

working together: a health justice partnership to address elder abuse year two interim report

Justice Connect Seniors Law and cohealth have established a health justice partnership (HJP) to help older people experiencing elder abuse, a form of family violence.

The HJP is generously funded by the Victorian Legal Services Board + Commissioner (VLSB) until early 2018 and is being independently evaluated by Associate Professor Virginia Lewis, La Trobe University.

Funding is required for the service to operate in 2018.

After two years of operation, the HJP has proven to be a highly effective model for reaching older people at risk of, or experiencing, elder abuse. Importantly, the work of the HJP has enabled older people to focus on and manage their health problems.

elder abuse

Elder abuse is an action or omission, occurring within a relationship of trust, which causes harm to an older person. There are many types: physical, financial, psychological, social, sexual abuse or neglect.

The World Health Organisation (WHO) recently estimated up to 15.7% of older people have experienced elder abuse, equating to approximately 144,440 Victorians.

a hidden form of family violence

The Royal Commission into Family Violence concluded, as a family member perpetrated elder abuse in over 90% of cases, it was recognised as a form of family violence.

'Family violence' services and resources have, however, been designed primarily to address intimate partner violence and, in particular, male violence against women and children. In contrast, elder abuse can give rise to distinctive risk factors, legal issues and vulnerabilities. This means 'family violence' services may not meet the needs of older clients.

health impacts and barriers

The impact of elder abuse on older Victorians can be life changing, leading to declining physical health, increased mortality, poverty and homelessness.

While a person may seek treatment for physical or mental symptoms of elder abuse, there are barriers to addressing the underlying cause – conflict within the family.

Older people may be reluctant to disclose elder abuse to protect family and to avoid admission to a permanent residential aged care facility. Even if a client wants help, they may experience educational, financial, cultural or physical barriers, such as those facing Maya.

Maya's story – part one

Maya speaks minimal English, has impaired hearing, and no formal education. She has become reliant on her daughter, Gabby, who promised to look after her.

One day Gabby asked Maya for money to buy a car, so she could drive her to appointments. Maya obliged. Later that week, Gabby arrived with the new purchase and asked Maya if she wanted to go for a spin. They did – Maya was driven to an aged care facility and left on a bench outside. Maya hasn't seen Gabby since.

While at the facility, an independent financial manager took over Maya's affairs. She didn't like the facility – she couldn't eat the food or communicate with staff.

Maya's sister, Veda, only recently found out about Maya's situation. They agreed Maya would move to Victoria where Veda lives. However, the financial manager was unresponsive to Maya's requests for ongoing assistance. Veda didn't know how she could help her sister.

why have a HJP?

Trusted health professionals are well-placed to address elder abuse, being able to identify the warning signs, encourage disclosure and engage services. If health professionals can identify legal risks arising from elder abuse early on, and support clients in accessing legal services, lawyers may be able to help clients resolve problems before they escalate.

Li's story demonstrates the opportunity for universal health services to play a role in addressing elder abuse.

Li's story – part one

Li has been married to her husband, Chen, for 35 years. She was a teacher and the main "breadwinner". However, her health has deteriorated over the past few years. She had a stroke a year ago and now sees a physio every month. It has become apparent to her physio that she is experiencing significant abuse perpetrated by Chen.

Due to her complex health needs she is unable to go anywhere without Chen. Li wants to make a will leaving her savings and superannuation to her children. But she knows Chen won't allow her to see a lawyer. Li believes that if Chen hears about any will he may become violent.

People experiencing violence and abuse require a multi-disciplinary team of specialists to provide support. Recognising this, cohealth provides integrated, wrap-around services for clients experiencing violence and abuse: legal, counselling, case management, housing, allied health, medical and outreach services.

Likewise, the lawyer assists clients and other professionals as required, from informal secondary consultations to case management. Some cohealth staff advised an important aspect of the HJP was that clients felt “they were not locked into something they couldn’t extricate themselves from,” and “at least there is help they can use in their own time.”

This client-centred approach underpins initiatives in the health and family violence sectors: goal-directed care planning, my aged care, NDIS and support and safety hubs.

what is the model?

Since 2015, a lawyer from Justice Connect Seniors Law has been located at various cohealth sites four days a week.

snapshot

420+ instances of legal help

240+ attendees for professional development

560+ attendees for community legal education

professional development

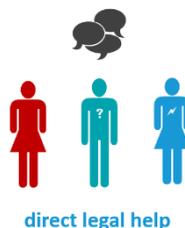
The lawyer delivers professional development (PD) on the relationship between health and legal issues; elder abuse; legal issues for older people; and working with lawyers.

legal help

To reinforce and consolidate PD sessions, the lawyer is available to discuss de-identified matters, frame key legal issues and provide legal information to a health professional for their client. These secondary consultations are ‘indirect legal help’.



Further, a client may be eligible for ‘direct legal help’: advice and casework for discrete legal matters from the lawyer; or a referral to Justice Connect’s network of pro bono lawyers for more complicated matters.



key findings

improved capacity to identify and assist

The evaluation by Associate Professor Virginia Lewis has demonstrated that PD sessions improved the capacity of health professionals to address elder abuse. Findings from post-PD surveys in year two indicated:

100% agreed, after PD, they are more likely to – or already confident in their ability to – identify abuse

100% agreed, in future, they will ask about abuse

100% agreed, in future, they will – or already do – refer to the HJP lawyer

Reflections from health professionals demonstrated this improved capacity to address legal issues in practice:

“It is very validating for the client.... Just to know their situation is normal and quite empowering for us to know that you can actually respond in a positive way.... I reflect on past consultations now and think – that could have been elder abuse but I wouldn’t have been so confident to address it and have an option.”

better access to legal help

Health professionals valued having the lawyer available for secondary consultations and referrals. Secondary consultations were particularly useful when working with clients at risk, especially those experiencing elder abuse:

“As a carer you tend to wade in – all boots. But it gives you a framework. When you ask [the lawyer] and she gives you a framework - she says wait a minute, take a step back, consider what you are about to do before you wade into it. That’s quite good.”

“It’s a God-send. To be able to ring someone with a really knotty problem and talk those over.”

Colocation encouraged health professionals to engage with legal services where they may not have previously. For example, some commented on the value of “corridor conversations” and that “opportunistic conversations when people are colocated can’t be underestimated.”

“It’s a lot more convenient to have [the lawyer] where she is. She’s very approachable. Also if you’ve got a question ...she’s there and she can just give it to you.... You’re not on hold on the telephone forever ...”

However, it appears more than colocation was needed to encourage referrals for clients experiencing complex legal issues, such as those arising in the context of elder abuse. For instance, some workers found approachability and feeling the lawyer was “one of us”, was key.

“[the lawyer] is a worker that works in a health centre. She’s a health worker... She’s part of us.”

“...the closeness of the working relationship, or the level of feedback you would get, or the ability to pick up the phone and have an open and frank conversation about what are your choices, what are your options are facilitated because we are working within the one organisation. When you are having to work with a third party ... it is a little more distant.”

responsive to urgent need

Staff found the lawyer highly responsive, commenting she was “very quick to get back to you” and “[we] don’t feel we are in a queue.” In comparison, experiences of other legal services were “clunky”, tended to involve long waits on the phone and needing to deal with different people with each contact. These can be barriers to seeking legal help.

"If you say 'you may hear from me in three days', their mobile phone may be out of credit or switched off. Things escalate if the response is slow. This way [the lawyer] shows the client [their problem] can be resolved."

Flexibility in meeting with clients also made it easier for health professionals and clients to seek legal help. Li's story demonstrates the value of flexible and responsive service to overcome difficulties health professionals and older people face in trying to engage specialist services.

Li's story – part two

The only time Li could speak to a lawyer was during her physio appointments. Because of the relationships between Li's workers, the lawyer and pro bono lawyers, they could coordinate appointments so that Li could get a will done, while her husband remained in the waiting room.

By arranging a private meeting within the context of an existing health appointment, the lawyers could help Li with her legal issues in a confidential and safe space.

Li could then be confident that her savings will be left to her children in accordance with her wishes, rather than

improved capacity to address health problems

Health professionals found having access to legal help improved their capacity to address health and social issues:

"I couldn't work on [the person's] health issues with him because he could only focus on the conflict and potentially being homeless."

"[the HJP] helps to strengthen the link between health outcomes and the often psycho social stresses that may have those legal implications in them. Crux of why working with [the lawyer] is easier than working with [other legal services].... Because they don't understand how the health system operates and they don't understand the health conditions that are impacting on the client."

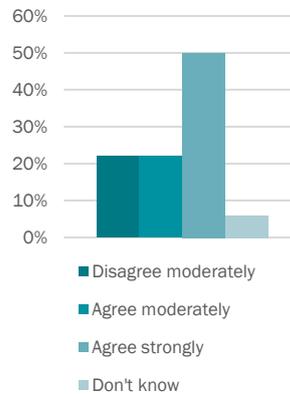
"This [HJP] represents such a holistic view of patient care and that is really positive for our patient and actually makes our job easier."

Clients also acknowledged the toll that the legal issue was taking on their health and the impact that the legal assistance has had on their lives.

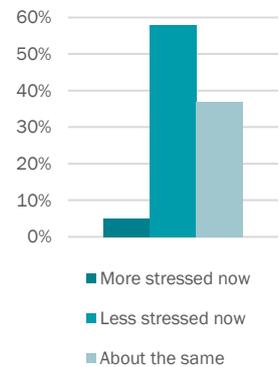
"You helped me resolve a year's worth of intimidation and dispute. You used the law to uphold the truth. You helped me, a 60 years old senior widow with high pressure and lots of sickness, finally access justice."

Surveyed clients, in particular, reported a reduction in stress after speaking to a lawyer about their legal problem.

The problem was causing me stress before I went to see the lawyer



As a result of the help you received from the lawyer, do you feel more stressed, less stressed or about the same?



better collaboration and building trust

Health professionals played an important role in supporting clients to seek legal help. In year two, about 3 out of 4 clients received support from the referring professional: a warm referral; attendance at the initial meeting; or, the most common type, ongoing support.

With the HJP, not only did clients and health professionals benefit from better access to legal help, but the model also helped the lawyer gain the trust of clients.

"I think it is fantastic that she is in the organisation and couched with us. She has a greater capacity to pick up the relationships we have."

"It's a sense of belonging – with an external agency it's at arms-length. But [the lawyer] is part of us. We work with tenants. And they know she's part of our team rather than an external agency."

These relationships of trust were vital when working with clients experiencing elder abuse.

"The approach is very crucial – how they [the lawyer] approach the person and the whole situation. If they're too strong, the client may close up and say I don't want to talk to you anymore. Or stop coming to the service altogether if they sense the approach is too rigid. It's the human approach – how they approach things."

"Staff are likely to raise [family elder abuse issues] with [the lawyer] as long as the outcome wouldn't be as dramatic as saying "your kids have to move out". Workers want everyone to be happy. Unless [the client] really hates their kids and things are terrible, they don't want to break up relationships."

greater reach

Not only are the partners reaching clients who experience significant barriers to justice, but they are increasingly seeing greater opportunities for preventative intervention.

During the first two years, the HJP has helped address 426 legal issues. With referrals increasing by 112.5% in the second year, demand for the service has grown.

Casework suggests the partners are reaching older people who experience significant barriers to justice. Clients identified as experiencing elder abuse or belonging to a CALD community in 45% and 46% of our matters, respectively. Of the 19 surveyed clients, 13 had not visited a lawyer before, even though 12 knew the issue was one a lawyer could help them with.

Of our clients identified as experiencing abuse, 75% were female, while 25% were male. Meanwhile, a perpetrator was male in 61% of matters, female in 48%.

The most common types of elder abuse reported were financial abuse, followed by psychological, social and physical. Before the HJP, physical abuse did not feature prominently in casework. In contrast, of clients identified as experiencing elder abuse in the first year, physical abuse was flagged in almost two-thirds of cases (59%).

Maya's story highlights the complex legal issues that can result from their experience of elder abuse, and how the HJP is able to overcome barriers to older people accessing justice: a network of pro bono lawyers, flexibility and collaboration between health and legal professionals, access to interpreters and supportive family members.

Maya's story – part two

Veda attends craft group run by cohealth. One month the lawyer attended to speak about rights for older people. Afterwards, Veda told the lawyer about Maya's situation.

Within days, the lawyer met with Maya at her aged care facility. The first meeting was difficult: the manager initially refused the lawyer entry, an onsite interpreter was not available, and Maya found it difficult to speak to an interpreter over the phone because of her hearing difficulties and unique dialect.

Subsequently, Maya met with the lawyer and an onsite interpreter at cohealth. She said she wanted to have Veda manage her affairs.

Using Justice Connect's network of pro bono lawyers, Maya applied to an interstate tribunal for Veda to be her new financial manager. The partners arranged onsite interpreters and rooms at cohealth for Maya to communicate with her lawyers and attend hearings. Outreach staff helped Veda collate evidence.

The pro bono lawyers prepared the application and appeared before the tribunal, while Maya attended by telephone. After many hearings, Veda was appointed Maya's financial manager. With Veda's assistance, Maya is now empowered to manage her own affairs.

Importantly, as health professionals are able to identify subtle legal issues, the partners are starting to see more opportunities to provide legal help for older clients, like Kim, before any family conflict arises.

Kim's story

Kim attended an organised activity group for older members of the Vietnamese community. She mentioned to cohealth's outreach worker that she had given some money to her son so he could start his business – she mortgaged her property to do this. Having attended one of the PD sessions delivered by the lawyer, the worker recognised the client would benefit from some independent legal advice and encouraged Kim to speak to the lawyer about it. The lawyer met with Kim and arranged for a pro bono firm to advise on the legal risks of this arrangement and draft a formal loan agreement to reduce some of these risks.

By being better informed of the legal and financial risks of these arrangements, it is expected clients would avoid a more complex and costly legal issue arising in the future.

promoting sustainability

The strength of the HJP model is its ability to provide flexible service delivery options – from less-intensive secondary consultations to more-intensive ongoing casework – depending on the needs of the client and cohealth staff.

A substantial number of initial requests for legal help were resolved quickly and efficiently during a secondary consult. Whereas, for clients eligible for 'direct legal help', the partners engaged key teams and workers, who accounted for a substantial number of referrals.

Where clients had complex matters, the lawyer carefully matched them with expert pro bono lawyers – a distinctive element of this HJP – who also received ongoing training from Seniors Law on specialised areas of law.

As part of the HJP, 68 matters have been referred to pro bono lawyers, who contribute an average of 22.75 hours per matter, valued at an average of \$10,697 per matter. In total, our pro bono lawyers have dedicated approximately 1,547 hours of work for our clients, valued at approximately \$727,396.

Given the valuable contribution of pro bono lawyers and greater opportunities for preventative intervention, the HJP provides a significant return on investment.