

Integrated model of care for responding to suspected elder abuse

Elder Abuse Prevention and Response Initiative

February 2017

In response to the findings of the Royal Commission into Family Violence, the Elder Abuse Prevention and Response Initiative has co-designed an integrated model of care for responding to suspected elder abuse, which will be trialled for 12 months at two or more Victorian health services.

Background

The Royal Commission into Family Violence reported that older people who experience elder abuse are largely invisible to the family violence service system, and do not have their abuse recognised or addressed within broader health sectors. Consequently, elder abuse is under-reported, unrecognised and not adequately responded to across the health, aged care and family violence sectors:

“Family violence against older people tends to be under-reported. Some older people may not recognise their experience as family violence and may regard abusive behaviour as a ‘normal’ part of their intimate partner or family relationships or of ageing” (Vol V, p. 80).

“There is a significant lack of understanding within the community and by service providers of the nature and dynamics of elder abuse, which can create missed opportunities to intervene and provide support to victims. Most existing family violence services and perpetrator interventions are not geared towards the unique dynamics of elder abuse, or to the needs of certain groups.” (Vol V, p. 67).

Project aim

The integrated model of care aims to strengthen elder abuse responses and support within Victorian health services, creating multiple entry points for older people and their carers and families to access specialist support services to address suspected elder abuse. The integrated model of care is based on least restrictive, family-inclusive practice, which was also identified in the findings of the Royal Commission: *“response(s) should be sensitive to choices about family relationships...instead of relying on a criminal justice response” (Vol V, p. 89).*

Project delivery

The integrated model of care consists of four key funded components:

1. Workforce development

The department will fund the Bouverie Centre to train clinical staff and partners of the Victorian health service to respond to suspected elder abuse. This includes:

- *Capacity-building* so staff assessing older people have appropriate skills to respond to suspected elder abuse presentations and admissions across the health care continuum
- *Development of appropriate options/pathways of care* between services involved in addressing elder abuse
- *Training for community partners* to raise awareness amongst other services
- *Evaluation* of project to inform future workforce development in elder abuse response.

2. Counselling and mediation services (0.6 EFT)

The department will fund a counselling and mediation service (including financial counselling) to be located at the Victorian health service and offer a therapeutic option/pathway for older people and their carers/families and help prevent escalation of abuse cases to the legal system. This service will enhance patient flow and reduce length of stay and hospital readmissions across the health care continuum.

3. Liaison Officer – Elder abuse prevention and response (1.0 EFT)

The department will fund a full time officer who will be part of the Aged Care Assessment Service (ACAS), reporting to the ACAS Manager and providing specialist clinical advice and consultancy regarding complex discharge decisions for older people at risk of or experiencing elder abuse. They will also provide secondary consultation to services requiring advice and referral on elder abuse cases across the catchment area.

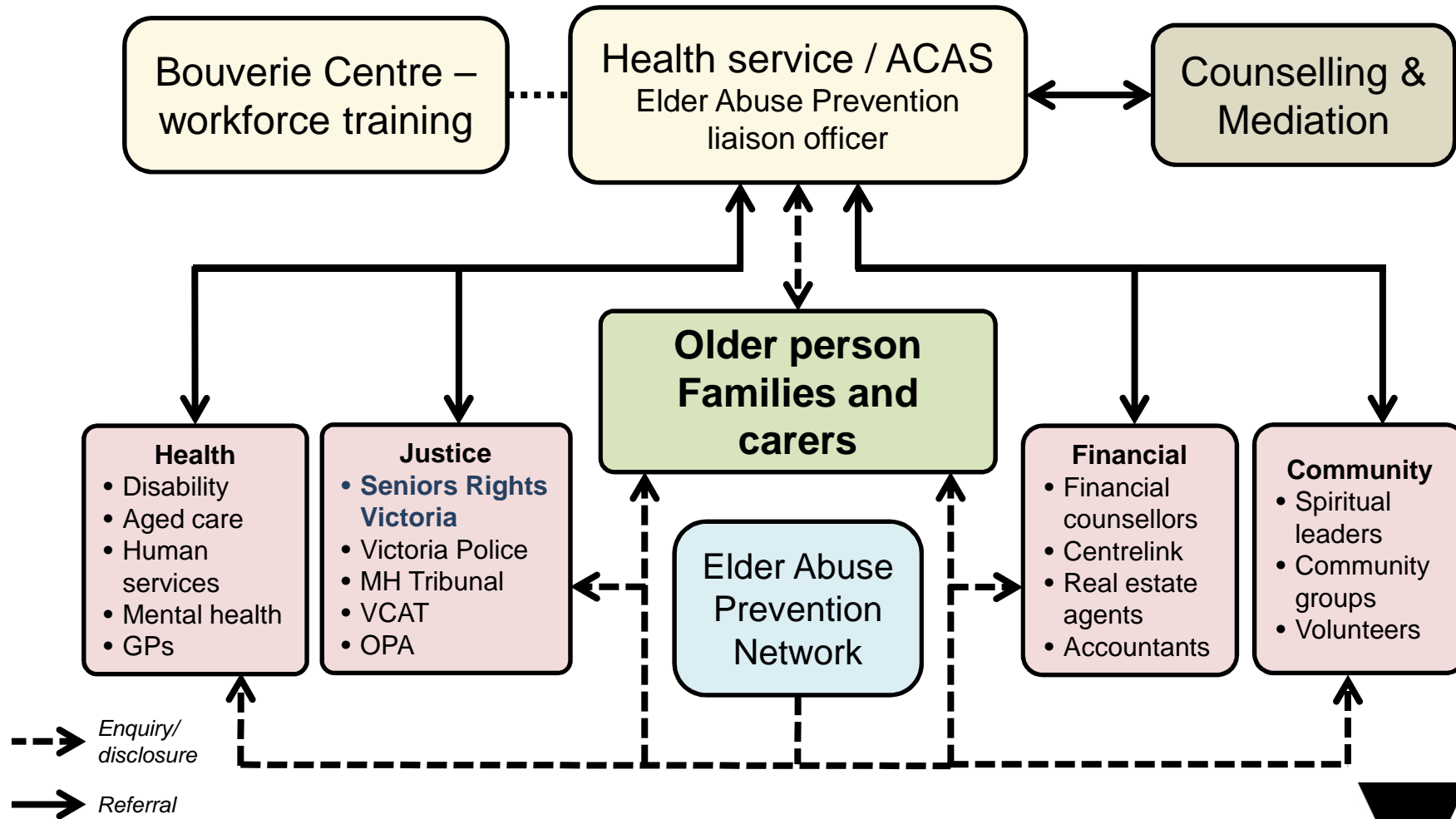
4. An Elder Abuse Prevention Network

The department will fund and support the establishment of a local prevention network as part of the associated *Prevention Networks* project. An elder abuse prevention network is a group of agencies and community organisations who meet regularly to work on key objectives such as raising awareness and how to address the issue. The selected Victorian health services are expected to obtain membership and participate in a local prevention network.

For further queries, please contact Antoinette Libertone at antoinette.libertone@dhhs.vic.gov.au.

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Aboriginal, CALD, LGBTI elements to be included in all aspects of elder abuse prevention & integrated response initiatives.

