

Integrated model of care for responding to suspected elder abuse

A Victorian Government initiative

In response to the findings of the Royal Commission into Family Violence, the Victorian Government is implementing an *integrated model of care for responding to suspected elder abuse*, which is being trialled for 12 months at Melbourne Health, Monash Health, Latrobe Community Health Service, Western Health and Peninsula Health.

Background

The Victorian 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 care continuum:

“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” (Vol V, p. 67).

Project aim

The integrated model of care aims to strengthen elder abuse responses and support within Victorian health services by 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 a least restrictive, client-centred and family-inclusive framework. This 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 government is funding the Bouverie Centre to train clinical staff and partners of the trial health services to respond to suspected elder abuse. This includes capacity-building and development of appropriate options/pathways of care.

2. Liaison officer – elder abuse prevention and response

The government is funding a full time liaison officer at each of the Aged Care Assessment Services auspiced by the trial health services. The liaison officer provides specialist clinical advice and consultancy regarding complex discharge decisions for older people at risk of or experiencing elder abuse. They also provide secondary consultation to services requiring advice and referral on elder abuse cases across the catchment area.

3. Counselling and mediation services (including financial counselling)

The government is funding FMC Mediation and Counselling and a consortium led by Sunbury Community Health to provide counselling and mediation (including financial counselling) at the trial health services. This offers a therapeutic option/pathway for older people and their carers and families, helping prevent escalation of cases to the legal system.

4. Elder abuse prevention network

The government is supporting the establishment of a local prevention network in each catchment area of the trial health services. An elder abuse prevention network is a group of agencies and community organisations who meet regularly to work on key objectives such as developing interagency protocols and raising awareness of elder abuse.

For queries, please contact elder.abuse@dhhs.vic.gov.au.

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Project Steering Committee

Chaired by Director, Diversity and Community Participation, Department of Health and Human Services

Project management

Provided by the Department of Health and Human Services

The four components:

Lead:
Victorian
health
service

Workforce training

To build capacity of the workforce to respond to suspected elder abuse

Elder Abuse liaison officer

To provide secondary consults (clinical advice) for practitioners across the care continuum

Counselling and mediation
(incl. financial counselling)

To provide onsite access to therapeutic options

Elder Abuse Prevention Network

To undertake awareness raising activities and develop/revise policies and interagency protocols

Appropriate
response
for older
people and
their carers
and families