

Kōrero Tahī

A Pilot Project on
Using Restorative
Approaches for
Addressing Harms
Experienced by
Older Persons

An Implementation and
Evaluation Report

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*Taea te tangata ki te waewae tētahi awa
i runga i te māmara o te takotoranga toka*

*The art of walking on water
is knowing where the stones are¹*

¹ One restorative justice facilitator suggested this whakataukī was a fitting description of how the restorative process involves navigating one’s way carefully through the complexity of each case and reflecting carefully on the steps to be taken.

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Introduction

1. The phenomenon of elder harm and abuse is attracting growing public and political attention all around the world. Global demographic trends indicate the population of persons aged 65 years and older will more than double between 2019 and 2050, while the number of persons aged 80+ years will nearly triple.² In Aotearoa New Zealand, the number of people aged 65 or above is estimated to almost double to 1.2 million by 2035, and there will be an even greater relative increase in the over 80 decile.³

On average, people are living longer due to medical advances and improved living conditions, which increases the need for care in later life. But as the demand for care increases, so does the risk of being harmed or victimised. As well as affecting the health and well-being of older people themselves, the prevalence of elder harm incurs a range of other social and economic costs, such as the provision of health, legal, welfare and related services.⁴

2. Elder abuse may be defined as “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”.⁵ The mistreatment can take various forms – physical, psychological, emotional, financial, and sexual abuse or neglect. It can also include institutional abuse, comprising any policy or practice within an organisation that disregards an older person’s rights or causes harm.⁶

Data offered by Age Concern indicates that the most common type of abuse in New Zealand in the 2016-2017 period was psychological abuse (79%), followed by financial abuse (54%), physical abuse (19%)

² United Nations, Department of Economic and Social Affairs, Population Division 2019.

³ Office for Senior Citizens 2015.

⁴ See for example Sethi et al. 2011.

⁵ WHO 2002.

⁶ Age Concern New Zealand website.

and neglect (17%). Of those perpetrating harm, 76% were family members.⁷

3. The true extent of elder abuse is difficult to assess, as prevalence data offers only a partial picture. According to one systematic review based on 52 studies in 28 countries, the reported prevalence rate of elder abuse in community settings was 15.7%.⁸ Another review found prevalence was much higher in institutional settings, at 64%.⁹ Research based on the New Zealand Longitudinal Study of Ageing revealed that one in 10 older people claimed to have experienced some form of abuse.¹⁰ Yet elder harm remains seriously under-reported due to its hidden nature. A study in New York state found that only one in 24 cases of elder abuse is reported to the authorities.¹¹ Both older persons and family members are often reluctant to disclose the harm and involve external agencies due to feelings of shame and denial, an ongoing dependence on the person causing the harm, the fear of losing close relationships or attachments to social networks, or because of declining physical or cognitive abilities.¹²
4. Being the target of abuse or neglect can have significant impacts on the older person's mental and physical well-being, their capacity for independence and their relationships with others. Yet research shows that most older victims do not want the criminal justice system to be involved in their cases.¹³ Nor is it clear that the justice system has the ability to meet the complex needs of those affected by the problem or to prevent additional harm.

There is a growing international consensus that comprehensive, multidisciplinary responses are needed that focus on addressing the

⁷ Age Concern New Zealand 2018.

⁸ Yon et al. 2017.

⁹ Yon et al. 2018.

¹⁰ Office for Senior Citizens 2015.

¹¹ Lachs and Berman 2011.

¹² See Davey 2014; Groh and Linden 2011; Wydall and Zerk 2017.

¹³ Jackson and Hafermeister 2013.

personal and relational needs of vulnerable older persons and those who care for them.¹⁴ Yet in many jurisdictions there remains a dearth of such coordinated, holistic alternatives available.¹⁵

6. As a flexible and relational response to conflict and wrongdoing, restorative justice has, in principle, the potential to make a significant contribution to the larger goal of preventing or reducing elder abuse and increasing the visibility of the problem. To date, only a handful of initiatives around the world have employed of restorative processes and principles in addressing the problem, showing promising results despite limited case numbers.¹⁶
7. In 2017, the Diana Unwin Chair in Restorative Justice at Te Herenga Waka-Victoria University of Wellington received funding from the Ministry of Social Development (MSD) to co-design with partner agencies and pilot a scheme for using restorative justice processes for addressing the needs of older persons who are experiencing harm or significant distress. The project was named Kōrero Tahi, meaning “talking together”, to capture the collaborative and dialogical nature of restorative interventions and their cross-cultural applicability. This report is a description and assessment of what was learned from this pilot.

¹⁴ See Nerenberg, 2008; O'Donnell et al. 2015; Alon and Berg-Warman 2014.

¹⁵ See for example Wydall et al. 2017.

¹⁶ See for practice examples Groh and Linden 2011; Groh 2003; Wydall et al. 2019; Kirk et al. 2019 with a good insight into challenges encountered. For an overview see McNeal and Brown 2019; Păroşanu 2017.

A. Implementation and Evaluation Framework

Objectives

8. During the design phase of the pilot, several aims were agreed for the evaluation of the pilot, including:
 - To review the implementation of the pilot to identify lessons learned, obstacles and challenges encountered, and factors that contributed to any successful results.
 - To ascertain how the primary participants, in particular older persons, experienced the restorative intervention and its outcomes.
 - To assess the extent to which the restorative approach had a positive impact on the older person's sense of well-being, safety and connectedness with others.
 - To identify implications for future practice and provide recommendations on whether the pilot could be scaled up across the elder care sector.

Methodology

9. The research undertaken incorporated features of both formative and summative evaluation.¹⁷ It was also informed by developmental evaluation procedures that allow for the research to inform practice development and utility over the course of the pilot.¹⁸ Steering Group meetings, as well as meetings with social workers and restorative justice facilitators, allowed for an exchange of views and reflection that led to adjustments of the practice model and its implementation.

¹⁷ On summative and formative evaluation, see Scriven 1991.

¹⁸ On developmental evaluation, see Quinn-Patton 2017.

The assessment was based mainly on qualitative data analysis, including interviews and document analysis, but quantitative analysis provided information on case-related statistical data. Ethics approval was secured from Victoria University of Wellington's Human Ethics Committee.

10. Research subjects included older persons who had experienced any form of elder harm, abuse or neglect, their family members and the facilitators and professionals involved in the pilot implementation. Data collection began in November 2017 and ended in June 2020, a few weeks after the last case was closed.
11. A total of 30 semi-structured interviews with research subjects were conducted in the greater Wellington area. These comprised three interviews with older persons, five interviews with family members,¹⁹ eight interviews with social workers, 12 interviews with restorative facilitators, and two interviews with pilot coordinators from the partner agencies.²⁰ Interviews with professionals focused on gathering information related to their experience of the pilot and the benefits and challenges of collaboration across agencies. Interviews with older persons and their family members focused on their experiences and perspectives as participants in restorative processes.
12. Additional information was collected from informal discussions with pilot coordinators and practitioners and from attending project team meetings during the pilot period. Informal discussions were held with two social workers, four restorative justice facilitators, and two pilot coordinators, as well as with a number of other stakeholders. Notes were taken during these discussions.
13. The evaluation also included a documentary analysis of practitioners' case logs and notes in order to gather statistical data on the number of

¹⁹ These interviews related to a total of four referred cases.

²⁰ A few interviews held with social workers and restorative facilitators covered information about more than one case. Further, more interviews with facilitators than with social workers were conducted, as particularly during the first half of the pilot more facilitators than social workers were involved in carrying out restorative processes.

meetings held with clients, the types of communication that occurred and the forms of harm experienced by older persons.

14. Thematic analysis and coding using an inductive approach were applied to the data to identify main themes.²¹

Limitations

15. The research findings are limited by the small number of participants included in the study, in particular older persons and their family members. The pilot received only 21 referrals, and only a few of these proceeded as far as employing a restorative circle with the wider family. Moreover, only a small number of older persons and family members could be recruited to speak about their experiences with the principal investigator; most of the data for this analysis was drawn from interviews with facilitators and practitioners. Accordingly, findings about the impact of restorative processes on the primary participants and their well-being cannot be generalised.
16. It is also important to note that the pilot ended up being extended over a longer period than initially anticipated, partly because of the difficulty of recruiting participants. During that time, there were substantial changes in personnel in the project team, the partner agencies and the Steering Group, all of which had an impact on how well the pilot was understood and managed during its lifespan.

²¹ See Flick 2018.

B. Implementation of the Pilot Scheme

Pilot Design Process

17. In scoping the potential for a pilot scheme in elder harm, the Chair in Restorative Justice had initial conversations with Age Concern Wellington and with Community Law Wellington and Hutt Valley (Community Law), and thereafter worked in close partnership with front line agencies.²² The place of Age Concern was taken over by Wesley Community Action (WCA) in August 2017, after it was awarded the MSD contract to provide the “Elder Abuse Response Service” (EARS) for the greater Wellington region.²³

WCA has been working with older people in the community and in residential care for more than 60 years, though prior to winning the EARS contract had not previously worked in the elder abuse domain. The EARS service, which responds to safety and risk concerns of people aged 65 and over, is provided by registered social workers in WCA’s elder care team. Over the 2018-2019 financial year, it received 333 referrals.²⁴ Most of these referrals are managed with phone-based information, advocacy and advice without face-to-face encounters. Less than half of the 333 referrals proceed to in-home visits and family meetings. A significant number of these cases are closed without any further action being taken, with the older person feeling the initial contact had adequately resolved or mitigated the problem. Older persons can withdraw from the elder abuse response service at all points in the process.

²² Memorandums of understanding on collaboration and information sharing with key partner agencies were developed for pilot purposes.

²³ The region comprises Wellington, Hutt Valley, Porirua and Kāpiti.

²⁴ Furthermore, the organisation supported 144 vulnerable older people to stay in their homes through the Supported Independent Living Programme, Wesley Community Action 2019. Wesley Community Action is also in the process of becoming accredited as a dementia-friendly organisation by Alzheimer’s New Zealand.

18. Community Law is contracted by the Ministry of Justice to provide restorative justice services to the Wellington, Hutt Valley and Porirua courts, and it provided accredited facilitators for the pilot. It also took on the task of administering and coordinating the pilot, liaising with facilitators and social workers, and ensuring facilitators were remunerated for their work.
19. Following discussions with colleagues and stakeholders, the Senior Consultant for Practice Development with the Diana Unwin Chair in Restorative Justice drafted the initial Service Design document.²⁵ The design was informed by:
 - Existing victim-offender conferencing practice in New Zealand
 - The findings of an international literature review on elder harm and restorative practices prepared by the Chair in Restorative Justice and published in its series of Occasional Papers²⁶
 - Practice Standards of the International Network of Elder Mediation
 - Ministry of Justice’s Best Practice Standards for Restorative Justice in Family Violence Cases
 - The experience of using restorative circle processes in a range of non-criminal contexts
20. As well as overseeing the design phase, the University’s principal role during the implementation phase was to provide Circles training and debrief sessions for facilitators, to respond to any practice issues that might arise and to provide advice on restorative principles for any professionals involved in cases. It also took responsibility for evaluating the pilot. To avoid any conflict of interest, this task was allocated to a staff member, Dr Andrea Păroșanu, not involved in the design or delivery of the project.

²⁵ The Diana Unwin Chair in Restorative Justice 2017.

²⁶ https://www.wgtn.ac.nz/_data/assets/pdf_file/0003/1864641/Occasional-papers-restorative-justice-elder-harm.pdf

21. A Steering Group was formed in December 2016 to provide specialist advice to the project team. It was made up of representatives from the Mary Potter Hospice, Age Concern, Victim Support, New Zealand Police, WellElder, Capital and Coast District Health Board, Community Law, Wesley Community Action and the restorative justice team at Victoria University. The Group met regularly between December 2016 to March 2018 to discuss various design and implementation issues, including criteria for case selection, practitioner training, tikanga Māori principles, and methods of evaluation.
22. The target population for the pilot was defined as “older persons experiencing significant distress because of relational exploitation, relational problems or relational breakdown”.²⁷ It was agreed there would be some flexibility around age criteria for defining older persons – legally designated as 65 years or older – in recognition of different ethnic and cultural perspectives on age.

There was also a particular concern to focus on people who were socially isolated and without other sources of support, and to fill gaps in existing service delivery rather than duplicate other interventions. It was therefore decided to exclude any cases referred to pre-sentence restorative justice conferencing by the District Court while that referral was active.

Pilot Goals

23. The Service Design specified the following goals for the pilot:
 - To develop and implement a restorative approach to elder harm and elder-related family conflicts that is victim sensitive, culturally responsive, and beneficial in curbing abuse and conflict and promoting justice and healing for victims;
 - To develop a collaborative working relationship with specialist agencies in the field;

²⁷ The Diana Unwin Chair in Restorative Justice 2017.

- To raise awareness of community agencies about the potential of restorative processes for dealing with harms and disputes relating to older persons;
- To evaluate the selection criteria, processes and outcomes achieved through using restorative justice circles in cases of elder harm, with a view to clarifying when and how restorative interventions are most beneficial and the potential for scaling up the programme.

Practice Model Employed

24. In general terms, “restorative justice involves a voluntary, relational process whereby those with a personal stake in an offence or conflict or injustice come together, in a safe and respectful environment, with the help of skilled facilitators, to speak truthfully about what happened and its impact on their lives, to clarify accountability for the harms that have occurred, and to resolve together how best to promote repair and bring about positive changes for all involved”.²⁸
25. The most common model of restorative justice practice in the criminal justice system in New Zealand is “*Victim-Offender Conferencing*”. There were a number of reasons, however, why the design team thought this Conferencing model would not be suitable for the cases of elder harm envisaged, in particular its expectation that parties identify themselves as victims or perpetrators.

It was decided a more promising model of practice would be the use of “*Restorative Circles*”, a tool which is used in a variety of settings around the world both within or beyond the criminal justice system.²⁹ Circle processes are intuitive, simple and flexible, yet remarkably effective for managing power imbalances and enabling consensus decision-

²⁸ Marshall 2020.

²⁹ See Pranis 2015 for an insight into circle processes, and Zinsstag et al. 2011 for comparative perspectives.

making. A key element is the use of a “talking piece” which confers uninterrupted speaking rights on each participant.

26. One of the major benefits of a circle process is that it can be tailored to address the needs of different kinds of participants or different phases of the intervention. The Service Design envisaged several types of circle discussion potentially taking place, depending on the circumstances of the case. These include, but are not limited to the following:

- ***A Case or Professional Circle***, involving facilitators and key professionals meeting to share information and agree on the best approach
- ***A Support Circle***, involving the older person and their supporter(s) meeting to hear the older person’s concerns and perspectives
- ***A Responsibility Circle***, comprising a facilitated meeting with family members and others responsible for the care of an older person to hear their perspectives
- ***A Healing Circle***, entailing a facilitated conversation between the older person, their family and those responsible for causing harm, together with support people and professionals, to develop a support or safety plan for the older person
- ***A Monitoring Circle***, including the older person, their family and those responsible for harm, as well as support people and professionals, to check on the progress of agreed actions.

Each circle would exhibit the same operating principles and practices, but would focus on addressing a specific set of questions and needs.

Geographical Coverage and Duration

27. The pilot focused on the greater Wellington region, up to and including the Kāpiti Coast. The goal was to receive at least 20 case referrals over a period of 12 months (this proved too ambitious a goal,

with referrals being sporadic and case closure often requiring a protracted process).

28. The pilot was officially launched in June 2017. Initially, Age Concern Wellington was going to serve as the “gateway agency” for referrals, but shortly after the launch, Wesley Community Action took over this role having replaced Age Concern as the EARS provider for the Wellington region. This change led to an agreement to delay the commencement of the pilot until September 2017.
29. The first case was referred to Kōrero Tahī in November 2017, the last one in October 2019. The pilot officially ended in December 2019, with one case still in progress and finally closed off in May 2020.

Practitioner Training and Peer Supervision

30. Facilitators involved in the pilot were already trained and experienced in restorative justice and/or mediation, and had some knowledge of family systems and family violence dynamics. Prior to commencement of the pilot, a Facilitator Induction Day was held in May 2017. It covered training in circle skills, dementia related matters, legal issues relating to older persons (e.g., legal capacity, power of attorney), *tikanga Māori* principles for working with older Māori, risk-assessment and decision-making processes.
31. Various training events were also provided for social workers involved in the pilot. A one-day training on circle practice and restorative principles was held in March 2018. Several social workers also participated in an elder mediation practice group session organised at the Resolution Institute in September 2019. Furthermore, several social workers were offered training on working with families in conflict and family violence and one had previously participated in 2-days circle training provided by WCA to its staff.
32. In May 2018, a peer review session was held with eight restorative justice facilitators and the pilot coordinator at the Chair to discuss first experiences with cases and any problems being encountered. In June 2019, and again in February 2020, facilitators and social workers met

to exchange notes and discuss the strengths, weaknesses and benefits of the pilot and to consider future options.

Characteristics of Older Participants

33. All persons referred to the pilot were between 67 and 86 years.³⁰ The majority (N = 15) were female, and seven were male.³¹ One person was of Māori, one of Pacific, one of Danish, three of Asian, and 15 of European ethnicity.³² In two cases, participants died after the referral to Kōrero Tahī, one before facilitators initiated any meetings, the other shortly after initial meetings had been carried out.
34. Most participants had experienced health problems, ranging from minor age-related issues to more severe health conditions, including cognitive and physical impairment. In some cases, poor health conditions were the result of a stroke. Some participants had been diagnosed with dementia, predominantly in early stages. In several cases, a decline in health and consequent loss of independence and mobility had led to feelings of frustration, boredom and loneliness.
35. A considerable number of participants were suffering from varying degrees of social isolation. Most lacked support networks, which is known to be one of the main risk factors for elder harm and abuse.

Characteristics of Persons Causing Harm

36. In nearly all cases (N = 18), the perceived source of stress or harm for the older person was the behaviours and actions of family members. This is consistent with wider research showing that family members are often responsible for elder harm.³³ In one of the 21 cases, the

³⁰ In one case, the person causing harm taking part in a restorative circle was a family member aged 93.

³¹ In one case, the persons being referred to as harmed parties were an older couple, therefore the overall number of harmed persons is 22.

³² The ethnicity of one person was unknown.

³³ See for example Clarke et al. 2016.

allegations of harm made by another family member proved to be unfounded.

37. In the majority of cases (N=14), adult children were causing distress or harm, followed by the older person's partner, an extended family member, or the partner of the adult child. In one case, a friend, and in another case a neighbour, was putting the older person's safety at risk. Often the adult children were living in the same household with or in close proximity to the older participant. In about a third of cases, the harm was related to adult children having a drug or alcohol addiction, sometimes in combination with mental health issues.

Sources of Referral

38. Cases were referred to EARS from a variety of sources. Most were from family members (N=8), including adult children (N=4) and grandchildren (N=2). In one case, the referral came from a sibling of the older person, in another from a friend of the older person, and in another from a partner of an adult child. Three cases were referred by WCA social workers, and three came from another agency, the police or a lawyer. In six of the 21 cases, the older person referred themselves to EARS.



39. In several cases, multiple agencies were involved in supporting the older person and their family, though not in a coordinated way. One facilitator commented:

I think the big thing that struck me was just how fragmented this whole thing is. Loads and loads of agencies, and then it was almost as if ... people had kind of given up on it: it was just all too hard.

The lack of structured planning and consistency within the health system has also been documented in the recent review of the health and disability system.³⁴

Patterns of Harm

40. The most common type of harm affecting older persons was *psychological/emotional* harm (N = 16).³⁵ It often stemmed from verbal disputes and arguments, including cases in which participants felt they were being patronised and talked over. A familiar theme was a previous history of family conflicts, ranging from several months to usually a few years, and in some cases to decades of family stress. In two cases, a complete breakdown in relationship and loss of contact with family members was the cause of deep grief to the older person.



41. A few cases presented as *emotional abuse*, but the information gathered through the process suggested reciprocal harm or conflict associated with family ruptures. As one facilitator pointed out:

Often the dynamics are such that both people – assuming it's only two – feel aggrieved in some way about the other person.

42. In almost half the cases (N = 9), *financial harm* was involved, usually in combination with emotional injury. The harm was caused mainly by adult children not contributing to rent or board. Some cases involved

³⁴ Health and Disability System Review 2020.

³⁵ In seven cases, emotional harm was experienced in combination with financial harm.

the unauthorised taking of smaller sums of money or possessions, while others involved taking larger sums of money from a bank account without permission or failure to repay significant loans.

43. Two of the participants had experienced *physical assault*, and two older persons were assessed at being at risk of experiencing physical abuse. Police had been called in four cases, including one case where the adult child had been arrested and charged with breach of Protection Order, and another where the older person was seeking a Protection Order.
44. In a few cases, a family caregiver was causing the harm or was experiencing psychological harm from the person being cared for. Both social workers and facilitators highlighted the importance of acknowledging the challenges involved in providing elder care, and believed the stress and fatigue of being a caregiver was an issue contributing to the harm.

C. Participation in the Kōrero Tahī Process

Engagement of Participants

45. Voluntariness is an important principle in restorative justice practice. Social workers and restorative facilitators, therefore, first had to establish the willingness and readiness of the parties to participate in the restorative process. This included assessing whether there were cognitive or mental health issues or language barriers or drug or alcohol addictions that could prevent meaningful communication.
46. WCA social workers were usually the first to introduce the possibility of using Kōrero Tahī to older persons. Most social workers said they felt confident in explaining the process, particularly as the pilot advanced, though some thought greater previous experience of restorative encounters or circle processes would have enabled them to offer a fuller explanation.
47. The most important criterion in assessing suitability for referral to Kōrero Tahī was the older person's ongoing safety. Social workers took care to ensure they would not be exposed to any serious harm from participation and higher risk situations were excluded. One social worker commented that if, in her judgment, "a short, sharp intervention" would be more beneficial, she would not recommend the longer restorative process.
48. Practitioners pointed out how careful they had to be in using such terms as "abuse" or "harm" in explaining the process. One respondent commented:

As soon as you give it a label – elder abuse – you're starting to frighten people. It's, like, almost as bad as saying, 'the Police are asking, do I charge him with assault?'

Another facilitator observed:

That's when language needs to change, and family needs to be involved, as well to share what was happening ... such a lot depends on those first interviews to assess, is this going to work, or could it cause harm?

Motivation of Older Persons to Participate

49. The overriding reason older persons gave for participating in a restorative dialogue was to end the distress they were experiencing. They welcomed the opportunity to be supported by professionals in voicing their needs and concerns in a safe space. Some said they wanted to be better understood and respected by their family and to convey the values that were important to them.
50. Some wanted the opportunity to talk about particular problems in the lives of their adult children or other family members, such as drug or alcohol dependency, and to express the hope that they could live more independently and securely in the future.
51. Another reason for participation was the hope that, by bringing the family together to talk about problems that had not been properly addressed before, it might be possible to resolve longstanding conflicts. Practitioners noted that older people often become aware in later life of the importance of restoring ruptured relationships and resolving hurts before they die.

Motivations of Family Members to Participate

52. For family members, it was also important to have an open, honest and safe discussion about worries. In some instances, the older person's health was deteriorating and families wanted to resolve intra-familial issues before it was too late.
53. In a number of cases, previous family gatherings had not brought about the desired outcomes of resolving ongoing conflicts. One family member explained:

I can't see how we would have been able to move forward without some assistance. We needed some sort of intervention; people had got stuck.

Some were interested in trying something new and giving the restorative process a chance. As one family member put it: “We thought ‘*Well this is something different. It'll be an experience and it'll be interesting to see what we get out of the process.*’” In some instances, initial scepticism turned into an openness towards and curiosity about the process. Some expressed a preference for a dialogical encounter over of a legal process to secure a working agreement about the future.

Barriers to Engagement

54. In cases deemed suitable, social workers explained the Kōrero Tahī process to the older person, reassured them that if the restorative conversation was not successful they could still get alternative forms of support from WCA, and gave them time to reflect on their participation before making a decision.³⁶ Often, however, the older person declined to be involved, for a range of reasons:

- ***Reluctance to “air dirty laundry in public”***: A common barrier was a reluctance to disclose family conflicts to outsiders or involve professionals in their personal affairs.³⁷ Research shows that older people, having grown up in times where it was less socially acceptable to talk openly about personal abuse, are more likely to perceive family conflicts as private matters.³⁸ As one social worker explained:

... it is kind of a taboo; you don't talk about your family to other people outside of the family ... it was massive for them to

³⁶ Information about Kōrero Tahī was usually offered during face-to-face encounters, and in a few cases written information was sent to potential participants.

³⁷ On this, see Wydall and Zerk 2017.

³⁸ SafeLives 2016.

let me into their lives and then let Kōrero Tahi in their lives, so it was a big, a big shift for them.

- **Fear of losing important relationships:** Often older people were fearful of the reactions of other family members if they agreed to a restorative meeting. They were anxious about losing a valued relationship, or access to grandchildren, or were concerned to hold on to an even abusive or harmful relationship, highlighting the complex issue of co-dependency.³⁹ One coordinator indicated:

The importance of maintaining that relationship at any cost is greater than the need to change the relationship ... I really under-estimated the older person's ability or empowerment or preparedness to challenge family members where there was abuse going on ... I really under-estimated just the amount of courage and persuasion and reassurance it would take an older person to really front up to family members.

- **Fear of possible repercussions:** Some older persons were fearful of the possible repercussions of involving professionals in the situation and did not want to put family members at risk. A social worker pointed out:

Once you explain that it's restorative and it's not ... a blame game process and it's a restorative process, people start to relax a bit ... But then the clients themselves, being quite elderly, [say] they don't want to cause any more trouble.

- **Reciprocal responsibility:** A further barrier to participation related to the complexity and longstanding nature of intra-familial harm and conflict. In a few cases, the distinction between the harmed party and the harming party was not clear. Sometimes the older person was also a source of harm or distress to their children, as a social worker noted:

Yes, the older person's getting harmed. But the older person might have harmed that person when they were younger, and so they're

³⁹ See for example Wydall and Zerk 2017.

carrying bitterness and historical stuff ... and then we're talking about this person getting disadvantaged and they feel like, 'I've been wronged and what happens to that?'

55. Even when the older person was open to a facilitated dialogue, other family members were often resistant. In some instances, families were distrustful of social agencies and weary of being asked to participate in “yet another meeting”. Uncertainty about the circle process may also have dissuaded them. As one social worker explained:

So they think that's just another one of those types of meetings where they'll be put in a position where they might feel more vulnerable.

Reasons for Case Closure

56. In five of the 21 referrals, the case was closed after a healing (family) circle was held. In the remaining cases, a variety of other reasons led to case closure:
- In some cases (N = 6) family members were not interested in a joint family meeting, as they considered it a private matter which could be resolved without a facilitator, or they pointed out that previous solution-oriented processes had not been successful in changing the situation. Sometimes the person considered responsible for causing harm reacted vehemently against the idea. One facilitator spoke of them having:

... quite an anti-response, like a violent, negative response, thinking, 'I'm the victim here' that could have even provoked further hostility

...
 - In some instances (N = 4), older participants who were initially receptive towards a restorative encounter changed their mind, for various reasons. Relationships had deteriorated in the participant's household, for example due to substance abuse, and living arrangements were about to change, forestalling a restorative meeting. Sometimes participants had not revealed all the relevant information at the first encounter with the social worker and were

minimising the harm, which in retrospect showed that the case would not have been suitable. According to facilitator's views two older persons were possibly exhibiting early dementia or other cognitive issues.

- Sometimes participants were prepared to share their circumstances with the professionals involved, but were unwilling to engage with their wider families. In some cases, feelings of guilt and a sense of responsibility for the welfare of the adult child affected the older person's decision not to resort to Kōrero Tahī. Some were worried that their adult children would have nowhere to go if they asked them to leave the house.
- In one example, the preliminary meeting with the social worker and facilitators reinforced the decision of the older person to look for a new place to live rather than pursue a joint family meeting. The social worker explained,

[The initial conversation] helped that woman to consolidate her way of getting through the issue ... I think it helped her resolve what she wanted to do for herself. So it is interesting, because each meeting is important, not just the final meeting.

- In one case, the invitation to consider Kōrero Tahī led to the family's decision to have a conversation among themselves before resorting to the restorative process, which finally resolved the troubling issue. They reported that having a restorative process available as a back stop had been beneficial and had widened the range of options available for addressing the issue.
- In other cases (N = 4), people wanted to explore legal options first or had begun taking legal action, and concluded it was not the right time for a restorative process.

D. The Kōrero Tahī Resolution Process

Preparation Stage

57. Preparation of participants is crucial to the success of any restorative process. Once social workers had identified potential referrals to the pilot, the preparation phase involved an initial meeting, or series of meetings, with two restorative justice facilitators to explain how a circle process works and to clarify participants' needs and expectations (later in the pilot, social workers also participated in these initial meetings).

The preparation phase also involved a screening and risk-assessment process, consideration of mental capacity and other age-related issues,⁴⁰ and a mapping of relevant relationships and, wherever possible, identification of support people. Pilot practitioners stressed the importance of the older person (and other parties) making a well-informed and voluntary decision about participation and of ensuring their safety in doing so.

58. Usually multiple preparatory meetings were required with the older client and their family members, often requiring a lot of travel throughout the Wellington catchment area. In addition to face-to-face meetings, cases often included up to several hours of phone calls (often in the evenings), email conversations and text messaging.

Both social workers and facilitators commented on how time intensive the initial meetings were, but felt it was needed to establish rapport and trust with the participants. Such comprehensive prework was appreciated by participants and considered one of the benefits of participating in Kōrero Tahī.

⁴⁰ Social workers used a Vulnerability to Abuse Screening Scale (VASS) to assess older clients' vulnerability, as well as wherever relevant a financial vulnerability screening tool. In cases where there were doubts around cognitive ability, social workers inquired further information from general practitioners and family members etc.

59. In several cases, participation built on a longer standing relationship between the social worker and the family. As one social worker reflected:

... Kōrero Tahi became the pinnacle of the work, all the work that we had done together. And so Kōrero Tahi became the end goal of the whānau ... Basically, I was the tool to bring the idea to that point, that was my part that I played. I'm pleased that I was able to have that tool in my kete, to introduce it to a family that I knew, once they got into the process, they would be able to take full control of ... that was my role, that's all I had to do and ... that was one case where I thought that worked really well.

60. Having neutral facilitators guiding the conversation was seen as highly beneficial. Reflecting on one case, the social worker said that having an impartial facilitator was “the biggest drawcard” for a family member deciding to participate in the process, since they perceived social workers as advocates for the older participant.

Circle Process and Outcomes

61. As noted earlier, one essential feature of the circle process is use of a “talking piece”, which is passed from person to person to give each participant the right to speak without interruption. It also provides the opportunity for deeper listening, self-reflection and open expression of emotion.⁴¹ Participants interviewed valued the use of the talking piece since it provided structure and allowed them to talk freely without being shut down by more dominant speakers. A family member pointed out:

I personally liked it, because I liked the way you knew where you were in the process ... everyone was able to contribute, because in something less structured than that it is very easy for some people to

⁴¹ See Pranis 2015.

over-contribute and some people under-contribute. So this provided the vehicle for everyone to contribute to the level they wanted to.

Another older participant commented on how it enabled people to communicate who otherwise might find it more difficult to express themselves in company:

I was able to talk to them and say more than I probably would have normally, you know, that it was a very open and busy process ... It was subtle to start with and then we became more confident in what we needed to say. I myself don't say very much either, but I felt quite confident in having my position pointed out to them ... And the opportunity to speak openly about things was great because ... I had never had anything like this before that was available to me.

Another family member commented on the safety of the process:

... it provided an outlet for people to express concern, that was safe and managed and constructive. So I think it's good kind of emotionally for people to have had been able to express things and know that they'd been heard. ... very, very powerful to hear other people's perspectives.

62. All interviewed participants expressed great appreciation for the facilitators' skills throughout the whole process and found them to be very professional; they felt listened to and treated with respect. As family members explained:

I've had a lot of trust in them, and I really appreciated the way they spoke to us as individuals. From my point of view, they provided a safe place for me to talk about what was going on for me. There was trust.

I think he made it work best for us. He just had a really good way of speaking to us and clarifying things and involving each one of us. I think the process that he used overall was really good. We feel like we gained a lot more this time than we ever have.

Participants also felt very supported by social workers who participated in the circle:

[The facilitator and social worker] were very, very supporting of me in how I could bring it out and say it. Because obviously I got upset, quite upset, and they were very respectful for that and helped me bring out those words that I needed to say with respect, without, you know, they didn't push me or anything like that. It was just, I knew they were sitting here quietly with support to me.

63. Most circles encouraged the person directly causing harm to accept responsibility for their conduct and most resulted in a working agreement or plan for how to address issues in the future. A family member explained:

I think an outcome of the circle was greater awareness of the perspectives and abilities of individuals to engage collaboratively. So that became very apparent in the process.

Plans included a clarification of the older person's needs and preferences (e.g., living an independent life), ways of easing carer stress, agreements to voice the need for external help or support when required and how to reach out to specialised agencies. An older participant commented on how her family:

... enjoyed that experience, that freedom, they felt freedom. And they all realised that they had to do more for me.

64. In one example, the older person was able to establish clear rules for behaviour with regard to the family member causing harm, which made a positive difference to their living together. She reported having fewer arguments in day to day conversation following the circle.

I'm very grateful, very grateful that the process was there to help, otherwise we'd have gone on in a very, maybe vitriolic situation, and that has come back down.

65. In one case, by contrast, family members said their hopes for an agreement on how to engage better in the future had not been met. They had anticipated a deeper level of insight on the part of other participants than they experienced. A family member explained:

... as the session went on, there was further and further entrenchment occurring rather than coming together, so that was a disappointment to me. On reflection, I think that it related not to [the facilitators'] skills, or the process, but relates to a fundamental, something you need to have in place for this process to work, which is individuals need to be willing and able to participate.

Even so, they thought the circle process had improved relationships to some extent and had enabled one broken relationship of importance to the older person to resume. It also enhanced understanding of the perspectives of others and clarified factors that might otherwise have led to legal action.

66. Overall, interviewed older people expressed satisfaction with the restorative process and found it beneficial. They felt empowered to voice their needs, express their hopes for the future and get the support they wanted.

... at the end of it I felt much, much better. I felt great relief that somebody would come in and do this for us, so that we could sit down and discuss things in a very nice, good, reliable way.

Other family members reported deeper awareness of older persons' needs; enhanced understanding of circumstances that have been detrimental to their well-being and/or safety; better understanding of the viewpoint of others; improved communication and connection within families in most cases; clarification of previous misunderstandings; and a hope that they could cope better in the future.

I think the good things that came out were to hear other people's perspectives and understand that, while there is commonality of concern, there are quite different perspectives about what that looks

like, and how that is for each individual. So while, on one hand, a good thing from the process was this kind of coming together, it was also about understanding diversity of concern. So it was a very clarifying process. I feel much more informed about how it is for individuals. That's a good thing.

I felt more relief. I think it was the same as for my mum, we felt relief after the conversation. ... We couldn't see an end to this problem. And after we had the conversation, we thought, 'Oh maybe there is some way someone can help, we could get some help', you know? ... we felt happier, happier coming out of it.

67. The collective impact of the circle was often noted. One of the coordinators commented on how the few cases that involved a full family circle resulted in “lasting and significant change in the whānau support of their older person”. It helped relieve what was “an unbearable burden of care and stress” on some family members and helped find “safe family members who haven't been involved before, and getting them involved”. But most importantly, it gave “that elder person a strong and central voice in what they want”.
68. Both circle participants and social workers highlighted how families felt free to adapt the circle process to meet their own needs. A family participant declared:

They've been a very good help for us. ... So it was really good to have their guide, but also allowing us to actually have our way, do it our way.

One social worker commented:

I know that whānau ... whānau especially like to lead and make their own decisions ... So that was a very special case for me ... that I knew once Kōrero Tahi had finished that the whānau would take the information away and form their own decisions around what they need to do.

Families were motivated by the discussion to take their own actions to address the problem. One family member explained:

It sort of opened our minds to things that we could do. Like we were so stuck in this problem. We couldn't think properly, we couldn't even figure out what we could do. And I think talking through it we can see some light. And the actioning part is on us now ...

Another commented:

I'm really supportive of one of those principles that it sits upon, which is that people are individuals, they are able to take responsibility themselves. I really like that principle, rather than being told what you need to do, but actually to facilitate finding the way.

Post Circle Follow-up

69. Follow-up of participants and/or monitoring of agreements is considered an important part of most restorative processes. As well as checking up on the older person's well-being within a month of the circle, facilitators sometimes offered to convene a subsequent monitoring circle if the participants thought it would be helpful. In one case, the follow-up process went on for more than two months, involving several rounds of conversation via email, long phone conversations with some family members, and the redrafting of an agreement.

Overall Assessment of Model

70. When asked, both facilitators and social workers were enthusiastic about the practice model employed in Kōrero Tahi. They observed how:
- Restorative circles provided a *safe space* for the family to have difficult conversations that otherwise might not have taken place.
 - They valued the strong focus on the *relationships* involved in situations of elder harm and on *empowering* the parties to make choices, while still being driven by the older persons' needs.

- Compared to classic victim-offender conferencing, they felt circles were more *integrative and holistic* in approach, and particularly suitable for addressing family conflict. As one facilitator noted:

... in elder harm, it's almost like the whole time you're holding the space in a circle because they all are part of the same family.

- Besides their flexibility, circle processes were valued for their potential to respond to elder harm in *culturally appropriate ways*, enacting values that tikanga Māori uphold. One facilitator commented:

... we need to acknowledge the magic that happens in restorative practice, and what Māori people will feel they have been doing for a long time. It is not what the facilitators bring, but it's just what the process itself, sitting in a circle or working like this, just allows open space for. And then, kind of coming into that space by itself is that magic ... or the healing that can happen, and changes in people that can happen.

- There was broad agreement that even in cases that did not include a larger family circle, the initial conversations were still of value and relieved some of the stress older persons were feeling. One respondent stated:

I think that there's real value in having those initial conversation so that people know that there are other people listening. And that there are places that it can be talked about. Instead of holding on to this stuff ... it's important work, really important work. Because I don't think these conversations have any other place to be.

E. The Benefits and Challenges of Multi-Agency Collaboration

71. As explained earlier, the pilot involved a collaboration between Victoria University, Wesley Community Action, as the “gateway” agency for referrals and subsequent elder support, and Community Law, as provider of facilitation services and administrative support. The collaborative nature of the undertaking was a major asset, but one that also presented administrative challenges.
72. The practice model combined the expertise of social workers and restorative justice facilitators. Early on in the pilot, WCA social workers handed over suitable cases to restorative facilitators after making initial contact and risk assessment. As the pilot advanced, however, it was decided that having a mixed team of social workers and restorative facilitators working together would be more beneficial. The reasoning was that social workers had already established a trusting relationship with the older person, and this rapport and contextual knowledge would be of obvious benefit to facilitators. It was also hoped that reducing the number of hand-offs would shorten timeframes and ease stress on the older person. One facilitator remarked:

For the clients ... they're getting handed over between different people and that doesn't feel that it's putting them at the centre of it ...

It would also enhance the coherence of the process. A social worker explained:

... the concept of working as a partnership seemed a lot better. Because the sense of my first one was that I didn't really know if the KT worker [facilitator] was going to continue and have another meeting, or anything like that. It felt like ... you never know what happens and so you become detached from the outcome. So the idea of coworking but with clear role indication was quite good.

73. A number of additional benefits were noted by practitioners:
- Both facilitators and several social workers reported growing confidence in using circle processes, which previously were relatively new to both parties.
 - Both felt the collaboration encouraged more reflective practice, helping them think more deeply about their role in addressing elder harm from a restorative perspective.
 - Both said they benefited greatly from the other's professional knowledge. Facilitators acquired increased knowledge of the complexity of family dynamics in elder harm situations; social workers acquired greater knowledge of restorative skills in convening family meetings and having courageous conversations.
 - During a final reflection with stakeholders, Wesley Community Action representatives, expressed the desire to continue applying and further embedding restorative approaches in their practice. Many had found it transformational for their work.
74. While collaboration between practitioners was highly prized, there were challenges, especially in the early stages, around communication and information sharing between the agencies and a lack of clarity around respective roles and responsibilities. A coordinator reported:
- ... as things got on and further things developed, it became apparent that it's probably more beneficial that the coordination side of things should sit within the Wesley space, so that there isn't such a delay and Community Law isn't playing as much of a middleman role but more of a support role to essentially a process that Wesley had already started with the engagement of those harmed ...*
75. While clearly beneficial, drawing selected practitioners from two different agencies, each with their own larger and distinctive programmes of work, meant the collaborative model that emerged had limited impact on their respective agencies. Many respondents felt that more needed to be done to integrate restorative principles into the day

to day work of the gateway agency and to upskill social workers in restorative approaches. A facilitator highlighted:

I really think that it would be good to embed it within an organisation. So that people would be focused and have the time in between for other things, so that you're not worried about, because it's so bitsy.

Rather than using external restorative justice facilitators, several respondents suggested the social work agency could have dedicated restorative practitioners on the staff. Comments included:

They could have a trained restorative justice person with them, that organisation, who help to run the circles. And help to project manage, because I think there is often quite a bit of time in-between the circles.

It would be better funded for them to run those processes, or to identify those processes, and then be the kind of core contractor. And if they need additional facilitation skills, we could be brought in to facilitate particular parts of it.

I do think there's been a confidence shift. And I think in an ideal world, what Kōrero Tahi could do with this project is actually develop an education programme for Elder Abuse Response Service providers around the country, to do it for themselves.

It would be better if we had the person who was the facilitator sitting in our agency ... always available and you can do it at short notice ... that would be more helpful for our elder abuse service.

F. Common Challenges Encountered in the Pilot

76. Several common themes emerged from practitioners about the most demanding features the pilot.

- **Complexity of elder harm:** First and foremost was how complicated situations of elder harm often are, with complex family dynamics developed over many years and relationships marked by co-dependency and sometimes reciprocal grievances. Facilitators in particular sometimes found it difficult to pinpoint the source of the harm and clarify the core concerns and needs of the older person.

It was suggested the introductory training should have focused more on the distinctive contours of elder harm and provided more information on resources (social, legal etc.) available for older people.

In some cases facilitators felt more effective pre-work on assessing family member's willingness to participate and clarifying the harm could have been done by social workers familiar with the family situation. Prior to holding the EARS contract and becoming the gateway agency for the pilot, WCA had limited experience of dealing with elder harm and abuse and it was a learning process for Wesley staff to gain expertise and work with confidence in the area.

- **Case closure:** Given the long history of entrenched family conflict in most cases, facilitators often struggled to know when their core work was done and the case closed. In some cases, agreements had been reached, but in other cases multiple follow-ups were necessary and facilitators had to decide when enough was enough. As a facilitator pointed out:

I think the biggest challenge is containing it and being clear on how much involvement, for how long and when is enough and when can you hand over?

Facilitators underlined how different this was to restorative justice conferencing in the criminal justice sector, where there are clearly defined steps around the process of case closure.

In elder harm cases, not all needs could be resolved in one or a few meetings, and it was important to be realistic about what could be accomplished within the confines of a restorative process. Some suggested the emphasis should lie on finding ways to connect the older person with support people rather than unearthing layers of harm.

- ***Expenditure of time and timeliness:*** A common criticism of restorative practice in many settings is how time consuming the process is. This was certainly true for Kōrero Tahī. Getting people to the table often entailed multiple meetings with older persons, family members and support people, including numerous phone calls, emails and text correspondence. Meetings often had to be postponed or rescheduled, and in some cases family members were spread across the country.

Most cases were open for several months, with periods of intense activity followed by long periods of waiting. Engaging persons responsible for the harm was a particular difficulty. Social workers also felt a tension between the urgency of addressing ongoing harm and the protracted nature of Kōrero Tahī processes.

Sometimes it was a challenge to find facilitators available to take on the case in a timely manner once the referral had been made, while the uncertain and prolonged time investment required to handle the referral sapped energy. As one of the coordinators explained:

Well, I think one of the challenges that was very difficult for everyone was keeping the momentum from referral to conclusion.

This aspect reflects one of the main challenges in terms of resources, namely that facilitators are contracted and paid per case, whereas in-house employees work on salary.

- ***Information sharing and unclear responsibilities:*** As explained above, several respondents found a lack of clarity around roles and responsibilities, especially in the early phase of the pilot, to be a frustration. Information sharing could have been more effective and lines of communication between restorative justice facilitators and social workers could have been clearer.

Heavy workloads and staff turnover in both organisations sometimes meant that institutional knowledge about the aims and procedures of the pilot were diluted, and it wasn't always clear which of the collaborating agencies was driving the project, a problem compounded by the small number and slow pace of referrals. There were periods when it seemed like the pilot was on hold or cases were stalled for a whole variety of situational reasons. The spasmodic nature of referrals also made it difficult for the Steering Group to have a meaningful role over the course of the pilot or for regular peer exchanges to occur.

G. Implications for Future Practice

77. The research sample was too small to draw firm conclusions about whether or how Kōrero Tahi may be scaled up or replicated in other contexts. Feedback from those who participated in the project, whether as clients or practitioners, certainly found it to be a useful and empowering intervention in situations of complex need and vulnerability, and spoke positively of its potential to reduce elder harm. On the other hand, the execution of the pilot encountered many challenges around referrals, recruitment of participants, case resolution and closure, collaborative engagement, the entrenched nature of presenting problems, timeliness and responsiveness to need, and maintaining momentum – all of which are discussed above, and provide important lessons for future work in this area.
78. In addition, several high-level observations can be drawn from the pilot that could inform future practice:
- ***Value of restorative approaches:*** The pilot confirmed the value of a practice model based on restorative values, principles and procedures for responding to elder harm and abuse. Restorative conversations and circle processes provided a safe and supportive space for older persons to voice their concerns and needs and to engage in a positive way with others implicated in the harm.
 - ***Power of circles:*** A key component in addressing elder harm is the ability to engage families, whānau and support people in a positive way, drawing on their strengths, resources and ideas for solutions. Although limited to only a few cases, the circle process proved to be an effective mechanism for involving families, strengthening support networks and generating sustainable solutions. Circles were also found to be a flexible, adaptable and culturally responsive approach, providing the opportunity to enhance the mana of all involved.
 - ***Distinctly collaborative model:*** Kōrero Tahi developed a unique model of practice that combined or balanced social work expertise

and restorative skills and knowledge in a way not otherwise available. Both sets of practitioners worked extremely well together (perhaps because both fields share similar values) and each made distinctive contributions to the process. Both felt that integrating restorative practices into existing elder harm response processes would be of great value.

- **Organisational integration:** While clearly beneficial, drawing practitioners from two different agencies, each with their own larger and distinctive programmes of work, had administrative challenges and was time-and-resource intensive. Furthermore, since only a small number of practitioners from each agency worked on the pilot, the benefits of the collaborative model had limited impact on the work of the respective agencies.

Future practice should focus on integrating restorative principles into the day to day work of elder harm provider services, perhaps including a dedicated facilitator or conflict resolution expert to carry out restorative processes in an impartial way. At the same time, the benefit of bringing in external restorative justice experts to advise on or handle more complex cases should not be lost.

- **Skills and training:** Professionals working in elder harm and abuse cases require specialist knowledge on elder harm and age-related aspects, including dementia and cognitive impairment, risk factors for elder harm, various types of elder harm and abuse, family dynamics and family systems, and relevant legal considerations. Any restorative process needs to be flexible and responsive to all such issues.

In particular, restorative facilitators need to be aware of the unique complexities of working with older clients and their families, including their reluctance often to name or disclose the harm or abuse. In preparing the parties, they need to be mindful of the language they use, avoiding terms such as “victim”, “perpetrator”, “abuse” or even “harm,” which might evoke feelings of shame and resistance. They need to ensure the older persons understand every stage of the restorative process clearly and their participation is

voluntary and empowering. They should emphasise a strengths-based approach of working *with* families and networks of support to meet everyone's needs.

- ***Awareness raising:*** If restorative processes are to make an appreciable contribution to dealing with harms and disputes relating to older persons, there is a need for increased awareness of the principles and practices of restorative justice across the full range of community agencies, including victim support, family violence providers and health services. This is an important long term goal, to which lessons from the pilot can contribute.
- ***Reactive and proactive responses:*** The pilot was limited to cases of elder harm and family conflict that had been referred to the EARS service and so was employing restorative processes in a *reactive* way. But there is also potential for applying the process *proactively* as a preventative or protective measure. This could be done, for example, by extending restorative circle processes to other settings – such as rest-homes, residential facilities, hospitals and hospices – to strengthen relational connections between older persons, to address and prevent the escalation of conflicts, to reduce power imbalances with staff and caregivers, and to enhance psychological safety in talking about personal harms, needs and concerns.

References

Age Concern New Zealand (2018). *Elder Abuse and Neglect Prevention Services. At a Glance. 1 July 2016 – 30 June 2018*. Wellington.

Alon, S., Berg-Warman, A. (2014). Treatment and Prevention of Elder Abuse and Neglect: Where Knowledge and Practice Meet – A Model for Intervention to Prevent and Treat Elder Abuse in Israel. *Journal of Elder Abuse & Neglect*, 26(2), 150-171.

Clarke, A., Williams, J., Wydall, S. (2016). Access to Justice for Victims/Survivors of Elder Abuse: A Qualitative Study. *Social Policy & Society*, 15(2), 207-220.

Davey, J. A. (2014). Elder Abuse and Neglect. In A. Hayden, L. Gelsthorpe, A. Morris, *A Restorative Approach to Family Violence: Changing Tack*. Farnham: Taylor & Francis Group, 53-62.

Flick, U. (2018). *An Introduction to Qualitative Research*. 6th edition. London: SAGE Publications.

Groh, A. (2003). *A healing approach to elder abuse and mistreatment: The Restorative Justice to Elder Abuse Project*. Waterloo, MB: Community care access Centre of Waterloo Region.

Groh, A., Linden, R. (2011). Addressing Elder Abuse: The Waterloo Restorative Justice Approach to Elder Abuse Project. *Journal of Elder Abuse & Neglect*, 23(2), 127-146.

Health and Disability System Review (2020). *Health and Disability System Review – Final Report – Pūrongo Whakamutunga*. Wellington: HDSR.

Jackson, S. L., Hafermeister T. L. (2013). How Do Abused Elderly Persons and Their Adult Protective Services Caseworkers View Law Enforcement Involvement and Criminal Prosecution, and What Impact Do These Views Have on Case Processing? *Journal of Elder Abuse & Neglect*, 25(3), 254-280.

Lachs, M. S., Berman, J. (2011). *Under the Radar: New York State Elder Abuse Prevalence Study*.

Marshall, C. D. (2020). Restorative Justice. In P. Babie and R. Sarre (eds.), *Religion Matters: The Contemporary Relevance of Religion*. Singapore: Springer Nature, 101-118.

McNeal, M. H., Brown, M. (2019). Elder Restorative Justice. *Cardozo Journal of Conflict Resolution*, 21, 91-143.

Nerenberg, L. (2008). *Elder Abuse Prevention. Emerging Trends and Promising Strategies*. New York: Springer Publishing Company.

Office for Senior Citizens, Ministry of Social Development (2015). *Towards gaining a greater understanding of Elder Abuse and Neglect in New Zealand*. Wellington.

Păroşanu, A. (2017). *Elder Harm and Restorative Practices. A Literature Review. Occasional Papers in Restorative Justice Practice*. Wellington: The Diana Unwin Chair in Restorative Justice, Victoria University of Wellington.

Pranis, K. (2015). The Little Book of Circle Processes: A New/Old Approach to Peacemaking. In H. Zehr, L. Stutzman Amstutz, A. MacRae, K. Pranis, *The Big Book of Restorative Justice*. New York: Good Books, 281-358.

Quinn-Patton, M. (2017). *Developmental Evaluation. Applying Complexity Concepts to Enhance Innovation and Use*. New York, London: The Guilford Press.

Scriven, M. (1991). *Evaluation Thesaurus* (4th ed.). Newbury Park: Sage Publications.

Sethi, D., Wood, S., Mitis, F., Bellis, M., Penhale, B., Iborra Marmolejo, I., Lowenstein, A., Manthorpe, G., Ulvestad Kärki, F. (eds.) (2011). *European report on preventing elder maltreatment*. Copenhagen: WHO Regional Office for Europe.

The Diana Unwin Chair in Restorative Justice (2017). *Elder Restorative Circles Pilot. Service Design*. Wellington: Victoria University of Wellington.

United Nations, Department of Economic and Social Affairs, Population Division (2019). *World Population Prospects 2019: Highlights*.

Wesley Community Action (2019). *Annual Report 2018-2019*. Wellington.

WHO (2002). *Missing voices: views of older persons on elder abuse*. Geneva: World Health Organization.

Wydall, S., Clarke, A., Williams, J., Zerk, R. (2019). Dewis Coice: A Welsh Initiative Promoting Justice for Older Victim-Survivors of Domestic Abuse. In H. Bows, (ed.), *Violence Against Older Women*. Vol. II, Palgrave Studies in Victims and Victimology. Cham: Palgrave Macmillan, 13-36.

Wydall, S., Zerk, R. (2017). Domestic abuse and older people: factors influencing help-seeking. *The Journal of Adult Protection*, 19(5), 247-260.

Yon, Y., Mikton, C. R., Gassoumis, Z. D., Wilber, K. H. (2017). Elder abuse prevalence in community settings: a systematic review and meta-analysis. *Lancet Global Health*, 5, 147-156.

Yon, Y., Ramiro-Gonzalez, M., Mikton, C. R., Huber, M., Sethi, D. (2018): The prevalence of elder abuse in institutional settings: a systematic review and meta-analysis. *European Journal of Public Health*, 29(1), 58-67.

Zinsstag, E., Teunkens, M., Pali, B. (2011). *Conferencing: A Way Forward for Restorative Justice in Europe*. Leuven: European Forum for Restorative Justice.

Appendix 1 - Number of Circles and Conversations



Type of circle/ conversation	Number	Participants (in addition to facilitators)
Professional circle	1	Hospice staff
Support circle	8	Older persons, family members including caregivers and/or social workers
Responsibility circle	4	Older persons, family members, health care professionals and/or social workers
Healing circle	5	Older persons, family members, health care professionals, friends of the older person or a family member and/or social workers
Monitoring circle	2	Older persons, family members and social workers
Individual face-to-face conversation*	52	Older persons, family members, health care professionals and/or social workers

* In addition, cases have involved a high number of telephone/zoom calls, emails and text messages.

Appendix 2 - Case Study

Iri, a kuia (elder) in her mid-seventies, was a well-respected member of her community. She lived alone, with a few family members living in proximity. Iri was worried about the loss of traditional Māori values within her whānau and the consequences this has had on some family members' lifestyles, which caused her great sadness.

She also felt distressed by the behaviour of one family member who lived next door and whose verbal disputes with his partner she could hear when she went to bed and often brought her to tears. Furthermore, although she was not sure, she thought she might also have been the victim of some minor form of financial abuse caused by a family member.

The idea of Kōrero Tahi was introduced to her by the social worker and subsequently explained by the restorative justice facilitators. Iri felt open to the process and agreed to participate in a restorative family hui. In the initial meetings, she would move easily between fluent Māori and fluent English.

The restorative circle involved the kuia and 15 family members, representing three generations, including school aged youth. It was facilitated by a mixed gender team of two restorative justice facilitators. After welcomes and introductions, the lead facilitator provided an overview of the circle process, the meaning and purpose of the talking piece, and a suggested tikanga (or way of doing things) for the ensuing conversation. The kuia added her thoughts to the tikanga.

After a karakia, in the first circle round, those present introduced themselves in the mihimihi style, explained their relationship to the kuia and expressed their hopes for the restorative hui. These included the wish to see Iri settled and secure, for her to find a good place to live, and to receive the support she needed in the way she wanted, including when she was amongst family members.

After each family member had spoken, Iri responded with a moving and challenging speech in which she expressed the desire that her whānau would live in alignment with traditional Māori values. The circle enabled her to voice her concern and sadness, but also to express her love and

encouragement for the whānau. The atmosphere was highly emotional, ranging from tears to laughter. All family members then responded to Iri's speech. Interestingly, one issue of distress that Iri had not explicitly addressed in her speech was taken up by the respective family member, who took accountability for it and apologised to Iri.

All family members agreed to support Iri and create a plan, which focused on the next steps required to facilitate her move to another place. As well as encouraging family members to contribute to the agreement, the circle allowed for a deeper understanding of Iri's needs and the things that caused her distress, and how the whānau could best respond to this. It also permitted family members to gain deeper insights into the perspectives of one another.

Circle participants expressed deep satisfaction with the circle process and the way it was facilitated. They felt the atmosphere was "very inviting" and the process "opened everyone's eyes on what [Iri] needs". As one said by way of summary, "the whole experience was very good".