and long-term thinking for providers, and collaboration across different EARS providers.
Ensure performance criteria for service contracts reflect the importance of mainstream services being safe and appropriate spaces for all older people.	All services are appropriate, safe and affirming for all older people, inclusive of a diverse range of cultures, communities, needs, and lived experience.
Assess the support new EARS providers receive.	EARS providers are supported to deliver their services and meet funding requirements.
Ensure older people are involved/consulted on strategies, policies and the design of services that impact (or are for) older people.	There is greater engagement of older people in design and decision-making, and the system of supports is older people-centred.
Ensure those with experience working with older people and responding to AOP are involved/consulted on the design of services that influence (or are for) older people.	Decision-making and design of the system for AOP is informed by the experience and expertise of people working with older people and responding to AOP.

System intervention points *(cont.)*

Levers for change	Desired outcome
Explore the possibility of a specific strategy for AOP and/or older people's wellbeing (additional to *Te Aorerekura*).	AOP is adequately addressed in national strategy. Having a national strategy brings greater cohesion and alignment across the system (for AOP).
Shine a spotlight on ageism and reflect on the ways in which it shows up in service provision, decision making, delivery and policies.	Ageism is consistently being recognised and addressed as much as possible, in an ongoing way.
Once the 'size of the problem', or prevalence of AOP, is understood, assess what 'size of a response system' would be required to provide the required response.	The AOP system of supports is relative to the prevalence of the issue, providing an adequate and effective system for the prevention and identification of, and response to, AOP.
Consider how society and communities can be organised and equipped to better support, include and care for older people.	Older people are supported, looked after and able to meaningfully engage in our society.
Create opportunities for greater visibility across the AOP system and greater understanding of the mandates and constraints of different organisations.	Different parts of the system are aware of what is happening at other parts of the system, have the ability to identify overlaps or gaps, and can support and coordinate with one another.

System intervention points *(cont.)*

Levers for change	Desired outcome
Explore ways to assist 'informal supports' to recognise AOP and identify the best support pathway.	People and businesses outside of the 'formal' AOP response system (such as hairdressers, banks, or carers) can recognise AOP and know who to contact about it.
Ensure the funding and commissioning of EARS support holistic and wrap-around approaches to be taken.	Responses to AOP are effective and comprehensive, and able to respond to unique and complex situations.
Create opportunities for greater collaboration between EARS providers.	EARS providers have good working relationships that build their knowledge and capability, and can work together to ensure older people and their communities are getting adequate and appropriate support.
Create opportunities for multi-agency collaboration on AOP.	Agencies can work together to prevent and respond to AOP, finding effective ways of working with the complexity. The system of supports is highly visible, cohesive and consistent for help-seekers.

System intervention points *(cont.)*

Levers for change



AOP in the context of aged residential care is recognised as an important issue, yet as a different context and construct than AOP in the community.

Desired outcome



The system of supports considers and responds to AOP in aged residential care contexts, but in a tailored and unique way compared to AOP in wider community contexts.

ThinkPlace
WāhiWhakaaro

dovetail