

Informing strategies to prevent abuse, neglect, and exploitation of adults with disability and older people by carers

Prepared for: NSW Ageing and Disability Commission

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Glossary

ADC	NSW Ageing and Disability Commission
NCAT	NSW Civil and Administrative Tribunal
NDIS	National Disability Insurance Scheme
NEAPS	National Elder Abuse Prevalence Study
PSOA	Person Subject of Allegation

1 Introduction

With funding from the Department of Communities and Justice, the NSW Ageing and Disability Commission (ADC) commissioned the Social Policy Research Centre (SPRC) at UNSW, in partnership with Carers NSW, to conduct the ADC Carers Project. The aim of the project is to provide the ADC with clear evidence-based findings, recommendations, and advice to inform their work with carers of adults with disability and older people. Specifically, the research is designed to inform the handling of future reports about abuse, neglect and exploitation by the ADC, ways for the ADC and service systems to better support carers, and opportunities for early intervention and prevention strategies. To inform the aims of the project the overarching research questions are:

1. What are the opportunities for early intervention and prevention strategies of abuse, neglect and exploitation of adults with disability and older people by carers?
2. How can communication by the ADC with carers in the context of the ADC's work be made more appropriate and effective?

The project consists of the following components:

- Literature review of previous relevant research studies and literature¹
- Research report containing analysis of quantitative and qualitative data held by the ADC in relation to reports in 2020-2021
- Advice on improving communications with carers and resources to support carers
- Development of resources to support carers

This report presents the findings from the analysis of quantitative and qualitative data held by the ADC in relation to reports about alleged abuse, neglect, and exploitation of adults with disability and older people. The analyses focused on identifying factors associated with different types of alleged abuse and neglect of older people and adults with disability, as well as factors associated with reported ADC actions, assistance provided, and outcomes for older people and adults with disability. Initial recommendations are provided based on these findings. It should be noted from the outset that due to the ADC data relating to reports of allegations, it should not be expected that the results presented in this report are representative of broader situations of abuse, neglect, or exploitation.

The next phase of the project will involve consultation with carers and other stakeholders to provide additional recommendations and advice on improving communications with carers and developing resources.

¹ The completed literature review has been published as a separate report: Broady, T., Thomson, C., Katz, I., & Judd-Lam, S. (2024). *Literature review on the abuse, neglect, and exploitation of adults with disability and older people by carers*. Sydney: UNSW Social Policy Research Centre. <https://doi.org/10.26190/unsworks/30105>

2 Method

The analysis of ADC data focused on cases that were closed between July 2020 – June 2021. ADC staff reviewed case files that were closed in that time period to identify cases considered to be relevant to this project, i.e., those relating to carers as the “Person Subject of Allegation” (PSOA). These cases were identified according to the following criteria: the Person lives with the PSOA and the PSOA is in a caring role; PSOA identified as ‘primary carer’ in ADC database; caring keyword identified in case notes and PSOA is in a caring role.

A total of 3,504 cases were closed between July 2020 – June 2021, of which, 1,141 (32.6%) were identified by ADC staff to be included in the analysis.

The strengths and limitations of the data analysed for this project should be considered prior to reading the following results. In Australia, limited data is available regarding instances and allegations of abuse, neglect, and exploitation of older people and adults with disability. These two groups are often treated separately (e.g., in Royal Commissions), limiting the ability to compare situations of alleged abuse of older people with alleged abuse of adults with disability. Furthermore, research published in this area has drawn on different mechanisms for reporting abuse. For example, the National Elder Abuse Prevalence Study (NEAPS) collected data from two surveys of older people who anonymously self-reported experienced of abuse (Qu et al., 2021). Due to the reliance on self-reported experiences of abuse, NEAPS was unable to collect data from older people who did not have the capacity to provide consent. The ADC data analysed for this project, however, reflects concerns related to abuse, neglect, or exploitation as reported to authorities, so does not reflect any instances that remain unreported. While there is still significant value in understanding key factors associated with allegations within the ADC data, these analyses are not able to account for those cases which have not been reported.

2.1 Data Preparation

All relevant data fields were extracted from the ADC database and provided to the research team in a deidentified format. Variables were initially analysed descriptively. Those variables with large amounts of missing data were excluded from detailed analyses. The following variables provided complete data for a large enough proportion of cases to be included in multivariable analyses (see Quantitative Analysis section below):

- Person group
 - Adult with disability
 - Older person
 - Older person with disability
- Person gender
 - Female
 - Male
- Person Subject Of Allegation (PSOA) gender
 - Female
 - Male
- PSOA relationship to Person
 - Spouse/partner
 - Son/daughter
 - Parent
 - Sibling
 - Other relative
 - Friend
- Type of alleged abuse (not mutually exclusive)
 - Financial abuse
 - Financial exploitation
 - Neglect
 - Physical abuse
 - Psychological abuse
 - Sexual abuse
 - Sexual exploitation
 - Other abuse
- ADC primary action
 - Early intervention/resolution
 - Community support
 - Closed after preliminary inquiries
 - Referred to police
 - Declined at outset
 - Consolidated into another matter
 - Referred to other body
 - Investigated

Other variables included in bivariate analyses or as outcomes variables in multivariable analyses included:

- Person age
- Person disability type
- Person language
- Who Person lives with
- Person accommodation type
- Person risk factors
- Person outcomes
- PSOA age
- PSOA language
- ADC assistance provided

To enable case notes to be analysed, the ADC staff member who had ownership of each case reviewed their notes. In this review, ADC staff identified the following for each case:

- Any formal supports in place for the Person at the time of the report (in-home or other; aged, disability, health, or other)
- Any informal supports in place for the Person at the time of the report
- Any formal or informal supports in place for the PSOA at the time of the report
- Any abuse or alleged of abuse of the PSOA by the Person or by other people
- Any indication of carer stress
- Any of the following relevant/contributing factors:
 - Lack of knowledge/awareness of services
 - Inability to obtain services/supports or insufficient amount of support
 - Delay(s) in accessing services/supports
 - Lack of care-related education or training for the PSOA (e.g., manual handling)
 - Lack of awareness by the PSOA of actions that may constitute abuse
 - PSOA's relationship or experience with, or view of, services
 - Other factors

ADC staff also provided de-identified summaries of case notes to elaborate on each of the dot points above. These case note summaries were included for qualitative analysis to supplement the main quantitative analysis.

2.2 Quantitative Analysis

Analyses presented in this report primarily focused on cases identified by ADC staff for inclusion. To provide some additional context for these analyses, initial comparisons were made between cases that were identified for inclusion and those excluded for this project, using chi-square tests and independent samples t-tests. Full details of these comparisons are provided in appendices and key differences highlighted within the Results section of the report.

Comparisons were also made between other variables within the dataset, e.g., type of abuse, ADC primary actions, assistance provided, Person outcomes. For comparisons where the outcome variable was not mutually exclusive, the cases involving the variable in question were compared with all other cases (e.g., cases where financial abuse was alleged vs. all cases where financial abuse was not alleged) using binary logistic regression analyses. To identify variables that were independently associated with the outcome variable, variables that were statistically significant in bivariate analyses ($p < .05$) were block entered into a multivariable logistic regression analysis. The main outcomes of these analyses are presented in the Results section of the report. Full analyses, including crude and adjusted odds ratios, 95% confidence intervals, and significance values are provided as appendices.

2.3 Qualitative Analysis

Case notes data was uploaded in NVivo for analysis. Initially, coding of the notes was against the topics outlined above, including: formal and informal supports in place for the Person; allegations of abuse of the PSOA by the Person or others; indicators of carer stress and contributing factors; knowledge of services; delays in accessing service; lack of education or training; lack of understanding of actions considered to be abusive; and other factors. Second, iterative categorisation (Neale, 2016) was used to systematically analyse the case notes and code them into relevant themes. Third, case studies were selected and written up to capture the complexity within and across factors related to the carer (e.g., carer burden, stress, and isolation), factors related to the Person (e.g., high level of need, unwillingness to accept assistance from formal services), and systemic factors related to gaps in service provision. Case studies were selected on the basis of the caring contexts, family relationships, and other confounding factors, such as being from a culturally and linguistically diverse background.

3 Results

3.1 Demographics

Table 1 outlines the demographic profile of Persons in cases where the PSOA was identified as a carer. The amount of missing data varied between demographic variables, therefore, missing data has been excluded from the reported percentages and the total number of cases with available data provided for each variable.

Table 1. Person demographics (included cases)

	N (%)
Group:	
Adult with disability	279 (24.5)
Older person	453 (39.7)
Older person with disability	409 (35.9)
Total	1,141 (100)
Disability type:¹	
Autism	51 (7.6)
Intellectual	142 (21.1)
Mental health	92 (13.7)
Neurological	351 (52.2)
Other cognitive	32 (4.8)
Physical	161 (23.9)
Sensory	48 (7.1)
Unknown	15 (2.2)
Total	673 (100)
Age: Mean (SD)	71.0 years (21.9)
Total	990 (100)
Gender:	
Female	716 (62.8)
Male	423 (37.1)
Total	1,141 (100)
Language other than English	20 (22.6)
Total	531 (100)
Person lives with:¹	
PSOA	717 (82.0)
Children	40 (4.6)
Family/spouse	183 (20.9)
Others	24 (2.8)
Alone	81 (9.3)
Total	874 (100)

Accommodation:	
Community/social housing	91 (10.6)
Own home	695 (80.9)
Residential care	34 (4.0)
Retirement village	11 (1.3)
Total	859 (100)

¹ Categories are not mutually exclusive

A full comparison between included and excluded cases is provided in Appendix A.

In summary, compared with cases where the PSOA was not identified as a carer, those in which the PSOA was identified as a carer were more likely to involve adults with disability (24.5% vs. 20.4%) or older people with disability (35.9% vs. 25.4%), and less likely to involve older people (39.7% vs. 54.3%). Included cases were more likely than excluded cases to involve people with autism (7.6% vs. 4.4%) or neurological impairments (52.2% vs. 44.8%), but less likely to involve people with mental health concerns (13.7% vs. 22.2%). People in cases where the PSOA was identified as a carer were also more likely to speak a language other than English (22.6% vs. 18.3%). They were significantly more likely to live with the PSOA than individuals in cases where the PSOA was not identified as a carer (82.0% vs. 35.9%) and less likely to live alone (9.3% vs. 35.7%). Compared with cases where the PSOA was not identified as a carer, people in cases where the PSOA was identified as a carer were more likely to live in their own home (80.9% vs. 59.6%) and less likely to live in residential care (4.0% vs. 22.7%) or a retirement village (1.3% vs. 5.4%).

Table 2 outlines the available demographic data for PSOAs in cases where they were identified as a carer.

Table 2. PSOA demographics (included cases)

	N (%)
Age: Mean (SD)	57.4 years (17.0)
Total	257 (100)
Gender:	
Female	590 (52.6)
Male	531 (47.3)
Total	1,122 (100)
Relationship:	
Spouse/partner	206 (18.1)
Relative	838 (73.4)
Friend	63 (5.5)
Community member	16 (1.4)
Other	9 (0.8)
Unknown/Not disclosed	6 (0.5)
Total	1,141 (100)
Language other than English	20 (22.6)
Total	531 (100)

A full comparison between PSOAs from included and excluded cases is provided in Appendix A. In summary, PSOAs who were identified as carers were more likely to be female (52.6% vs. 45.7%) and less likely to be male (47.3% vs. 52.0%) than those who were not identified as carers. They were also more likely to speak a language other than English (14.8% vs. 9.7%). Among included cases, smaller proportion of PSOAs were reported as speaking a language other than English compared with Persons (14.8% vs. 22.6%), however, it is also worth noting that language was not recorded for a large proportion of PSOAs. Considering cases in which the PSOAs was identified as a carer included larger proportions of both Persons and PSOAs who spoke a language other than English (compared with excluded cases), additional consideration of language and cultural factors for PSOAs is worthy of additional future investigation.

Compared with cases where the PSOAs was not identified as a carer, PSOAs who were identified as carers were more likely to be the person's spouse or partner (18.1% vs. 8.9%), or another relative (73.4% vs. 55.4%). The nature of care and how it related to alleged abuse was not always clearly reported in case notes, which highlights some of the complexities that exist in these situations. This may also reflect differences between information provided in initial allegation reports and further information that becomes evident through further inquiry or investigation. For example, one case noted that the initial report related to an allegation that the PSOAs had refused a Home Care Package for the Person because he did not want services coming into the home. However, it later became clear that it was the Person who had declined services because she was receiving assistance from another person living with her (not the PSOAs) in exchange for nominal rent.

Among cases where the PSOAs was identified as a carer, paid workers were the most common reporters of alleged abuse (43.1%, much higher than in excluded cases, 29.6%). The Person's son or daughter was the reporter in 23.5% of cases where the PSOAs was identified as a carer (similar to 23.7% of excluded cases). The Person experiencing abuse was the reporter in a small proportion of cases where the PSOAs was identified as a carer (2.6%), significantly lower than among those in which the PSOAs was not identified as a carer (21.4%).

The types of formal supports being provided to the Person at the time of reporting (among included cases) is shown in Table 3. In-home supports were received by the Person in 37.9% of cases, most commonly among older people with disability (45.0%). Other formal supports were provided in 27.4% of cases, most commonly to adults with disability (59.6%). Slightly less than one-third of cases had no formal support for the Person (30.5%), most commonly among older people (38.7%). A smaller proportion of included cases (13.0%) indicated that formal supports were unknown in the reporting. This was most common among older people (20.7%).

Table 3. Formal support provided to Person at time of report by Person group (included cases)

	All included cases N (%)	Adult with disability N (%)	Older person N (%)	Older person with disability N (%)
In-home support:	430 (37.9)	110 (39.7)	137 (30.4)	183 (45.0)
Aged	280 (24.7)	4 (1.4)	117 (26.0)	159 (39.1)
Disability	114 (10.1)	101 (36.5)	5 (1.1)	8 (2.0)
Health	32 (2.8)	2 (0.7)	14 (3.1)	16 (3.9)
Other	11 (1.0)	3 (1.1)	4 (0.9)	4 (1.0)
Other support:	311 (27.4)	165 (59.6)	65 (14.4)	81 (19.9)
Aged	69 (6.1)	2 (0.7)	31 (6.9)	36 (8.9)
Disability	161 (14.2)	149 (5.8)	0	12 (3.0)
Health	69 (6.1)	16 (5.8)	22 (4.9)	31 (7.6)
Other	29 (2.6)	8 (2.9)	14 (3.1)	7 (1.7)
No formal support	346 (30.5)	42 (15.2)	174 (38.7)	130 (31.9)
Formal support unknown	147 (13.0)	18 (6.5)	93 (20.7)	36 (8.9)
Total	1,134 (100)	277 (100)	450 (100)	407 (100)

In a number of cases, the Person was not receiving any formal support prior to the report to the ADC, despite having high levels of need. In some instances, an aged care assessment had taken place and approval for a Home Care Package had been granted but waiting lists prevented services from being accessed. For example, in one case a Person had been on a waiting list for a level 3 Home Care package for over nine months. The assessment identified that the Person lived in an unhygienic environment and the home was in a poor state. The assessment also found that there was minimal food in the home and the Person's medication was poorly managed. The PSOA was claiming Carers Payment and providing assistance with shopping, administering medication, and taking the Person to medical appointments. The aged care assessor had advised that the Person could access an interim level 2 Home Care Package, but neither the Person nor the PSOA had activated this request. After contact from the ADC, the PSOA arranged for the Person to see a GP. At the time of case closure, the Person had been approved for and was accessing a Level 4 Home Care Package.

A summary of risk and protective factors among PSOAs at the time of initial reporting is shown in Table 4. Relatively low levels of formal and informal support were recorded, with 7.8% of cases recording that the PSOA had formal support in place and 13.2% recording informal support. Carer stress was identified as a contributing factor to allegations of abuse in 33.1% of cases where the PSOA was identified as a carer – most commonly among cases involving adults with disability (38.5%). A small proportion of included cases (7.6%) suggested that the PSOA had experienced abuse from the Person. Factors related to PSOAs' service access and experience were noted as contributing factors to the alleged abuse, including: PSOAs' experiences with services (17.3%), an inability to access services (9.4%), delays in access services (9.4%), and a lack of knowledge or awareness of services

(5.8%). Approximately one in five cases (19.3%) noted that there was a lack of awareness by the PSOA of actions that may constitute abuse. This was particularly common in cases involving adults with disability (30.7%). A lack of care-related education or training for the PSOA was noted as a contributing factor in 10.8% of cases where the PSOA was identified as a carer. Notably, more than half of the cases where the PSOA was identified as a carer (60.5%) identified that there were other factors not explicitly listed that were relevant or contributed to the alleged abuse.

Table 4. PSOA risk/protective factors at the time of report by Person group (included cases)

	All included cases N (%)	Adult with disability N (%)	Older person N (%)	Older person with disability N (%)
Formal support	88 (7.8)	30 (11.0)	25 (5.5)	33 (8.1)
Total	1,130 (100)	274 (100)	449 (100)	407 (100)
Informal support	149 (13.2)	45 (16.4)	45 (10.0)	59 (14.5)
Total	1,130 (100)	274 (100)	449 (100)	407 (100)
Abuse by Person	86 (7.6)	33 (12.0)	21 (4.7)	32 (7.9)
Total	1,132 (100)	274 (100)	451 (100)	407 (100)
Abuse by other	65 (5.8)	16 (5.8)	23 (5.1)	26 (6.4)
Total	1,131 (100)	274 (100)	450 (100)	407 (100)
Carer stress	374 (33.1)	105 (38.5)	124 (27.6)	145 (35.6)
Total	1,129 (100)	273 (100)	449 (100)	407 (100)
Lack of knowledge of services	66 (5.8)	20 (7.3)	17 (3.8)	29 (7.1)
Total	1,131 (100)	274 (100)	450 (100)	407 (100)
Unable to access services	106 (9.4)	28 (10.2)	27 (6.0)	51 (12.5)
Total	1,131 (100)	274 (100)	450 (100)	407 (100)
Delay in accessing services	106 (9.4)	30 (11.0)	25 (5.6)	51 (12.5)
Total	1,130 (100)	273 (100)	450 (100)	407 (100)
PSOA service experiences	195 (17.3)	69 (25.2)	53 (11.8)	73 (17.9)
Total	1,129 (100)	274 (100)	448 (100)	407 (100)
Lack of awareness of abuse	218 (19.3)	84 (30.7)	61 (13.6)	73 (17.9)
Total	1,129 (100)	274 (100)	448 (100)	407 (100)
Lack of care-related education	122 (10.8)	48 (17.5)	28 (6.2)	46 (11.3)
Total	1,130 (100)	274 (100)	449 (100)	407 (100)
Other	677 (60.5)	158 (58.3)	258 (57.7)	261 (65.1)
Total	1,119 (100)	271 (100)	447 (100)	401 (100)

A range of factors often contribute to carer stress and subsequent incidences of abuse and neglect. Overall, research shows that high levels of burden and stress, mental health issues, and physical health can contribute to abuse and neglect by carers (Stall et al., 2019). However, the case notes data showed that although carers experience stress, it was not always a factor that led to the allegation of abuse or neglect. Many carers were reported to experience high levels of burden and stress, especially when the Person's care needs were high. Carers often had multiple responsibilities, such as working full-time or caring for other family members. In some cases, the level of burden and stress were heightened because either the carer or the Person were reluctant to accept support from formal services. For example, one PSOA had cared for two people in the household with high care needs and mental illness over a long period of time. Despite the efforts of the PSOA to organise in-home supports, the people she cared for were resistant to accept outside help.

Problems associated with waiting lists for additional services, the cost of services, and service gaps were also factors that were described in qualitative case note data as contributing to carer burden and stress. It was also noted in the case study data that some carers found it difficult to navigate the service system. For example, in one case the Person and PSOA had been told about supports by their GP but did not know how to access the services such as NDIS. In another case, the PSOA cared for the Person during the week and her son took over caring responsibilities on weekends. Despite two people being involved in providing care, neither the PSOA nor her son had knowledge of how to access appropriate support.

Even when formal services were accessed, certain issues were at times identified in relationships between service providers, people with disability or older people, and carers. In one instance, the Person had 24-hour home care support, including assistance with the use of a ventilation machine funded through the NDIS. The PSOA and other family members had to provide a high level of support to the Person to fill gaps in service provision from formal providers. The service providers claimed that this was due to the PSOA exhibiting verbally abusive behaviour towards paid care workers and placing unreasonable demands on them. The reporter and other service providers identified that the PSOA was experiencing stress due to taking responsibility for organising the Person's care and often providing over 100 hours of care per week themselves. Concerns were raised by the service providers that the PSOA would withdraw formal support and that this would place the Person at risk.

In the qualitative data, a lack of awareness that particular actions could be considered abuse or neglect was noted in a number of cases. Although some perpetrators of abuse and neglect were aware that their actions were abusive, other carers lacked the necessary understanding or skills to provide the level of support required by the Person, typically due to their own mental and physical health issues.

The complexity of factors that can lead to a situation where someone is considered at risk of abuse or neglect and is subsequently reported is highlighted in the following example. The case involved a husband and wife who were itinerant. There was a long history of family dysfunction, and it was suspected that they both had undiagnosed mental health issues. The wife (the Person) had health problems and was in cognitive decline. She could not manage

daily tasks such as meal preparation or tasks that required her to use her memory. She relied on her husband (PSOA) for all aspects of daily living. The husband had avoided accessing any formal support (such as medical assessments of his wife's needs), which led to the report of neglect. It was noted that the husband had little insight into his wife's needs or that refusing services for her could be considered abuse or neglect.

3.2 Type of abuse

Types of reported abuse were not mutually exclusive, with more than one type of abuse able to be recorded for each individual case. The most commonly reported type of abuse was psychological abuse (reported in 53.8% of cases where the PSOA was identified as a carer), followed by neglect (40.4%), financial abuse (22.0%), and physical abuse (20.5%). The types of abuse recorded in included cases are shown in Figure 1.

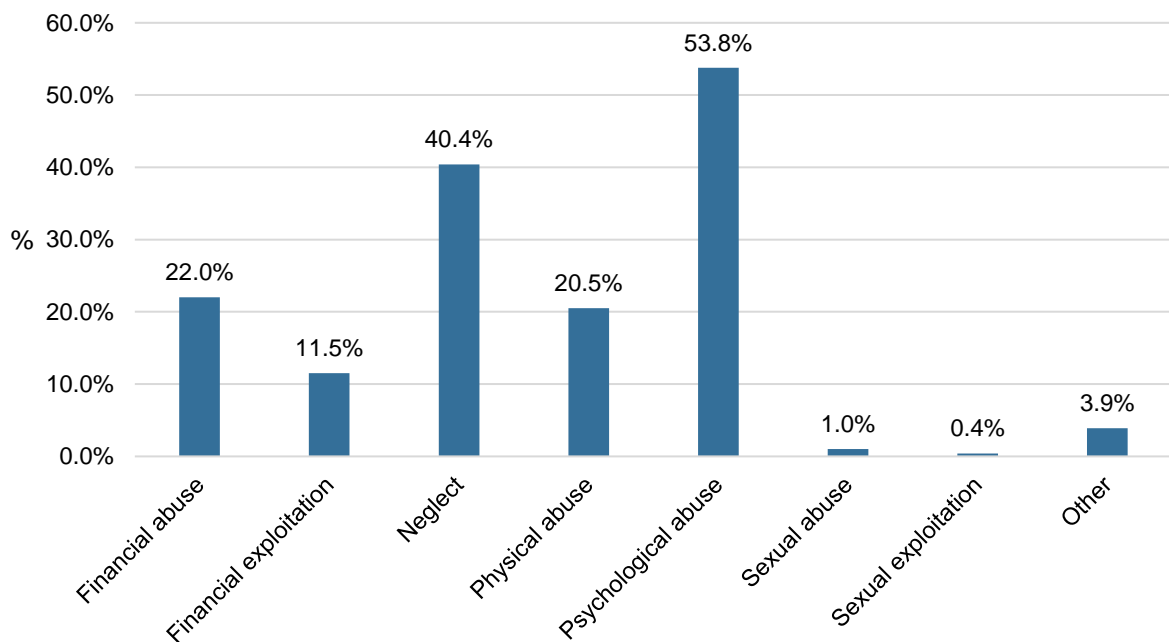


Figure 1. Frequency of type of abuse recorded (included cases)

The most common examples of financial abuse, neglect, physical abuse, and psychological abuse are shown in Table 5.

Table 5. Most common examples of financial abuse, neglect, physical abuse, and psychological abuse (included cases)

Type of abuse	Example	% within abuse type	% of all included cases
Financial abuse	Theft	35.1%	7.7%
	Preventing access to/withholding person's money	28.3%	6.2%
	Misuse of Power of Attorney or Enduring Power of Attorney	19.9%	4.4%
Neglect	Failure to meet support needs	75.1%	30.3%
	Medical care	21.3%	8.6%
Physical abuse	Hitting/kicking/punching	43.2%	8.9%
	Pushing/shoving/grabbing/shaking	17.5%	3.6%
	Perceived threat of harm	9.8%	2.0%
Psychological abuse	Verbal abuse	46.6%	25.1%
	Preventing/restricting access to family/others	28.5%	15.3%
	Preventing/restricting access to supports/services	24.1%	13.0%

Compared with cases where the PSOA was not identified as a carer, those cases where the PSOA was identified as a carer were more likely to involve reports of neglect (40.4% vs. 19.7%), physical abuse (20.5% vs. 13.5%), or psychological abuse (53.8% vs. 45.5%), but less likely to involve reports of financial abuse (22.0% vs. 28.1%), sexual abuse (1.0% vs. 3.2%), or other abuse (1.8% vs. 3.9%). A full comparison of types of abuse in included and excluded cases is provided in Appendix B.

The frequency of reported abuse types between person categories is shown in Figure 2.

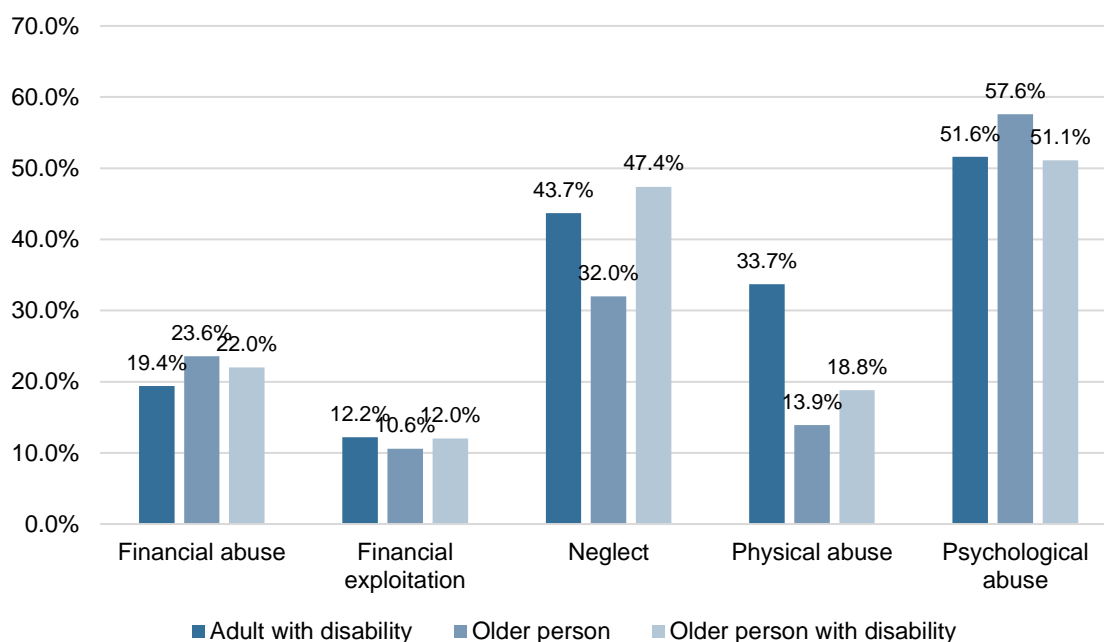


Figure 2. Frequency of type of abuse by Person group (included cases)

There were no significant differences in the proportion of each group represented in cases of reported financial abuse, financial exploitation, or psychological abuse. Neglect was less likely to be reported in cases involving older people (compared with adults with disability or older people with disability), while physical abuse was more likely to be reported in cases involving adults with disability (compared with older people or older people with disability).

Data extracted from case notes suggested that there were certain situational factors that could contribute to specific types of abuse. For example, one case related to concerns that the PSOA was financially exploiting the Person and preventing contact with family and other supports. It was reported that this situation may have been affected by the PSOA not receiving any income support. Although a GP had advised him that could receive the Carer Payment, he had reportedly stated that he did not want the money. Regardless, notes suggested that the provision of additional income support may have assisted in mitigating the risk of financial exploitation.

Literature shows that financial abuse manifests in different forms, such as exerting pressure on the older person or person with a disability to transfer money or allow access to their account. One factor associated with financial abuse of older people and people with disability is the vulnerability of the person (Kaspiew et al., 2018). Research also shows that where adult children are the perpetrators of abuse it is most likely to be financial or psychological abuse (Kaspiew et al., 2018). In the following case, the Person lived with their adult child who was the PSOA. The PSOA helped with shopping, banking, transport, and general domestic duties. The Person received aged care support in the home as well as social support three times a week and was well cared for. The area of concern related to the PSOA accessing the Person's banking accounts. From the case notes, it appeared that a

lack of communication between the PSOA and his other siblings contributed to the allegation of financial abuse.

To identify types of cases that may be overrepresented in ADC data, reported types of abuse among cases involving older people (including older people with disability) were compared with results from the National Elder Abuse Prevalence Study (NEAPS; Qu et al., 2021, see Figure 2). This comparison includes data from all cases involving older people in the ADC dataset (including cases where the PSOA was identified as a carer and those where the PSOA was not identified as a carer, n=2,744).

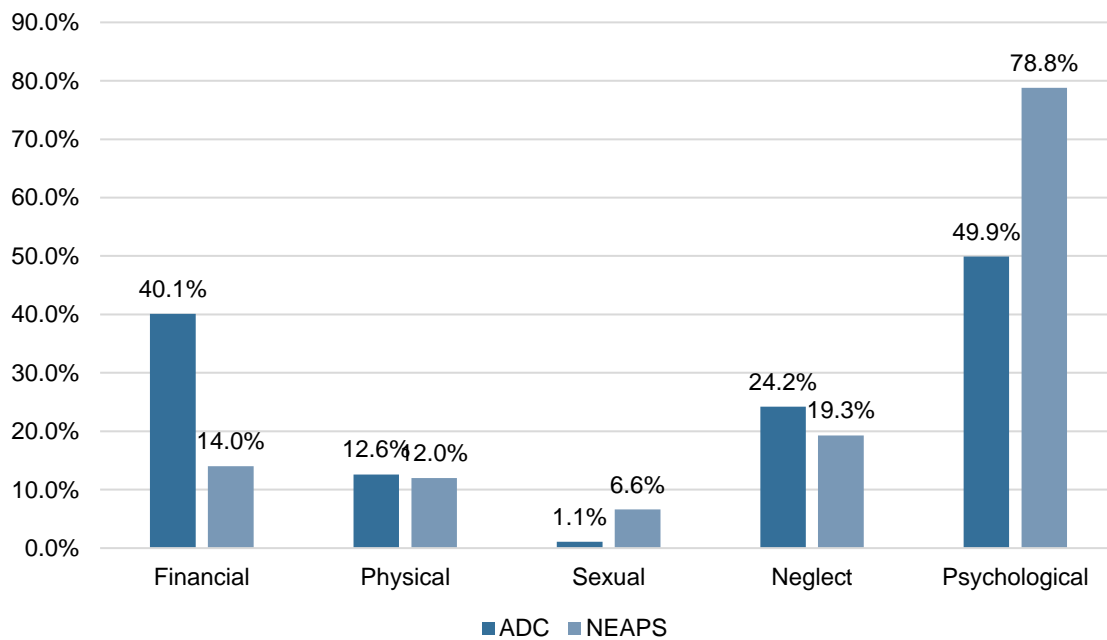


Figure 3. Frequency of reported type of abuse, ADC data (older people) vs. NEAPS data

While psychological abuse was the most commonly reported type of abuse in both datasets, it was significantly more prevalent in NEAPS data. Conversely, financial abuse was far more prevalent in the ADC data than in NEAPS data. Sexual abuse was the least commonly reported type of abuse in both datasets, though it was more common within NEAPS data than within ADC data. Neglect was more common in ADC data than NEAPS data, and physical abuse was similar across both datasets.

Figure 3 compares the relationship of PSOA from cases involving older people (including those who were identified as carers and those who were not) and perpetrators of abuse reported in NEAPS.

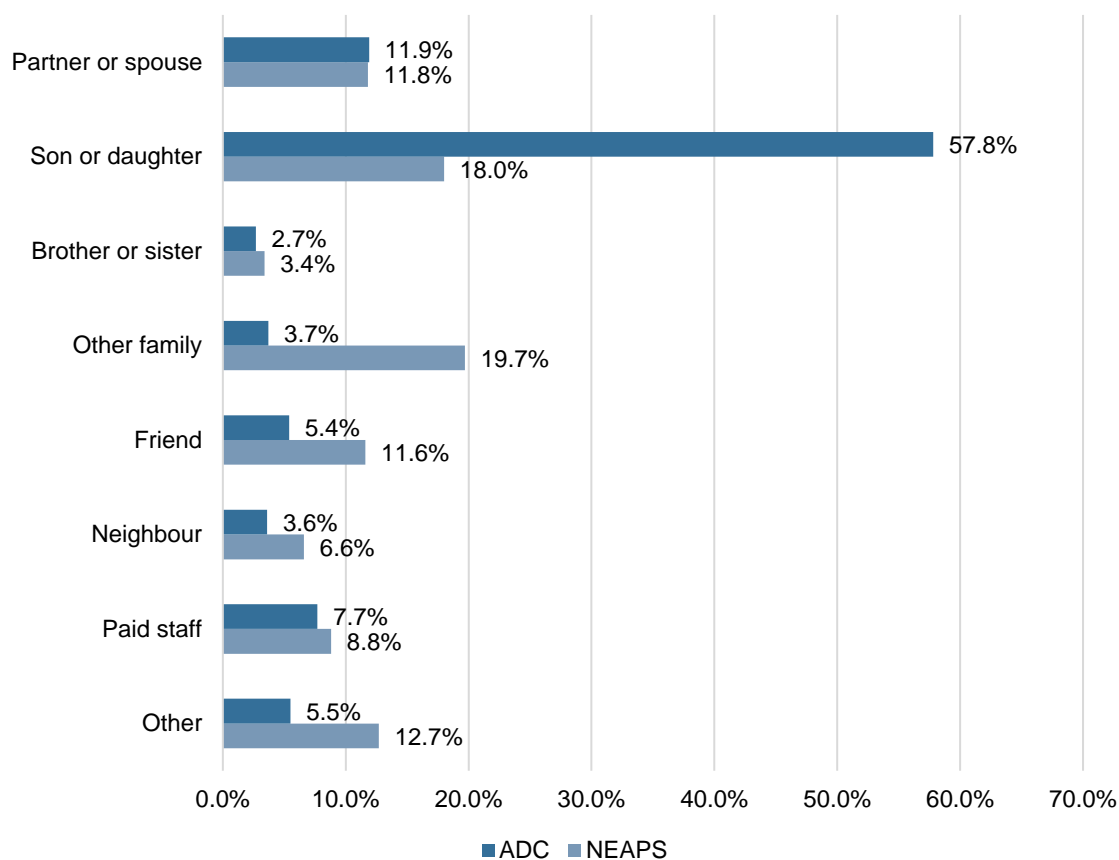


Figure 4. Reported perpetrator of abuse, ADC data (older people) vs. NEAPS data

Partners or spouses were equally represented across both datasets. Compared with NEAPS data, sons or daughters were significantly more likely to be the PSOA within ADC cases, while all other relationships were less prevalent. Taken together, these comparisons show that ADC cases have an over-representation of sons and daughters allegedly abusing their parents, with over-representations of financial abuse and neglect, and an under-representation of psychological abuse.

As noted previously, these data sources are very different mechanisms for reporting abuse (i.e., self-reported experiences of abuse vs. reports of concern to authorities). The NEAPS report indicates that most people who reported experiencing abuse did not seek any advice or assistance (62%; Qu et al., 2021), so may be less likely to be represented in reporting datasets such as the ADC data analysed for this report. Furthermore, one notable limitation of NEAPS is the inability to collect data from older people without the capacity to provide consent, including those who are heavily reliant on carers (Qu et al., 2021). While it is therefore not surprising to see substantial differences between the two data sources, these key differences should still be considered when interpreting further findings from the following analyses.

Demographic variables that were independently associated with financial abuse, neglect, physical abuse, and psychological abuse within cases where the PSOA was identified as a carer are outlined in Table 6 (full analyses provided in Appendix C).

Table 6. Demographic variables independently associated with type of abuse (included cases)

	Financial abuse	Neglect	Physical abuse	Psychological abuse
PSOA relationship:				
Spouse/partner	↓	-	-	↑
Son/daughter	-	-	-	-
Parent	-	-	-	-
Sibling	-	-	-	-
Other relative	-	-	-	-
Friend	-	↓	↓	-
PSOA identified as primary carer				
	↓	↑	-	-
Person:¹				
Older person	-	-	↓	-
Person with disability	-	↑	↑	-
Person gender:				
Female	-	-	-	↑
Male	-	-	-	↓
PSOA gender:				
Female	-	-	-	-
Male	-	-	-	-

¹ “Older person” includes “older person” and “older person with disability”; “Person with disability” includes “Adult with disability” and “Older person with disability”

When accounting for other demographic variables, partners/spouses were less likely to be the PSOA in allegations of financial abuse (compared with cases not involving financial abuse), and more likely to be the PSOA in allegations of psychological abuse (compared with cases not involving psychological abuse). Friends were less likely to be the PSOA in allegations of neglect (compared with cases not involving neglect) and physical abuse (compared with cases not involving physical abuse). Other relationships were not independently associated with any type of abuse. The PSOA was less likely to be identified as a primary carer in allegations of financial abuse than in cases not involving financial abuse, and more likely to be identified as a primary carer in cases of neglect (compared with cases not involving neglect). People with disability were more likely to be alleged victims of neglect or physical abuse, and older people were less likely to be alleged victims of physical abuse. Females were more likely to be alleged victims of psychological abuse (and males less likely). PSOA gender was not independently associated with any type of abuse.

Family dynamics and past relationships influence how informal care is provided and by whom. The following case draws attention to the complex issues that can lead to a report of abuse or neglect. The Person who was the subject of the report had dementia and received a high level of support through a level 4 Home Care Package. The assistance provided by

formal services included washing, dressing, feeding, changing incontinence pads, and assistance with all transfers. The daughter who was the PSOA lived with her mother (the Person), but the nature and extent of the care and support she provided was unclear. The report to the ADC related to the issue of whether incontinence pads were changed between visits from the formal service providers. The daughter acknowledged that she worked long hours, during which she did not provide support to her mother. The daughter also reported that she found looking after her mother difficult. Cases such as this demonstrate that even with high levels of formal support, caring roles can be difficult to maintain alongside other commitments (such as employment), which may contribute to situations of abuse or neglect occurring.

When accounting for demographic differences, people with dementia were less likely to be alleged victims of psychological abuse. A history of domestic violence was associated with allegations of physical abuse and squalor/hoarding was associated with allegations of neglect. None of the reported Person risk factors were independently associated with financial abuse (see Appendix D for full analyses). There were a large number of cases with missing data regarding Person risk factors, therefore, these findings should be interpreted cautiously.

In the qualitative case note data, it was evident that a range of complex factors contributed to situations of abuse and neglect. For example, in one case, the compounding issues of hoarding and squalor limited the capacity of services to provide support in the home. As with many of the cases reported to the ADC, people living together form an interdependent relationship and each person provides support to the other. In this case, the couple were socially isolated and had no other family to assist them. The PSOA required assistance to care for the Person, but the home environment limited access to support. In addition, the PSOA had refused help from services. Previous experiences with services attempting to forensically clean the house may have affected the PSOA's ability and willingness to accept help. The case notes suggested the PSOA may not have been aware of the impact that refusing services would have on the Person.

Factors identified from case notes that were independently associated with financial abuse, neglect, physical abuse, and psychological abuse are outlined in Table 7 (full analyses provided in Appendix D).

Table 7. Factors independently associated with type of abuse (included cases)

	Financial abuse	Neglect	Physical abuse	Psychological abuse
Person in-home formal supports	-	-	-	-
Person other formal supports	-	-	-	-
Person no formal supports	-	-	-	-
Person unknown formal supports	-	↓	-	-
PSOA formal support	-	-	-	-
PSOA informal support	-	-	-	-
Abuse of PSOA by Person	-	-	↑	-
Abuse of PSOA by others	-	-	-	↑
Carer stress	↓	-	-	-
Lack of awareness of services	-	↑	↑	-
Inability to obtain services	-	-	-	-
Delay in accessing services	-	-	-	-
Lack of care-related education	-	-	-	-
Lack of awareness of actions constituting abuse	-	-	-	-
PSOA's experience with services	-	↑	-	↑
Other factors	-	↑	-	↑

Compared with other forms of abuse, financial abuse was less likely in cases where carer stress was identified. Neglect was less common among cases where it was unknown whether the Person was receiving formal supports. Neglect was more common, however, when a lack of awareness of services was identified and when the PSOA's experience with services was a contributing factor to the alleged situation. Other unidentified factors were also more prevalent in case of neglect than those without reported neglect. Lack of awareness of services was also independently associated with allegations of physical abuse, as was abuse of the PSOA by the Person. Abuse of the PSOA by other people was independently associated with allegations of psychological abuse. Compared with other forms of abuse, psychological abuse was more prevalent in cases where the PSOA's experience with services was identified as a contributing factor and when there were other unspecified factors contributing to the alleged situation (see Appendix D for full analyses).

Another issue that emerged in the qualitative case note data was the difficulties associated with accessing appropriate services for families from culturally and linguistically diverse backgrounds. Family circumstances are often complex, as was the case for a mother who cared for her two adult children with disabilities. The mother did not receive any in-home support, and she had been reluctant to access services to support her children. The mother indicated that she did not need help to care for her children. The shutdown of the day program her children attended due to COVID-19 added to her caring responsibilities.

This mother did not speak English and an interpreter was needed when interacting with service providers. In the case notes, it was suggested that language and/or cultural barriers could have played a part in the carer being reticent about accepting help from services. The lack of contact and support from service providers may have consequently contributed to a lack of knowledge and training about how to manage her adult children’s behaviour and adequately support them. It was noted that the carer was likely to be unaware of the impact of her behaviour on the wellbeing of her children.

3.3 ADC actions

Table 8 summarises the ADC primary actions recorded in the data. It should be noted that only data regarding primary actions was included in the dataset (not any additional, secondary actions), mainly due to logistical constraints of managing the large volume of data associated with these additional actions.

Table 8. Reported ADC primary actions and definitions

ADC action	Sub-categories / Explanation
Early intervention / resolution (Helpline only)	Referred externally Assistance and support provided Early case coordination
Community support	The primary action involved case coordination and ensuring access to appropriate supports
Closed after preliminary inquiries	Low or no risk identified Appropriate action underway Person has capacity and refused investigation/involvement
Referred to police	Referral to police was the primary action taken in relation to the report
Declined at outset	Premature – actions underway Insufficient details to progress
Consolidated into another matter	File closed because another open matter relates to the same Person and issues
Referred to other body	Referral was the primary action undertaken (not including external referrals by the Helpline)
Investigated	Matters investigated by the ADC

More than half of the cases where the PSOA was identified as a carer resulted in a primary action of early intervention or resolution (57.7%). This was most common among cases involving older people (73.5%) and least common among those involving adults with disability (37.3%). Community support as the primary action was most common in cases involving adults with disability (32.6%) and least common in those involving older people (9.9%), while cases involving older people with disability were the most likely to be closed after preliminary inquiries (15.7%). Small numbers of cases reported the primary action as being referred to police, declined at outset, consolidated into another matter, referred to other bodies, or investigated (Table 9).

Table 9. ADC primary actions by Person group (included cases)

ADC primary action	All included cases N (%)	Adult with disability N (%)	Older person N (%)	Older person with disability N (%)
Early intervention/resolution	658 (57.7)	104 (37.3)	333 (73.5)	221 (54.0)
Community support	226 (19.8)	91 (32.6)	45 (9.9)	90 (22.0)
Closed after preliminary inquiries	149 (13.1)	41 (14.7)	44 (9.7)	64 (15.7)
Referred to police	39 (3.4)	15 (5.4)	10 (2.2)	14 (3.4)
Declined at outset	28 (2.5)	10 (3.6)	12 (2.7)	6 (1.5)
Consolidated into another matter	17 (1.5)	8 (2.9)	6 (1.3)	3 (0.7)
Referred to other body	12 (1.1)	4 (1.4)	3 (0.7)	5 (1.2)
Investigated	12 (1.1)	6 (2.2)	0	6 (1.5)
Total	1,141 (100)	279 (100)	453 (100)	409 (100)

Compared with cases where the PSOA was not identified as a carer, those where the PSOA was identified as a carer were more likely to result in the primary action of community support (19.8% vs. 6.6%) or to be closed after preliminary inquiries (13.1% vs. 10.3%), and less likely to result in the primary action of early intervention/resolution (57.7% vs. 71.0%), be consolidated into another matter (1.5% vs. 3.9%), or be referred to other bodies (1.1% vs. 2.4%; see Appendix E).

A breakdown of ADC primary actions across cases involving financial abuse, neglect, physical abuse, and psychological abuse is shown in Table 10.

Table 10. ADC primary actions by type of abuse (included cases)

ADC primary action	Financial abuse N (%)	Neglect N (%)	Physical abuse N (%)	Psychological abuse N (%)
Early intervention/resolution	136 (54.2)	226 (49.0)	52 (22.2)	359 (58.5)
Community support	57 (22.7)	121 (26.3)	73 (31.2)	129 (21.0)
Closed after preliminary inquiries	42 (16.7)	67 (14.5)	57 (24.4)	78 (12.7)
Referred to police	4 (1.6)	15 (3.3)	9 (12.4)	18 (2.9)
Declined at outset	5 (2.0)	10 (2.2)	8 (3.4)	12 (2.0)
Consolidated into another matter	2 (0.8)	10 (2.2)	4 (1.7)	7 (1.1)
Referred to other body	4 (1.6)	4 (0.9)	5 (2.1)	5 (0.8)
Investigated	1 (0.4)	8 (1.7)	6 (2.6)	6 (1.0)
Total	251 (100)	461 (100)	234 (100)	614 (100)

When accounting for demographic variables, cases involving neglect or physical abuse were less likely to report early intervention/resolution as the primary action, but more likely to report community support. Cases involving allegations of physical abuse were more likely to be closed after preliminary inquiries. Financial abuse and psychological abuse were not independently associated with any specific ADC primary actions (see Appendix F for full analyses).

Education and information were the most common forms of assistance provided by the Helpline to the reporter (62.4% of included cases), followed by debriefing (44.2%), emotional support (39.1%), and peer consultation (29.1%). Assistance varied across Person groups, with education/information and emotional support to the reporter being most common among cases involving older people (74.1% and 51.6%, respectively), debriefing being most common among cases involving older people with disability (51.5%), and peer consultation being most common among cases involving adults with disability (51.3%; Table 11).

Table 11. Assistance provided by Helpline to reporter, by Person group (included cases)

Assistance provided	All included cases N (%)	Adult with disability N (%)	Older person N (%)	Older person with disability N (%)
Education/information	619 (62.4)	101 (44.7)	297 (74.1)	221 (60.6)
Debriefing	438 (44.2)	102 (45.1)	148 (36.9)	188 (51.5)
Emotional support	388 (39.1)	49 (21.7)	207 (51.6)	132 (36.2)
Peer consultation	289 (29.1)	116 (51.3)	73 (18.2)	100 (27.4)
Coaching/upskilling	119 (12.0)	29 (12.8)	52 (13.0)	38 (10.4)
Modelling	89 (9.0)	18 (8.0)	33 (8.2)	38 (10.4)
Total	992 (100)	226 (100)	401 (100)	365 (100)

Compared with cases where the PSOA was not identified as a carer, reporters in cases where the PSOA was identified as a carer were more likely to receive education/information (74.1% vs. 60.6%) and emotional support (51.6% vs. 36.2%), and less likely to receive debriefing (36.9% vs. 51.5%) and peer consultation (18.2% vs. 27.4%; see Appendix G).

A breakdown of assistance provided by the Helpline to the reporter across cases involving financial abuse, neglect, physical abuse, and psychological abuse is shown in Table 12.

Table 12. Assistance provided by Helpline to reporter by type of abuse (included cases)

Assistance provided	Financial abuse N (%)	Neglect N (%)	Physical abuse N (%)	Psychological abuse N (%)
Education/information	137 (63.7)	227 (55.2)	86 (44.8)	358 (66.1)
Debriefing	118 (54.9)	190 (46.2)	95 (49.5)	239 (44.1)
Emotional support	90 (41.9)	130 (31.6)	40 (20.8)	243 (44.8)
Peer consultation	43 (20.0)	141 (34.3)	93 (48.4)	127 (3.4)
Coaching/upskilling	29 (13.5)	47 (11.4)	20 (10.4)	68 (12.6)
Modelling	22 (10.2)	35 (8.5)	14 (7.3)	53 (9.8)
Total	215 (100)	411 (100)	192 (100)	542 (100)

When accounting for demographic variables, education and information was less likely to have been provided to the reporter in cases involving neglect or physical abuse. Debriefing was more likely to have been provided in cases involving financial abuse. Emotional support was more likely in cases of psychological abuse, but less likely in cases of neglect or physical abuse. Peer consultation was more likely in cases involving neglect or physical abuse, but less likely in cases involving financial abuse or psychological abuse. Coaching/upskilling was not independently associated with any type of alleged abuse (Table 13; see Appendix H for full analyses).

Table 13. Provided assistance to reporter independently associated with type of abuse (included cases)

Assistance provided	Financial abuse	Neglect	Physical abuse	Psychological abuse
Education/information	-	↓	↓	-
Debriefing	↑	-	-	-
Emotional support	-	↓	↓	↑
Peer consultation	↓	↑	↑	↓
Coaching/upskilling	-	-	-	-

3.4 Outcomes

Table 14 outlines the Person outcomes recorded in the dataset. These were the outcomes that were influenced by ADC involvement or action, not those that were already in process prior to reporting. More than one outcome could be recorded for each individual case.

Table 14. Reported Person outcomes

Person outcome	Examples
Person involved	Will and preference of Person ascertained Will and preference of Person respected/upheld
Support/services provided or increased	Health/medical, communication, psychological/mental health, disability, aged care, or victim support provided/increased Access to advocacy or decision-making support Improved community access Reduced/addressed social isolation Other support/services provided/increased
Review/assessment of needs/supports	Review/assessment of decision-making capacity, communication needs, health/medical needs, psychological/mental health needs, behaviour support needs, disability supports, aged care supports
Referral/help to access supports	Referral/help to access legal support, support person, health services, advocacy supports, disability supports, aged care supports, other supports
Accommodation changed	Change in accommodation Person removed from premises
Police/justice action	Apprehended Domestic Violence Order put in place / enforced Apprehended Personal Violence Order put in place / enforced Other police/justice action
Change to Person's orders	Power of Attorney or Enduring Power of Attorney revoked, changed Guardianship order revoked, reviewed/changed, applied Guardian appointed Financial management order applied, revoked/reviewed, changed Trustee appointed or changed Other change to order
Review/change to NDIS supports	NDIS plan management changed Additional NDIS funding approved Change to NDIS support coordination Other review/change to NDIS supports
Application to NCAT	Guardianship application Financial management application
Change of agency/service provider	

The most commonly recorded outcome was “Person involved”, recorded in 74.1% of cases where the PSOA was identified as a carer. This indicates that in approximately three-quarters of cases where the PSOA was a carer, the ADC (or another appropriately independent person, such as an advocate) took steps to determine the views and wishes of the Person in relation to the concerns raised, and to uphold those wishes.

The next most commonly reported outcomes were supports and services being provided or increased (41.6%), review or assessment of needs/supports (35.0%), and referral or help to access supports (34.5%). Smaller proportions of included cases resulted in changes to accommodation (20.8%), police or justice action (16.9%), changes to the Person’s orders (i.e., a change or review occurred to the Person’s Power of Attorney, Enduring Power of Attorney, or guardianship arrangements; 9.5%), review or change to NDIS supports (9.3%), applications to NSW Civil and Administrative Tribunal (7.3%), or changes of agency/service provider (2.4%). Compared with cases where the PSOA was not identified as a carer, those where the PSOA was identified as a carer were more likely to result in a review or assessment of needs/support (35.0% vs. 18.9%), support/services being provided or increased (41.6% vs. 24.3%), changes to accommodation (20.8% vs. 11.2%), and a review or change to NDIS supports (9.3% vs. 3.8%). Cases where the PSOA was a carer were less likely to result in police or justice action (16.9% vs. 25.9%; see Appendix I).

Among cases in which the PSOA was identified as a carer, those involving older people were less likely than those involving adults with disability or older people with disability to result in a review or assessment of needs/supports or supports/services being provided or increased (Table 15).

Table 15. Person outcomes by Person group (included cases)

	All included cases N (%)	Adult with disability N (%)	Older person N (%)	Older person with disability N (%)
Person involved	303 (74.1)	109 (91.7)	82 (76.6)	112 (74.7)
Support/services provided or increased	170 (41.6)	75 (49.3)	27 (25.2)	68 (45.3)
Review/assessment of needs/supports	143 (35.0)	59 (38.8)	21 (19.6)	63 (42.0)
Referral/help to access supports	141 (34.5)	55 (36.2)	35 (32.7)	51 (34.0)
Accommodation changed	85 (20.8)	36 (23.7)	15 (14.0)	34 (22.7)
Police/justice action	69 (16.9)	26 (17.1)	18 (16.8)	25 (16.7)
Change to Person’s orders	39 (9.5)	18 (11.8)	6 (5.6)	15 (10.0)
Review/change to NDIS supports	38 (9.3)	34 (22.4)	0	4 (2.7)
Application to NCAT	30 (7.3)	14 (9.2)	3 (2.8)	13 (8.7)
Change of agency/service provider	10 (2.4)	9 (5.9)	0	1 (0.7)
Total	409 (100)	152 (100)	107 (100)	150 (100)

In multivariable analyses, the “Person involved” outcome was more likely to occur in cases of financial abuse and psychological abuse. It was less likely to occur when the ADC’s primary action was early intervention/resolution. Referral or help to access supports was more common in cases with early intervention/resolution, but less likely when the case was closed after preliminary inquiries. Referral to access supports was also independently associated with initial reports of an inability to obtain services. A review or assessment of needs/support was more likely in cases of neglect, but less likely in cases of financial abuse. These reviews were more common among cases involving people with disability and less likely following early intervention/resolution. They were also more likely to occur when a lack of awareness of actions that might constitute abuse was reported. Supports or services being provided or increased was more common among people with disability and less likely following early intervention/resolution (see Appendix J for full analyses).

Several case notes outlined how providing support that was relevant to contextual factors of an individual case resulted in positive outcomes for both the Person and PSOA. In one example, the PSOA had an undiagnosed mental illness that was affecting his treatment of his mother. He was reported to have restricted her ability to access both informal and formal supports. These issues were resolved, and the risks mitigated after the PSOA was scheduled to hospital, diagnosed with a mental illness, and received treatment. While the PSOA was in hospital, a social worker helped him obtain the Disability Support Pension and started the process to connect him to the NDIS. On discharge from hospital, his behaviour toward the Person was more appropriate, and he was in the process of moving out at the time of case closure.

In the qualitative case notes, data also revealed that access to appropriate information and support services are important, together with good communication between all parties and a supportive approach. For example, in one case, the Person had a high level of need and received a Level 4 Home Care Package. The Person received help with personal care, toileting, meal assistance, and domestic assistance. The Person received in-home physiotherapy and GP visits weekly. The PSOA provided hands-on day-to-day support, including personal care, and received weekly in-home respite. Adult children provided care on alternate weekends and coordinated the services. The issue of concern related to the PSOA failing to comply with recommended transfer techniques and not using appropriate safe equipment. There were also concerns about the impact of carer stress due to the high level of care required. The PSOA was not initially aware that the manner in which he cared for his wife placed her at risk and that some of his practices may constitute neglect of her support needs. All parties involved in this case recognised that the alleged neglect was not intentional. The service provider worked with the family over several occasions to help the PSOA understand the risks and help him to learn safer ways of providing support. The actions taken focused on how to improve support to the Person and PSOA and minimise risks. At the time of the case closure, the PSOA had started using a hoist and had changed some of his transfer techniques and practices. The comprehensive but supportive approach taken by the service provider resulted in a positive outcome.

4 Summary and Recommendations

The analyses of ADC data presented in this report highlight some important insights into allegations of abuse and neglect of older people and adults with disability by their carers, as well as how these allegations are managed by the ADC. It is important to note that the demographic differences between cases where the PSOA was identified as a carer and those where the PSOA was not identified as a carer were generally to be expected. For example, when the PSOA was identified as a carer, the Person was more likely to live with the PSOA and less likely to live in residential care. Situational factors such as these are reflective of caring relationships existing between the PSOA and the Person. Similarly, the higher representation of people with disability among cases where the PSOA was identified as a carer is likely to reflect greater need for informal care and support among this group than among older people without disability. However, qualitative data highlighted some of the complexities that can exist in caring relationships, allegations of abuse, and identification of carers in case reports. The existence and nature of care was not always evident from available data. In order to more accurately investigate factors associated with abuse and neglect by carers, more rigorous and systematic identification and recording of carers within case files is needed.

The data analysed for this project demonstrated that there are many complex issues that lead to situations of abuse and neglect (e.g., family dynamics, social disadvantage, mental health) and these are not necessarily related to caring roles. The demands of providing informal care are likely to further complicate these complex situations. The interdependence often exhibited in caring relationships appears to be reflected in the finding that cases where the PSOA was identified as a carer were more likely than those where the PSOA was not identified as a carer to be reported by paid workers and significantly less likely to have been reported by the Person. This may be due to older people and adults with disability being less likely to consider their carers' behaviours to be a form of abuse. Alternatively, it may be that many older people and adults with disability feel unable to raise concerns due to their reliance on the care being provided, even if there are elements of abuse or neglect present. It is important to understand the complexity and nuance surrounding care and potential abuse or neglect within caring relationships in order to respond sensitively and appropriately. Cultural factors may also be involved in these situations, as has been reported in literature where cultural norms and familial expectations can dictate elements of privacy and limit access to formal support (e.g., Ostaszkiwicz, 2018, Valimaki et al., 2020). Cases where the PSOA was identified as a carer were more likely than cases where the PSOA was not identified as a carer to involve a Person and PSOA who spoke a language other than English. Qualitative case note data further illustrated examples where language and cultural barriers may contribute to carers being unwilling to accept assistance from formal services, thereby contributing to situations where carers are not adequately equipped to fulfil their caring responsibilities or may be unaware of potentially abusive practices.

Access to appropriate support was a significant contributing factor in many cases and is likely to have been an important contextual factor to potentially abusive situations occurring (see Ernst, 2019). Among cases where the PSOA was identified as a carer, the Person was

reported to receive no formal support in 31% of cases and there were an additional 13% of cases where formal support access was unknown. PSOAs were even less likely to have existing formal or informal supports in place (8% and 13%, respectively). While case note data suggested that carer stress was not always related to allegations of abuse and neglect, carer stress was specifically noted as a contributing factor in one-third of cases where the PSOA was identified as a carer (33%). A lack of existing support networks (whether formal or informal) is likely to have contributed to these situations. Given the literature that has reported associations between stressors related to caring with abusive behaviour (e.g., Pickering et al., 2020; Serra et al., 2018; Valimaki et al., 2020), it may be the case that carer stress as a contributing factor has been under-reported within ADC data.

Experiences with formal services were another significant issue highlighted within the data. For example, 17% of cases identified that PSOAs' previous experiences (or expectations) of services were contributing factors to the reported situation. Providing referrals to support services may therefore not be a simple solution to mitigating risks of abuse and neglect. It is important that any attempts to provide additional support for carers acknowledge previous negative experiences with formal services and encourage an open process where appropriate services are sourced. Smaller proportions of cases reported issues of being unable to access services (9%), delays in accessing services (9%), or being unaware of available services (6%). While these proportions are comparatively small individually, the cumulative effect of insufficient service access is likely to have a far greater impact. Between negative experiences of services and inability to access supports in a timely manner, additional carer stress may be created, thereby contributing to situations where abuse or neglect is more likely to occur. Providing appropriate support to the Person and the carer mitigates risk of abuse and neglect, but case note data highlighted that it is sometimes difficult to overcome reluctance by the Person or the carer to accept help. Effective communication between all parties is vital to encourage support to be provided and accepted.

It should also be noted that in 61% of cases, other (unspecified) contributing factors were identified. Further comprehensive review of case files would be needed to ascertain whether there are any commonalities within these factors that may contribute to situations of alleged abuse and to identify whether they relate to lack of carer support and/or carer stress.

In nearly one-fifth of cases where the PSOA was identified as a carer (19%), the PSOA was reported to be unaware of actions that might constitute abuse. This highlights the importance of providing information and relevant education to carers of older people and adults with disability. Qualitative case note data highlighted situations where reported abuse/neglect was clearly not intentional nor malicious, but rather a result of lack of understanding. Engaging with support and advocacy services (including general health services) who may have any contact with carers (in either a passing or ongoing manner) may be particularly important to developing avenues of sharing information about behaviours that may constitute abuse or neglect in an accessible and meaningful way.

The majority of cases where the PSOA was identified as a carer recorded primary actions of early intervention, community support, or being closed after preliminary inquiries. ADC

involvement in situations of alleged abuse or neglect typically resulted in a review or assessment of needs and support, and support and services being accessed or increased to meet needs. This suggests that when the PSOA is a carer and the concerns warrant further action, resources are provided to support caring roles to continue in a way that mitigates the risk of abuse or neglect occurring in the future. It is important to acknowledge that referrals to the police and legal proceedings were recorded in some cases. However, both qualitative and quantitative data from ADC case files indicate that these were primary actions undertaken by the ADC in a minority of cases where the PSOA was a carer. The available data could not identify how many cases involved police referrals or other legal processes as secondary actions. It appears likely that even in those cases where reporting to the police was a secondary action, the primary action undertaken related to the provision of support or resourcing to mitigate risks. Highlighting the positive and supportive outcomes associated with the majority of cases involving carers may be an important step in developing effective working relationships with carers and further improving referrals to formal services and carers' access to ongoing supports.

4.1 Limitations

A number of limitations must be noted. For example, the process of identifying cases for inclusion in analyses was undertaken by ADC staff who were familiar with the cases in question. Comparisons between cases where the PSOA was identified as a carer and those where the PSOA was not identified as a carer demonstrated different demographic profiles as would be expected, however, a clearer and more rigorous process for identifying carers in initial case reporting would be beneficial for future assessment of carer-related cases and specific associated issues.

In addition, many fields in the dataset had substantial cases with missing data. It is likely that much of the missing data relates to fields that were not relevant to individual cases. However, in order to improve detailed analyses of cases involving carers, enhanced collection of key demographic variables in particular would be beneficial.

Comparisons with NEAPS data highlighted certain areas where ADC data is unlikely to represent abuse experienced by older people and adults with disability more broadly. While it is not reasonable to expect ADC data to represent these broader experiences, this limitation is important to consider when interpreting the findings presented in this report. Similarly, the lack of a control group (i.e., carers of older people or adults with disability who have not been alleged to have abused or neglected the care recipient) limits the ability to identify factors associated with abuse or neglect. Rather, the analyses in this report have identified factors associated with certain types of abuse in comparison to other types of abuse.

4.2 Recommendations

1. Establish processes to ensure more complete data collection for every reported case, particularly regarding Person demographics, PSOA demographics, and identifying carers (including whether they are the primary carer or not).
2. Systematically record a wider range of factors that might contribute to situations of potential abuse or neglect (alongside formal/informal support, abuse by other parties, lack of aware of abuse, and issues of service access/acceptability). More comprehensive analysis and categorising of case notes may be warranted to start this process. An iterative process of refining reporting categories may be justified as new cases are reported.
3. Conduct further analysis regarding all actions undertaken by the ADC, not limited to primary actions.
4. Continue to facilitate assessments of support needs (for both Person and PSOA) and increase service access where possible/appropriate.
5. Develop strategies to overcome reluctance by the Person or carer to accept help and support from formal services, particularly in relation to cultural factors and other additional barriers experienced by those from culturally and linguistically diverse communities.
6. Facilitate engagement with services that are aligned with carer and care recipient needs and wishes, particularly when there is a history of negative experiences with services.
7. Ensure public messaging reflects that ADC actions commonly focus on supportive, rather than punitive, approaches to mitigate risks of abuse and sustain positive caring relationships between adults with disability, older people, and their carers.
8. Develop effective education and communication strategies concerning what actions are considered abuse and neglect.

4.3 Next steps

The results of the analyses presented here will be used (along with the literature review produced as the first step in this project) to inform consultations with carers and other stakeholders. These consultations will seek feedback on the main findings, which will inform the development of more detailed recommendations regarding communication with carers and guidance on providing appropriate support to mitigate the risks of abuse and neglect occurring.

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Appendix A

Table A-1. Person demographics (included vs. excluded cases)

	Total sample N (%)	Included cases N (%)	Excluded cases N (%)	p-value
Group:				
Adult with disability	760 (21.7)	279 (24.5)	481 (20.4)	<.01
Older person	1,735 (49.5)	453 (39.7)	1,282 (54.3)	<.001
Older person with disability	1,009 (28.8)	409 (35.9)	600 (25.4)	<.001
Total	3,504 (100)	1,141 (100)	2,363 (100)	
Disability type:¹				
Autism	97 (5.7)	51 (7.6)	46 (4.4)	<.01
Intellectual	367 (21.4)	142 (21.1)	225 (21.7)	.78
Mental health	323 (18.9)	92 (13.7)	231 (22.2)	<.001
Neurological	816 (47.7)	351 (52.2)	465 (44.8)	<.01
Other cognitive	64 (3.7)	32 (4.8)	32 (3.1)	.07
Physical	392 (22.9)	161 (23.9)	231 (22.2)	.42
Sensory	110 (6.4)	48 (7.1)	2 (6.0)	.34
Unknown	47 (2.8)	15 (2.2)	32 (3.1)	NA
Total	1,712 (100)	673 (100)	1,039 (100)	
Age: Mean (SD)	72.3 years (19.7)	71.0 years (21.9)	72.9 years (18.4)	.01
Total	2,905 (100)	990 (100)	1,915 (100)	
Gender:				
Female	2,218 (63.3)	716 (62.8)	1,502 (63.6)	.64
Male	1,279 (36.5)	423 (37.1)	856 (36.2)	.63
Total	3,504 (100)	1,141 (100)	2,363 (100)	
Language other than English	300 (19.8)	20 (22.6)	180 (18.3)	<.05
Total	1,514 (100)	531 (100)	983 (100)	
Person lives with:¹				
PSOA	1,237 (53.3)	717 (82.0)	520 (35.9)	<.001
Children	86 (3.7)	40 (4.6)	46 (3.2)	.08
Family/spouse	490 (21.1)	183 (20.9)	307 (21.2)	.88
Others	240 (10.3)	24 (2.8)	216 (14.9)	<.001
Alone	598 (25.8)	81 (9.3)	517 (35.7)	<.001
Total	2,322 (100)	874 (100)	1,448 (100)	
Accommodation:				
Community/social housing	244 (9.7)	91 (10.6)	153 (9.2)	.27
Own home	1,683 (66.9)	695 (80.9)	988 (59.6)	<.001
Residential care	410 (16.3)	34 (4.0)	376 (22.7)	<.001
Retirement village	101 (4.0)	11 (1.3)	90 (5.4)	<.001
Total	2,517 (100)	859 (100)	1,658 (100)	

¹ Categories not mutually exclusive

Table A-2. PSOA demographics (included vs. excluded cases)

	Total sample N (%)	Included cases N (%)	Excluded cases N (%)	p-value
Age: Mean (SD)	563 years (17.5)	57.4 (17.0)	55.6 (17.7)	.19
Total	665 (100)	257 (100)	408 (100)	
Gender:				
Female	1,488 (48.2)	590 (52.6)	898 (45.7)	<.001
Male	1,554 (50.3)	531 (47.3)	1,023 (52.0)	.01
Total	3,088 (100)	1,122 (100)	1,966 (100)	
Relationship:				
Spouse/partner	416 (11.9)	206 (18.1)	210 (8.9)	<.001
Relative	2,146 (61.2)	838 (73.4)	1,308 (55.4)	<.001
Friend	191 (5.5)	63 (5.5)	128 (5.4)	.90
Community member	531 (15.2)	16 (1.4)	515 (21.8)	<.001
Other	140 (4.0)	9 (0.8)	131 (5.5)	<.001
Unknown/Not disclosed	76 (2.2)	6 (0.5)	70 (3.0)	<.001
Total	3,504 (100)	1,141 (100)	2,363 (100)	
Language other than English	81 (11.9)	43 (14.8)	38 (9.7)	.04
Total	680 (100)	247 (100)	352 (100)	

Appendix B

Table B-1. Type of abuse (included vs. excluded cases)

	Total sample N (%)	Included cases N (%)	Excluded cases N (%)	p-value
Financial abuse	914 (26.1)	251 (22.0)	663 (28.1)	<.001
Financial exploitation	448 (12.8)	131 (11.5)	317 (13.4)	.11
Neglect	927 (26.5)	461 (40.4)	466 (19.7)	<.001
Physical abuse	553 (15.8)	234 (20.5)	319 (13.5)	<.001
Psychological abuse	1,688 (48.2)	614 (53.8)	1,074 (45.5)	<.001
Sexual abuse	86 (2.5)	11 (1.0)	75 (3.2)	<.001
Sexual exploitation	10 (0.3)	1 (0.1)	9 (0.4)	NA
Other	111 (3.2)	20 (1.8)	91 (3.9)	<.01
Total	3,504 (100)	1,141 (100)	2,363 (100)	

Appendix C

Table C-1. Demographic factors associated with cases involving allegations of financial abuse

	N (%)	OR (95% CI), p-value	aOR (95% CI), p-value
PSOA relationship:			
Spouse/partner	22 (8.8)	.37 (.23-.59), p<.001	.43 (.26-.73), p<.01
Son/daughter	151 (60.2)	1.45 (1.09-1.93), p=.01	1.06 (.76-1.46), p=.75
Parent	27 (10.8)	.79 (.51-1.23), p=.29	-
Sibling	12 (4.8)	1.23 (.63-2.40), p=.55	-
Other relative	10 (4.0)	1.15 (.56-2.38), p=.71	-
Friend	18 (7.2)	1.45 (.82-2.55), p=.20	-
PSOA primary carer	153 (61.0)	.61 (.45-.81), p<.01	.71 (.53-.97), p=.03
Older person	197 (78.5)	1.23 (.88-1.73), p=.22	-
Person with disability	144 (57.4)	.86 (.64-1.14), p=.28	-
Person gender:			
Female	162 (64.5)	Ref.	-
Male	89 (35.5)	.91 (.68-1.22), p=.55	-
PSOA gender:			
Female	140 (56.5)	Ref.	-
Male	107 (43.2)	.81 (.61-1.07), p=.14	-

Table C-2. Demographic factors associated with cases involving allegations of neglect

	N (%)	OR (95% CI), p-value	aOR (95% CI), p-value
PSOA relationship:			
Spouse/partner	78 (16.9)	.88 (.64-1.20), p=.41	-
Son/daughter	251 (54.5)	1.10 (.87-1.40), p=.43	-
Parent	68 (14.8)	1.36 (.95-1.92), p=.09	-
Sibling	17 (3.7)	.83 (.45-1.52), p=.55	-
Other relative	21 (4.6)	1.58 (.84-2.94), p=.15	-
Friend	11 (2.4)	.30 (.15-.57), p<.001	.26 (.13-.52), p<.001
PSOA primary carer	354 (76.8)	1.81 (1.38-2.36), p<.001	1.75 (1.30-2.35), p<.001
Older person	339 (73.5)	.83 (.63-1.10), p=.19	-
Person with disability	316 (68.6)	1.80 (1.41-2.31), p<.001	1.95 (1.48-2.57), p<.001
Person gender:			
Female	285 (61.8)	Ref.	-
Male	176 (38.2)	1.08 (.85-1.38), p=.53	-
PSOA gender:			
Female	228 (50.7)	Ref.	-
Male	222 (49.3)	1.14 (.90-1.45), p=.27	-

Table C-3. Demographic factors associated with cases involving allegations of physical abuse

	N (%)	OR (95% CI), p-value	aOR (95% CI), p-value
PSOA relationship:			
Spouse/partner	54 (23.1)	1.49 (1.05-2.12), p=.03	1.56 (.86-2.84), p=.14
Son/daughter	95 (40.6)	.53 (.40-.71), p<.001	1.03 (.58-1.83), p=.91
Parent	53 (22.7)	2.59 (1.78-3.77), p<.001	1.41 (.75-2.65), p=.28
Sibling	11 (4.7)	1.19 (.60-2.38), p=.62	-
Other relative	10 (4.3)	1.26 (.61-2.61), p=.53	-
Friend	6 (2.6)	.39 (.17-.92), p=.03	.29 (11-.79), p=.02
PSOA primary carer	173 (73.9)	1.31 (.95-1.81), p=.10	-
Older person	140 (59.8)	.38 (.28-.52), p<.001	.51 (.31-.86), p=.01
Person with disability	171 (73.1)	2.05 (1.49-2.81), p<.001	1.57 (1.07-2.30), p=.02
Person gender:			
Female	146 (62.4)	Ref.	-
Male	86 (36.75)	.98 (.73-1.32), p=.91	-
PSOA gender:			
Female	113 (49.6)	Ref.	-
Male	115 (50.4)	1.17 (.87-1.56), p=.29	-

Table C-4. Demographic factors associated with cases involving allegations of psychological abuse

	N (%)	OR (95% CI), p-value	aOR (95% CI), p-value
PSOA relationship:			
Spouse/partner	133 (21.7)	1.72 (1.26-2.35), p<.01	1.84 (1.30-2.62), p<.01
Son/daughter	331 (53.9)	1.08 (.86-1.36), p=.52	-
Parent	66 (10.8)	.68 (.48-.97), p=.03	1.02 (.68-1.54), p=.91
Sibling	24 (3.9)	.89 (.50-1.60), p=.70	-
Other relative	18 (2.9)	.66 (.35-1.24), p=.20	-
Friend	30 (4.9)	.77 (.46-1.28), p=.31	-
PSOA primary carer	422 (68.7)	.92 (.71-1.18), p=.51	-
Older person	470 (76.6)	1.12 (.86-1.47), p=.40	-
Person with disability	353 (57.5)	.78 (.61-.98), p=.04	1.01 (.77-1.33), p=.94
Person gender:			
Female	403 (65.6)	Ref.	-
Male	210 (34.2)	.77 (.60-.98), p=.03	.70 (.53-.91), p<.01
PSOA gender:			
Female	323 (53.7)	Ref.	-
Male	277 (46.1)	.90 (.71-1.14), p=.37	-

Appendix D

Table D-1. Person risk factors associated with cases involving allegations of financial abuse

	N (%)	OR (95% CI), p-value	aOR (95% CI), p-value
Alcohol abuse	2 (2.2)	.62 (.13-2.89), p=.55	-
Chronic health issues	24 (26.1)	.69 (.41-1.17), p=.17	-
Criminal history	1 (1.1)	3.18 (.20-51.28), p=.42	-
Death of partner (<2 years)	3 (3.3)	3.22 (.64-16.26), p=.16	-
Dementia	23 (25.0)	.75 (.44-1.28), p=.30	-
Drugs	0	-	-
Financial hardship	2 (2.2)	1.27 (.24-6.64), p=.78	-
Financial stress	2 (2.2)	3.20 (.44-23.04), p=.25	-
Gambling	0	-	-
History of abuse	6 (6.5)	.71 (.28-1.78), p=.46	-
History of DV	10 (10.9)	.60 (.29-1.24), p=.17	-
History of family dysfunction	32 (34.8)	1.56 (.94-2.57), p=.09	-
Homelessness (or at risk of)	2 (2.2)	3.20 (.44-23.04), p=.25	-
Mental health	12 (13.0)	1.17 (.58-2.37), p=.67	-
Relationship breakdown	4 (4.4)	.90 (.29-2.79), p=.85	-
Self-neglect	2 (2.2)	.62 (.13-2.89), p=.55	-
Social isolation	7 (7.6)	1.00 (.41-2.43), p=.99	-
Squalor and/or hoarding	6 (6.5)	.74 (.29-1.86), p=.52	-
Addiction – other	0	-	-
Unknown/not disclosed	16 (17.4)	1.09 (.58-2.03), p=.79	-

Table D-2. Risk and protective factors from case notes associated with cases involving allegations of financial abuse

	N (%)	OR (95% CI), p-value	aOR (95% CI), p-value
Person in-home formal supports	87 (34.8)	.84 (.63-1.13), p=.25	-
Person other formal supports	69 (27.6)	1.01 (.74-1.38), p=.94	-
Person no formal supports	75 (30.0)	.97 (.71-1.32), p=.84	-
Person unknown formal supports	39 (15.6)	1.33 (.89-1.97), p=.16	-
PSOA formal support	20 (8.0)	1.04 (.62-1.76), p=.87	-
PSOA informal support	25 (10.1)	.69 (.43-1.08), p=.10	-
Abuse of PSOA by Person	18 (7.2)	.93 (.54-1.60), p=.80	-
Abuse of PSOA by others	20 (8.1)	1.63 (.95-2.82), p=.08	-
Carer stress	50 (20.2)	.43 (.31-.61), p<.001	.60 (.42-.87), p<.01
Lack of awareness of services	14 (5.7)	.96 (.52-1.76), p=.89	-
Inability to obtain services	14 (5.7)	.51 (.29-.92), p=.03	.69 (.38-1.27), p=.24
Delay in accessing services	19 (7.7)	.76 (.45-1.27), p=.30	-
Lack of care-related education	19 (7.7)	.63 (.38-1.05), p=.07	-
Lack of awareness of actions constituting abuse	33 (13.3)	.58 (.39-.86), p<.01	.87 (.57-1.35), p=.55
PSOA's experience with services	28 (11.3)	.54 (.35-.83), p<.01	.81 (.51-1.28), p=.37
Other factors	144 (58.8)	.91 (.68-1.22), p=.53	-

Table D-3. Person risk factors associated with cases involving allegations of neglect

	N (%)	OR (95% CI), p-value	aOR (95% CI), p-value
Alcohol abuse	6 (3.2)	1.04 (.33-3.30), p=.94	-
Chronic health issues	68 (36.4)	1.49 (.97-2.30), p=.07	-
Criminal history	0	-	-
Death of partner (<2 years)	1 (0.5)	.20 (.02-1.77), p=.15	-
Dementia	59 (31.6)	1.23 (.79-1.92), p=.35	-
Drugs	1 (0.5)	.52 (.05-5.77), p=.59	-
Financial hardship	4 (2.1)	1.40 (.31-6.34), p=.66	-
Financial stress	2 (1.1)	1.04 (.15-7.48), p=.97	-
Gambling	0	-	-
History of abuse	8 (4.3)	.32 (.14-.73), p<.01	.57 (.22-1.48), p=.25
History of DV	15 (8.0)	.30 (.16-.56), p<.001	.61 (.29-1.30), p=.20
History of family dysfunction	55 (29.4)	1.18 (.75-1.84), p=.48	-
Homelessness (or at risk of)	2 (1.1)	1.04 (.15-7.48), p=.97	-
Mental health	24 (12.8)	1.22 (.65-2.28), p=.53	-
Relationship breakdown	4 (2.1)	.28 (.09-.87), p=.03	.47 (.14-1.59), p=.23
Self-neglect	10 (5.4)	5.45 (1.18-25.22), p=.03	5.77 (.70-47.57), p=.10
Social isolation	17 (9.1)	1.52 (.71-3.29), p=.28	-
Squalor and/or hoarding	24 (12.8)	3.95 (1.66-9.42), p<.01	3.49 (1.34-906), p=.01
Addiction – other	0	-	-
Unknown/not disclosed	27 (14.4)	.75 (.43-1.29), p=.29	-

Table D-4. Risk and protective factors from case notes associated with cases involving allegations of neglect

	N (%)	OR (95% CI), p-value	aOR (95% CI), p-value
Person in-home formal supports	190 (41.6)	1.30 (1.02-1.65), p=.04	1.20 (.89-1.63), p=.23
Person other formal supports	141 (30.9)	1.33 (1.02-1.73), p=.03	1.14 (.82-1.58), p=.45
Person no formal supports	142 (31.1)	1.05 (.81-1.35), p=.74	-
Person unknown formal supports	33 (7.2)	.38 (.26-.58), p<.001	.46 (.28-.75), p<.01
PSOA formal support	42 (9.2)	1.38 (.89-2.13), p=.15	-
PSOA informal support	75 (16.4)	1.59 (1.12-2.25), p<.01	1.08 (.71-1.63), p=.73
Abuse of PSOA by Person	29 (6.3)	.73 (.46-1.16), p=.19	-
Abuse of PSOA by others	24 (5.3)	.86 (.51-1.44), p=.56	-
Carer stress	164 (35.8)	1.22 (.95-1.57), p=.11	-
Lack of awareness of services	42 (9.2)	2.73 (1.63-4.58), p<.001	2.24 (1.16-4.32), p=.02
Inability to obtain services	63 (13.8)	2.34 (1.55-3.52), p<.001	1.22 (.72-2.08), p=.46
Delay in accessing services	63 (13.8)	2.34 (1.56-3.52), p<.001	1.59 (.93-2.74), p=.09
Lack of care-related education	74 (16.2)	2.51 (1.70-3.68), p<.001	1.47 (.88-2.44), p=.14
Lack of awareness of actions constituting abuse	111 (24.3)	1.69 (1.26-2.28), p<.01	1.18 (.79-1.77), p=.42
PSOA's experience with services	104 (22.7)	1.87 (1.37-2.56), p<.001	1.58 (1.08-2.32), p=.02
Other factors	296 (65.1)	1.38 (1.08-1.77), p=.01	1.37 (1.02-1.83), p=.04

Table D-5. Person risk factors associated with cases involving allegations of physical abuse

	N (%)	OR (95% CI), p-value	aOR (95% CI), p-value
Alcohol abuse	4 (3.2)	1.03 (.30-3.48), p=.96	-
Chronic health issues	39 (31.2)	.95 (.60-1.51), p=.83	-
Criminal history	1 (0.8)	2.06 (13-33.28), p=.61	-
Death of partner (<2 years)	1 (0.8)	.41 (.05-3.52), p=.41	-
Dementia	38 (30.4)	1.08 (.68-1.72), p=.75	-
Drugs	2 (1.6)	4.16 (.37-46.35), p=.25	-
Financial hardship	2 (1.6)	.82 (.16-4.28), p=.81	-
Financial stress	2 (1.6)	2.07 (.29-4.89), p=.47	-
Gambling	0	-	-
History of abuse	19 (15.2)	3.36 (1.60-7.06), p<.01	1.15 (.44-3.00), p=.78
History of DV	38 (30.4)	4.91 (2.73-8.83), p<.001	4.02 (1.94-8.34), p<.001
History of family dysfunction	40 (32.0)	1.36 (.85-2.18), p=.20	-
Homelessness (or at risk of)	2 (1.6)	2.07 (.29-14.89), p=.47	-
Mental health	16 (12.8)	1.15 (.60-2.21), p=.67	-
Relationship breakdown	7 (5.6)	1.33 (.50-3.51), p=.57	-
Self-neglect	2 (1.6)	.40 (.09-1.86), p=.24	-
Social isolation	11 (8.8)	1.28 (.59-2.80), p=.54	-
Squalor and/or hoarding	6 (4.8)	.47 (.19-1.17), p=.11	-
Addiction – other	0	-	-
Unknown/not disclosed	17 (13.6)	.72 (.40-1.32), p=.29	-

Table D-6. Risk and protective factors from case notes associated with cases involving allegations of physical abuse

	N (%)	OR (95% CI), p-value	aOR (95% CI), p-value
Person in-home formal supports	108 (46.4)	1.55 (1.16-2.08), p<.01	1.28 (.72-2.28), p=.41
Person other formal supports	92 (39.5)	2.03 (1.50-2.75), p<.001	1.31 (.73-2.34), p=.36
Person no formal supports	50 (21.5)	.56 (.40-.79), p<.01	.81 (.40-1.67), p=.57
Person unknown formal supports	16 (6.9)	.43 (.25-.74), p<.01	.52 (.22-1.32), p=.13
PSOA formal support	26 (11.2)	1.69 (1.04-2.74), p=.03	1.32 (.76-2.27), p=.33
PSOA informal support	34 (14.6)	1.16 (.77-1.76), p=.48	-
Abuse of PSOA by Person	38 (16.3)	3.45 (2.20-5.44), p<.001	2.56 (1.50-4.39), p<.01
Abuse of PSOA by others	10 (4.3)	.69 (.35-1.38), p=.29	-
Carer stress	103 (44.2)	1.83 (1.36-2.45), p<.001	1.33 (.94-1.89), p=.11
Lack of awareness of services	21 (9.0)	1.88 (1.09-3.22), p=.02	2.05 (1.07-3.93), p=.03
Inability to obtain services	26 (11.2)	1.28 (.80-2.05), p=.30	-
Delay in accessing services	30 (12.9)	1.60 (1.02-2.50), p=.04	1.40 (.82-2.37), p=.22
Lack of care-related education	34 (14.6)	1.57 (1.03-2.40), p=.04	1.11 (.65-1.87), p=.71
Lack of awareness of actions constituting abuse	52 (22.3)	1.26 (.89-1.80), p=.19	-
PSOA's experience with services	41 (17.6)	1.03 (.70-1.50), p=.88	-
Other factors	137 (59.3)	.94 (.70-1.26), p=.68	-

Table D-7. Person risk factors associated with cases involving allegations of psychological abuse

	N (%)	OR (95% CI), p-value	aOR (95% CI), p-value
Alcohol abuse	1 (0.5)	-	-
Chronic health issues	68 (32.4)	1.05 (.68-1.61), p=.84	-
Criminal history	2 (1.0)	-	-
Death of partner (<2 years)	4 (1.9)	1.65 (.30-9.12), p=.57	-
Dementia	52 (24.8)	.61 (.39-.96), p=.03	.59 (.37-.96), p=.03
Drugs	2 (1.0)	1.64 (.15-18.29), p=.69	-
Financial hardship	4 (1.9)	1.09 (.24-4.96), p=.91	-
Financial stress	2 (1.0)	.82 (.11-5.86), p=.84	-
Gambling	0	-	-
History of abuse	17 (8.1)	.92 (.45-1.90), p=.83	-
History of DV	42 (20.0)	2.28 (1.25-4.17), p<.01	1.93 (.96-3.85), p=.06
History of family dysfunction	63 (30.0)	1.29 (.82-2.02), p=.28	-
Homelessness (or at risk of)	1 (0.5)	.27 (.03-2.61), p=.26	-
Mental health	24 (11.4)	.93 (.50-1.73), p=.81	-
Relationship breakdown	12 (5.7)	1.68 (.62-4.56), p=.31	-
Self-neglect	6 (2.9)	.81 (.26-2.57), p=.73	-
Social isolation	20 (9.5)	1.91 (.84-4.30), p=.12	-
Squalor and/or hoarding	17 (8.1)	.99 (.48-2.08), p=.99	-
Addiction – other	1 (0.5)	-	-
Unknown/not disclosed	38 (18.1)	1.30 (.75-2.25), p=.35	-

Table D-8. Risk and protective factors from case notes associated with cases involving allegations of psychological abuse

	N (%)	OR (95% CI), p-value	aOR (95% CI), p-value
Person in-home formal supports	239 (39.1)	1.11 (.87-1.41), p=.39	-
Person other formal supports	158 (25.8)	.84 (.65-1.09), p=.19	-
Person no formal supports	191 (31.2)	1.07 (.83-1.38), p=.58	-
Person unknown formal supports	77 (12.6)	.93 (.66-1.31), p=.68	-
PSOA formal support	47 (7.7)	.98 (.64-1.52), p=.94	-
PSOA informal support	74 (12.2)	.83 (.59-1.17), p=.28	-
Abuse of PSOA by Person	52 (8.5)	1.34 (.86-2.10), p=.20	-
Abuse of PSOA by others	43 (7.1)	1.73 (1.02-2.94), p=.04	1.84 (1.03-3.29), p=.04
Carer stress	214 (35.3)	1.23 (.96-1.58), p=.10	-
Lack of awareness of services	32 (5.3)	.80 (.48-1.31), p=.37	-
Inability to obtain services	54 (8.9)	.88 (.59-1.31), p=.53	-
Delay in accessing services	52 (8.5)	.81 (.54-1.20), p=.30	-
Lack of care-related education	59 (9.7)	.78 (.54-1.14), p=.20	-
Lack of awareness of actions constituting abuse	130 (21.4)	1.34 (.99-1.81), p=.06	-
PSOA's experience with services	122 (20.1)	1.55 (1.13-2.12), p<.01	2.05 (1.43-2.92), p<.001
Other factors	382 (63.5)	1.31 (1.03-1.66), p=.03	1.41 (1.08-1.83), p=.01

Appendix E

Table E-1. ADC primary actions (included vs. excluded cases)

	Total sample N (%)	Included cases N (%)	Excluded cases N (%)	p-value
Early intervention/resolution	2,335 (66.6)	658 (57.7)	1,677 (71.0)	<.001
Community support	381 (10.9)	226 (19.8)	155 (6.6)	<.001
Closed after preliminary inquiries	392 (11.2)	149 (13.1)	243 (10.3)	.02
Referred to police	96 (2.7)	39 (3.4)	57 (2.4)	.09
Declined at outset	107 (3.1)	28 (2.5)	79 (3.3)	.15
Consolidated into another matter	110 (3.1)	17 (1.5)	93 (3.9)	<.001
Referred to other body	68 (1.9)	12 (1.1)	56 (2.4)	<.01
Investigated	15 (0.4)	12 (1.1)	3 (0.1)	NA
Total	3,504 (100)	1,141 (100)	2,363 (100)	

Table E-2. ADC primary actions by Person group (included cases)

	Adult with disability N (%)	Older person N (%)	Older person with disability N (%)	p-value
Early intervention/resolution	104 (37.3)	333 (73.5)	221 (54.0)	<.001
Community support	91 (32.6)	45 (9.9)	90 (22.0)	<.001
Closed after preliminary inquiries	41 (14.7)	44 (9.7)	64 (15.7)	.02
Referred to police	15 (5.4)	10 (2.2)	14 (3.4)	NA
Declined at outset	10 (3.6)	12 (2.7)	6 (1.5)	NA
Consolidated into another matter	8 (2.9)	6 (1.3)	3 (0.7)	NA
Referred to other body	4 (1.4)	3 (0.7)	5 (1.2)	NA
Investigated	6 (2.2)	0	6 (1.5)	NA
Total	279 (100)	453 (100)	409 (100)	

Appendix F

Table F-1. Factors associated with early intervention/resolution (ADC primary action)

	N (%)	OR (95% CI), p-value	aOR (95% CI), p-value
PSOA relationship:			
Spouse/partner	20 (18.2)	1.03 (.76-1.40), p=.85	-
Son/daughter	402 (61.1)	2.17 (1.71-2.75), p<.001	1.32 (.96-1.82), p=.09
Parent	36 (5.5)	.20 (.13-.30), p<.001	.32 (.18-.55), p<.001
Sibling	24 (3.7)	.76 (.42-1.36), p=.35	-
Other relative	15 (2.3)	.41 (.21-.78), p<.01	.45 (.21-.94), p=.03
Friend	43 (6.5)	1.62 (.94-2.79), p=.08	-
PSOA primary carer	449 (68.2)	.86 (.67-1.11), p=.26	-
Older person	554 (84.2)	3.03 (2.29-4.00), p<.001	.83 (.52-1.30), p=.41
Person with disability	325 (49.4)	.32 (.25-.42), p<.001	.49 (.36-.68), p<.001
Person gender:			
Female	413 (62.8)	Ref.	-
Male	245 (37.2)	1.02 (.80-1.30), p=.90	-
PSOA gender:			
Female	357 (55.2)	Ref.	-
Male	289 (44.7)	.78 (.61-.99), p=.04	-
Abuse type:			
Financial abuse	136 (20.7)	.83 (.63-1.11), p=.22	-
Neglect	226 (34.4)	.55 (.43-.70), p<.001	.40 (.30-.54), p<.001
Physical abuse	52 (7.9)	.14 (.10-.20), p<.001	.12 (.08-.17), p<.001
Psychological abuse	359 (54.6)	1.07 (.85-1.36), p=.56	-

Table F-2. Factors associated with community support (ADC primary action)

	N (%)	OR (95% CI), p-value	aOR (95% CI), p-value
PSOA relationship:			
Spouse/partner	41 (18.1)	1.01 (.69-1.47), p=.97	-
Son/daughter	88 (38.9)	.49 (.36-.66), p<.001	.73 (.51-1.07), p=.10
Parent	58 (25.7)	3.29 (2.27-4.76), p<.001	1.81 (1.07-3.04), p=.03
Sibling	13 (5.8)	1.58 (.82-3.05), p=.17	-
Other relative	12 (5.3)	1.71 (.86-3.41), p=.13	-
Friend	10 (4.4)	.75 (.38-1.50), p=.42	-
PSOA primary carer	169 (74.8)	1.38 (.99-1.92), p=.06	-
Older person	135 (59.7)	.38 (.28-.52), p<.001	1.03 (.63-1.69), p=.90
Person with disability	181 (80.1)	3.24 (2.28-4.60), p<.001	2.23 (1.50-3.30), p<.001
Person gender:			
Female	151 (66.8)	Ref.	-
Male	75 (33.2)	.81 (.60-1.10), p=.18	-
PSOA gender:			
Female	114 (51.6)	Ref.	-
Male	107 (48.4)	1.06 (.79-1.42), p=.72	-
Abuse type:			
Financial abuse	57 (25.2)	1.25 (.89-1.76), p=.19	-
Neglect	121 (53.5)	1.95 (1.45-2.61), p<.001	2.14 (1.55-2.94), p<.001
Physical abuse	73 (32.3)	2.23 (1.61-3.10), p<.001	2.23 (1.56-3.20), p<.001
Psychological abuse	129 (57.1)	1.18 (.88-1.58), p=.27	-

Table F-3. Factors associated with closing after preliminary inquiries (ADC primary action)

	N (%)	OR (95% CI), p-value	aOR (95% CI), p-value
PSOA relationship:			
Spouse/partner	24 (16.1)	.85 (.54-1.36), p=.51	-
Son/daughter	78 (52.4)	.97 (.69-1.37), p=.86	-
Parent	24 (16.1)	1.38 (.86-2.23), p=.18	-
Sibling	7 (4.7)	1.17 (.52-2.67), p=.70	-
Other relative	5 (3.4)	.92 (.36-2.39), p=.87	-
Friend	5 (3.4)	.56 (.22-1.42), p=.22	-
PSOA primary carer	99 (66.9)	.87 (.60-1.25), p=.45	-
Older person	108 (72.5)	.83 (.56-1.23), p=.35	-
Person with disability	105 (70.5)	1.67 (1.15-2.43), p<.01	1.48 (1.01-2.17), p=.04
Person gender:			
Female	86 (57.7)	Ref.	-
Male	63 (42.3)	1.29 (.91-1.82), p=.16	-
PSOA gender:			
Female	68 (46.3)	Ref.	-
Male	79 (53.7)	1.34 (.95-1.90), p=.10	-
Abuse type:			
Financial abuse	42 (28.2)	1.47 (1.00-2.17), p>.05	-
Neglect	67 (45.0)	1.24 (.88-1.75), p=.22	-
Physical abuse	57 (38.3)	2.85 (1.97-4.12), p<.001	2.70 (1.86-3.91), p<.001
Psychological abuse	78 (52.4)	.93 (.66-1.32), p=.70	-

Appendix G

Table G-1. Assistance provided (included vs. excluded cases)

	Total sample N (%)	Included cases N (%)	Excluded cases N (%)	p-value
Education/information	2,116 (69.7)	619 (62.4)	1,497 (73.3)	<.001
Debriefing	1,220 (40.2)	438 (44.2)	782 (38.3)	<.01
Emotional support	1,301 (42.9)	388 (39.1)	913 (44.7)	<.01
Peer consultation	686 (22.6)	289 (29.1)	397 (19.4)	<.001
Coaching/upskilling	372 (12.3)	119 (12.0)	253 (12.4)	.76
Modelling	251 (8.3)	89 (9.0)	162 (7.9)	.33
Total	3,035 (100)	992 (100)	2,043 (100)	

Table G-2. Assistance provided by Person group (included cases)

	Adult with disability N (%)	Older person N (%)	Older person with disability N (%)	p-value
Education/information	101 (44.7)	297 (74.1)	221 (60.6)	<.001
Debriefing	102 (45.1)	148 (36.9)	188 (51.5)	<.001
Emotional support	49 (21.7)	207 (51.6)	132 (36.2)	<.001
Peer consultation	116 (51.3)	73 (18.2)	100 (27.4)	<.001
Coaching/upskilling	29 (12.8)	52 (13.0)	38 (10.4)	.50
Modelling	18 (8.0)	33 (8.2)	38 (10.4)	.48
Total	226 (100)	401 (100)	365 (100)	

Appendix H

Table H-1. Factors associated with education/information (assistance provided)

	N (%)	OR (95% CI), p-value	aOR (95% CI), p-value
PSOA relationship:			
Spouse/partner	123 (19.9)	1.53 (1.08-.18), p=.02	1.53 (.94-2.50), p=.09
Son/daughter	363 (58.6)	1.41 (1.09-1.83), p<.01	1.06 (.69-1.61), p=.80
Parent	36 (5.8)	.24 (.16-.36), p<.001	.44 (.24-.79), p<.01
Sibling	26 (4.2)	1.05 (.55-2.00), p=.89	-
Other relative	22 (3.6)	1.11 (.54-2.27), p=.78	-
Friend	32 (5.2)	1.14 (.62-2.09), p=.67	-
PSOA primary carer	424 (68.5)	.77 (.58-1.02), p=.07	-
Older person	518 (83.7)	2.59 (1.91-3.50), p<.001	1.13 (.70-1.83), p=.61
Person with disability	322 (52.0)	.42 (.32-.55), p<.001	.59 (.43-.82), p<.01
Person gender:			
Female	386 (62.4)	Ref.	-
Male	232 (37.5)	1.02 (.78-1.33), p=.88	-
PSOA gender:			
Female	323 (52.8)	Ref.	-
Male	289 (47.2)	1.00 (.77-1.29), p=.99	-
Abuse type:			
Financial abuse	137 (22.1)	1.07 (.79-1.47), p=.65	-
Neglect	227 (36.7)	.59 (.46-.77), p<.001	.56 (.42-.76), p<.001
Physical abuse	86 (3.9)	.41 (.30-.56), p<.001	.39 (.28-.56), p<.001
Psychological abuse	358 (57.8)	1.41 (1.09-1.82), p<.01	1.03 (.77-1.38), p=.82

Table H-2. Factors from case notes associated with education/information (assistance provided)

	N (%)	OR (95% CI), p-value	aOR (95% CI), p-value
Person in-home formal supports	204 (33.2)	.57 (.44-.74), p<.001	1.05 (.60-1.85), p=.86
Person other formal supports	121 (19.7)	.42 (.32-.56), p<.001	.96 (.56-1.67), p=.89
Person no formal supports	226 (36.8)	2.04 (1.52-2.74), p<.001	1.98 (1.02-3.85), p<.05
Person unknown formal supports	102 (16.6)	3.00 (1.87-4.81), p<.001	2.56 (1.18-5.55), p=.02
PSOA formal support	44 (7.2)	.76 (.48-1.32), p=.25	-
PSOA informal support	73 (11.9)	.75 (.52-1.10), p=.14	-
Abuse of PSOA by Person	39 (6.4)	.61 (.38-.97), p=.04	1.11 (.95-1.30), p=.18
Abuse of PSOA by others	30 (4.9)	.77 (.44-1.35), p=.36	-
Carer stress	192 (31.4)	.86 (.66-1.13), p=.29	-
Lack of awareness of services	32 (5.2)	.73 (.43-1.24), p=.24	-
Inability to obtain services	42 (6.9)	.45 (.29-.69), p<.001	.52 (.31-.88), p=.01
Delay in accessing services	51 (8.3)	.62 (.41-.94), p=.03	1.18 (.69-2.00), p=.55
Lack of care-related education	60 (9.8)	.66 (.45-.98), p=.04	1.14 (.72-1.81), p=.56
Lack of awareness of actions constituting abuse	110 (18.0)	.80 (.58-1.11), p=.18	-
PSOA's experience with services	94 (15.4)	.68 (.49-.95), p=.02	.98 (.67-1.42), p=.90
Other factors	372 (61.2)	1.14 (.88-1.49), p=.32	-

Table H-3. Factors associated with debriefing (assistance provided)

	N (%)	OR (95% CI), p-value	aOR (95% CI), p-value
PSOA relationship:			
Spouse/partner	85 (19.4)	1.24 (.90-1.72), p=.20	-
Son/daughter	229 (52.3)	.80 (.62-1.02), p=.08	-
Parent	50 (11.4)	1.00 (.68-1.49), p=.98	-
Sibling	20 (4.6)	1.21 (.65-2.27), p=.54	-
Other relative	16 (3.7)	1.13 (.57-2.24), p=.73	-
Friend	20 (4.6)	.87 (.48-1.55), p=.63	-
PSOA primary carer	299 (68.3)	.82 (.63-1.08), p=.16	-
Older person	336 (76.7)	.95 (.70-1.28), p=.74	-
Person with disability	290 (66.2)	1.65 (1.27-2.13), p<.001	1.68 (1.30-2.19), p<.001
Person gender:			
Female	267 (61.0)	Ref.	-
Male	171 (39.0)	1.14 (.88-1.48), p=.31	-
PSOA gender:			
Female	218 (50.2)	Ref.	-
Male	216 (49.8)	1.20 (.93-1.54), p=.16	-
Abuse type:			
Financial abuse	118 (26.9)	1.74 (.128-2.36), p<.001	1.79 (1.31-2.43), p<.001
Neglect	190 (43.4)	1.15 (.90-1.49), p=.27	-
Physical abuse	95 (21.7)	1.30 (.95-1.79), p=.10	-
Psychological abuse	239 (54.6)	.99 (.77-1.28), p=.97	-

Table H-4. Factors from case notes associated with debriefing (assistance provided)

	N (%)	OR (95% CI), p-value	aOR (95% CI), p-value
Person in-home formal supports	185 (42.4)	1.38 (1.07-1.79), p=.01	1.26 (.95-1.67), p=.11
Person other formal supports	130 (29.8)	1.31 (1.06-1.88), p=.02	1.19 (.87-1.62), p=.28
Person no formal supports	123 (28.2)	.77 (.59-1.02), p=.07	-
Person unknown formal supports	37 (8.5)	.49 (.32-.73), p<.01	.64 (.41-1.00), p=.05
PSOA formal support	28 (6.5)	.69 (.43-1.12), p=.13	-
PSOA informal support	63 (14.6)	1.25 (.86-1.81), p=.24	-
Abuse of PSOA by Person	31 (7.2)	.87 (.54-1.39), p=.55	-
Abuse of PSOA by others	22 (5.1)	.90 (.51-1.58), p=.71	-
Carer stress	130 (30.1)	.81 (.62-1.06), p=.13	-
Lack of awareness of services	31 (7.2)	1.49 (.88-2.54), p=.14	-
Inability to obtain services	54 (12.5)	1.81 (1.18-2.79), p<.01	1.35 (.82-2.22), p=.24
Delay in accessing services	58 (13.4)	1.97 (1.29-3.02), p<.01	1.56 (.95-2.55), p=.08
Lack of care-related education	53 (12.2)	1.15 (.78-1.71), p=.47	-
Lack of awareness of actions constituting abuse	84 (19.4)	1.01 (.74-1.39), p=.94	-
PSOA's experience with services	69 (15.9)	.82 (.58-1.14), p=.24	-
Other factors	255 (59.3)	.95 (.73-1.23), p=.70	-

Table H-5. Factors associated with emotional support (assistance provided)

	N (%)	OR (95% CI), p-value	aOR (95% CI), p-value
PSOA relationship:			
Spouse/partner	68 (17.5)	.99 (.71-1.38), p=.94	-
Son/daughter	249 (64.2)	1.80 (1.39-2.34), p<.001	1.24 (.91-1.69), p=.18
Parent	18 (4.6)	.26 (.15-.44), p<.001	.60 (.31-1.17), p=.13
Sibling	18 (4.6)	1.23 (.65-2.31), p=.52	-
Other relative	8 (2.1)	.47 (.21-1.04), p=.06	-
Friend	20 (5.2)	1.08 (.60-1.93), p=.80	-
PSOA primary carer	263 (67.8)	.81 (.61-1.06), p=.13	-
Older person	339 (87.4)	2.87 (2.03-4.06), p<.001	1.36 (.82-2.24), p=.23
Person with disability	181 (46.7)	.41 (.32-.54), p<.001	.61 (.45-.82), p<.01
Person gender:			
Female	247 (63.7)	Ref.	-
Male	141 (36.3)	.93 (.72-1.22), p=.62	-
PSOA gender:			
Female	213 (55.2)	Ref.	-
Male	173 (44.8)	.85 (.66-1.10), p=.22	-
Abuse type:			
Financial abuse	90 (23.2)	1.16 (.85-1.57), p=.35	-
Neglect	130 (33.5)	.58 (.44-.75), p<.001	.59 (.44-.80), p<.01
Physical abuse	40 (10.3)	.34 (.23-.50), p<.001	.36 (.24-.54), p<.001
Psychological abuse	243 (62.6)	1.71 (1.32-2.22), p<.001	1.35 (1.01-1.80), p=.04

Table H-6. Factors associated with emotional support (assistance provided)

	N (%)	OR (95% CI), p-value	aOR (95% CI), p-value
Person in-home formal supports	121 (31.4)	.62 (.47-.81), p<.01	1.09 (.55-2.14), p=.81
Person other formal supports	54 (14.0)	.32 (.23-.45), p<.001	.54 (.34-1.20), p=.16
Person no formal supports	155 (40.3)	1.97 (1.50-2.59), p<.001	1.71 (.80-3.65), p=.17
Person unknown formal supports	72 (18.7)	2.37 (1.62-3.47), p<.001	1.96 (.87-4.44), p=.11
PSOA formal support	27 (7.0)	.81 (.50-1.32), p=.39	-
PSOA informal support	43 (11.2)	.75 (.51-1.11), p=.15	-
Abuse of PSOA by Person	23 (6.0)	.65 (.39-1.08), p=.10	-
Abuse of PSOA by others	18 (4.7)	.79 (.44-1.41), p=.42	-
Carer stress	118 (30.8)	.87 (.66-1.15), p=.32	-
Lack of awareness of services	16 (4.2)	.57 (.32-1.03), p=.07	-
Inability to obtain services	23 (6.0)	.47 (.29-.77), p<.01	.81 (.45-1.46), p=.48
Delay in accessing services	21 (5.5)	.39 (.24-.64), p<.001	.61 (.33-1.12), p=.11
Lack of care-related education	28 (7.3)	.48 (.31-.75), p<.01	.80 (.48-1.33), p=.40
Lack of awareness of actions constituting abuse	69 (18.0)	.87 (.63-1.21), p=.40	-
PSOA's experience with services	52 (13.6)	.62 (.44-.89), p<.01	.87 (.58-1.29), p=.47
Other factors	235 (61.8)	1.14 (.87-1.48), p=.34	-

Table H-7. Factors associated with peer consultation (assistance provided)

	N (%)	OR (95% CI), p-value	aOR (95% CI), p-value
PSOA relationship:			
Spouse/partner	49 (17.0)	.93 (.65-1.34), p=.72	-
Son/daughter	129 (44.6)	.54 (.41-.71), p<.001	1.03 (.72-1.48), p=.86
Parent	62 (21.5)	3.49 (2.34-5.21), p<.001	1.16 (.67-2.00), p=.59
Sibling	13 (4.5)	1.14 (.58-2.22), p=.71	-
Other relative	15 (5.2)	1.97 (.99-3.93), p>.05	-
Friend	11 (3.8)	.69 (.35-1.37), p=.29	-
PSOA primary carer	214 (74.3)	1.30 (.95-1.77), p=.10	-
Older person	173 (59.9)	.28 (.20-.38), p<.001	.40 (.25-.65), p<.001
Person with disability	216 (74.7)	2.59 (1.91-3.51), p<.001	1.51 (1.06-2.15), p=.02
Person gender:			
Female	183 (63.3)	Ref.	-
Male	105 (36.3)	.94 (.71-1.25), p=.69	-
PSOA gender:			
Female	146 (51.6)	Ref.	-
Male	137 (48.4)	1.07 (.81-1.41), p=.64	-
Abuse type:			
Financial abuse	43 (14.9)	.54 (.37-.78), p<.01	.60 (.40-.88), p=.01
Neglect	141 (48.8)	1.53 (1.16-2.01), p<.01	1.43 (1.03-1.99), p=.04
Physical abuse	93 (32.2)	2.89 (2.09-4.01), p<.001	2.48 (1.72-3.58), p<.001
Psychological abuse	127 (43.9)	.54 (.41-.72), p<.001	.62 (.45-.85), p<.01

Table H-8. Factors from case notes associated with peer consultation (assistance provided)

	N (%)	OR (95% CI), p-value	aOR (95% CI), p-value
Person in-home formal supports	147 (51.4)	2.17 (1.64-2.98), p<.001	1.98 (1.10-3.54), p=.02
Person other formal supports	117 (40.9)	2.76 (2.05-3.73), p<.001	1.94 (1.09-3.43), p=.02
Person no formal supports	52 (18.2)	.38 (.27-.54), p<.001	.92 (.45-1.88), p=.82
Person unknown formal supports	17 (5.9)	.35 (.20-.59), p<.001	.85 (.37-1.97), p=.70
PSOA formal support	37 (13.0)	2.38 (1.49-3.81), p<.001	1.58 (.93-2.68), p=.09
PSOA informal support	42 (14.7)	1.21 (.81-1.80), p=.35	-
Abuse of PSOA by Person	32 (11.2)	1.88 (1.17-3.03), p=.01	1.25 (.72-2.18), p=.43
Abuse of PSOA by others	17 (6.0)	1.16 (.64-2.11), p=.62	-
Carer stress	117 (41.1)	1.69 (1.27-2.25), p<.001	1.21 (.85-1.71), p=.30
Lack of awareness of services	20 (7.0)	1.31 (.75-2.29), p=.35	-
Inability to obtain services	36 (12.6)	1.59 (1.02-2.48), p=.04	1.23 (.75-2.01), p=.42
Delay in accessing services	35 (12.3)	1.41 (.91-2.18), p=.13	-
Lack of care-related education	46 (16.1)	1.84 (1.23-2.75), p<.01	1.05 (.62-1.75), p=.86
Lack of awareness of actions constituting abuse	66 (23.2)	1.41 (1.01-.98), p<.05	.87 (.57-1.35), p=.54
PSOA's experience with services	74 (26.0)	2.14 (1.52-3.00), p<.001	1.60 (1.07-2.39), p=.02
Other factors	158 (56.0)	.79 (.60-1.05), p=.11	-

Table H-9. Factors associated with coaching/upskilling (assistance provided)

	N (%)	OR (95% CI), p-value	aOR (95% CI), p-value
PSOA relationship:			
Spouse/partner	30 (25.2)	1.69 (1.08-2.66), p=.02	1.82 (1.15-2.87), p=.01
Son/daughter	61 (51.3)	.83 (.56-1.21), p=.33	-
Parent	12 (10.1)	.86 (.46-1.61), p=.63	-
Sibling	0	-	-
Other relative	9 (7.6)	2.78 (1.26-6.10), p=.01	3.16 (1.43-7.01), p<.01
Friend	5 (4.2)	.83 (.32-2.13), p=.69	-
PSOA primary carer	76 (63.9)	.71 (.47-1.06), p=.09	-
Older person	90 (75.6)	.90 (.58-1.41), p=.66	-
Person with disability	67 (56.3)	.86 (.58-1.26), p=.44	-
Person gender:			
Female	67 (56.3)	Ref.	-
Male	52 (43.7)	1.35 (.92-2.00), p=.13	-
PSOA gender:			
Female	59 (50.0)	Ref.	-
Male	59 (50.0)	1.13 (.77-1.67), p=.52	-
Abuse type:			
Financial abuse	29 (24.4)	1.19 (.76-1.86), p=.45	-
Neglect	47 (39.5)	.91 (.62-1.35), p=.65	-
Physical abuse	20 (16.8)	.82 (.50-1.37), p=.45	-
Psychological abuse	68 (57.1)	1.12 (.76-1.65), p=.56	-

Table H-10. Factors from case notes associated with coaching/upskilling (assistance provided)

	N (%)	OR (95% CI), p-value	aOR (95% CI), p-value
Person in-home formal supports	48 (40.3)	1.11 (.75-1.64), p=.60	-
Person other formal supports	32 (26.9)	1.05 (.68-1.62), p=.83	-
Person no formal supports	37 (31.1)	.99 (.65-1.50), p=.99	-
Person unknown formal supports	11 (9.2)	.67 (.35-1.29), p=.23	-
PSOA formal support	11 (9.4)	1.23 (.63-2.41), p=.54	-
PSOA informal support	15 (12.8)	.97 (.54-1.72), p=.91	-
Abuse of PSOA by Person	8 (6.8)	.86 (.40-1.84), p=.70	-
Abuse of PSOA by others	4 (3.4)	.59 (.21-1.66), p=.32	-
Carer stress	46 (40.0)	1.44 (.96-2.14), p=.08	-
Lack of awareness of services	8 (6.9)	1.21 (.56-2.62), p=.63	-
Inability to obtain services	10 (8.6)	.88 (.44-1.74), p=.71	-
Delay in accessing services	11 (9.5)	.94 (.48-1.81), p=.85	-
Lack of care-related education	11 (9.5)	.79 (.41-1.53), p=.49	-
Lack of awareness of actions constituting abuse	21 (18.1)	.92 (.55-1.51), p=.73	-
PSOA's experience with services	19 (16.4)	.91 (.54-1.53), p=.72	-
Other factors	64 (56.6)	.86 (.58-1.27), p=.44	-

Appendix I

Table I-1. Person outcomes (included vs. excluded cases)

	Total sample N (%)	Included cases N (%)	Excluded cases N (%)	p-value
Person involved	666 (73.4)	303 (74.1)	363 (72.0)	.69
Support/services provided or increased	291 (32.1)	170 (41.6)	121 (24.3)	<.001
Review/assessment of needs/supports	237 (26.1)	143 (35.0)	94 (18.9)	<.001
Referral/help to access supports	314 (34.6)	141 (34.5)	173 (34.7)	.93
Accommodation changed	141 (15.6)	85 (20.8)	56 (11.2)	<.001
Police/justice action	198 (21.8)	69 (16.9)	129 (25.9)	<.01
Change to Person's orders	75 (8.3)	39 (9.5)	36 (7.2)	.21
Review/change to NDIS supports	57 (6.3)	38 (9.3)	19 (3.8)	<.01
Application to NCAT	56 (6.2)	30 (7.3)	26 (5.2)	.19
Change of agency/service provider	16 (1.8)	10 (2.4)	6 (1.2)	NA
Total	907 (100)	409 (100)	498 (100)	

Table I-2. Person outcomes by Person group (included cases)

	Adult with disability N (%)	Older person N (%)	Older person with disability N (%)	p-value
Person involved	109 (91.7)	82 (76.6)	112 (74.7)	.66
Support/services provided or increased	75 (49.3)	27 (25.2)	68 (45.3)	<.001
Review/assessment of needs/supports	59 (38.8)	21 (19.6)	63 (42.0)	<.001
Referral/help to access supports	55 (36.2)	35 (32.7)	51 (34.0)	.84
Accommodation changed	36 (23.7)	15 (14.0)	34 (22.7)	.13
Police/justice action	26 (17.1)	18 (16.8)	25 (16.7)	.99
Change to Person's orders	18 (11.8)	6 (5.6)	15 (10.0)	NA
Review/change to NDIS supports	34 (22.4)	0	4 (2.7)	NA
Application to NCAT	14 (9.2)	3 (2.8)	13 (8.7)	NA
Change of agency/service provider	9 (5.9)	0	1 (0.7)	NA
Total	152 (100)	107 (100)	150 (100)	

Appendix J

Table J-1. Factors associated with Person involved (Person outcome)

	OR (95% CI)	p-value	aOR (95% CI)	p-value
Type of abuse:				
Financial abuse/exploitation	3.29 (1.87-5.81)	<.001	3.21 (1.77-5.82)	<.001
Neglect	.60 (.38-.94)	.03	.65 (.40-1.06)	.08
Physical abuse	1.06 (.67-1.69)	.79	-	-
Psychological abuse	2.69 (1.70-4.26)	<.001	2.36 (1.45-3.82)	<.01
Person with disability	.83 (.50-1.39)	.48	-	-
Older person	1.21 (.77-1.91)	.40	-	-
ADC primary action:				
Closed after preliminary inquiries	1.04 (.61-1.78)	.87	-	-
Community support	1.92 (1.22-3.02)	<.01	1.51 (.89-2.53)	.12
Early intervention/resolution	.32 (.18-.60)	<.001	.37 (.18-.75)	<.01
Person gender:				
Female	1.15 (.72-1.82)	.56	-	-
Male	Ref.	-	-	-
PSOA relationship:				
Spouse/partner	.72 (.41-1.26)	.25	-	-
Son/daughter	1.18 (.75-1.85)	.48	-	-
Parent	1.05 (.62-1.77)	.87	-	-
Sibling	.58 (.22-1.52)	.27	-	-
Other relative	.98 (.34-2.79)	.97	-	-
Friend	Omitted	-	-	-

Table J-2. Factors from case notes associated with Person involved (Person outcome)

	N (%)	OR (95% CI), p-value	aOR (95% CI), p-value
Person in-home formal supports	134 (44.4)	.86 (.55-1.34), p=.51	-
Person other formal supports	121 (40.1)	.87 (.56-1.36), p=.55	-
Person no formal supports	81 (26.8)	1.58 (.91-2.73), p=.10	-
Person unknown formal supports	12 (4.0)	.59 (.22-1.53), p=.27	-
PSOA formal support	35 (11.6)	1.41 (.66-3.05), p=.38	-
PSOA informal support	47 (15.5)	.79 (.44-1.41), p=.42	-
Abuse of PSOA by Person	33 (10.9)	1.06 (.51-2.17), p=.88	-
Abuse of PSOA by others	31 (10.3)	5.95 (1.40-25.30), p=.02	4.10 (.93-18.07), p=.06
Carer stress	93 (30.7)	.67 (.43-1.07), p=.09	-
Lack of awareness of services	24 (7.9)	1.05 (.46-2.42), p=.90	-
Inability to obtain services	39 (12.9)	.83 (.44-1.56), p=.56	-
Delay in accessing services	38 (12.5)	.94 (.49-1.82), p=.86	-
Lack of care-related education	37 (12.2)	.78 (.42-1.47), p=.45	-
Lack of awareness of actions constituting abuse	62 (20.5)	.97 (.56-1.68), p=.92	-
PSOA's experience with services	57 (18.9)	.94 (.54-1.65), p=.83	-
Other factors	197 (65.2)	1.58 (1.01-2.48), p<.05	1.49 (.91-2.44), p=.11

Table J-3. Factors associated with referral/help to access supports (Person outcome)

	OR (95% CI)	p-value	aOR (95% CI)	p-value
Type of abuse:				
Financial abuse/exploitation	.70 (.45-1.09)	.11	-	-
Neglect	1.27 (.84-1.91)	.26	-	-
Physical abuse	.91 (.59-1.39)	.66	-	-
Psychological abuse	1.08 (.72-1.63)	.71	-	-
Person with disability	1.11 (.70-1.78)	.66	-	-
Older person	.89 (.58-1.35)	.58	-	-
ADC primary action:				
Closed after preliminary inquiries	.53 (.31-.91)	.02	.59 (.34-1.01)	.05
Community support	.93 (.62-1.39)	.72	-	-
Early intervention/resolution	2.09 (1.14-3.83)	.02	1.84 (.99-3.42)	.05
Person gender:				
Female	.94 (.61-1.44)	.76	-	-
Male	Ref.	-	-	-
PSOA relationship:				
Spouse/partner	1.33 (.79-2.26)	.29	-	-
Son/daughter	.73 (.48-1.11)	.14	-	-
Parent	1.14 (.71-1.85)	.58	-	-
Sibling	.67 (.24-1.89)	.45	-	-
Other relative	1.76 (.70-4.43)	.23	-	-
Friend	1.11 (.43-2.90)	.82	-	-

Table J-4. Factors from case notes associated with referral/help to access supports (Person outcome)

	N (%)	OR (95% CI), p-value	aOR (95% CI), p-value
Person in-home formal supports	63 (44.7)	.96 (.64-1.45), p=.85	-
Person other formal supports	59 (41.8)	1.06 (.70-1.60), p=.79	-
Person no formal supports	39 (27.7)	1.26 (.79-2.01), p=.32	-
Person unknown formal supports	7 (5.0)	1.11 (.43-2.89), p=.83	-
PSOA formal support	13 (9.3)	.78 (.40-1.55), p=.48	-
PSOA informal support	21 (14.9)	.84 (.48-1.48), p=.56	-
Abuse of PSOA by Person	17 (12.1)	1.22 (.64-2.33), p=.54	-
Abuse of PSOA by others	10 (7.1)	.82 (.38-1.77), p=.61	-
Carer stress	55 (39.0)	1.50 (.98-2.31), p=.06	-
Lack of awareness of services	13 (9.2)	1.33 (.64-2.78), p=.45	-
Inability to obtain services	26 (18.4)	1.86 (1.05-3.31), p=.03	1.97 (1.10-3.52), p=.02
Delay in accessing services	24 (17.0)	1.76 (.98-3.17), p=.06	-
Lack of care-related education	22 (15.6)	1.41 (.78-2.55), p=.25	-
Lack of awareness of actions constituting abuse	31 (22.0)	1.14 (.69-1.87), p=.61	-
PSOA's experience with services	26 (18.4)	.93 (.55-1.58), p=.80	-
Other factors	92 (65.7)	1.24 (.81-1.90), p=.32	-

Table J-5. Factors associated with review/assessment of needs/supports (Person outcome)

	OR (95% CI)	p-value	aOR (95% CI)	p-value
Type of abuse:				
Financial abuse/exploitation	.61 (.39-.95)	.03	.59 (.37-.94)	.03
Neglect	1.58 (1.05-2.37)	.03	1.48 (.96-2.27)	.07
Physical abuse	1.45 (.96-2.21)	.08	-	-
Psychological abuse	1.12 (.75-1.69)	.58	-	-
Person with disability	2.78 (1.63-4.71)	<.001	2.05 (1.18-3.58)	.01
Older person	.77 (.50-1.16)	.21	-	-
ADC primary action:				
Closed after preliminary inquiries	.95 (.58-1.55)	.84	-	-
Community support	1.70 (1.13-2.57)	.01	1.15 (.74-1.79)	.54
Early intervention/resolution	.07 (.02-.28)	<.001	.09 (.02-.40)	<.01
Person gender:				
Female	.73 (.48-1.11)	.14	-	-
Male	Ref.	-	-	-
PSOA relationship:				
Spouse/partner	1.61 (.95-2.72)	.07	-	-
Son/daughter	.74 (.49-1.12)	.15	-	-
Parent	1.25 (.78-2.01)	.35	-	-
Sibling	.85 (.32-2.29)	.75	-	-
Other relative	.85 (.32-2.29)	.75	-	-
Friend	1.09 (.42-2.83)	.86	-	-

Table J-6. Factors from case notes associated with review/assessment of needs/supports (Person outcome)

	N (%)	OR (95% CI), p-value	aOR (95% CI), p-value
Person in-home formal supports	75 (52.5)	1.55 (1.02-2.34), p=.04	1.36 (.86-2.14), p=.18
Person other formal supports	66 (46.2)	1.39 (.92-2.10), p=.12	-
Person no formal supports	30 (21.0)	.73 (.45-1.18), p=.20	-
Person unknown formal supports	2 (1.4)	.21 (.05-.91), p=.04	1.04 (.19-5.77), p=.97
PSOA formal support	20 (14.0)	1.63 (.87-3.07), p=.13	-
PSOA informal support	29 (20.3)	1.53 (.90-2.60), p=.12	-
Abuse of PSOA by Person	18 (12.6)	1.33 (.70-2.52), p=.38	-
Abuse of PSOA by others	10 (7.0)	.79 (.37-1.71), p=.55	-
Carer stress	58 (40.6)	1.67 (1.09-2.56), p=.02	1.36 (.84-2.21), p=.21
Lack of awareness of services	16 (11.2)	1.97 (.95-4.06), p=.07	-
Inability to obtain services	24 (16.8)	1.53 (.86-2.72), p=.15	-
Delay in accessing services	24 (16.8)	1.71 (.95-3.09), p=.07	-
Lack of care-related education	27 (18.9)	2.15 (1.20-3.85), p=.01	1.20 (.58-2.46), p=.63
Lack of awareness of actions constituting abuse	44 (31.0)	2.54 (1.55-4.14), p<.001	2.06 (1.13-3.75), p=.02
PSOA's experience with services	34 (23.8)	1.57 (.95-2.59), p=.08	-
Other factors	99 (69.2)	1.58 (1.03-2.44), p=.04	1.34 (.83-2.15), p=.23

Table J-7. Factors associated with support/services provided or increased (Person outcome)

	OR (95% CI)	p-value	aOR (95% CI)	p-value
Type of abuse:				
Financial abuse/exploitation	.88 (.58-1.35)	.56	-	-
Neglect	1.07 (.72-1.59)	.72	-	-
Physical abuse	1.25 (.83-1.88)	.28	-	-
Psychological abuse	1.04 (.70-1.54)	.86	-	-
Person with disability	2.66 (1.63-4.36)	<.001	1.87 (1.06-3.30)	.03
Older person	.60 (.40-.90)	.01	.99 (.54-1.82)	.99
ADC primary action:				
Closed after preliminary inquiries	1.20 (.75-1.92)	.44	-	-
Community support	1.72 (1.15-2.56)	<.01	1.13 (.74-1.73)	.58
Early intervention/resolution	.08 (.02-.25)	<.001	.11 (.03-.37)	<.001
Person gender:				
Female	.72 (.48-1.09)	.12	-	-
Male	Ref.	-	-	-
PSOA relationship:				
Spouse/partner	1.14 (.68-1.92)	.61	-	-
Son/daughter	.68 (.45-1.01)	.06	-	-
Parent	1.70 (1.07-2.70)	.03	1.17 (.61-2.23)	.64
Sibling	.64 (.24-1.71)	.37	-	-
Other relative	1.02 (.40-2.60)	.96	-	-
Friend	.81 (.31-2.11)	.67	-	-

Table J-8. Factors from case notes associated with support/services provided or increased (Person outcome)

	N (%)	OR (95% CI), p-value	aOR (95% CI), p-value
Person in-home formal supports	92 (54.1)	1.84 (1.23-2.74), p<.01	1.19 (.62-2.31), p=.60
Person other formal supports	89 (52.4)	2.25 (1.50-3.38), p<.001	1.61 (.79-3.26), p=.19
Person no formal supports	4 (14.1)	.34 (.21-.57), p<.001	.48 (.20-1.19), p=.12
Person unknown formal supports	1 (0.6)	.07 (.01-.55), p=.01	.23 (.02-2.18), p=.20
PSOA formal support	20 (11.8)	1.19 (.63-2.23), p=.59	-
PSOA informal support	28 (16.5)	1.01 (.59-1.72), p=.97	-
Abuse of PSOA by Person	19 (11.2)	1.08 (.57-2.03), p=.82	-
Abuse of PSOA by others	10 (5.9)	.58 (.27-1.26), p=.17	-
Carer stress	66 (38.8)	1.56 (1.03-2.37), p=.04	1.39 (.86-2.24), p=.18
Lack of awareness of services	22 (12.9)	3.40 (1.57-7.39), p<.01	2.31 (.88-6.04), p=.09
Inability to obtain services	30 (17.7)	1.83 (1.04-3.25), p=.04	1.14 (.56-2.32), p=.72
Delay in accessing services	30 (17.7)	2.11 (1.17-3.81), p=.01	1.03 (.48-2.24), p=.93
Lack of care-related education	26 (15.3)	1.42 (.79-2.53), p=.24	-
Lack of awareness of actions constituting abuse	47 (27.7)	2.08 (1.28-3.37), p<.01	1.65 (.90-3.02), p=.11
PSOA's experience with services	34 (20.0)	1.10 (.67-1.81), p=.70	-
Other factors	109 (64.5)	1.17 (.77-1.75), p=.46	-