

Dear Students of Social Work,

There is now more news about older persons who are subjects of questionable influence, neglect and abuse or fraudulent activity. This is an area that social workers should be concerned about and will increasingly come across in their work. I came across an idea about getting older women to speak about any such incidences by talking about mothering. The originator of this idea explains the dilemma an elder abuse victim has in speaking about her own abuse by an adult child. Dr Judy Smith, an Associate Professor of Social Work at Fordham University's Graduate School of Social Service in New York City has conducted many research studies on parenting and child development with samples of low-income women. She describes the stresses of parenting in later life and especially the predicament of an old mother who is still caring for an adult child with disability.

A different approach



We know that some elder abuse victims are often abused by someone close to them, such as a family member (adult child or grandchild) or a close friend, which causes victims tremendous conflict when determining how, or if, to respond to the abuse. Dr Smith's study attempts to understand the experience of older women who are currently providing significant emotional or financial assistance to their adult children by talking to them about the ups and downs of their life long career as a mother for this particular child. Rather than focusing on elder abuse, per se, the study is framed around the woman's perception of her life course of being a mother and the challenges she has faced around dealing with a child whose problems in adulthood are currently causing her conflict, pain or fear.

Professionals working with older women who are at risk of abuse by their adult children often face hesitations by the older adults to discuss abuse because of the fear of jeopardizing their relationship with their adult child and/or causing them harm. By structuring the interview around mothering, the women when interviewed could be more ready to tell the story of their many decades of loving and caring for their adult child. The stories they share could reveal the deep-rooted conflict between protecting the child and caring for oneself. This comment from a woman is such an eye opener. She said, "I never really had anyone ask me 'how did I feel about being a mother.'"

Image courtesy of artur84 at FreeDigitalPhotos.net



Difficulties that plague older persons facing neglect

It is not unusual for older women to feel ambivalent about their care giving role and to experience dual feelings which include torn feelings of loyalty and protectiveness towards their adult children and, simultaneously feeling anger and resentment at having to provide non-normative care giving to their adult children. It is not unusual too for older women who are neglected to be isolated with limited social contacts. As they age, they too could have a physical or mental disability. Many are dependent on others for their care and have difficulties in communication. Neglect commonly arises from a lack of support for the carer who needs assistance to cope with both care and non-care related stressors.

Image courtesy of Stuart Miles at FreeDigitalPhotos.net

Families may also not have the knowledge or ability to coordinate care arrangements or make contact with services. It may well be then that it is not until after neglect has occurred and the effects apparent that support needs are identified. This suggests that opportunities for proactive needs assessment had been missed or that needs assessment had not been comprehensive, with carer needs remaining unidentified. It is also possible that the level of services needed were not readily available. For example gambling and addiction services are not readily accessible. It is also likely that some carers lack the level of skills needed to provide adequate care as they age. Some family carers may be capable of providing care but are under stress and unable to cope with competing responsibilities, for example because of work and/or caring responsibilities for their own children. Some carers were part of a 'sandwich' generation, faced with the dual task of caring for two generations, young and old. Some family carers may not only lack the skills to provide adequate care but may also reject the carer role. Dysfunctional family dynamics, with some members dominating, controlling, or manipulating others or their resources for their own benefit, may also be present. Poor communication between family members may also be common.

Impacts on society



Structural ageing or ageing due to demographics is likely to increase the pressure on family carers and elder care services as the percentage of older people, and people over 85 years of age, increases as a proportion of the total population. At the same time as the number of older persons are increasing, the number of persons between ages 15 and 65 is reducing. This means that the ratio of younger persons available to provide care will be lower than has historically been the case. In addition, on average, families are smaller than in past generations with fewer children per parent available to provide support. Although family members here are less geographically separated, making contact and communication more possible, the working hours and travelling time does mean increased pressure on family to provide home care support and engaging domestic help.

Image courtesy of Vlado at FreeDigitalPhotos.net



Tensions in case resolution

Social workers and care coordinators often struggle with admission to residential care as a solution to neglect. Coordinators indicated that those remaining at home who may benefit from admission include those with high and complex needs but limited support, and those living with family with addiction problems who may be at heightened risk of repeated neglect. Care coordinators are also aware that some older people may tolerate neglect by minimising the impact (and sometimes may conceal the extent of mistreatment) for a number of reasons, including fear of institutionalisation, fear of retaliation, a desire to protect the family member from the consequences of their actions, shame and embarrassment, or a perception that the abuse or neglect is to be expected or deserved.

Image courtesy of Stuart Miles at FreeDigitalPhotos.net

Effective resolution of cases can be difficult to achieve and require a balancing act to ensure both client safety and the protection of the client's right to self determination. This raises the issue of who makes the decision for an older family member to stay at home or enter residential care. In some cases, choices about where to live were restricted by decisions made by family members for reasons that were not in the best interests of the client. Sometimes the client may elect to stay in a neglecting situation. Older people have the right to self-determination. While not ideal, sometimes what is needed is to find ways to support a client who chooses to remain in a non-ideal situation. It is understandable for some who face neglect to be reluctant to change living arrangements for fear of being alone or because of the desire not to disadvantage their family member, for example by depriving them of access to the family home. The family member may also be the only person they feel they can call on for assistance with care or their only source of social contact. Limited social networks and isolation is often a feature in situations of neglect. In such situations, it is helpful to have services that aim to reduce isolation, such as befriending services for older people.

In Conclusion



These are some areas that social workers should stay current on and equip themselves in when working with older persons facing neglect. Good training, support and supervision for those working with cases of neglect are important. It is also necessary for workers to be equipped to inform and assist with instituting the powers of attorney in the Mental Capacity Act. A range of commonly recognised risk factors for abuse or neglect include social isolation; carer stress; physical or mental impairment or disability; dependency (of the older person on their carer or of the carer on the older person); dysfunctional family dynamics (including a history of family violence); and presence of alcohol, drug or gambling addictions. It is clear that for some people emotional and physical abuse occurs alongside neglect. As we have a growing ageing population, we need to establish a rich source of information to increase knowledge about both abuse and neglect here to better inform policy development, service provision (both intervention and prevention activity) and social change.

Image courtesy of Stuart Miles at FreeDigitalPhotos.net

Ang Bee Lian

Director of Social Welfare, MSF

19th November 2014