

SPECIALIST ELDER ABUSE SERVICE

Social Worker-Lawyer Intervention Model
Seniors Legal and Support Service



CAXTON LEGAL CENTRE
JULY 2018

Caxton Legal Centre's multidisciplinary social worker-lawyer intervention model responds to older people at risk of, or experiencing, elder abuse, mistreatment or financial exploitation. Features of this successful approach are home visits, case planning, a client-centered focus, risk assessment, safety planning and integrated services.



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ABOUT CAXTON LEGAL CENTRE

Caxton Legal Centre (Caxton) has more than 40 years experience representing the interests of people who are disadvantaged or on a low income when they come into contact with the law. Strategic advocacy, the provision of legal advice and social work services, and community legal education are key components of Caxton's service.

Caxton has a strong reputation for achieving outcomes for vulnerable people through high-quality legal advice across a range of areas including family law, employment law, consumer law as well as services that specifically target seniors with a focus on elder abuse, retirement village and manufactured home park law. A leader in the field of multidisciplinary service delivery, Caxton has refined the co-working relationship between social workers and lawyers to bring the strengths of each profession to the fore.

Caxton's respected reputation attracts universities, government and the community sector to form ongoing partnerships that enable the delivery of a diverse suite of services, from duty law services to student clinics, each strengthening Caxton's mission to provide access to justice.

In 2016–17, Caxton delivered legal advice to 4864 people aided by the contributions of more than 200 volunteer barristers, lawyers and law students.

EXECUTIVE SUMMARY

Elder abuse is a human rights issue. Older people are vulnerable to abuse, mistreatment and exploitation. Interventions should simultaneously promote a life free from abuse, and support an older person's right to self-determination. In this social worker-lawyer intervention model, social workers and lawyers are working together to represent a highly effective first response to elder abuse. This model recognises that elder abuse exists in a complex matrix of psychosocial and legal issues. The older person is empowered to choose the social supports and legal interventions they prefer to address the abuse they are experiencing.

This multidisciplinary response includes an assessment of the older person's family and social context, as well as the early identification of underlying legal issues. It incorporates safety planning as a foundation and urgent protective legal action where indicated. Integrated case planning between the social worker and lawyer ensures that the older person is offered the full spectrum of available supports and interventions, and the mechanism to be empowered to choose which interventions they want. The incorporation of all of these features into the social worker-lawyer intervention model is predictive of positive outcomes for the older person.

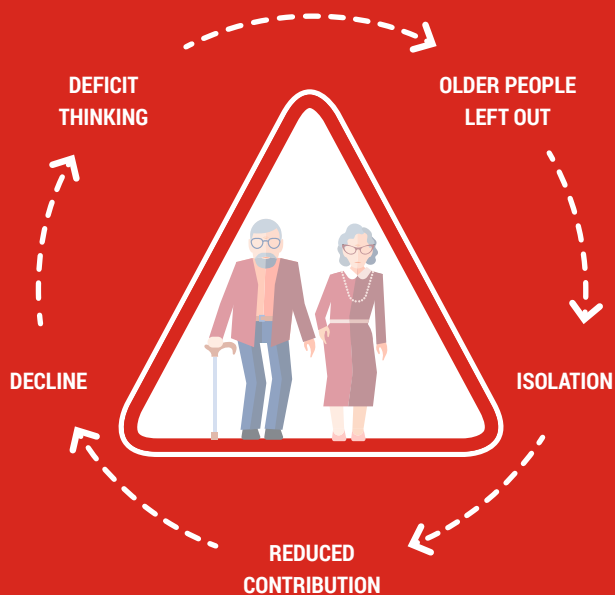
This multidisciplinary model is highly responsive to any situation in which the abuse occurs, whether that be in a health setting, the community or in aged care, and provides inclusive care that is client centred, family focused, protective and self-determined. There are no barriers to accessing the service, which accepts referrals from third persons and provides outreach to wherever the older person is currently living, staying or can safely meet to talk.

HUMAN RIGHTS APPROACH

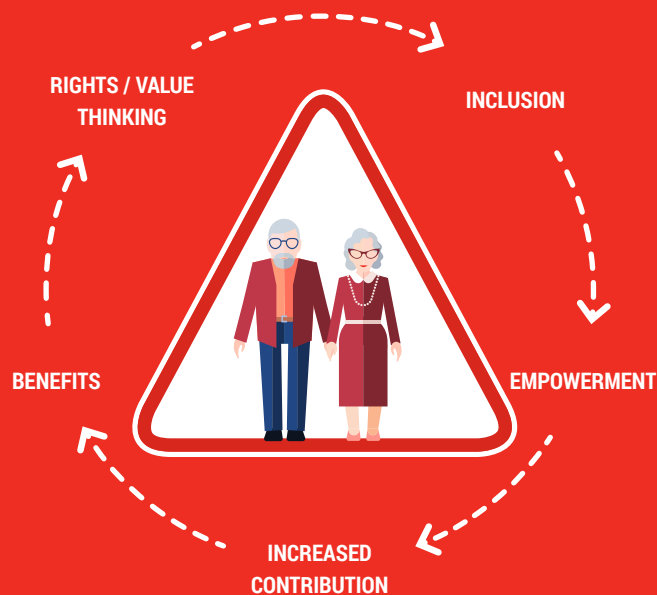
A human-rights-based approach positions the older person as the rights holder whose rights to autonomy and independence are not diminished by the ageing process. This approach requires service providers to support the older person to exercise their right to self-determination.

The reframing required to implement a rights-based approach is demonstrated by the following diagrams.

THE VICIOUS CIRCLE OF AGEISM



REFRAMING: FOCUS ON OLDER PEOPLE'S RIGHTS



SENIORS LEGAL AND SUPPORT SERVICE OVERVIEW

This discussion paper draws upon Caxton's 15 years of experience of providing a frontline, specialist, multidisciplinary service to older people affected by elder abuse. Based in Brisbane, Caxton delivers Queensland's longest running and largest specialist elder abuse service, the Seniors Legal and Support Service (SLASS), which is funded by the Department of Communities, Disability Services and Seniors. Other models of SLASS services are delivered by community legal centres located in Cairns, Townsville, Hervey Bay and Toowoomba.

The Caxton service is delivered by lawyers, social workers and support staff in the Family and Elder Law Practice, who are specifically trained to provide integrated social work support and legal assistance to empower older people who are at risk of, or are experiencing, elder abuse, mistreatment or financial exploitation. At any given point in time, the service is assisting up to 150 older people.¹

The service's social workers are experienced in conducting psychosocial and risk assessments, safety planning, short-term counselling, capacity screening, aged-care and housing referrals, advocacy for older people and other complementary supports. The lawyers are experienced across a number of related legal areas including domestic

and family violence, guardianship and administration, family law, consumer law and general law.

A significant feature of the model is that the service provides outreach to the older person through visits to their home, aged-care facility or hospital. Another feature is a genuine integration of the social work and legal supports through joint client attendances, shared case planning and files, and a multidisciplinary approach towards the interventions offered.

The central idea underlying this multidisciplinary model is that the older person is the rights holder who, except in limited circumstances, is entitled to choose the supports and interventions they prefer to address the abuse they are experiencing. A suite of empowering interventions is explored with the client, including social supports, legal assistance, financial advice, and individual or family counselling or mediation. The support provided ranges from one-off information to intensive casework.

Caxton's social worker-lawyer intervention model was positively evaluated in 2008.² A similar model in the US has also been evaluated.³

The Interconnectedness of Legal and Social Issues

Legal issues often coexist with a range of social issues. Social issues can be indicators of underlying legal issues, especially for older people experiencing abuse. The integrated

model of social workers and lawyers working together provides a holistic and flexible service response for older people experiencing abuse, mistreatment or financial exploitation.

¹ In 2017–18, Caxton provided 3547 pieces of information and referrals, 462 older people with social work supports and legal assistance and 29 court representations. Of Caxton's clients, 176 were experiencing family violence and 45 reported English as their second language.

² Fiona Guthrie and Shirley Watters, *An Evaluation of Seniors Legal and Support Service*, December 2008.

³ Rizzo VM, Burnes D and Chalfy A, A Systemic Evaluation of a Multidisciplinary Social Worker-Lawyer Elder Mistreatment Intervention Model, *Journal of Elder Abuse and Neglect*, 2015, 27.

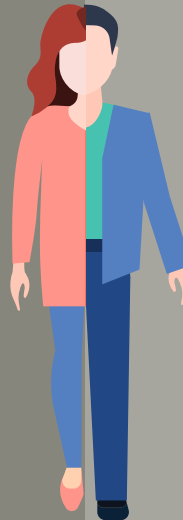


FAMILY CO-LIVING ARRANGEMENTS

Commonly corresponding social and legal issues

SOCIAL

Deteriorating health and confidence of older person
Parent's urge to nurture, not self-protect
Financial hardship for some/all parties
Social isolation
Adult child experiencing poverty, debt or addiction
Housing stress for older person and/or their adult child
Aged-care needs and wait times for services



LEGAL

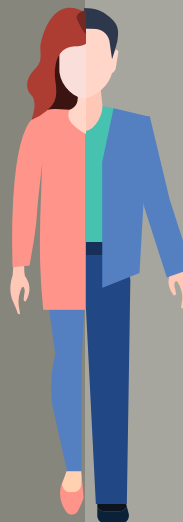
Domestic and family violence
Tenancy and trespass law
Property law and caveats
Trusts and equity
Family law matters

MISUSE OF ENDURING POWERS OF ATTORNEY

Commonly corresponding social and legal issues

SOCIAL

Hospital admission and discharge pressures
Sibling conflict
Older person's fluctuating capacity
Ignorance about EPA role and duties
False assumptions about older person's wishes



LEGAL

Older person's legal capacity
Guardianship and administration law
Responsible banking practices
Third-party authorities and nominations
Undue influence
Compensation
Fraud

In 2015, the service conducted an audit of 500 closed cases in Brisbane. This review provided data on types of abuse, client and perpetrator demographics, barriers to accessing assistance, factors contributing to abuse and types of interventions. Those cases were further interrogated in 2016 to identify patterns in the collaborative work between social workers and lawyers.

Since the evaluation in 2008, the service has refined its model to streamline the intake process, better manage complex referrals, develop integrated case plans, assess the level of support required at an earlier stage, deliver a minimum number of hours of direct client services and measure stipulated outcomes.

Other legal services provided by Caxton, such as the Park and Village Information Link, which assists people living in retirement villages and manufactured home parks and the consumer law practice, are also valuable parts of a priority focus on providing legal services to older people.



THE MULTIDISCIPLINARY MODEL – SOCIAL WORKERS AND LAWYERS

This collaborative model is defined by a seamless pathway of service delivery. The social worker is the first point of contact with the older person, and that same social worker maintains contact with the older person until the conclusion of the service. If legal issues are identified, and if the client wishes to obtain legal advice, the social worker will introduce them to a lawyer. Both the social worker and lawyer visit the client together, often at their home, aged-care facility, hospital or other safe place.

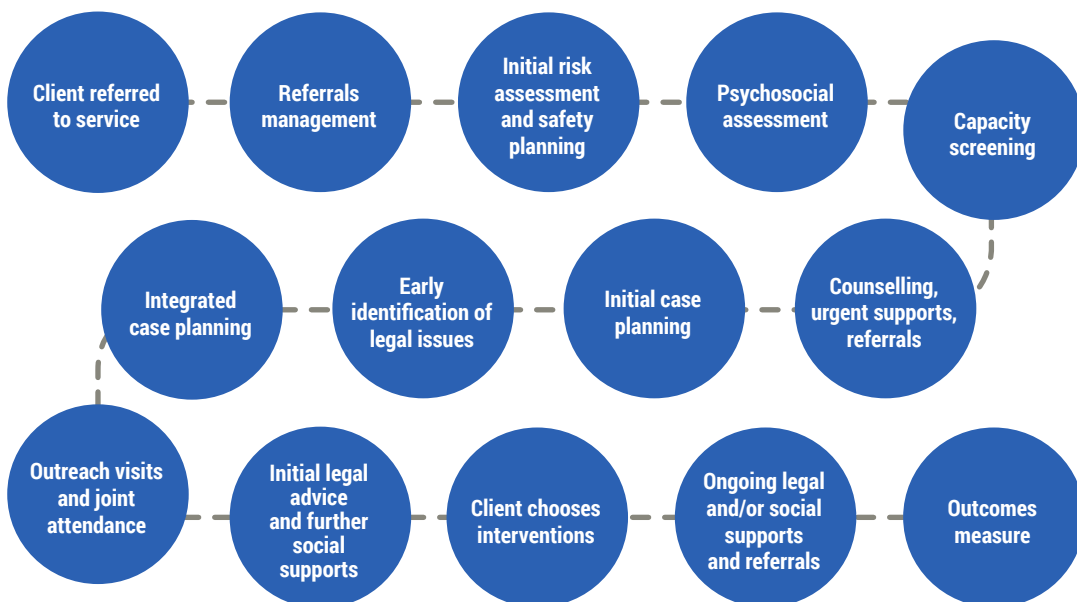
It is unusual to find that there are no legal issues involved in the circumstances of elder abuse. It is even more uncommon to find that the older person does not want legal advice, even if they later decide they do not wish to take legal steps to address the abuse. Where no legal advice is sought, the social worker provides non-legal support to address the social issues related to the abuse.

The client's wishes and safety are always central to the assistance that is offered

to them. They choose how to address the abuse they are experiencing from the suite of appropriate and available social and legal interventions presented. If they need ongoing legal assistance, the lawyer and social worker work together to plan with the client the legal steps that will be taken and the ongoing social supports that will be provided. This integrated case plan is reviewed continuously as the case progresses.

This model allows flexibility in the levels of support. In some cases, only social work referrals are required to link the client with services to alleviate the impact of any family dynamics that are contributing to the abuse. Similarly, the client may want one-off legal advice about a specific matter, such as how to revoke their Enduring Power of Attorney. For this type of support, telephone attendances can be sufficient. In other cases, the client may need more intensive support, which this service model can accommodate. Importantly, the level of support needed is identified early on in the intake process, and case planning is undertaken by the social worker and lawyer in collaboration. The service delivery pathway experienced by the client in this model is represented below.

Social Worker-Lawyer Intervention Model



THE INTEGRATED MODEL AT A GLANCE

| KEY STRENGTHS | |
|---|---|
| Intake and management of complex referrals | <ul style="list-style-type: none"> • Older person's voice is prioritised over those who would speak for them • Social worker provides first response to build trust and sense of safety through respectful exploration of legal and wider needs • Interpreters, outreach visits or other supports are offered to facilitate access |
| Initial risk assessment and safety planning | <ul style="list-style-type: none"> • Attention to safety risks at initial contact is paramount; safety plan is integrated into case plans, communications and monitored for entirety of case • Urgent legal issues are responded to: protection orders or caveats are sought if necessary with legal representation and social work support |
| Psychosocial assessment and capacity screening | <ul style="list-style-type: none"> • Legal and support options are generated based on the breadth of social and cultural issues; family dynamics and individual strengths are identified • Capacity is screened and ways to increase decision-making capacity are identified • Impaired capacity due to undue influence is identified |
| Urgent social supports, counselling and referrals | <ul style="list-style-type: none"> • A 'circuit-breaker' effect in the cycle of abuse is created • Isolation is reduced • Older person's control over their life and self-respect is restored • Referrals are given to support perpetrators experiencing addiction/mental illness to relieve immediate pressure • Counselling for emotional support to build resilience to embark on legal action is provided • Urgent referral into aged-care services and supports for daily living tasks are given |
| Identification of legal issues and integrated case plan | <ul style="list-style-type: none"> • Early identification of related legal issues is guaranteed • Older person's goals for possible interventions are outlined and first steps are prioritised • A framework for coordinated and ongoing assistance by social worker and lawyer is built • Clear legal advice is broken into manageable components • Court and legal processes are demystified • Any support is tailored to each individual older person |
| Social worker and lawyer—the multidisciplinary model in practice | <ul style="list-style-type: none"> • Balance is struck between protecting the older person and respecting their right to self-determination and living with risk • Transfer of professional knowledge between disciplines is facilitated • Seamless service with more than one form of intervention is available for older person to choose from • One physical client file is created in a shared work space • Client communications are protected by legal professional privilege |
| Measurement of outcomes | <ul style="list-style-type: none"> • Case plans are reviewed to assess whether older person's goals were met and whether protection from harm has improved • Guidelines are in place to inform this assessment |

High client retention through the availability of a range of avenues for responding to elder abuse
Older person empowered as decision maker

Intake and management of complex referrals

Older people are referred to the service in many ways through self-referrals or by friends, family, aged-care workers, police, service providers, the elder abuse helpline and healthcare professionals (predominantly social workers and general practitioners). The social worker provides the first response to the older person who is referred to the service. Where the referral is from a third party, the emphasis is on making contact with the older person directly to ensure their perspective informs the service about the abuse and the older person's needs, which consequently shapes the initial response and planning. As the client and rights holder, it is vital that the older person's perspective on complex dynamics and issues underpins the service response.

The social worker interacts with aged-care services, hospitals, community organisations and family members to manage any complexities in the referral process. At this stage, the social worker assesses whether outreach, interpreters or other supports are required to overcome any access barriers

and to optimise the client's capacity to give instructions and seek help. This involves gathering important information about whether there are capacity concerns, current capacity assessment reports, an enduring document, guardianship and administration orders, and/or involvement of other services. Where it is impossible to contact the older person directly, the third-party referrer (often a family member) is provided with support and referrals, and given the opportunity to obtain their own legal advice. Third-party referrers who are service providers are also provided with information and supports to help them assist the older person.

During the intake process, urgent legal issues can present such as the need to apply for urgent temporary protection orders or to lodge a caveat to protect proprietary interests. An immediate legal response and action is available at any time during the intake process if required. The intake can also be managed jointly by the social worker and lawyer if there are limited opportunities to meet safely with the client.

Example Intake and management of complex referral

A psychologist providing grief and loss counselling to Maria contacts the service. Maria is aged 83 and speaks Spanish. The psychologist speaks Spanish. Maria's husband died two months ago and her son has moved into her house. He has taken over her finances, isolated her from other family members, forced her to make him her attorney under an Enduring Power of Attorney, and is now telling her that he is selling her house and placing her in a nursing home. Maria is distressed and confused. Maria's son is abusive towards her. He yells at her and handles her roughly. Maria is scared to talk to anyone about the situation. She does not want her son to get into trouble. The social worker confirms with the psychologist that Maria has consented to the referral and assesses the safest place to meet Maria is at the psychologist's office with a translator. The social worker discusses with the psychologist ways to keep Maria safe until the meeting.

What works well

The older person's initial contact with the service is critical. Services that specialise in responding to domestic violence emphasise the importance of creating a safe environment in which a person can tell their story of abuse, not feel judged or ashamed, and begin to trust. This learning can be applied to elder abuse services.

Older people accessing the service form a relationship of trust with the social workers who maintain a continuous connection. Clients ask for them by name when contacting the service now or in the future. The nature of the client's relationship with the social worker is

empathic and supportive. The social worker asks open-ended questions, rather than the closed questions that the lawyer may ask. The social worker explores the matrix of facts to understand how the client can make better connections, feel more supported and maintain relationships. Lawyers typically filter information for relevant facts without identifying and prioritising important social connections, while the social worker checks that the client feels safe, calm and supported to tell their story and affirms that the interventions offered aim to support them and address their wider needs, not just their legal needs.

Initial risk assessment and safety planning

When an older person is referred to the service, their safety is prioritised from the outset. The social worker performs a preliminary risk assessment and safety planning with the client during their first contact, and continues to assess risk as the case progresses, especially if the client decides to take steps to assert their wishes. There is heightened attention towards safety planning in cases where the client is living with the perpetrator of abuse. In these

circumstances, all communications and meetings are conducted discretely. Urgent legal action for a protection order is taken where necessary, with the client's consent and social worker's support. The risk of homelessness and the client's mental health needs are also assessed and appropriate referrals are made. The social worker validates the client's right to live with acceptable risks, while at the same time exploring ways for them to protect themselves.

Example Initial risk assessment and safety planning

Lyn is an elder in her community. She has been the kin carer for her grandson since he was four years old. He is now 21. He has a drug addiction and Lyn has been his main support during his latest rehab. Lyn's grandson has stolen money from her, and the last time he was at her house he threatened to kill her if she didn't give him money. Police were called by a neighbour and obtained a protection order with full conditions restricting contact. They referred Lyn to the service. Lyn wants to vary the order to allow contact with her grandson. She says she is not afraid of him, and she fears he will not complete the rehab without her support. The social worker seeks to understand the nature of the relationship and to find ways in which Lyn can provide support to her grandson while staying safe. The social worker does safety planning with Lyn, and these plans are communicated to the lawyer, who applies for the variation and obtains exceptions to the conditions that enable contact but keep Lyn in control of managing the risks.

What works well

The social workers have specialised knowledge in providing support to older people who are experiencing abuse. They are able to conduct risk assessments and safety planning with the older person without having to refer to external domestic violence services and act as a first response. The social worker and lawyer work together to ensure any joint attendances are safe and that communications containing legal advice are confidentially received. If urgent legal action is needed to obtain a protection order, attention is given to the physical, emotional and other care needs of the client.

This is especially important if a protection order includes an ouster condition against the client's family member who is their abuser but also their carer. The social worker supports the client to take protective legal steps where the risks are unacceptable, and the legal process would otherwise be too daunting to undertake. They support the client in court at the same time that the lawyer is representing the client in court proceedings, and if the client chooses not to take protective legal action, the social worker supports them to manage the accepted risks.

Psychosocial assessment and capacity screening

Early in the process, the social worker undertakes a psychosocial assessment with the client to identify the reasons for the referral and to assess issues such as social and family history, significant others who are involved, health, housing/accommodation, financial circumstances, transport, support networks, services in place, strengths and interests, cultural sensitivities, end-of-life planning documents and current decision-making autonomy.

During this assessment, the social worker also screens for capacity issues or a specific diagnosis that could affect the client's capacity. Later, the

lawyer will conduct their own assessment of the client's legal capacity for the specific legal issues that need to be addressed. Capacity assessments may be requested, and there may be a recommendation for a referral to the Office of the Public Guardian. The social worker explores what supports could be arranged to increase the client's capacity for decision making around the issues raised in line with a supported decision-making approach. Social work advocacy and/or legal representation may be provided to a person seeking a declaration of capacity in the relevant tribunal.

Example Psychosocial assessment and capacity screening

Michael is living in a manufactured home owned by his partner of 35 years who recently passed away. The psychosocial assessment identifies that Michael has no other family members, one friend June who visits him from time to time, no connection with his doctor, poor diet and overall health, and declining capacity. The lawyer assesses Michael's legal issues to include complex succession law, and there are proceedings underway to evict Michael. Michael is unable to effectively represent himself and is at high risk of homelessness. He denies he has cognitive decline and will not see his doctor. The social worker supports Michael to meet with June, whom he trusts, and Michael subsequently consents for June to speak with the lawyer and make a referral to the Office of the Public Guardian to initiate the process for a litigation guardian to be appointed.

What works well

Older people often experience abuse in the context of familial relationships. Some wish to maintain that relationship and accept the risk of ongoing harm. Referrals to family counselling/mediation are canvassed with the client, however, most older people who experience abuse choose not to participate in counselling or mediation with their abuser. Instead, they are usually seeking to reestablish their own agency and put boundaries in place with family members to stop the abuse, including requiring the person to move out of their home and have no further decision-making role. Alternatively, some older people want someone to tell their abuser to 'stop'. This service offers many options to address this and empower clients to choose their preferred approach. The service assists clients who wish to apply for a domestic violence protection order to stop physical, verbal, financial and emotional abuse by completing protection order applications and providing legal representation and social work supports throughout the court process.

The psychosocial assessment helps both the social worker and lawyer understand a more complete picture of the context in which the abuse is occurring. This in turn provides the basis for generating as many options for interventions as possible to address the abuse. It also allows for a deeper understanding of and sensitivity to relevant cultural, spiritual and intergenerational issues for Aboriginal and Torres Strait Islander people, and culturally and linguistically diverse older people.

The issue of the older person's capacity can be problematic. The psychosocial assessment flags any concerns the social workers have regarding the client's capacity and identifies appropriate supports to optimise this capacity. This assists the lawyers in their assessment of legal capacity for the specific legal matters that need to be addressed. One of the most critical issues in elder abuse matters is the assessment of capacity in the context of undue influence, as this can form an important basis for legal redress and impacts the social supports required. The social workers and lawyers work together to identify cases where a family member (or other person) is using their role and power to exploit the older person's trust, dependency or fear to gain psychological control over their decision making, usually for financial gain. Non-specialist elder abuse services may assume that the older person is capable and competent in their decision making. In this way, the service manages the tension between the older person's right to choose the level of risk they will live with, and the possibility that that choice is being affected by circumstances of undue influence. The lawyers assess this issue relevant to financial transactions, while the social workers consider this issue when counselling the client in how to deal with their complex familial relationships. It should be noted that counselling/mediation to address circumstances of elder abuse in the context of undue influence may not provide insights into legal remedies or adequate protections for the older person.

Urgent social supports, counselling and referrals

Elder abuse is more likely to occur when an older person is isolated. The social worker helps the client identify immediate social supports that can reduce their isolation. An urgent referral to My Aged Care can be made for an assessment, and interim services can be put in place to assist with daily living tasks. If the client lives with the person who is perpetrating the abuse and that person has social needs (e.g. drug or alcohol addictions, poor mental health, or is at risk of homelessness), the social worker can make urgent referrals for supports for both the client and the person they live with to relieve some of the pressures that are contributing to the abusive situation.

Short-term counselling is provided around grief and loss, strained family relations and

the impacts of the abuse. The social workers also assist the client to set boundaries and develop insight into family dynamics that may be contributing to the abuse. The client can be reconnected with their general practitioner for a better mental health plan referral or health review. Engaging the general practitioner and making them aware of the situation is a protective factor for the older person.

Ongoing emotional supports are provided for the duration of the service. The social worker identifies ways to build the client's resilience to take legal steps if they choose a legal intervention. They routinely check in on how the client is managing if they have chosen to 'live with the abuse' and encourage them to call back at any time.

Example Urgent social supports, counselling and referrals

Allan is 83 and his son David is his carer. David receives a carer's pension. Allan says David has a history of long-term unemployment and alcohol abuse and has recently separated from his partner. David takes money from Allan's bank account and buys alcohol with it. He often provides frozen meals and recently lost his licence (DUI) so cannot take Allan to an upcoming specialist appointment. Allan feels very anxious about the situation. The social worker provides Allan with counselling around his anxiety and connects him with community transport services, My Aged Care for assessment for services, and a family drug support group. With Allan's consent, the social worker speaks with David and makes referrals to Carers QLD, his general practitioner for a mental health plan, and an alcohol addiction support program.

What works well

The social workers act as circuit breakers in the abuse cycle. They build the client's capacity to set their own boundaries and self-advocate, and in this environment the client may not need to pursue legal solutions once their fair share of control has been restored. Self-respect is being reinstated, and the client

increasingly knows their rights and options because the service has identified those options and communicated them well. The client is developing insight, which is critical to their ability to protect themselves from ongoing harm.

Identification of legal issues and integrated case plan

Legal issues are present in most instances of elder abuse referred to the service. The lawyer will identify these issues early in the service delivery pathway. In most cases, the client wants legal advice but without any strings attached—they want to reserve their right to choose what legal steps, if any, are taken. This agenda, consistent with a human rights approach, is well promoted within the service.

An integrated case plan is prepared to address the legal and social support issues. This plan identifies the client's initial goals and needs, and the suite of legal and social work interventions available to address these

including the priority that could be placed on certain interventions. It identifies the type/s of abuse experienced, the impact of the abuse on the client and their family network, the profile of the perpetrator, referral pathways and collaboration partners, and nominates a review period. The case plan gives the social worker and lawyer a framework for their joint attendance and outlines the possible scope of more intensive supports that could be provided. The case plan is modified once the lawyer and social worker meet with the client and plan together how to address the elder abuse experienced.

Example A simple case plan

Sarah is 74. Her husband Bill has dementia and is in a nursing home. It is the second marriage for both (35 years married, 16 years his carer). Previously, Sarah was Bill's Enduring Power of Attorney, but now his daughter Jane is. Jane shouts and swears at Sarah. Jane refuses to consult with Sarah and is stopping her from seeing Bill. The house Sarah lives in is in Bill's name only and Jane told Sarah to leave. Sarah is feeling tired, depressed and anxious. There are no capacity flags. Sarah wants to know her rights and how to manage the situation:

1. Social worker to provide follow-up counselling and referrals to GP for mental health plan, Alzheimer's Queensland, safety planning.
2. Lawyer to give legal advice about domestic and family violence (verbal abuse from Jane), EPA validity, EPA rights and responsibilities, General Principles, QCAT process to challenge EPA and to have contact with Bill.
3. Lawyer to give legal advice about the house, entitlement to reside, entitlement to share of house according to family law.
4. Options to resolve issues: social worker to advocate with Jane, written negotiations, mediation, application to QCAT.

What works well

The early identification of legal issues makes legal advice and legal services accessible to a highly vulnerable group of people. The legal advice is clear, unambiguous, realistic and broken down into manageable steps. Legal assistance is provided across as many areas of law as are pertinent to the case. Court processes are demystified, making self-representation tribunals more accessible. The legal interventions are managed so they are appropriate and tailored to what the client wants, and the need for legal representation in court proceedings is also addressed.

The integrated case plan⁴ coupled with the psychosocial assessment assists the social worker and lawyer to know how to combine the

work they are doing on behalf of the client. Both documents are referred back to continuously check the validity of the supports being provided. This enables the social worker and lawyer to tailor their services to complement the client's strengths and address their needs so the effects of the abuse are minimised. The case plan assesses the client's current needs but also predicts their future and related needs. They are encouraged to use their own skills to address their circumstances, while the service takes into account the gaps where supports are needed. The plan and approach are family centred, allowing the service to prioritise the client's goals in respect of their family relationships.

Social worker and lawyer—the multidisciplinary model in practice

In this multidisciplinary model, the social worker and lawyer share one physical file. Each has open access to the other's notes and documents, they share a workspace, and case discussions and reviews are extremely responsive to daily developments. Ongoing communications with the client are usually via joint social worker and lawyer attendances, or individually as the case may require. The casework is usually conducted using a combination of telephone conferences and outreach visits⁵ to overcome communication or mobility barriers. Interpreters are used to assist communication with people with sensory impairments and those who speak languages other than English.

The social worker and lawyer discuss each step to be taken on behalf of the client in accordance with the case plan. The communication is easy but robust. The aim is to strike a balance between taking protective steps and allowing for self-determination in decision making, and this requires thoughtful, skillful and passionate discussion. There are duty-of-care considerations, client confidentiality, legal privilege, structural resource limitations and systemic issues to navigate, which the social worker and lawyer address together. A recently closed case of the service is provided as an example of the complex issues being successfully managed in this multidisciplinary model.

⁴ Formal case planning was not a feature of the service delivery model for the cases that were reviewed in the 500 closed cases audit. Cases closed after case planning was introduced in 2016 have been reviewed for the purpose of this discussion.

⁵ 76 outreach visits to older people at home, in hospital or aged-care facilities were made during 2017–18.

Case Study The multidisciplinary model in practice

Raymond is a 70-year-old alcoholic man who separated from his wife many years ago. The service met Raymond when he was desperate to leave a secure dementia unit in a nursing home, which he was placed in by his son. His son was appointed by QCAT to be his financial administrator after a hospital admission, when he was found living in squalid conditions. Once in receipt of good health care, Raymond's health and capacity to make decisions for himself were largely restored, although he still suffered from depression and anxiety. Raymond's son would not support Raymond moving back into the community, fearing a repeat episode of alcohol abuse and self-neglect.

Raymond felt aggrieved that he had been 'imprisoned' in the nursing home on the basis that it was a short-term placement, but was now viewed by those around him as a permanent arrangement. He tried to escape over the wall of his room, and went on a hunger strike to force the nursing home to act. However, Raymond's son would not agree to a reviewed capacity assessment and would not discuss Raymond's financial situation with him, including a property settlement that was underway with his former wife.

The lawyer and social worker were concerned about balancing what appeared to be competing issues. On one hand, Raymond presented with reasonable capacity to make his own decisions about where to live and other day-to-day personal and financial decisions that were being denied by his son. Raymond was a very strong and convincing advocate for his individual rights. On the other hand, as the lawyer and social worker spent more time with him, it became apparent he had a lack of insight into the realities of his situation, including the minimisation of important factors that needed to be dealt with to live independently. Knowing how best to intervene was sometimes tricky when balancing duty-of-care considerations, legal capacity across a number of decision-making domains, supporting Raymond's autonomy and maintaining familial relationships.

The SLASS lawyer was required to intervene in the property settlement where Raymond's son was attempting to advocate for his mother's interests while still appointed as Raymond's financial administrator. This led to Raymond's son bringing a QCAT application to progress the sale of the house. Following this, the social worker and lawyer supported Raymond at a QCAT application to declare his capacity. QCAT declared that Raymond had capacity for day-to-day financial decisions (management of his pension, signing a lease, paying his bills), but that his son would remain his financial administrator for more complex financial decisions (management of his half share of the house sale proceeds). As a result of the SLASS team's advocacy, Raymond's son eventually agreed to support Raymond to move to a friend's house because he would be well supported there, and Raymond was released from the secure dementia unit.

The social worker and lawyer always adopted a family-centred approach in communications with Raymond's son, even though they were asserting Raymond's rights. Raymond was able to maintain his relationship with his son and can negotiate about access to his term deposit for larger purchases. Practical social work support (e.g. help to set up direct debit bill payment) and access to a limited budget for alcohol have facilitated Raymond's ability to live independently in a way that is low risk and ongoing.

What works well

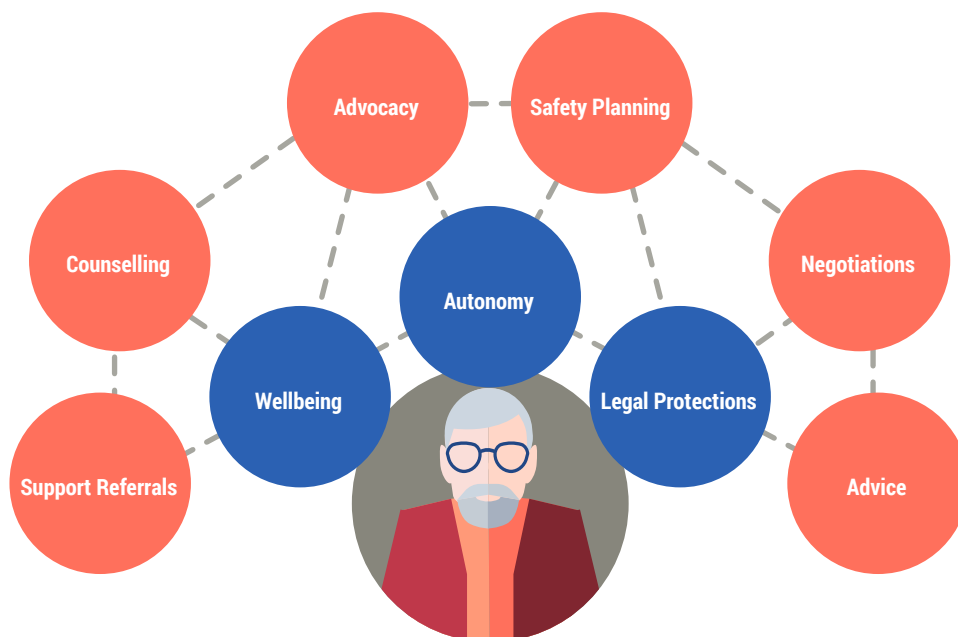
In the social worker-lawyer intervention model, there is high client retention. Instead of experiencing 'failure' if one approach or intervention does not work, the availability of a suite of social and legal options assists the older person to remain engaged with the service. The older person experiences a seamless service instead of needing to

seek a combination of services from multiple locations. Importantly, the legal issues that underlie the abuse are identified early, and the older person is empowered to make fully informed choices about how to balance family relationships while also asserting their autonomy to make decisions and have financial redress where relevant. Multiple options are

explored and multiple steps are taken in stages to address the complex combination of issues and respond to the abuse.

The model embraces the services other providers can offer. The client is not expected to make these connections alone. The social worker and lawyer both make warm referrals, ensuring the referral loop is closed. For example, at the same time that the social worker is advocating and working with external financial counsellors to address financial hardship, the lawyer is tackling more complex financial issues that may be associated with irresponsible lending by financial institutions, unpaid family loans and the resolution of granny flat arrangements. The social worker talks with a wide range of family/friend/community supports, the client's general practitioner and hospital staff, and always makes the connection back to the client to make the ultimate decisions.

Some of the model's success is due to the way in which the social workers and lawyers approach their work together. In particular, lawyers employed in community legal centres are instinctively well suited to developing highly collaborative working relationships with social workers (and other professionals). Similarly, social workers with strong advocacy skills are well suited to working with lawyers. They share and transfer knowledge from their original skillset to become well versed in the other's skillset, professional world view and obligations. They undertake training across both knowledge areas, but still recognise the other's expertise developed from years of practice in specialty areas. This creates a better working understanding and respect for each other's professional expectations, responsibilities, limits and uses. The assistance provided to clients is therefore congruent and complementary.



Measurement of outcomes

At the conclusion of the service to the client, a review is conducted to measure the outcomes achieved against the case plan (as reviewed from time to time). The review specifically measures whether the majority of identified needs were met and whether there were improvements in the client's level of safety and protection from harm. The service has developed simple guidelines to measure these outcomes.

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