



REFERRAL PATHWAYS PROJECT

FINAL REPORT

SENIORS RIGHTS VICTORIA

JUNE 2013

BY FIONA YORK

CONTENTS

Acknowledgements	3
Background.....	3
Key Findings and Recommendations.....	4
Elder abuse Prevention and Response Guidelines for Action 2012-2013	6
STAGE ONE: RESEARCH	6
Research Goals	6
Research Methodology	7
1. Seniors Rights Victoria File Audit	7
2. Client Interviews	7
3. Service Provider Interviews	7
4. Ethnic Sector Day Consultation	7
5. Attendance at Networks.....	8
6. Comparison with other states	8
Research Findings.....	9
1. Client needs:	9
2. Mapping of available services and service co-ordination.....	18
3. Referral of clients to services.....	27
STAGE 2: PROPOSALS	33
Conclusion	36
Bibliography.....	37
Appendix A: Questions for clients relating to Seniors Rights Victoria mission.....	39
Appendix B: Tips for Seniors Rights Victoria in working with CALD People and Groups	40
Appendix c: Elder abuse Prevention and Response Guidelines for Action.....	41



Seniors Rights Victoria acknowledges the support of the Victorian Government

ACKNOWLEDGEMENTS

This project would not have been possible without the support and invaluable input of the team at Seniors Rights Victoria, whose willingness to provide information and consider ideas for improvement as well as strong commitment to their clients and the service is something to be admired.

I would also like to thank Kate Ling at Ethnic Communities Council of Victoria, Jeanine Jones at Domestic Violence Victoria and Jan Bruce at Municipal Association of Victoria for their collaborative approach during the Elder Abuse Prevention projects.

Thanks to Anne Pate at Council on the Ageing, Briony Dow at the National Ageing Research Institute, Tina Turner at Public Law Clearing House and Roy Reekie at the Federation of Community Legal Centres for their input into the client evaluation process.

Special thanks to those involved in the development of the Yarra Interagency Elder Abuse Response Protocol, whose commitment to working together as well as honest discussion of barriers has contributed to something that can be of practical use for all those working to respond to elder abuse in Victoria. The Elder Abuse Prevention Strategic Network in Castlemaine also needs to be acknowledged for their useful insight into barriers for rural service providers.

BACKGROUND

Seniors Rights Victoria was funded by the Department of Health in 2012 for a Referral Pathways Project to support the implementation of the Elder Abuse Prevention and Response Guidelines for Action. This project was one of four funded projects supporting *Strategic Outcome 4: Coordinated multi-agency support is provided by relevant services to older people experiencing elder abuse*.

The Referral Pathways project ran from June 2012 – 2013. Research was undertaken to identify client needs and map existing services well placed to respond to elder abuse. This research involved

- A file audit of 148 client files from January – June 2012, to identify referral pathways, risk factors and outcomes for Seniors Rights Victoria clients covering a range of ages, geographical locations and types of abuse
- Interviews with 12 former clients
- Interviews with 12 service providers and collation of topics from 30 service provider helpline calls
- Consultation with 18 ethno-specific organisations on perceived barriers and gaps for ethnic communities in accessing services (co-facilitated by Ethnic Communities Council Victoria)
- Mapping of services by region to identify those “well placed” to respond to elder abuse
- Comparison with statistical data from elder abuse agencies in other states

In addition to this, the Referral Pathways project liaised with agencies and networks to explore existing relationships and identify any systemic issues that may hamper effective referral. This included elder abuse specific networks developed by the Primary Care Partnerships, family violence networks, aged and disability networks and agency members of the Referral Pathways Working Group. Regular meetings with other Elder Abuse Prevention Project workers ensured a collaborative cross-sector response.

KEY FINDINGS AND RECOMMENDATIONS

Findings

1. Service providers are more likely to report to Seniors Rights Victoria complex situations, often involving more than one type of abuse, and the more “difficult” types of abuse such as neglect, sexual abuse and physical abuse.
2. Calls from regional areas to Seniors Rights Victoria are disproportionately from service providers.
3. Financial abuse receives a higher level of service in terms of time spent, number of interventions and number of referrals from Seniors Rights Victoria, due to a variety of reasons.
4. Seniors Rights Victoria provides a service to all areas of Victoria, with a higher level of service to those areas with a physical presence, that is, metropolitan Melbourne and Loddon Mallee.
5. Clients who are socially active and have supports in the home are more likely to have a better qualitative outcome, even when the abuse situation does not change, with social isolation being a risk factor for abuse.
6. Seniors Rights Victoria’s involvement has a positive impact on empowerment and dignity, measured by people’s ability to know their options and where to go for help, as well as their ability to make their own decisions.
7. Warm referrals (making personal contact with services to introduce a client to the service) are a successful way of combatting barriers such as waitlists and eligibility criteria for some services, and assist clients to navigate the complex service system.
8. Care coordination - helping the client to navigate the service system, providing information and working together with other services - results in better outcomes for clients. This relies on having established relationships, protocols and rapport with a wide range of services.
9. Services which fulfil functions contributing to positive outcomes for clients, such as care coordination, home visits, warm referrals and facilitating social connections are well placed to respond to risk factors for elder abuse.
10. There is no means of communication between networks working on elder abuse procedures and protocols. Although a local response to elder abuse is often desirable, work is often in isolation and at risk of being duplicated, with learning’s or innovations difficult to share.
11. Networks are an important place for information sharing, professional education and peer support; however, there is a lack of centralised information on which networks exist, how active they are and key contacts. Cross-sector networking is not common. Anecdotally, agencies are more likely to collaborate in elder abuse situations with those they are networked with.
12. Ethnic communities lack a networking infrastructure working across regions to link with different sector based services.
13. Service gaps include availability of capacity assessments, risk assessment, third party inquiries, services for older men, identifying counsellors “expert” in elder abuse, and specific education for older people on adult children with mental illness or alcohol and drug problems.
14. Barriers to effective referral and service provision include cost, eligibility criteria, waitlists, knowledge of local services and police response.
15. There are barriers to accessing services specific to ethnic communities, such as a lack of advance care planning, informal arrangements taking place outside “official” channels and a reliance on family.
16. There is a lack of nationally consistent data collection

17. Misunderstanding and abuse of powers of attorney, sometimes resulting from ageist attitudes about the ability of older people to make their own decisions.

Recommendations:

Awareness-raising

- ✓ Continue to raise awareness of elder abuse amongst older Victorians, particularly in rural and regional areas, in partnerships with local government and rural service providers.
- ✓ Investigate options for an expansion to the presence of Seniors Rights Victoria, particularly in regional areas.
- ✓ Develop a professional education strategy on Powers of Attorney, particularly targeting hospitals and nursing homes, in partnership with other agencies. Support recommendations of the Guardianship Review.
- ✓ Develop strategies for naming and combatting ageism within support agencies and more broadly.

Networking and partnerships

- ✓ Support the development and sharing of interagency protocols, to ensure a coordinated cross-sector response to elder abuse.
- ✓ Continue to map, target training and build links between HACC services, ethno-specific services, nursing, housing, family violence, case management and welfare agencies.
- ✓ Investigate a mechanism, for example, a state-wide networker, to improve communication and ensure an ongoing consistent response for services and networks responding to elder abuse. This would allow for sharing of practice developments and interagency protocols across Victoria, as well as provide opportunities for partnership development.
- ✓ Develop a database of networks and use networks as a place to conduct professional education, distribute information and share any new developments.
- ✓ Promote successful practice models for working with older people, and seek partnerships with organisations who use these elements in their practice. Collaboration with these organisations can potentially assist to address service gaps, in both rural areas and underrepresented client groups or types of abuse.

Systems improvement

- ✓ Investigate barriers to reporting and providing a service for non-financial types of abuse.
- ✓ Share methodology for measuring qualitative outcomes for clients and implement routine follow up to build a picture of what type of intervention works best for what type of client. This knowledge will provide rich data that can both influence service improvement and be used to promote the service.
- ✓ Address social isolation and advocate home support as a key non-legal remedy (and preventative measure) for elder abuse. Particular attention needs to be paid to rural clients, with recognition of the importance of local service providers in the lives of isolated rural older people.
- ✓ Continue to clarify referral pathways between the family violence sector and Seniors Rights Victoria, and investigate formalising arrangements between these services.
- ✓ Address systemic barriers through mechanisms such as priority tools for elder abuse referrals, protocols for involving police, service mapping and targeted training.
- ✓ Involve bi-lingual workers where there are shared clients and use ethnic organisations for “secondary consults” on cultural issues. Continue to partner with key ethnic organisations and further develop cultural awareness.
- ✓ Investigate a national approach to data collection, via discussion with interstate elder abuse agencies. to ensure consistency.

ELDER ABUSE PREVENTION AND RESPONSE GUIDELINES FOR ACTION

2012-2013

The Referral Pathways project falls under Strategic Outcome 4 of the above Guidelines: **Coordinated multi-agency support is provided by relevant services to older people experiencing elder abuse** and Strategic Outcome 2: **Empowerment of older people through increased awareness of their legal, financial and societal rights and provision of avenues for advice and support**. See Appendix for how the project's activity fulfils the priorities and actions under these Guidelines.

STAGE ONE: RESEARCH

RESEARCH GOALS

The first part of the Referral Pathways project was to research and analyse client needs and the service system. Questions were categorised as follows

1. Client needs
 - a. For each type of abuse, what type and level of service do our clients need?
 - b. For each abuse type, what risk factors emerge from client histories?
 - c. Which needs are most likely to be met by existing services?
 - d. Which needs go unmet?
2. Mapping of available services and service co-ordination
 - a. Which referral pathways and co-ordination mechanisms or case management systems have worked best for clients?
 - b. For each type of abuse, what services are available for older people:
 - i. by location, e.g. DHS region
 - ii. by type of service (e.g. financial counselling, housing support, DV outreach, sexual assault, aged care, social support, community transport)
 - iii. by service provider/agency
 - c. Whether it is already part of a co-ordinated system.
 - d. What service gaps are there, and where?
 - e. Which services are well placed to identify older people with particular risk factors for abuse?
3. Referral of clients to services
 - a. How does SRV access available services for its clients? What are the current referral pathways?
 - b. What barriers and impediments are there in referring clients to existing appropriate services?
 - c. Are there any structural, systemic or other issues which hamper referral or effective service provision?

RESEARCH METHODOLOGY

A number of different methodologies were used in this research and are outlined as follows:

1. SENIORS RIGHTS VICTORIA FILE AUDIT

The referral pathways project conducted an audit of 148 client files from January – June 2012 with files chosen on the basis of every second case and every fifth advice. The sample included a range of ages, gender, location and people from both English and non-English speaking backgrounds. According to the file sample, approximately 73% of clients were women, and 27% were men, with a range of ages from 60 – 95 years of age represented. There were 45 service provider files in the file sample (30%). A further audit of all service provider calls between May 2012 and July 2012 (30 calls) was completed to collate data on call topics.

2. CLIENT INTERVIEWS

A list of clients arising from the review of client files was developed and reviewed by the case work team. Verbal and written consent to be interviewed was gained and interviews took place in January and February 2013. Twelve clients were interviewed, ten women and two men (five from CALD backgrounds) and one declined to be interviewed. Eight were unable to be contacted.

Questions were designed to measure qualitative outcomes based on the mission statement of Seniors Rights Victoria, that is empowerment, safety, dignity and independence¹. Council on the Ageing (COTA) focus groups “Voice of older people on independence” and “What makes a decent life” informed the development of questions relating to these concepts. Questions and a methodology were developed in consultation with Roy Reekie from Victoria Legal Aid, Tina Turner from Public Interest Law Clearing House, Anne Pate from Council on the Ageing, and Briony Dow from the National Aging Research Institute.

3. SERVICE PROVIDER INTERVIEWS

Twelve service providers selected from the client file audit were interviewed in November and December 2012, to measure outcomes for both the service provider and their client. Questions were developed from a number of sources, including self-evaluation questions for service providers designed by Primary Care Partnership elder abuse project workers.²

Questions were circulated for further discussion at the Elder Abuse Prevention Working Group: Policies, Procedures and Referral Pathways. In attendance were representatives from agencies well-placed to respond to elder abuse, including Aged Care Assessment Service, Royal District Nursing Service, Alzheimer’s Australia, Brotherhood of St Lawrence, Ethnic Communities Council of Victoria, Certified Practising Accountants and Financial Counsellors.

4. ETHNIC SECTOR DAY CONSULTATION

In November 2012, Ethnic Communities Council of Victoria held a “Sector Day” with Victoria University to deliver Elder Abuse Prevention and Response Workshop 1 & 2 to eighteen ethno-specific agencies and bilingual workers. Part of this day included a consultation with those groups to identify

¹ see Appendix A for list of questions

² “Elder Abuse Prevention Toolkit – Implementation Support Document 2012” provided by Sharyn Rognrust, Hume Whittlesea Primary Care Partnership

current referral pathways and potential barriers to accessing Seniors Rights Victoria's service. Questions and information were circulated to the participants during the consultation, including the results of the client file audit which included approximately 30% culturally and linguistically diverse (CALD) clients and referrals to ethno-specific groups.

5. ATTENDANCE AT NETWORKS

In 2009-2012 Primary Care partnerships were funded by the Department of Health to raise awareness about elder abuse and develop networks, policy and procedures for service providers to combat elder abuse. There were nine projects across the state which resulted in the development of local elder abuse toolkits. Elder abuse became a focus in some already existing Aged and Disability networks and three elder abuse-specific networks were created and continue to operate in the Eastern metropolitan region, Castlemaine and Bendigo.

In order to map referral pathways and current practice, this project has attended the Elder Abuse Prevention Strategic Network in Castlemaine, the Eastern Elder Abuse Network, the Elder Abuse Prevention Network in Bendigo, and the Eastern Metropolitan Regional Family Violence Partnership Referral Pathways Working Group. This project has supported the development of the Yarra Interagency Protocol on Elder Abuse, as part of a working group of the Yarra Aged and Disability Forum.

6. COMPARISON WITH OTHER STATES

Included in this research was a comparison of call data from other interstate elder abuse services. In January, contact was made with Advocare and the Older Person's Rights Service in Western Australia, Advocacy Tasmania, Aged Rights Advocacy Service (ARAS) in South Australia and Elder Abuse Prevention Unit in Queensland.

RESEARCH FINDINGS

1. CLIENT NEEDS:

For each type of abuse, what type and level of service do our clients need?

The audit of client files looked at the type and level of service that was currently being provided by Seniors Rights Victoria for the two main types of clients – older people and service providers. It should be noted that due to the variety of circumstances, “client needs” are often difficult to quantify. Measurement of qualitative and quantitative outcomes for the types of service provided occurred via interviews and this provides additional information on what older people may need in different abuse situations.

As Seniors Rights Victoria has an empowerment approach, it is important to continue to identify client needs from their perspective. Goal setting in case work is now occurring at Seniors Rights Victoria, and a method for determining client goals for other “interventions”, that is, advices and information calls is being examined. Once these practice changes are implemented, identification of client needs and the most appropriate intervention for each type of abuse will be improved, as part of the continuous improvement model.

Types of abuse

In the audit of Seniors Rights Victoria files, the most common type of abuse reported was financial abuse, often in conjunction with psychological abuse. Physical abuse, and to a lesser extent, neglect was also reported. This pattern is reflected in the call data available in the Annual Reports.³

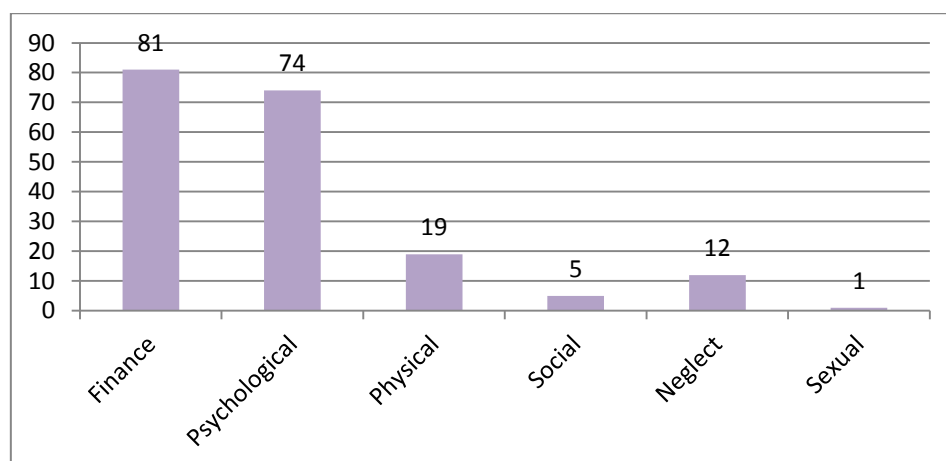


Fig 1: Type of Abuse reported

³ Seniors Rights Victoria Annual Reports available at http://www.seniorsrights.org.au/index.php?option=com_content&view=article&id=20&Itemid=26

Types of abuse reported by service providers

According to the data, service providers and third parties are more likely to call about neglect, physical, and sexual abuse. For example:

- Of the 12 neglect cases, 11 were reported by service providers or third parties. The one case reported by the older person was a failed booking⁴
- Of the 17 cases of physical abuse, 9 were reported by service providers or third parties. Of the 8 reported by older person themselves, three were failed bookings
- Of the two cases of sexual abuse (one case, one suspected case), both were reported by service providers. One case has no record other than intake.

Compared to this, of the 81 cases of financial abuse only 22 were reported by service providers, with no failed bookings. Of the 74 cases of psychological abuse, 19 were reported by service providers, with only two failed bookings.

Topics service providers call about

A further audit of all service provider calls between May 2012 and July 2012 (30 calls) was completed to collate data on call topics, which indicates the type of things that service providers (as clients of the service) need. The top call topics were:

- Abuse of powers of attorney, enquiries on whether to apply for Guardianship or not, questions on validity of Wills
- Duty of Care (often seeking reassurance that they had fulfilled their duty of care)
- Services withdrawn due to violence/physical abuse (risk assessment)
- Client refusing services
- Client put in care against their will (sometimes due to abuse of power of attorney or guardianship)
- Hoarding

These call topics are informing decision-making on professional development topics particularly duty of care and capacity assessments. The information was also used in the ongoing development of an online service provider's tool kit.

Multiple types of abuse

There were 38 cases (25%) in the file sample of types of abuse occurring concurrently, with the combination of financial and psychological abuse the most commonly reported.

Service providers are more likely to report multiple types of abuse, with a third of service provider files relating to more than one type of abuse. Compared to this, one fifth of reports from older people concerned multiple types of abuse, more often than not the combination financial and psychological abuse⁵.

⁴ "Failed booking" means that a the person was unable to be contacted after original call to helpline

⁵ Of the four calls from older people relating to the combination of psychological and physical abuse, two were recurring clients and one was a failed booking.

Type of abuse reported	Older Person	Service Provider or Third Party	TOTAL
Financial and psychological	13	4	17
Financial, psychological, and physical	2	1	3
Financial and neglect	0	3	3
Financial and social	1	0	1
Financial and sexual	0	1	1
Financial and physical	1	0	
Financial, psychological and social	1	1	2
Financial, psychological, physical and neglect	0	1	1
Psychological and physical	4 (one failed)	2	6
Psychological and neglect	0	1	1
Psychological, social and neglect	0	1	1
Physical and neglect	1 (failed)	0	1
TOTAL:	23 (21%)	15 (33%)	38

Table 1: Combination of abuses by notifier

Key finding: Service providers are more likely to call about complex situations, often involving more than one type of abuse, and the more “difficult” types of abuse such as neglect, sexual abuse and physical abuse.

Key finding: Calls from regional areas to Seniors Rights Victoria are disproportionately from service providers. Apart from the Gippsland region which had no service provider calls in the file sample, the following illustrates the number of service provider calls as a percentage of total calls from that region:

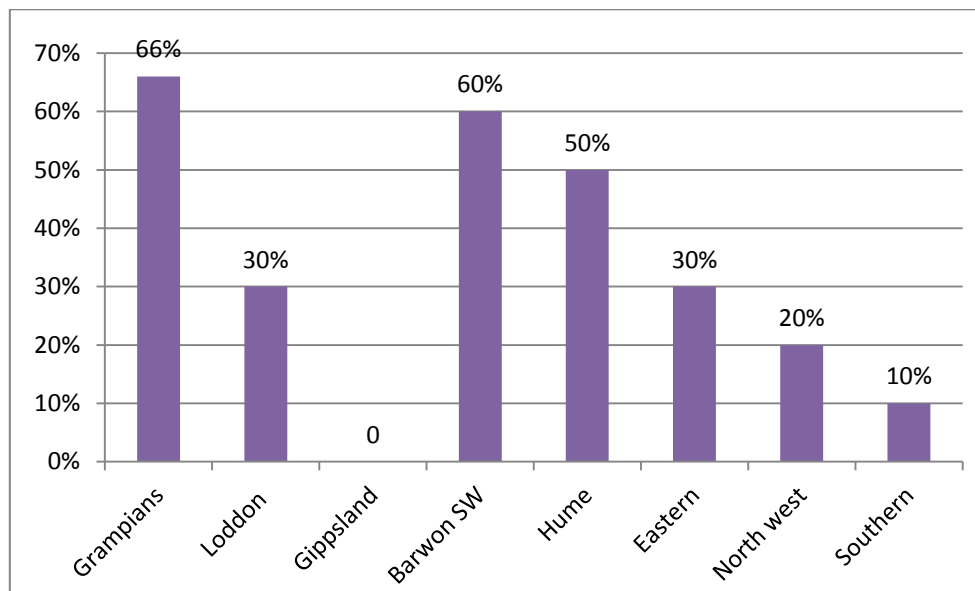


Fig 2: Percentage of service provider calls by region

This could indicate the need for further community education targeting older people in rural areas, to increase the proportion of older people calling from those areas. It could also indicate the importance of local service providers in the lives of isolated older people in rural areas, who may be less likely to call a “city-based” service and rely on the person they know to make that call. This highlights the importance of ensuring the helpline number continues to be the cost of a local call for rural people.

Type and level of service provided by Seniors Rights Victoria

The **type** of service provided by Seniors Rights Victoria was categorised as legal and advocacy advices, cases and referrals.

The **level** of service was measured according to two criteria:

- The size of the case according to the time spent (small = 0-5 hours, medium = 6-20 hours, and large = 20+ hours)
- The number of referrals made, both legal and advocacy

Key finding: Seniors Rights Victoria provides a higher level of service, **according to the above criteria**, for clients experiencing financial abuse. This could be due to a number of factors, for example,

- There could be a higher incidence of financial abuse than any other type of elder abuse occurring in the community.
- Research indicates that older people are more likely to self-report financial abuse⁶ whereas service providers are more likely to call about neglect, physical, social and sexual abuse and therefore those types of abuse receive a lower level of service⁷.
- Financial abuse is more conducive to legal remedies than other types of abuse, so it is more likely to result in case work.
- Financial abuse is very legally complex and may need extensive time spent on it by the legal team, including seeking expert counsel in some cases
- The potential loss of a home due to financial abuse is a crisis that galvanises the service and the older person, resulting in prioritisation of this work, with lawyers available in-house to urgently respond

Psychological abuse also receives a high level of service, particularly in the advocacy area, with a higher level of non-legal advices and referrals. However, financial abuse results in a significantly higher level casework for both the advocacy and the legal service.

⁶See Lafferty et al “Older Person’s Experience of Mistreatment and Abuse” NCPOP University College Dublin 2012 p 4

<http://www.hse.ie/eng/services/Publications/services/olderpeople/mistreatmentandabuse.pdf>

⁷ Seniors Rights Victoria can only conduct legal case work for the older person themselves, therefore service providers and third parties, although provided with detailed information and advice, are not the subject of case work

Level of service across Victoria

Seniors Rights Victoria is a state-wide service, and as such needs to provide a service to all regions. In the file sample, all regions were covered, with 75% of clients living in metropolitan area.

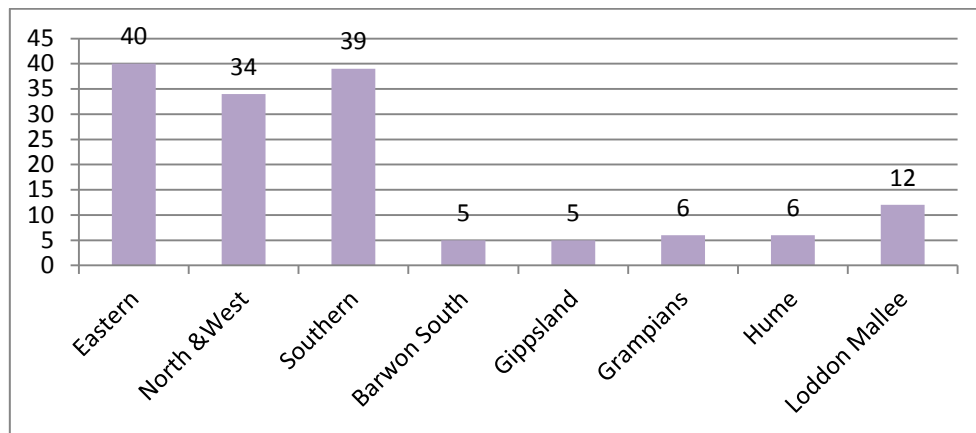


Fig 3: Location of clients

Key finding: Based on the file sample, and according to these criteria, Seniors Rights Victoria provides a service to all areas of Victoria, with a higher level of service to metropolitan areas. Loddon Mallee is the regional area with the highest level of service.

When looking at population data, Seniors Rights Victoria mostly provides a service to those areas of Victoria with a higher level of people over the age of 60, as the following graphs illustrate:

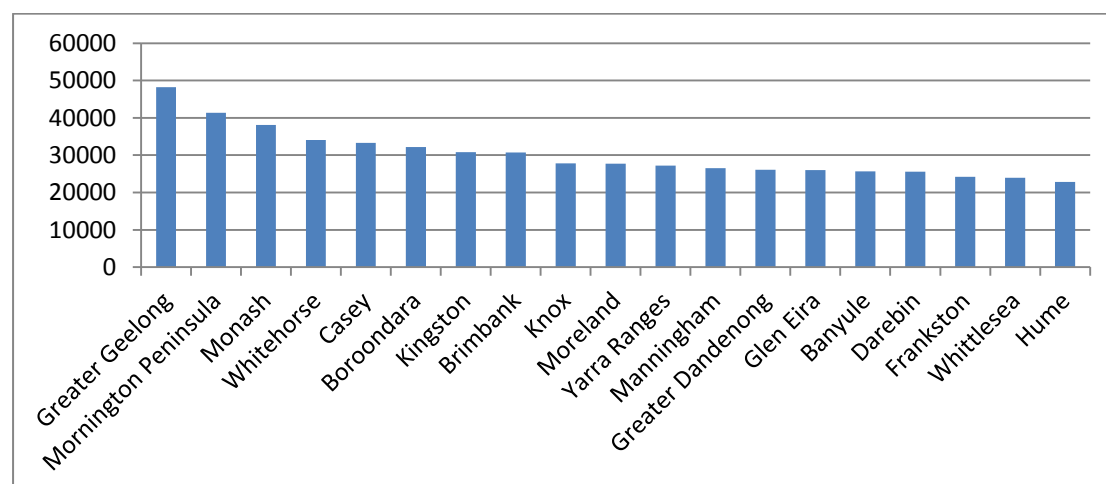


Fig 4: Highest number of people over 60 by Local Government Area⁸

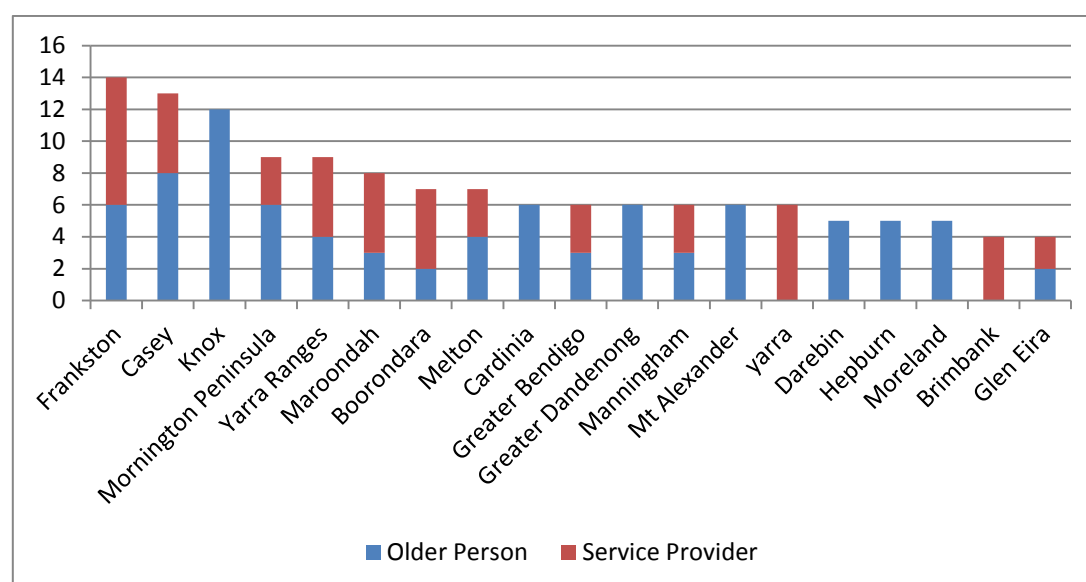


Fig 5: Seniors Rights Victoria client file sample (148 files Jan-June 2012)

It is expected that the new client database, Infocom, will provide a greater picture of which areas are receiving the most service. Current practice is to use population data to identify target areas for community education, and this includes places with a higher percentage (rather than numbers) of older people, that is, mainly rural areas. Helpline call data is being compared with population data to ensure that the service is reaching those areas with high numbers and percentages of older people.

⁸ Data provided by Municipal Association of Victoria

For each abuse type, what risk factors emerge from client histories?

Through the audit of Seniors Rights Victoria paper files, risk factors were identified from the circumstances as described in the file notes and placed into three broad categories – financial, health and environmental risk factors. The top ten risk factors for each abuse type are in the table below:

Financial abuse	Psychological abuse	Physical abuse	Neglect
Family conflict	Family conflict	History of family violence	Poor health or frailty
Financial dependence on perpetrator	Poor health or frailty	Family conflict	Physical dependence on perpetrator
Poor health and frailty	Mental health of older person	Poor health or frailty	Living with perpetrator
Insufficient income	Living with perpetrator	Living with perpetrator	Carer stress
Living alone	Living alone	Physical dependency on perpetrator	Family conflict
No alternative housing for older person	Overbearing/overburdened family and carers	Carer stress	Dementia
Physical dependence on the perpetrator	Mental health issues for perpetrator	Overbearing/overburdened family and carer	Geographic isolation
Geographical isolation	History of family violence	Living alone	Inexperienced carer
Debt burden	Dementia	Geographic isolation	Social isolation
Dementia	Lack of alternative housing for perpetrator	Dementia	

<i>Financial factors = red</i>	<i>Health factors = blue</i>	<i>Environmental factors = green</i>
--------------------------------	------------------------------	--------------------------------------

Table 2: Top risk factors for each type of abuse

It is expected that the new client database, Infocom, will provide more data on risk factors for each type of abuse. The patterns reflected above are confirmed by anecdotal information from the case work team at Seniors Rights Victoria. Having no services in place at the time of the call to Seniors Rights Victoria was a factor in a high number of client files examined (see Table 3: Top services currently being received at time of call), and this too could be a risk factor.

Client interviews revealed further information about risk factors for abuse. For example, three of the interviews concerned “Boomerang kid” situations, that is, situations where an adult child moves back in with their older parent and starts psychological, financial and sometimes physical abuse. All three were from CALD backgrounds. Two were socially connected, and one wasn’t. The two that had supports in place, knew where to go for information and felt able to make their own decisions were comfortable with their decision not to take action or follow legal advice. The one that didn’t feel able to make her own decisions and was socially isolated needed further assistance and so was immediately referred to a Seniors Rights Victoria advocate.

Key finding: Clients who are socially active and have supports in the home are more likely to have a better qualitative outcome, with social isolation being a risk factor for abuse.

Which needs are most likely to be met by existing services?

According to client interviews conducted, Seniors Rights Victoria is the first point of call in most cases for older people seeking assistance to deal with abuse. Clients interviewed were told about the service by health professionals such as a doctor, allied health professional or paid carer, and via community education sessions.

Key finding: Seniors Rights Victoria's involvement has a positive impact on empowerment and dignity, measured by people's ability to know their options and where to go for help, as well as their ability to make their own decisions.

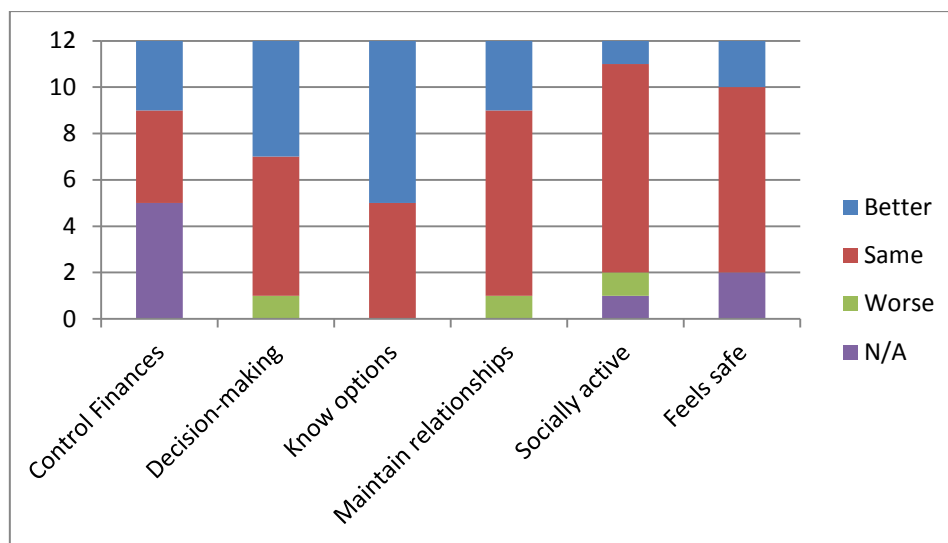


Fig 6: Impact of Seniors Rights Victoria on older people's empowerment and dignity

The majority of clients interviewed (60%) indicated that they now better know their options and where to go for information and assistance, and 42% indicated that they are now better able to make their own decisions⁹.

There was also a positive impact on control of finances (25%), family relationships (25%) and feeling of safety (16%). There was less of an impact on client's level of social interaction, with 75% indicating that their level of social interaction remained unchanged.

It is important to recognize (and measure) that the ability to make decisions, knowing where to go for help and having control over finances are positive outcomes for clients, even if the circumstances contributing to the abuse itself remain unchanged. This supports the mission of Seniors Rights Victoria and its rights-based approach, in increasing the empowerment and dignity of older Victorians.

"I had a lovely hour long session with lawyer and advocate... I feel better able to make my own decisions now, more confident, and not so much grief. I was doubting myself before, and now I have a sense of direction and a plan. That is the light at the end of the tunnel." *Interview with former Seniors Rights Victoria client.*

⁹ Forty per cent indicated no change in knowing their options and 50% indicated no change in their ability to make decisions.

Which needs go unmet?

Many of the difficulties in accessing services, such as cost, eligibility for services, lack of housing, and waitlists are outlined below, and these difficulties can result in unmet needs. Transport and mobility can also impact on access to services for older people, especially in rural areas.

For the ethnic sector in particular, family is important and cultures that have been here a long time may be used to delegating to their children, more so than in their home country. It is a “given” that family take care of decisions, bills, shopping for the older person and it can be seen as shameful for outsiders to provide assistance. For these reasons, an older person may hide a poor situation and say they have a supportive family when they don’t, which can result in unmet needs¹⁰.

According to client interviews and the file audit, sometimes a need or a goal identified by the client may go unmet. For example, money lost due to financial abuse may not be able to be retrieved for a variety of reasons such as the amount being too small to warrant legal action or difficulty in finding the perpetrator.

Systematic outcomes measurement is being implemented by Seniors Rights Victoria, with routine goal setting and follow up with clients that will allow a more complete picture of which needs are currently going unmet by existing services.

“My son moved back in four years ago, he has problems, he drinks, and he lost his job because he lost his temper. He calls me names and doesn’t talk to me. He says he’s going to get help but he doesn’t, the doctors tell him to do something, and he says he will but he doesn’t. I wanted him to move out and wanted him to stop calling me names.

I was told to change the locks but I don’t want to do that – I get enough from him as it is without changing the locks. My family won’t have anything to do with me now he has moved in. I have some friends, but lots have died.

I get no help, no services in the home because he is there, and I’m not eligible [for assistance] because he should be helping me. I have arthritis and I don’t want to make it worse by carrying heavy shopping. I feel frightened that I will not be able to get food.” *Interview with former Seniors Rights Victoria client, referred for further advocacy support following interview.*

“I’m starting to get to know my daughter again. I don’t want to rush things, have started fixing things slowly. My daughter still growls and swears, has a temper, but things have improved with her a little. Yes – I know where to go for help. I know what to do if things go wrong. I’m 80 years old and I go where I want and do what I want, I please myself.”

Interview with former Seniors Rights Victoria client

¹⁰ Information from consultation with 18 ethno-specific organisations at ECCV Sector Day

2. MAPPING OF AVAILABLE SERVICES AND SERVICE CO-ORDINATION

Which referral pathways and co-ordination mechanisms or case management systems have worked best for clients?

Seniors Rights Victoria makes a range of referrals made according to the circumstances for the client, with the largest variety of referrals made for psychological abuse. Financial abuse results in the most legal referrals, psychological abuse is most often referred to mediation, counselling and the police (as part of safety planning), and physical abuse results in the most referrals to family violence services. Physical abuse, sexual abuse and neglect are more likely to be “referred out” of the service, and result in less case work and a lower number of referrals.

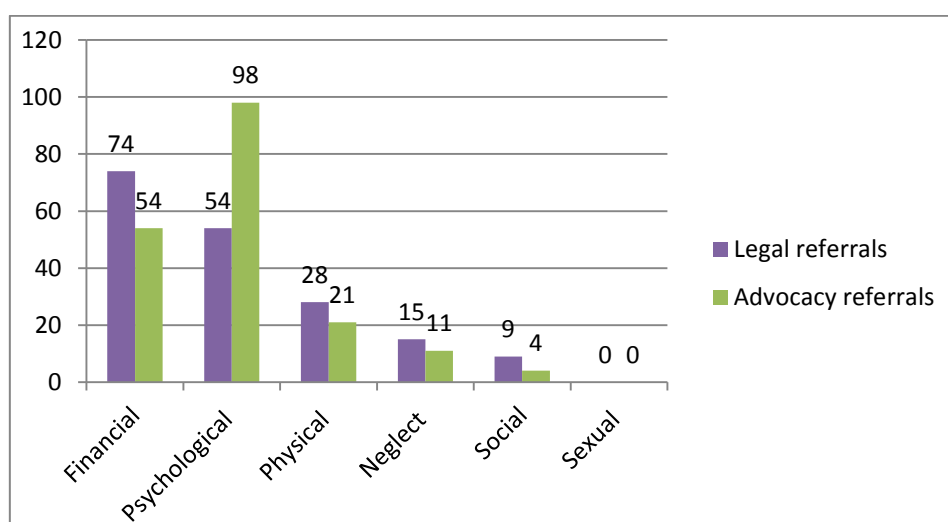


Fig 7: Number of referrals by abuse type

Key findings from client file audit on “what works best” for clients:

1. Warm referrals, that is, making personal contact with services to introduce a client to the service, is a successful way of combatting barriers such as waitlists and eligibility criteria for some services. This relies on having established relationships and workers having good rapport with a wide range of services.
2. Care coordination - helping the client to navigate the service system, providing information and working together with other services - results in better outcomes for clients. This role can be fulfilled by Seniors Rights Victoria advocates, HACC providers, housing support workers, social workers, Veteran’s Affairs, community registers, housing workers and hospitals as well as case managers.
3. Home visits, particularly for clients with disabilities, capacity issues or language barriers.

For each type of abuse, what services are available for older people?

There are a wide range of services available for older people, and this is indicated by the range of services already being received by many clients when they first contact Seniors Rights Victoria, as seen below:

Financial Abuse	Psychological abuse	Physical Abuse	Neglect
Case management	No services	Case management	No services
No services	Case management	Nursing	Case management
HACC services	HACC services	GP	GP
GP	GP	No services	Counselling
Counselling	Counselling	HACC services	HACC services
Nursing	Nursing	WDVCS	DHS
Residential care or hospital	Alzheimer's Australia	Police	Veterans Affairs
Veteran's Affairs	Private lawyer	Palliative Care	
Social worker	ACAS	Transitional Care	
Alzheimer's Australia	Residential Care		
Transitional Care	Police		
	Housing		
	Alcohol & Drug		
	Social worker		

Table 3: Top services currently received by clients at time of call

Acronyms: Women's Domestic Violence Crisis Service (WDVCS); Department of Human Services (DHS); Aged Care Assessment Service (ACAS); General Practitioner (GP)

Other services clients were receiving which are not in the table above include Carer's Victoria, allied health, Victims of Crime, pastoral care, mental health services such as ARAFEMI (Association of Relatives and Friends of the Emotionally and Mentally Ill), disability support services such as Annecto and legal services such as Refugee Immigrant Legal Centre.

Due to the range of circumstances and needs, there is a wide variety of referrals made for each type of abuse, which can be seen in *Fig 9: Types of referrals made by abuse type* on page 23 below. There are also different services and programs specific to certain geographical areas.

The services available for older people can be summarised as follows:

Assessment

Many services require an assessment before their services can be accessed (service-specific assessments) for example, allied health, nursing, social support etc. Some services are funded to conduct holistic assessments for a range of services that they do not necessarily provide.

The Aged Care Assessment Service conducts holistic in-home assessments for older people to access community aged care packages (known at the moment as CACPS, EACH, EACH-D) and residential care. An ACAS assessment results in a person being placed on a waitlist for a packaged care provider or residential care facility. ACAS operate from different services across the state and can be found at http://www.haaa.com.au/aged_care_assessment_team_acat_acas_finder.aspx

Designated HACC Assessment Agencies are funded to provide a holistic in-home assessment, known as “living at home assessments”, for a broad range of services, which they may or may not provide. They often, but not always, sit within local government and make a range of referrals to other services that an older person may require. The list of designated HACC Assessment services can be found at http://www.health.vic.gov.au/hacc/downloads/pdf/assess_list_2012.pdf

Community Health

Community health services may be co-located with hospitals or within the community, and include a range of allied health, alcohol and other drugs, counselling, and social support services. They conduct service specific assessments to determine eligibility and client needs, and are often managing waitlists for services.

Housing

The Housing for the Aged Action Group, which includes the Home at Last program for older people in insecure or inappropriate housing, is often the first point of call for Seniors Rights Victoria when a client needs housing assistance resulting from an elder abuse situation. Like Seniors Rights Victoria, they are a state-wide service, and their service model reflects the key findings in this research on “what works” for older clients, namely home visits, coordination with other services and “warm” referrals. They have a high success rate in assisting older people to navigate the often complicated housing system and to find appropriate housing for those who have found themselves facing homelessness as a result of elder abuse.

The Victorian homelessness system is organised under what is called The Opening Doors Framework, commonly referred to as ‘Opening Doors’, which aims to provide an integrated and coordinated response by having a limited number of designated access points into the homelessness system. Each Department of Human Services region has one of these access points. Most of the 19 transitional housing managers (THMs) are a designated access point.

There are additional housing services specific to older people such as the Older Person’s High Rise Support (Maribyrnong, Hobson’s Bay, Moonee Valley, Yarra).

Mental Health and Dementia

Aged Persons Mental Health service provides specialist mental health services for people over the age of 65 yrs with a mental illness or those who experience severe behavioural disturbances associated with Dementia. They are often located within hospitals and have a shared care approach that includes doctors, nurses, social workers and allied health. Services are listed here <http://www.health.vic.gov.au/mentalhealth/services/aged/index.htm>

Cognitive Dementia and Memory Service is a specialist diagnostic clinic which aims to assist people with memory loss, or changes to their thinking, and those who support them. A CDAMS assessment will include medical and allied health consultations, and may include a home visit. Where appropriate, other specialist assessments will be conducted e.g. neuropsychology. Services are listed here <http://www.health.vic.gov.au/subacute/cdams.htm#where>

Alzheimer’s Australia provides support and education for people living with dementia and their carers.

Alcohol Related Brain Injury Association (ARBIAS) conducts neuropsychology assessments for people with acquired brain injury.

There is a range of counselling and psychology services in community health settings that offer family, alcohol and drug, group counselling.

Social Support and community transport

Social support and community transport services are provided by HACC services in local government, community health and ethno-specific groups. There is a range of different options depending on location.

Community registers

Community Registers provide a support service for older people, and people with a disability, who live alone or are socially isolated. People enrolled on registers typically receive identity cards, fridge magnets, stickers to place at the front door, newsletters, and regular contact phone calls if requested.

If a phone call and follow-up calls are not answered within a specified timeframe, the registrant's nominated emergency contact is notified. If this person cannot be contacted or is unable to respond, local police officers will check on the registrant's well-being. A list is available here <http://www.seniorsonline.vic.gov.au/Home/Services-and-Resources/Community-Programs/Current-Community-Registers.aspx>

Family Violence services

Family Violence services are accessed through Women's Domestic Violence Crisis Service which makes referrals to local safe accommodation and family violence outreach services. They are funded to provide a service to women and children. The level of appropriateness for older women for short-term refuge accommodation varies. Work is continuing to raise awareness amongst family violence workers of the needs of older women, and discussions have begun between Seniors Rights Victoria and Women's Domestic Violence Crisis Service on formalising referral pathways.

Ethno-specific services

There is a range of ethno-specific services providing social support, packaged care, cultural advice and immigration services.

Packaged care providers

Many organisations are funded to provide case management services for older people who receive community aged care packages. These require an ACAS assessment to access and may include home care, personal care, nursing, transport and social support.

Mediation

The Dispute Settlement Centre of Victoria is a free mediation service offered by the Department of Justice which runs family meetings for older people considering entering into an "assets for care" arrangement. This initiative was supported by Seniors Rights Victoria. Other mediation services such as Relationships Australia are traditionally focussed on mediation for separating couples.

Whether those services are already part of a co-ordinated system.

Victorian health agencies have operated under a state-wide service coordination framework for many years and as such there are well-established service coordination mechanisms, such as referral tools, guidelines and networks. The level of service coordination varies between areas and services, and does not operate as effectively across different sectors, for example, between health and legal, housing or financial services. The family violence sector has established referral pathways, including with police that other services don't necessarily have.

In 2009-2012 Primary Care partnerships were funded by the Department of Health to raise awareness about elder abuse and develop networks, policy and procedures for service providers to combat elder abuse. There were nine projects across the state which resulted in the development of local elder abuse toolkits. These projects were largely within the health sector. Elder abuse became a focus in some already existing Aged and Disability networks and three elder abuse-specific networks were created and continue to operate in the Eastern region, Castlemaine and Bendigo. An online forum for discussing de-identified elder abuse cases, including sharing resources, ideas and peer support, is currently being trialled by Eastern Elder Abuse network. The Castlemaine network is currently reviewing their local tool kit. The Yarra Aged and Disability Forum has a working group developing interagency protocols to respond to elder abuse.

The family violence sector was not as involved in the Primary Care Partnership elder abuse projects, or as familiar with the aged care sector and Seniors Rights Victoria. A survey conducted by Domestic Violence Victoria's elder abuse project worker Jeanine Jones indicated that 70% of the family violence and homelessness sector surveyed were unaware of Seniors Rights Victoria and 50% were unaware of the Primary Care Partnership's work on elder abuse. As a result of the referral pathways project, Seniors Rights Victoria is now included in the Southern Metro Region Family Violence matrix and has attended the Eastern Metro Region Referral Pathways working group. A cross-sector approach for older women experiencing elder abuse needs to continue to build upon relationships between family violence services and the aged care sector.

Conversations with the Ethnic Communities Council of Victoria project worker Kate Ling indicated that new services for emerging communities may not initially be well linked to the broader service system, and although there is a cultural diversity network through HACC that has historically worked to interface with communities, the network does not operate in all regions.

Key finding: Ethnic communities lack a networking infrastructure working across regions to links with different sector based services.

Key finding: Although there is continuing work on elder abuse procedures and protocols within some networks, there is no means of communication between these networks. Although a local response to elder abuse is often desirable, work is at risk of being duplicated and learning's or innovations are difficult to share.

Key finding: Networks are an important place for information sharing, professional education and peer support; however, there is a lack of centralised information on which networks exist, how active they are and key contacts. Cross-sector networking is not common. Anecdotally, agencies are likely to collaborate in elder abuse situations with those that they are networked with.

What service gaps are there, and where?

Assessing capacity

Assessing the capacity of an older person to make decisions is an important part of the response to elder abuse, and is a common reason for service providers to call Seniors Rights Victoria for assistance. Capacity assessments determine whether a person is able to provide instruction and whether or not substitute decision making (powers of attorney, guardianship) need to be implemented.

The Primary Care Partnerships adapted a flow chart from “With Respect to Age”¹¹ that has been used across Victoria in local elder abuse toolkits for service providers. This flow chart includes a step that is reliant upon knowing whether the older person has capacity or not. The Elder Abuse Prevention Strategic Network in Castlemaine identified that the lack of available capacity assessments in rural areas prevents the “next step” in the flowchart from occurring, as the worker is unable to determine whether the older person has capacity or not. As this flowchart is common across most of the Primary Care Partnership projects it is likely that there are other areas experiencing the same issue.

Misunderstanding of capacity, particularly for people with dementia, and issues around substitute decision making are common topics of calls to the elder abuse helpline, particularly in hospital or residential care settings. Anecdotal information from the Seniors Rights Victoria case work team indicates that abuse of substitute decision-making and inappropriate applications for Guardianship and Administration can be the result of an ageist attitude towards older people, where it is assumed that an older person is unable to make their own decisions, particularly if they are choosing to refuse services or advice regarding elder abuse situations.

Risk assessment and duty of care

Risk assessment and duty of care are two topics often raised by service providers calls to the helpline. There are different risk assessment tools used by services, and interviews conducted during this project indicate that the safety planning tool on the Seniors Rights Victoria website is useful. The Common Risk Assessment Tool often used by the family violence sector does not include any questions specific to older women and may not always be appropriate for elder abuse scenarios.

Home risk assessments conducted for staff safety can result in services being withdrawn due to violence, which is particularly problematic if those in-home services are the only link for the older person and can leave them isolated. Approaches to withdrawal of service are not uniform and there is often no process in place for staff to follow to ensure client as well as staff safety.

Responsibility in these situations, particularly in relation to duty of care, is not often clear, which requires dialogue amongst service providers.

¹¹ An example of the Primary Care Partnership toolkits, including flowchart, can be found at <http://www.seniorsrights.org.au/images/Documents/Elder%20Abuse%20Prevention%20Guide%20Flowchart%20Western.pdf>

Third party inquiries

Seniors Rights Victoria receives less third party inquiries than elder abuse services in other states. A comparison of the notifiers for abuse was made between Victoria, South Australia and Queensland taken from annual report information (data for Western Australia and Tasmania was unavailable)



Fig 8: Notifiers by State

This could be due to the “information only” service allowable to third parties (often family members). Seniors Rights Victoria works from an empowerment model and is working to combat ageism, which means that the service prefers to speak to the older person themselves, rather than third parties, as it cannot always be determined if they are in fact acting upon the wishes of the older person.

Alzheimer’s Victoria made the following comments regarding barriers to referral and care coordination:

“Referral pathways that have worked less well, based on client feedback, are phone calls to the National Dementia Helpline from ‘third party inquiries’. It is less clear how to manage the client category of ‘concerned relative or friend’ of a person with dementia. Callers who are a concerned relative or friend... want information in a more immediate sense and can become frustrated with the number of steps in the referral pathway. AAV often refers to SRV who require consent from the person with dementia. The person with dementia may not provide consent, may lack insight into the situation, or may not have capacity to provide consent. An appointment may be required with a solicitor at SRV (by the service provider rather than the original complainant/relative/friend) and a capacity assessment of the person with dementia is required.”

Carers of people with dementia

Pathways for carers of people with dementia was flagged as an issue by some service providers. Although HACC has produced Dementia Practice Guidelines¹², which includes pathways for carers, there have been anecdotal reports of a lack of support for carers experiencing elder abuse from people with dementia, and people with dementia experiencing elder abuse from their carers. This issue may become more significant, given the population projections for dementia.

¹² “Strengthening assessment and care planning: Dementia practice guidelines for HACC assessment services 2012” http://www.health.vic.gov.au/hacc/downloads/pdf/dementia_guidelines.pdf

Gaps identified by Seniors Rights Victoria staff

Seniors Rights Victoria staff were asked about what gaps they saw in their work and these gaps are outlined as follows:

- services for older men experiencing abuse
- identifying which counsellors are experienced in elder abuse
- education specifically for older people in how to deal with an adult child with mental illness or alcohol and drug problems
- availability of interpreters, especially in regional areas, and education for interpreters on roles in responding to elder abuse

Key finding: Service gaps include capacity assessment, risk assessment, third party inquiries, services for older men, identifying counsellors “expert” in elder abuse, interpreters and specific education for older people on adult children with mental illness or alcohol and drug problems.

Which services are well placed to identify older people with particular risk factors for abuse?

The representation of agencies in the Elder Abuse Prevention Working Group: Policies, Procedures and Referral Pathways were chosen because they are well-placed to respond to elder abuse. These agencies include Seniors Rights Victoria, Aged Care Assessment Service, Royal District Nursing Service, Alzheimer’s Australia, Brotherhood of St Lawrence, Ethnic Communities Council of Victoria, Certified Practising Accountants and Financial Counsellors.

The file analysis indicates that care coordination, home visits and social connections are important for positive outcomes for clients; therefore, services which fulfil these functions are ideally placed to identify and respond to elder abuse.

Designated HACC assessment services, which often, but not always, sit within local government conduct a holistic in-home assessment of an older person’s needs. They provide access to social supports and respite, which is important for combatting risk factors such as social isolation, carer stress, and dependency and have knowledge of the local service system. This sector has had a large uptake of elder abuse training and interagency protocol work, so are ideally placed to identify and respond to elder abuse.

Ethno-specific agencies are also well-placed to identify older people who may be experiencing elder abuse, particularly as they often are in positions of trust in ethnic communities who may not access mainstream services.

Aged Care Assessment Services, packaged care providers, community health and hospitals are also well-placed to identify older people at risk of or experiencing elder abuse.

General Practitioners are an important source of support for many older people yet are often difficult to engage, due to workload, diverse working circumstances and low participation in networks. Centrelink is another place where older people access services, yet are often not included in networks and professional education. Awareness-raising amongst GP’s and Centrelink staff of how to recognise and respond to elder abuse is an area that requires work.

Key finding: Services which fulfil functions that contribute to positive outcomes for clients, such as care coordination, home visits and social connections are well placed to respond to risk factors for elder abuse.

3. REFERRAL OF CLIENTS TO SERVICES

How does SRV access available services for its clients? What are the current referral pathways?

The types of referrals made for each abuse are represented in the table below. “Legal” refers to community legal services, private lawyers, Office of the Public Advocate and Public Law Interest Clearing House. It does not refer to mediation, police, Sherriff or Victorian Civil and Administrative Tribunal (which are included in the totals above on Fig. 6 as “legal referrals”).

	Legal	Counselling	HACC/ACAS Respite	Housing	Family Violence	Mental Health	Alcohol & Drug
Financial	46	13	7	5	0	1	0
Psychological	29	23	12	7	4	4	4
Physical	9	2	3	1	7	2	0
Neglect	7	2	4	1	0	0	0
Social	0	2	2	0	0	0	0
TOTAL	91	42	28	14	11	7	4

Table 4: Types of referrals made by abuse type

It is expected that the data from the new electronic client data base will provide a more complete picture of the types of referrals made for each type of abuse.

More referrals are made in the areas where Seniors Rights Victoria has a physical presence, which may indicate greater staff knowledge of local services and closer relationships with local service providers in these areas.

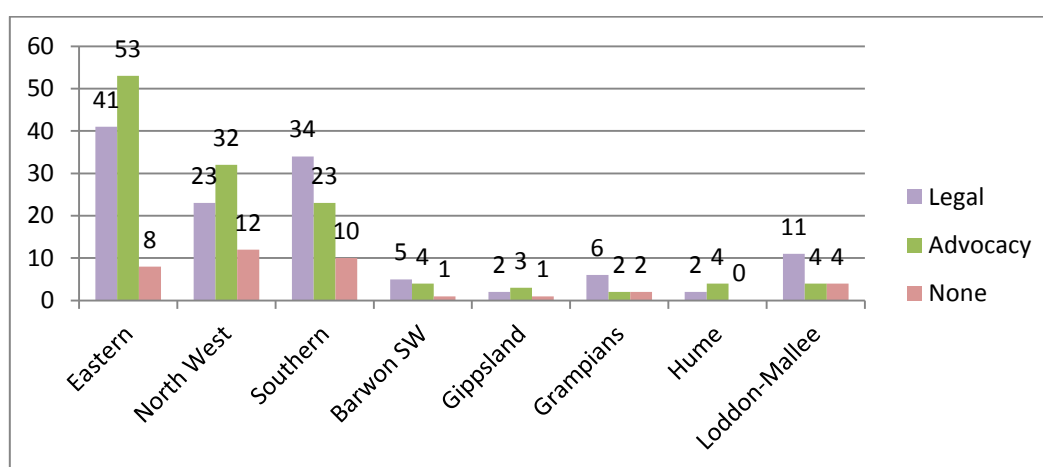


Fig 9: Number of referrals made

Working group member Bernadette Pasco, from Financial and Consumer Rights Council, felt that there was room to develop stronger referral protocols in the financial counselling sector, who often work in isolation to other community service providers.

What barriers and impediments are there in referring clients to existing appropriate services?

Cost

The cost of services was a barrier for some clients in the file sample and prevented access to housing, mediation and lawyers. The low availability of cheap housing and the difficulty in knowing how and where to access short-term accommodation continues to be raised as an issue. The cost of mediation is being addressed via a partnership with the Dispute Settlement Centre of Victoria, which is providing free mediation for families considering entering into an “assets for care” type arrangement.

Eligibility criteria

There are a range of different eligibility criteria for services for older people. The way that eligibility for a particular service can be interpreted also varies, and can depend upon demand at a particular time or place. In some HACC services, for example, living with an adult child can mean that an older person will have a lower priority to receive a HACC service in the home. This is clearly problematic when that adult child is a perpetrator of elder abuse.

Waitlists

Waitlists for housing, assessment, packaged care and various specialty services such as Alcohol Related Brain Injury Association (ARBIAS) were identified as an issue in the client file audit, and have been raised by the case work team and other service providers.

A number of issues arise out of the problem of waitlists, namely, how to prioritise access in a systematic way for older people experiencing abuse, and how to know which services have a waitlist at any particular time.

There are a variety of different prioritization tools used by different services, and reviewing priority of access processes to include some triggers for elder abuse could address this issue. It needs to be acknowledged that services are under pressure and caution should be exercised to ensure that there are not so many triggers for priority that all clients become “high priority”, and therefore none are prioritised.

Adding elder abuse to an escalation process could be helpful for prioritising access and is being looked at in the City of Yarra as part of interagency protocols.

Knowledge of local services

As a state-wide service it is challenging for the small staff team at Seniors Rights Victoria to be aware of every service available for older people in every part of the state. It is clear from the referral patterns that where there is a physical presence, that is, in Loddon Mallee and metropolitan Melbourne, there is a greater awareness of local services. Given the importance of “warm referrals”, building rapport with a range of services across the state is also important.

To contribute to this knowledge, a database of services well placed to respond to elder abuse across Victoria has been developed during this project, which collates the training information provided by Victoria University, the Primary Care Partnership projects, and staff knowledge. The community education role of Seniors Rights Victoria is vital for this, and can contribute to the knowledge-base of the staff team in identifying which services exist in particular areas. Maintaining this database to ensure that it remains current will require ongoing resourcing.

The need for Seniors Rights Victoria to have an awareness of issues and barriers in rural areas was also raised during service provider interviews, particularly in relation to the lack of available capacity assessments. Greater promotion of the organisation and awareness-raising in rural areas was also suggested.

Role of police

Examples of barriers to response created by police in the file audit include a reluctance to act upon reports of family violence and financial abuse, not recognising the validity of a letter from a Seniors Rights Victoria lawyer, and reluctance to assist in finding an alleged perpetrator so that an intervention order could be served. In areas like the Eastern Metropolitan area where there is strong police support for and attendance at the Eastern Elder Abuse Network, police often assist in welfare checks for older people and ensuring intervention orders are adhered to. Building rapport with local police, including elder abuse in cadet training and heeding lessons learnt by the family violence sector in working with police have been suggested as a means to improve police response to elder abuse.

The Primary Care Partnership toolkits for responding to elder abuse include calling the police in emergency situations. However what constitutes an “emergency” and when to involve the police appears to be inconsistent across services. Finding the balance between safety and rights of the older person is an issue for discussion in a number of networks and with individual service providers.

Cultural considerations

According to the ethnic sector consultation, many people from CALD backgrounds do not have wills, don’t tend to do advance care planning, and don’t consider residential care, as they assume that the family will look after them. Arrangements tend to be informal and outside of “official” channels and discussions around implications of decisions tend not to occur. This means that education strategies on preventative measures such as powers of attorney may not reach those people.

Key finding: Barriers to effective referral and service provision include cost, eligibility criteria, waitlists, knowledge of local services, police response.

Key finding: There are barriers to accessing services specific to ethnic communities, such as a lack of advance care planning, informal arrangements taking place outside “official” channels, a reliance on family and availability of interpreters

Are there any structural, systemic or other issues which hamper referral or effective service provision?

Sharing information across services

Although a coordinated response to elder abuse is the aim, it is sometimes difficult to coordinate this response due to barriers in sharing information. Privacy and confidentiality requirements, different referral practices and confusion about roles contribute to this. There is also a lack of cross-sector information sharing.

Issues that have been raised at City of Yarra, and are reflected in other areas, include knowing which services are being received by an older person, coordinating support plans and monitoring of elder abuse situations.

Lack of referral feedback has been raised as an issue by service providers, who may not know what has happened once a concern has been raised about a client's welfare and a referral made.

Lack of Interagency protocols

The referral pathways project has been involved in the development of interagency protocols in responding to elder abuse in the City of Yarra, as part of a working group within the Aged and Disability Forum, which is addressing practical issues around sharing information between services and how to develop a consistent response to elder abuse across agencies. Yarra has the advantage of a large number of well-established and well-networked agencies in close proximity to one another, which assists with communication and collaboration. It also had the advantage of support from this project.

Many of the structural and systemic barriers highlighted by this report could be addressed by interagency protocols and stronger cross-sector networking. However, without the type of support provided by Seniors Rights Victoria in the City of Yarra, it is unlikely that interagency protocols will be developed by agencies alone. This is due to the time commitment required and the increasing pressure of service delivery, which leaves many services unable to commit to the development of formal interagency protocols.

Hospital staff disliking "social" admissions

According to the file audit and service provider interviews, older people admitted to hospital to escape abuse or neglect at home can pose problems for some hospital staff, who may be reluctant to allow them to stay without an underlying health condition.

At St Vincent's hospital, a new "Vulnerable Older Persons" policy will legitimise the practice of admitting people to hospital to escape abuse, and rather than being viewed as "bed blockers", it will be recognised as a place of safety. St Vincent's staff report that the hospital setting also enables capacity assessments to take place more easily, and **as long as there are good links with the community sector**, via social work departments, discharge planners and programs such as Hospital Admissions Risk Program (HARP) and Treatment Response Assessment in Aged Care (TRAAC), the acute sector can be an important access to services for older people. St Vincent's policies are being shared with some other hospitals in Melbourne. It needs to be recognised however, that for many older people, a hospital admission is a last resort, and a place where their rights may not be upheld.

Barriers faced in the ethnic sector

The consultation with 18 ethno-specific agencies indicated that there are a number of barriers to accessing elder abuse information and support for culturally and linguistically diverse communities. Direct provision of information is the best way to communicate to CALD people, due to the fact that there are often high levels of illiteracy both in their own languages and in English, so translated written materials are problematic. There are also often low levels of technology use, and therefore the internet should not be relied upon. Phones can also be an issue, because older CALD people may not check messages, or know how to navigate menus. Isolation, language and dependence on family are huge barriers to reporting

Interpreters are a key resource and face-to-face interpreters are better than the telephone interpreting service. Interpreters witness elder abuse, however, are often compromised by fragmented agency-based work, a lack of reporting structure for suspected abuse, a lack of respect and understanding of their role, and time pressures. This has also been flagged by the Ethnic Communities Council of Victoria's elder abuse awareness project, and will be an area for ongoing work.

Anecdotal information from the casework team at Seniors Rights Victoria is that some clients are reluctant to consent to referrals to ethno-specific agencies, presumably due to the small and close-knit nature of some ethnic communities and the shame attached to elder abuse within families. This should be monitored to see whether it is a pattern with implications for working with CALD older people.

Parental visas are emerging as an issue to monitor as they have been factors contributing to the abuse of some people in CALD communities, due to the requirement that a person lives with their family for a period of years with no outside financial support, making them extremely dependent on the goodwill of their adult children.

Conflicts at legal services

The file audit included a number of cases where an older person was unable to use the local Community Legal Service, due to conflicts. This was a particular issue in small country areas, where there may be limited choices of legal services. The issue of people being "conflicted out" of Seniors Rights Victoria does not occur very often, however, it is currently being tracked to ensure that it does not become a systemic barrier to access the service.

Seniors Rights Victoria has a unique model consisting of a combined legal and advocacy service for elder abuse. Other states all have a separate advocacy service which receives "helpline" calls regarding elder abuse and then makes referrals to an external legal service, such as the Older Person's Rights Service in WA or Seniors Legal and Support Service, operating out of Claxton, in Queensland.

As a legal service, Seniors Rights Victoria has expertise in dealing with the financial abuse of older people and is involved in leading preventative work around commonly seen aspects of financial abuse, such as the exchange of assets for a promise of care. Financial abuse becomes more dominant in the case work, as can be seen by comparing the percentage of calls received to the helpline with advices and cases below.

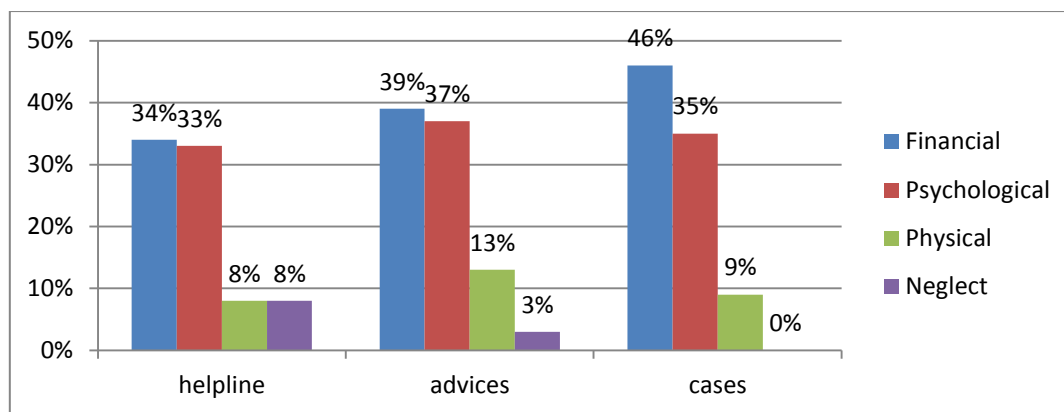


Fig 10: Percentage of types of abuse for helpline, advices and cases

There may be barriers to accessing a legal service due to its public perception, as well as rules around conflicts. Anecdotally, it appears that older people do not always want a legal remedy to their problem, especially when it often involves their families as perpetrators of abuse. This underlines the importance of the advocacy, community education and communication roles within Seniors Rights Victoria which therefore should continue to be promoted and be a key focus of the service.

"My daughter moved in two years ago, said she was staying three days and never left. She doesn't pay anything. I have no money. I'm hoping she will move out but she is not in the best mental state and it doesn't feel good to kick her out. She is my child, so I had to swallow the bullet.

[SRV lawyer] is a lovely lady but she couldn't do much - very helpful, couldn't be more helpful, I appreciate the help but I have to help myself.

I know my options, but there is no option. It's a no win situation. I make my own decisions. No one is forcing me, my daughter has problems. I know where to go for help, and Seniors Rights Victoria will be first cab off the rank if I ever need it"

Interview with former client, in "boomerang kid" situation

STAGE 2: PROPOSALS

Standard referral pathways based on abuse type

Given the range of circumstances in which abuse occurs, it is difficult to propose “standard referral pathways” for each type of abuse. However, there are some generalisations that can be made, based on the research findings. These may change as ongoing data is collected from clients to contribute to knowledge of what works and doesn’t work.

Seniors Rights Victoria should continue to be promoted as the service with the expertise to respond to abuse of older people. Although a response by local services is necessary and desirable, referrals should be made to Seniors Rights Victoria for advice and information on responses and strategies that maintain the older person’s autonomy and independence. All abuse types should receive both legal and advocacy referrals, in order to provide a holistic response. The importance of social isolation as a risk factor for abuse should not be underestimated.

Financial abuse may result in referrals to community legal centres, financial counselling, private lawyers, housing services, banks, ombudsman, Victorian and Administrative Affairs Tribunal, Office of the Public Advocate. There is room for stronger partnership development with the welfare sector, given the recent focus on economic abuse as part of family violence.

Psychological Abuse may result in a large range of referrals depending upon the circumstances, including mediation, counselling, mental health, alcohol and other drug services, housing, HACC services, assessment, respite, Alzheimer’s Australia, Carers Victoria.

Physical Abuse can be combatted by use of Safety Planning documents developed by Seniors Rights Victoria, for both service providers and older people, which are tailored to the needs of older people. Referrals to family violence services are only appropriate for women, and these services are more familiar with intimate partner violence, although violence by teenage children has some parallels with the more commonly seen type of elder abuse where the perpetrators are adult children. Work is continuing to increase collaboration between the family violence sector and Seniors Rights Victoria and clarify appropriate referral pathways for physical abuse of older women. Work on the role of the police is also continuing.

Neglect and Sexual Abuse are not commonly seen by Seniors Rights Victoria, and when they are, it is more often than not reported by service providers or third parties, rather than the older person themselves. Care coordination and interagency support plans are recommended in responding to these types of abuse. Initiatives such as St Vincent’s Hospital’s “Protection of Vulnerable Older People” policy, which allows “social” admission in elder abuse cases, should be promoted. Further work on flagging and following up these types of abuse to assess outcomes is needed before a standard referral pathway can be developed.

Recommendation: Continue to clarify and formalise referral pathways between the family violence sector and Seniors Rights Victoria.

Recommendation: Conduct analysis of neglect and sexual abuse referral pathways and outcomes.

Recommendation: Continue to raise awareness of elder abuse amongst older Victorians, particularly in rural and regional areas, in partnerships with local government and rural service providers.

Recommendation: Investigate options for an expansion to the presence of Seniors Rights Victoria, particularly in regional areas

Practice models allowing clients service needs to be met in an integrated way

Key elements of a successful practice model to address the needs of older clients are as follows:

1. Warm referrals

Warm referrals (making personal contact with services to introduce a client to the service) are a successful way of combatting barriers such as waitlists and eligibility criteria for some services. They can assist clients to navigate the service system. Warm referrals rely upon a good relationship and knowledge of services and an understanding of referral pathways and the service system.

Recommendation: Improve and build upon knowledge of and relationships between services, including partnership development with key agencies

2. Home visits

Home visits are particularly important for clients with mobility and capacity issues or language barriers. As a state-wide service it is difficult for Seniors Rights Victoria to conduct home visits for clients in every part of the state. Other services who conduct in-home assessment or in-home services are well placed to recognise and respond to elder abuse.

Recommendation: Continue to map, target training and build links between HACC services, ethno-specific services, nursing, housing, family violence and case management agencies.

3. Care coordination

Care coordination - helping the client to navigate the service system, providing information and working together with other services - results in better outcomes for clients. This relies on having established relationships, protocols and rapport with a wide range of services.

Recommendation: Support the development and sharing of interagency protocols, to ensure a coordinated cross-sector response to elder abuse

4. Addressing social isolation

Clients who are socially active and have supports in the home are more likely to have a better qualitative outcome, even when the abuse situation does not change. With social isolation being a risk factor for abuse, services providing access to opportunities for social interaction, and who recognise the importance of community in the lives of individuals are important in combatting elder abuse. These include ethno-specific agencies, seniors groups, HACC providers, local government and community health.

Recommendation: Address social isolation and advocate home support as a key non-legal remedy (and preventative measure) for elder abuse. Particular attention needs to be paid to rural clients, with recognition of the importance of local service providers in the lives of isolated rural older people

Recommendation: Promote these factors as elements of a successful model in working with older people, and seek partnerships with organisations who use these elements in their practice. Collaboration with these organisations can potentially assist to address service gaps, in both rural areas and underrepresented client groups or types of abuse.

Enhancements of existing service coordination mechanisms

Networks are an important place for information sharing, professional education and peer support; however, there is a lack of centralised information on which networks exist, how active they are and key contacts. Cross-sector networking is not common. Anecdotally, agencies are more likely to collaborate in elder abuse situations with those they are well networked with.

Recommendation: Develop a database of networks and use networks as a venue for professional education, information distribution and sharing.

There is no means of communication between networks working on elder abuse procedures and protocols. Although a local response to elder abuse is often desirable, work is often in isolation and at risk of being duplicated, with learning's or innovations difficult to share.

Recommendation: To investigate a mechanism, for example, a state-wide networker, to improve communication and ensure an ongoing consistent response for services and networks responding to elder abuse. This would allow for sharing of practice developments and interagency protocols across Victoria

Addressing systemic barriers to effective service provision

A number of systemic barriers were identified in the research, namely, barriers to sharing information between services, a lack of interagency protocols, hospitals disliking “social” admission and conflicts at legal services. Ethno-specific agencies report specific barriers to service provision for people in ethnic communities, such as a reliance on family (resulting in a lack of advanced care planning), low technology use, low literacy and reluctance to use outside services. Service gaps that could be a result of systemic barriers include risk assessment, pathways for third parties, and services for older men.

Recommendations: Investigate barriers to reporting and providing a service for non-financial abuse

Recommendation: Address systemic barriers through mechanisms such as priority tools for elder abuse referrals, protocols for involving police, and service mapping.

Recommendation: Involve bi-lingual workers where there may be shared clients and use ethnic organisations for “secondary consults” on cultural issues.

Recommendation: Support the development and sharing of interagency protocols, to ensure a coordinated cross-sector response to elder abuse.

CONCLUSION

Seniors Rights Victoria is building a reputation amongst older people and service providers as a service expert in combatting elder abuse. Processes to ensure systematic outcomes measurement should be implemented to contribute to knowledge on client needs, gaps and barriers to services, and what works and doesn't work for both older people and service providers. This knowledge should contribute to systems improvement, including toolkit development and topics for community education. The ethnic sector and people in rural communities face particular barriers to reporting and accessing services. Cross-sector networking and interagency protocol development to facilitate a coordinated response to elder abuse should be supported. Further research is needed into service responses and referral pathways for neglect and sexual abuse of older women. Practice models that promote successful elements needed for working with older people should be promoted and stronger partnerships between organisations using these practice models developed.

"Help was words and that was more help than anything else – it told me that help was there if I needed it. It's reassuring, and that's enough for me. I'm so grateful. I have the Seniors Rights Victoria card in the kitchen window, and I know that I can call it whenever I need to."

Interview with former Seniors Rights Victoria client

BIBLIOGRAPHY

Dr Angie Ash 2012 Procedures Aren't Enough: an ethical response to elder mistreatment Swansea University

Dr Barbara Black Blundell & Professor Mike Clare 2012 Elder Abuse in Culturally and Linguistically Diverse Communities: Developing Best Practice September

Prof Mike Clare, Dr Barbara Black Blundell, Dr Joseph Clare 2011 Examination of the Extent of Elder Abuse in Western Australia: A qualitative and quantitative investigation of existing agency policy, service responses and recorded data Crime Research Centre UWA, April

Corrie, T & McGuire, M 2013 Economic Abuse: Searching for Solutions Good Shepherd Youth and Family Services and Kildonan Uniting Care research paper
http://www.goodshepvic.org.au/Assets/Files/Economic_Abuse_Final_Report.pdf

Ellison, S, Schetzer, L, Mullins, Perry, J & Wong, K 2004, The legal needs of older people in NSW Law and Justice Foundation of NSW, Sydney
<http://www.lawfoundation.net.au/ljf/app/&id=8BCBF466D66D06D4CA25708100077685>

Ethnic Communities Council of Victoria 2009 Reclaiming Respect and Dignity: Elder Abuse Prevention in Ethnic Communities Discussion Paper
http://eccv.org.au/library/file/policy/ECCV_Discussion_Paper_Reclaiming_Respect_and_Dignity_MArch_2009.pdf

Hester, Marianne and Westmarland, Nicole 2005 Tackling Domestic Violence: effective interventions and approaches Home Office Research, Development and Statistics Directorate February
<http://webarchive.nationalarchives.gov.uk/20110218135832/rds.homeoffice.gov.uk/rds/pdfs05/hors290.pdf>

Jonassen, Wenche & Sandmoe, Astrid 2012 Elder Abuse in Norway – Experiences and Solution strategies Norwegian Centre for Violence and Traumatic Stress Studies Report 3,

Lane, F 2009 JUST A NUMBER?: An exploration into concepts of ageing *Participatory Action Research into the Interrelationship of concepts of ageing, ageism and quality of life in relationship to elder abuse and neglect* Australian College of Applied Social Science
<http://www.respectforseniors.org/pdf/Just%20a%20number%20%20exploration%20of%20concepts%20of%20ageing.pdf>

Law Commission of Ontario 2012 A Framework for the Law as it affects older adults: Advancing Substantive Equality for Older Persons through Law, Policy and Practice Final Report April

Liang, Lesley 2003 Research and Evaluations of Interventions with Women Affected by Domestic Violence Australian Domestic and Family Violence Clearinghouse Topic Paper
http://www.adfvc.unsw.edu.au/PDF%20files/evaluation_of_interventions_with_women.pdf

Littel, K et al 1998 Assessing Justice System Response to Violence Against Women: A Tool for Law Enforcement, Prosecution and the Courts to Use in Developing Effective Responses Battered Women's Justice Project, National Resource Center on Domestic Violence
<http://www.vaw.umn.edu/documents/promise/pplaw/pplaw.html>

Spinney, Angela 2012 Home and safe? Policy and practice innovations to prevent women and children who have experienced domestic and family violence from becoming homeless November Australian

Housing and Urban Research Institute Final Report No 196
<http://www.ahuri.edu.au/publications/p50602/>

Wiley, John & Sons, Ltd. 2011 Contrasting perceptions of health professionals and older people in Australia: what constitutes elder abuse? International Journal of Geriatric Psychiatry 26: 466–472.

APPENDIX A: QUESTIONS FOR CLIENTS RELATING TO SENIORS RIGHTS VICTORIA MISSION

This interview is part of a referral pathways project. The information collected will help Seniors Rights Victoria in developing our service to respond to the needs of older people seeking advice and assistance. All information provided by you is confidential and we will ensure that your privacy is protected.

Phone Interview Questions:

1. Can you tell me a little bit about the situation that prompted you to call Seniors Rights Victoria?

Prompts:

- How long had it been going on for?
- What else had you tried?
- Had you contacted any other services? *(note: need to know how people identify which service provider to go to)*
- How did you find out about SRV?

2. What were you hoping for when you contacted the service? (ie: goals)

3. What assistance did you receive from SRV?

4. I'm going to ask you some questions about your situation during that time, and ask you to compare it to how you are feeling now. Can you please tell me if things are better, the same or worse since your contact with Seniors Rights Victoria (note: relate question back to the type of assistance received)

- Did [your contact with SRV] better assist you to control your own finances?
- Did [your contact with SRV] assist you with being able to make your own decisions? (prompt: are you better able to make your own decisions now)
- Did [your contact with SRV] help you to know your options? (prompt: do you know where to go for assistance and information?)
- Did [your contact with SRV] help you to maintain relationships with your friends and family?
- Since [your contact with SRV] are you socially active? (more/less/the same)
- Do you feel safe since [your contact with SRV]? *(note: if person feels unsafe, ask them if they would like to speak to an advocate and put them through immediately after the interview)*
- Do you feel that you achieved [goal – see above]? (if not already covered)

5. Do you have any needs that you feel are not being met/were not met by this service?

6. Is there anything that you think SRV could have done better?

7. Is there anything else you would like to add to what you have told me already?

Thank you for helping me today

APPENDIX B: TIPS FOR SENIORS RIGHTS VICTORIA IN WORKING WITH CALD PEOPLE AND GROUPS

- 1. Work in partnership with ethno-specific community groups**
 - They have vast knowledge about their communities and can be used for “secondary consultations” on cultural issues and bilingual services
 - Don’t expect them to take on additional case work – they are often under-funded, rely on volunteers and fundraising, and may only have one paid worker
 - Involve them when working with shared clients – they have developed rapport and trust over time, speak the older person’s language
- 2. Direct provision of information is the best way to communicate**
 - High levels of illiteracy both in their own languages and in English so translated written materials are problematic. Make sure people have received, understood and know how to act on the message.
 - Do not rely on the internet – low levels of technology use
 - Phones can be an issue – older CALD people may not check messages, or know how to navigate menus
 - SBS radio and “professionals” (doctors, community leaders, church leaders) are “sacred” sources of information
 - Word of mouth is very important
- 3. Family is important**
 - Different cultures who have been here a long time are used to delegating to their children, more than in their home country – have always been alienated from the mainstream
 - It is a “given” that family take care of decisions, bills, shopping for the older person
 - No outsiders – shameful for outsiders to provide assistance
 - Older person may hide a poor situation – say they have a supportive family but they don’t
 - Many people do not have wills, don’t do advance care planning, don’t consider residential care – assume that the family will look after them.
 - Arrangements tend to be informal and outside of “official” channels. Discussions around implications of decisions tend not to occur.
- 4. There are cultural factors to consider, but also individual factors – the person can get lost in “cultural profiling”**
- 5. Educating community leaders (via Migrant Resource Centres) as the “gate keepers” are an important way to reach new and emerging communities, who often have no infrastructure, no service delivery and rarely access services.**
- 6. Isolation, language and dependence on family are huge barriers to reporting**
- 7. Interpreters are a key resource**
 - Face-to-face interpreters are better than the telephone interpreting service
 - Interpreters witness elder abuse, however, are often compromised by fragmented agency-based work, a lack of reporting structure for suspected abuse, a lack of respect and understanding of their role, time pressures and their code of conduct
- 8. Experiences in country of origin might make elder abuse pale in significance**
- 9. “Settlement” culture is different to “origin” culture**

APPENDIX C: ELDER ABUSE PREVENTION AND RESPONSE GUIDELINES FOR ACTION

Priority	Action	Referral Pathways activity
4.1 Consideration of elder abuse features in policies and services delivered by agencies participating in the elder abuse professional education program	4.1.1 Review work to date in embedding elder abuse policies, protocols and procedures within community-based agencies to address gaps and structural impediments	<ul style="list-style-type: none"> • Collation of data from VU, MAV, and PCP projects on which agencies have attended training and have Elder abuse P&P • Attendance at networks reviewing Elder Abuse P&P to address gaps and structural impediments, for example, capacity assessments • Development of interagency protocols
	4.1.2 Identify opportunities to develop additional referral policies, protocols and procedures between elder abuse support agencies and agencies in the justice sector	<ul style="list-style-type: none"> • Inclusion of SRV within family violence network referral pathways • Clarification of role of the police within interagency protocols
4.2 Research is undertaken on service responses required to address the various forms of elder abuse	4.2.1 Research and map appropriate service responses and pathways to services for each dimension of elder abuse and its associated risk factors	<ul style="list-style-type: none"> • Research existing referral pathways, risk factors, gaps and barriers through examination of client files and consultation with service providers • Measure qualitative outcomes via client interviews • Identification of evidence-based practice models across the spectrum of elder abuse
	4.3.1 Develop and implement evidence-based referral, practice and service models that are appropriate to the different types of elder abuse	<ul style="list-style-type: none"> • Mapping of local agencies “well-placed” to respond to elder abuse to enable improved referral pathways with SRV • Preliminary mapping of existing networks, with attendance at both rural and metro local networks • Development of interagency protocols
4.3 Referral networks between specialist elder abuse and local support services are developed		
4.4 Structural impediments and barriers to the uptake of elder abuse prevention referral policies, protocols and procedures across relevant services are addressed	4.4.3 Raise awareness of the needs of older women experiencing elder abuse as a form of family violence and ensure appropriate service responses are available	<ul style="list-style-type: none"> • Inclusion of SRV within family violence referral pathways for older women • Development of toolkit for family violence sector to respond to elder abuse • Consultation with DVVic on barriers for family violence

The Referral Pathways project also informed Strategic Outcome 2 under the Guidelines, as can be seen below:

Strategic Outcome 2: Empowerment of older people through increased awareness of their legal, financial and societal rights and provision of avenues for advice and support		
Priority	Action	Referral Pathways activity
2.1 Agencies that provide services to older people within the health, finance and legal sectors are aware of and make available information about the availability of elder abuse specialist support services to older people who are at risk of or experience elder abuse	2.1.1 Strategies are developed to engage agencies and professionals that provide direct personal care to older people who are at risk of or experience elder abuse	<ul style="list-style-type: none"> • Identification of existing referral pathways with HACC, Allied Health, counselling services, housing • Attendance at and identification of cross-sector networks • Consultation with service providers including ethno-specific agencies
	2.2.6 Undertake research into the causal factors of elder abuse with a view to informing further work on preventative measures	<ul style="list-style-type: none"> • Identification of risk factors for each type of abuse based on client histories • Collation of information to inform future preventative measures