

## CONFERENCE ABSTRACT

### **Responding to Elder Abuse: Melbourne Health Integrated Model of Care**

2nd Asia Pacific Conference on Integrated Care, Melbourne, 11-13 November 2019

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**Introduction:** There is little evidence on the prevalence of elder abuse in Australia, with estimates ranging from 2-10% of the population over the age of 65 experiencing abuse based on international indications, with the prevalence of neglect possibly higher. Identifying and responding to older people who are at risk of or experiencing elder abuse is not standardized across the health and community sectors. When screening does occur, clinicians can be unsure of who to refer to or available supports. It is largely under-reported due to a lack of understanding by service providers of the factors and nature of elder abuse and many older people do not recognise their experience as family violence, or are reluctant to report for fear of losing family relationships.

**Method:** The 2017 Department of Health and Human Services (DHHS) funding of Melbourne Health's Integrated Model of Care (IMoC) for Responding to Elder Abuse has driven the integration of specialised staff to educate and consult with clinicians, provided therapeutic pathways for older people, their families and carers, strengthen referral pathways, update policies and identify resources to ensure these patients are recognized and supported. Current funding will continue until June 2021. Access to these services are available to all Melbourne Health patients and clients in the community catchment area who are 65 years of age or over.

**Results:** Outcomes of the DHHS IMoC funding to Melbourne Health have led to 350 staff in the area trained to support the conversations regarding suspected elder abuse. An average of 35 consultations per month to the Elder Abuse Prevention & Response Liaison Officer has led to continuity of care between hospital and community and the facilitation of appropriate referrals to relevant services such as specialist legal and advocacy services, the IMoC Counselling and Financial Counselling Service, Commonwealth Aged Care Services and Victoria Police as required. Sustainability of practice will be achieved through embedding these learnings into daily practice, online learning modules and updated policy guidelines.

As part of the Melbourne Health Comprehensive Geriatric Assessment undertaken on the sub-acute wards, the Hwalek-Sengstock Elder Abuse Screening Test (HS-EAST) has found 20% of patients screened positive for higher risk of elder abuse. Ongoing analysis is reviewing the outcomes of this screening.

**Conclusion:** Increasing the awareness and building capacity of health and community providers is a key requirement to ensure screening, identification and support pathways are available for this vulnerable group of patients. The large numbers of staff attending training as well as ongoing counselling referrals demonstrates the need for this service to be embedded into hospitals on a wider scale.

**Discussion:** The DHHS IMoC funding model has addressed the requirement for specialised staff in hospitals to build expertise and pathways to support those experiencing elder abuse. Next steps include the creation of online education modules and building networks as part of the resource log to ensure transferability of learnings.