YARRA INTERAGENCY ELDER ABUSE RESPONSE PROTOCOL

2013-2015
Acknowledgements:

This protocol would not have been possible without the commitment and valuable contributions of the working group members:

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The protocol was written and supported by Fiona York, *Seniors Rights Victoria.*
July 2013
Purpose and Scope

The Yarra Interagency Elder Abuse Response Protocol is an agreement between agencies to work together to respond to potential, suspected or actual elder abuse of shared clients.

It does not replace any individual agency’s elder abuse policy or any existing agreements, memoranda of understanding or contracts between agencies. The protocol should be used in conjunction with the Yarra Aged and Disability Network “Elder Abuse Prevention Toolkit” available at http://www.yarracity.vic.gov.au/DownloadDocument.ashx?DocumentID=9029

The Yarra Interagency Elder Abuse Response Protocol will be reviewed in July 2015.

Aim

To guide best practice and strengthen how agencies work together to respond to potential, suspected and actual abuse of older people in the City of Yarra

Background

In June 2012 the “Elder Abuse Prevention Toolkit” was launched by the Yarra Aged and Disability Network. A small working group of this network was convened to further develop the elder abuse prevention work in Yarra with an interagency protocol, to encourage a cross-sector collaborative response. The interagency protocol is based on the Department of Health’s “With respect to age - 2009” and “Elder Abuse Prevention Response Guidelines”.

The working group was led by Council and included representatives from Australian Vietnamese Women’s Association, Inner East Community Health, North Richmond Community Health, North Yarra Community Health, Royal District Nursing Service and St Vincent’s Hospital. Support was provided by Seniors Rights Victoria.

Organisational Elder Abuse Prevention Policies

The interagency protocol supports and does not replace individual agency’s elder abuse policies. The following organisations have tabled Elder Abuse Prevention policies:

- “Elder Abuse Prevention Policy and Procedure” Australian Vietnamese Women’s Association
- “Elder Abuse Policy and Procedure” City of Yarra
- “Elder Abuse Policy” Inner East Community Health
- “CP-E07 Elder Abuse” Royal District Nursing Service
- “Protection of Vulnerable Older People Policy” St Vincent’s Hospital
- “Elder Abuse Prevention Policy” North Yarra Community Health
About Yarra

Yarra is one of the smallest inner city municipalities, however, has a large concentration of service providers, including nine neighbourhood houses, a tertiary public hospital and a large private hospital, three community health centres and nearly twenty ethno-specific groups. It has one of the highest population densities of any municipality and contains a diverse mix of both low socio-economic and high socio-economic people.

Yarra's suburbs have a rich and varied history which is reflected in the city's built form, natural environment and diverse community composition. About 29% of Yarra's population was born overseas. It contains a lower percentage of older people than other areas in Victoria.

The traditional owners of the land are the Wurundjeri Aboriginal people who originally inhabited the area that is now known as Fitzroy, Richmond and Collingwood. Yarra continues to be an important meeting place for Aboriginal people in Victoria.

This range of people and services provides both opportunities and challenges for responding to elder abuse. Agencies in Yarra are in close proximity to each other which enables communication. There is a highly skilled and experienced workforce with strong well-established agencies. The strong networks that exist in Yarra provide a good opportunity to formalise relationships between service providers in an interagency protocol and provide a coordinated response to elder abuse.

About the agencies

**City of Yarra (Council)**: one of the two designated HACC assessment agencies for the City of Yarra, providing holistic in-home assessment and care planning, home care, personal care, respite, food services, home maintenance, social support, community transport and case management for older residents. Council is also responsible to active ageing planning and convenes the Active Ageing Advisory group

**Australian Vietnamese Women’s Association (AVWA)**: a not-for-profit group that provides Community Aged Care Packages, Planned Activity Groups and Senior Citizen’s Clubs for the Vietnamese community. Although based in the City of Yarra, AVWA provides CACPs packages to frail Vietnamese across all areas of metropolitan Melbourne.

**Inner East Community Health (IECH)**: a comprehensive health care provider in the inner eastern Melbourne with locations in Ashburton, Hawthorn and Richmond to serve the Cities of Yarra and Boroondara. Services for older people include GP, allied health, in-home and centre-based respite, health promotion, counselling, nursing, Eastern Drug and Alcohol Service, Headspace and dental.
North Richmond Community Health (NRCH): a community health centre providing allied health and nursing services, counselling, medical and dental services, Inner Melbourne Post-Acute Care (IMPAC) and activity groups. It is co-located with the Centre for Culture, Ethnicity and Health.

North Yarra Community Health (NYCH): a community health service located in the inner Melbourne suburbs of Collingwood, Carlton and Fitzroy. Services include allied health, nursing, Hospital Admissions Risk Program, Older Person’s High-rise Support, seniors groups, counselling and medical services.

Royal District Nursing Service (RDNS): a community based nursing service providing a range of nursing services to people in their own homes, is one of the two designated HACC Assessment Services in Yarra.

St Vincent’s Hospital Melbourne (SVHM): a large health care provider situated in the City of Yarra and serving patients from across Yarra, Boroondara and Darebin. As well as acute and emergency services, St Vincent’s services for older people include Aged Person’s Mental Health; Cognitive Dementia and Memory Service (CDAMS); Geriatric Evaluation and Management (GEM); Hospital Admissions Risk Program (HARP), which includes Treatment, Response and Assessment for Aged Care (TRAAC) and Assessment Liaison and Early Referral Team (ALERT) programs, and Restoring Health palliative care.

North East Metropolitan ACAS, based at St Vincent’s hospital, supports the work of general practitioners, community care providers, clients and their carers in offering expert advice, information and assistance to clients and carers being assessed by the service. The ACAS assess care options available to older people, providing information about future care and residential needs, other community services including respite, and Commonwealth-funded community care packages. St Vincent’s ACAS covers the municipalities of Yarra, Boroondara and Darebin (part only).

Principles

Key principles of Elder Abuse Prevention and Response:\footnote{State of Victoria, Department of Human Services “With Respect to Age – 2009” page 3}

COMPETENCE: All adults are considered competent to make informed decisions unless demonstrated otherwise.

SELF-DETERMINATION: With appropriate information and support, individuals should be encouraged to make their own decisions.

APPROPRIATE PROTECTION: When a person is not competent to make their own decisions, it may be necessary to appoint a guardian or administrator. If a person is represented, their wishes should still be taken into account as far as possible.
BEST INTERESTS: The interests of an older person’s safety and wellbeing are paramount. Even when they are unable to make all decisions themselves, their views should be taken into account.

IMPORTANCE OF RELATIONSHIPS: All responses to allegations of abuse should be respectful of the existing relationships that are considered important to an older person.

COLLABORATIVE RESPONSES: Effective prevention and response requires a collaborative approach which recognises the complexity of the issue and the skills and experience of appropriate services.

COMMUNITY RESPONSIBILITY: The most effective response is achieved when agencies work collaboratively and in partnership with the community.

Principles of interagency practice in the City of Yarra
Interagency practice aims to bring about a coordinated person-centred approach when responding to elder abuse and requires:

- A shared understanding of the aims of a response or intervention
- Appreciation of and respect for the different roles of agencies
- A commitment to the partnership between agencies
- Understanding the context and constraints in which agencies work
- Trust – working together without competition or exclusion

Principles of how to work with older people in the City of Yarra

- A human rights approach underpins all work
- A commitment to diversity which recognises the richness provided by difference and includes cultural recognition and respect
- An understanding of the importance of community
- Respect for the autonomy and dignity of older people, including the active participation of older people in decision-making
- Recognition of the right of a competent older person to refuse intervention based on the principles of empowerment
- Recognition of the need to actively combat the pervasive influence of ageism

Interagency structures and practices

Interagency structures and practices in the City of Yarra demonstrate existing relationships between agencies, ranging from formal agreements, informal relationships, referral pathways and networks. Examples include, but are not limited to:

- A formal protocol between Council and RDNS defining assessment, service delivery, key worker relationships
- A formal partnership between St Vincent’s Hospital and Council to share a TRAAC case manager
• Case discussion on shared clients between Council, RDNS, community health, St Vincent’s and AVWS
• Shared service provision between Council and community health
• Joint assessments with ACAS, Council and RDNS
• Referral protocols, including e-referral, between agencies

There are a range of networks attended by every agency and these are important mechanisms for building trust and rapport between services, sharing information and providing service updates. Although there are no elder abuse specific networks, elder abuse has been a topic for discussion at the Yarra Aged and Disability Forum since 2009. It should also be recognised that in elder abuse situations, agencies are likely to collaborate with those that are involved in networks and use existing pathways to provide a coordinated response to elder abuse.

Roles in relation to Elder Abuse

Each agency has different roles in responding to elder abuse. Agencies involved in this protocol are committed to working together to respond to elder abuse, to improve client outcomes, and respect the boundaries of each other’s roles. It is recognised that although roles may overlap, clients with multi-agency involvement will benefit from sharing information with consent.

The following describes different roles that are important in an elder abuse response, and are in no particular order of importance.

Social Support: reducing risk and improving outcomes
Social isolation is a risk factor for elder abuse, and social connection is one of the most important factors to improve client outcomes. Staff members recognise that individuals operate within communities, and that community connections should not be underestimated.

Agencies which provide social support opportunities are contributing to both reducing risk and improving outcomes for older people experiencing elder abuse.

These agencies are: Australian Vietnamese Women’s Association; City of Yarra; North Richmond Community Health; North Yarra Community Health; Inner East Community Health. Assessment agencies also play a role in providing social support through referral to a range of health and non-health social support options.

In-Home Services: recognising and monitoring elder abuse
In home services include personal care, home care, in-home respite, nursing services (including post-acute care), allied health, community or volunteer driving and meal delivery.

Agencies providing these services play an important role in recognising and monitoring elder abuse situations. It is important that “front line” staff and
volunteers in these roles are trained to recognise and respond to elder abuse, and are supported by their agency with reporting and feedback procedures.

Agencies providing in-home services include City of Yarra, Royal District Nursing Service, Australian Vietnamese Women’s Association, Inner East Community Health, St Vincent’s outreach, community and palliative care programs, North Yarra Community Health family services, allied health and Aged Care Community Health Nurse and the Chronic Disease and Health Assessment Nurse at North Richmond Community Health.

**Care Coordination: reducing duplication and working together**

Care planning occurs within many services; however, it is important that clients experiencing elder abuse are supported by a coordinated care plan between agencies. Agencies should work together to establish monitoring, support and communication roles, reduce duplication and identify lead agencies. Care planning is dependent upon trust and clear communication between agencies, and can address duty of care and risk management issues.

Services with a formal case management role (including care coordination) are packaged care providers (Australian Vietnamese Women’s Association), Linkages (City of Yarra), and the HARP program including TRAAC and ALERT at St Vincent’s. Other agencies provide informal care coordination and may be part of a care coordination process. Any agency can convene a care coordination meeting with other agencies in suspected elder abuse situations. It is preferable to gain consent before the situation has reached a crisis point.

**Assessment: building a picture and providing support**

Assessment occurs before a person receives a service and in situations of suspected or actual elder abuse, a re-assessment may be necessary. Assessments take place in a variety of setting (hospital, community centres, in the home). An in-home assessment or re-assessment can be useful for staff to not only discuss a client’s needs with them and provide information and support, but also “get a picture” of the situation, including what supports are already in place. Gaining consent to share information with other agencies, including case conferences, is important so that relevant assessment information can be shared. This reduces duplication for both the client and services, and contributes to a coordinated response to elder abuse.

Agencies which conduct comprehensive and holistic in-home assessments are St Vincent’s ACAS, HARP, Aged Psychiatric Assessment Team and St Vincent’s at Home; City of Yarra; and Royal District Nursing Services. A range of service-specific assessment occur within hospital and community health settings.

**Referral: calling in more support when needed**

Every agency has a role in sending and receiving referrals. Most agencies use the Service Coordination Tool Template (SCTT), and it is important for staff to be encouraged to complete as much information as they can. The Accommodation and Safety SCTT screens for risk of homelessness, family violence and safety planning
including elder abuse are useful. Referrals to Seniors Rights Victoria should be made in cases of elder abuse and for secondary consultation in elder abuse situations. The Office of the Public Advocate (OPA) and Victorian Civil Administration Tribunal (VCAT) are also valuable resources and can be contacted for further support or advice.

**Bilingual and bicultural support: culturally sensitive responses**

All agencies cater for culturally and linguistically diverse people; many have bilingual workers on staff and routinely use interpreters. Ethno-specific agencies like Australian Vietnamese Women’s Association can provide an extra layer of bi-cultural support in elder abuse situations.

Ethno-specific agencies can provide cultural information on how elder abuse is perceived in communities, and the best way to approach the situation sensitively. Ethnic communities are often close knit and may not look to outsiders for assistance, which may create a barrier to disclosure. There are additional barriers to disclosure in some ethnic communities, for example, the Vietnamese community, due to shame and the fear of “losing face”

There may be a lack of literacy amongst older people from non-English speaking backgrounds in both their original language as well as English and for this reason translated written materials should not be relied upon. Face-to-face contact is best, and the use of interpreters and bilingual workers is very important in dealing with the sensitive issue of elder abuse.

Bilingual workers may have developed trust and rapport with their clients over a period of time and are well-positioned to recognise and respond to elder abuse. They can be the “eyes and ears” for elder abuse situations and are required to report any suspicions of elder abuse to their managers.

“Mainstream” agencies are encouraged to consult with ethnic agencies on cultural issues and work together to develop appropriate responses to elder abuse in culturally and linguistically diverse communities.

There are a number of Aboriginal agencies who provide services to residents and visitors in Yarra. A list of these agencies is available in the Yarra Elder Abuse Toolkit “Yarra Elder Abuse Toolkit” [http://www.yarracity.vic.gov.au/services/older-persons-services/elder-abuse-prevention-toolkit/](http://www.yarracity.vic.gov.au/services/older-persons-services/elder-abuse-prevention-toolkit/).

**Sharing information between agencies**

**Use existing service coordination tools**

The SCTT is one way of sharing information when making referrals to other services and should be completed with as much information as possible. Discretion should be exercised when sending information regarding suspected elder abuse situations. The SCTT may have limited use for sharing more detailed or complex information.
**Verbal communication**
Verbal communication with consent is a useful way of sharing information between agencies. This can be an informal way of assessing whether further communication is required, such as case conferences and facilitating ongoing monitoring of a situation.

**Prioritisation of referrals involving elder abuse**
Referrals involving suspected or actual elder abuse will be prioritised as urgent by the City of Yarra (responded to within 48 hours) and by ACAS within 3 days where possible. St Vincent’s Hospital has an Early Notification process for elder abuse with a maximum 5 day response time.

There is agreement that agencies will communicate their concerns regarding elder abuse and prioritise elder abuse referrals where possible.

**Case conferences** are a care coordination tool for agencies with shared clients to develop interagency support plans. Suspicions of elder abuse may trigger an internal case discussion with all people involved to discuss risks and concerns and may not have older person present. During the case conference, roles such as monitoring, support and communication should be established.

Discretion should be used on a case by case basis on whether to involve the older person or not, however, ideally the older person should be involved in the case discussion, unless there is risk of imminent harm.
Things to consider when planning a case conference:

- Who is facilitating and presenting?
- Who needs to be invited?
  - practitioners?
  - client?
  - interpreter?
- Where is it to be held and are facilities adequate?
  - space for everyone?
  - accessible?
- Set a date and time and create a simple agenda
- Consent:
  - Does the client know why the conference is being held and who is attending?
  - Have they provided written consent?
  - Will the client be overwhelmed or anxious if more than one provider is present? If so, is there a way of reducing or removing anxiety to allow conference to go ahead?
- What is the purpose of the case conference?
  - Develop a support plan?
  - Review a support plan?
  - Sharing learnings?
  - Allow client to have a voice with all providers at one time?
- What is the status of the conference?
  - decision-forming (contributes to a decision but decision is made elsewhere)
  - decision-making (reach agreement at the meeting)
- Communication of outcomes:
  - Agreed actions circulated?
  - How are updates to be communicated?
  - Where is the support plan to be kept?
  - Note: the Shared Support Plan SCTT may be of assistance
- Allow everyone the space and time to speak

Knowing who is “in”
The first step in knowing which services a person may be receiving is to ask that person. This is not a fool proof method as there is often confusion about agencies and workers, and this confusion may be exacerbated by the stress caused by elder abuse.

The Summary and Referral SCTT, often completed at Intake or at the initial assessment, can list other services being received. This may not provide complete picture but is a good place to start.

Use sensitive ways to find out which services may be in, for example,
- With consent enquire from known services if they are aware of any others services involved in clients’ care.
- Ask the client in a sensitive way, using local knowledge of services, for example, using people’s names rather than the name of the service, “Does Marion come and visit you?” rather than “Are you receiving a home nursing service?”
- During a home visit, check the fridge for any service information magnets
- Check for communication books in the home, eg palliative care, home nursing

Once you have an idea of which services are involved, communication and mapping of roles in relation to elder abuse may begin so that an interagency care plan can be developed.

**Strategies to combat ageism**

It is recognised that many of the principles of working with older people are aspirational and may be compromised by circumstances and negative societal attitudes towards older people. All agencies agree to combat ageism when they see it, for example, by challenging of staff who may exhibit these tendencies.

Examples of the stereotypes or barriers to a client-centred non-ageist approach that should be considered include:

- Time pressures on staff mean they may tend to speak to family or carers as it is quicker than speaking to the older person, especially if an interpreter is needed.
- Conflicts between two older people may mean it is hard for service providers to work out whose needs come first, especially if they are both clients.
- People may make decisions that leave them vulnerable and this may be frustrating for staff. When the person is older, staff may be more likely to question capacity, particularly if they refuse an intervention.
- “Informed consent” may not be possible when the older person is unaware of options and confused about the system.
- If an older person is dependent upon carers or family, they may be reluctant to speak out when the carer is present – the worker is only there for a few hours, whereas the carer is there all the time. This means it may be hard to identify what the older person wants.

Awareness of these barriers contributes to combatting ageism.

**Developing interagency care/support plans**

Once elder abuse has been identified, agencies in Yarra agree to work together to develop interagency care and support plans. Plans should be guided by the following:

- Do not do anything that will jeopardise the relationship between the service providers and the client
- Increase the service if possible
• Step up monitoring
• Build a safety plan
• Trust in each other as professionals— we don’t all need to know everything
• Respect the older person’s choices

**Identifying “key worker” or communication mechanism**
The key worker role is a communication role. The key worker is a single point of contact point for agencies and coordinates the support plan. Identification of key worker should take place in the initial interagency case conference. The key worker may change as the circumstances change, for example, discharge from hospital or the end of an episode of care.

**Duty of care** overrides consent to allow the sharing of information in extreme circumstances where there is a clear and imminent threat to an identifiable person of serious bodily injury or death. “With respect to age – 2009” has several references relating to the issue of consent, duty of care and confidentiality/privacy.

**Risk assessment**
Risk assessment may include strategies to ensure the safety of the older person in situations of elder abuse, as well as safety for workers. Agencies should avoid withdrawing services from the client’s home so that they can continue to provide (and increase where possible) monitoring and support. Consider alternative strategies to service withdrawal and to ensure staff safety. Any plans to discharge or reduce service provision should be discussed and carefully planned with the care team.

**When to report abuse to Victoria Police**
In situations requiring Victoria Police intervention, it is preferable that the older person be consulted and gives consent for the report. However when significant safety of the older person or others is involved, confidentiality cannot be offered unconditionally.

Police may be used as part of a response to elder abuse in the following ways:
• To conduct “welfare checks”
• Where abuse sits in a family violence context, specialised advice can be provided by Victoria Police family violence advisors (FVA); family violence liaison officers (FVLOs) and family violence management officers (FVMO’s)

It is recognised that people may have different responses to police interventions and so it is advisable to ensure that local police are adequately briefed on the elder abuse situation before conducting a welfare check or other intervention.
Summary of Guidelines for Elder Abuse Response in Yarra

1. Elder abuse is suspected or confirmed, and responded to via internal agency policies.
2. If more than one agency is involved, interagency protocol comes into effect.
3. Identification of which agencies are involved.
4. Interagency case conference is called if necessary, to develop care and support plan.
5. Interagency support plan includes:
   a. roles (monitoring and support etc)
   b. communication role and/or key worker
   c. actions
   d. follow up
6. Seniors Rights Victoria and Office of the Public Advocate called for secondary consult or referral if required.

Managing differences and disputes

It is recognised that agencies have different roles, organisational cultures, and contexts within which they work, and these differences should be respected. Any differences or disputes should be managed in such a way that ongoing relationships be preserved as much as possible.

Should a dispute arise between staff members of agencies who are party to this protocol regarding or arising from the Elder Abuse response, the following process is to be followed:

- The parties to the dispute must inform their managers
- The parties to the dispute should meet and discuss the matter in dispute, and if possible, resolve the dispute as soon as possible after the dispute comes to the attention of the parties.
- If the parties are unable to resolve the dispute, agency dispute resolution processes should be followed.

Statement of Agreement

Participating agencies agree to work together to protect and support older aged residents in the municipality of Yarra by:

- observing the principles of interagency practice and the principles of working with older people,
- working together within the guidelines of the protocol
- participating in its review after two years of operation and,
- committing to combat ageism.
SIGNATORIES TO THE PROTOCOL

Australian Vietnamese Women’s Association

SIGNED: Cam Nguyen
POSTION: CEO
DATE: 21/07/2013

City of Yarra

SIGNED:
POSTION: Manager Aged & Disability Services
DATE: 26 August 2013

Inner East Community Health

SIGNED:
POSTION: General Manager Quality and Integration
DATE: 20 August 2013

North Richmond Community Health

SIGNED: [Signature]
POSTION: CEO
DATE: 23/08/2013

North Yarra Community Health

SIGNED: [Signature]
POSTION: Chief Executive Officer
DATE: 22 July 2013
Royal District Nursing Service

SIGNED: 

POSITION: Client Services Manager 

DATE: 22-7-13

St Vincent's Hospital

SIGNED: WELCH, M.

POSITION: General Manager, Aged & Community Care

DATE: 28th August 2013
Yarra Interagency Elder Abuse Response Protocol

**Elder abuse is suspected or confirmed.**

- Respond according to **internal agency policy** and **Yarra Elder Abuse tool kit**.
- If more than one agency is involved, interagency protocol comes into effect.

### 1. Identification of agencies involved:

- Sensitively ask the client using local knowledge of services. Be aware that client confusion about who is who may be exacerbated by stress.
- With consent, ask known agencies if they are aware of others involved in clients care.
- During home visits check for communication books or fridge magnets etc.

### 2. Interagency case conference called – Discretion should be used on a case by case basis on whether to involve the older person or not, however, ideally the older person should be involved in the case discussion, unless there is risk of imminent harm.

- Who is facilitating and presenting?
- Who needs to be invited? (following identification of agencies involved)
- Where is it to be held and are facilities adequate?
- Allow everyone the space and time to speak.
- Set a date and time and create a simple agenda.

**Consent:**

- Does the client know why the conference is being held and who is attending?
- Have they provided written consent?
- Will the client be overwhelmed or anxious if more than one provider is present? If so, is there a way of reducing or removing anxiety to allow conference to go ahead?

**What is the purpose of the case conference?**

- Develop a support plan?
- Review a support plan?
- Sharing learnings?
- Allow client to have a voice with all providers at one time?

**What is the status of the conference?**

- decision-forming (contributes to a decision but decision is made elsewhere)
- decision-making (reach agreement at the meeting)

**Communication of outcomes:**

- Agreed actions circulated?
- How are updates to be communicated?
- Where is the support plan to be kept?

**Principles of how to work with older people in the City of Yarra**

- A human rights approach underpins all work.
- A commitment to diversity which recognises the richness provided by difference and includes cultural recognition and respect.
- An understanding of the importance of community.
- Respect for the autonomy and dignity of older people, including the active participation of older people in decision-making.
- Recognition of the right of a competent older person to refuse intervention based on the principles of empowerment.
- Recognition of the need to actively combat the pervasive influence of ageism.

**Support plans should be guided by:**

- Avoid doing anything that will jeopardise relationships or the service.
- Increase the service if possible.
- Step up monitoring, and build a safety plan.
- Trust in each other as professionals – we don’t all need to know everything.
- Respect the older person’s choices.

**Note:** the *Shared Support Plan SCTT* may be of assistance.

**4. Need more assistance?**

- Seniors Rights Victoria: 1300 368 821
- Referral to another agency using SCTT