

Ageing Safely Forum 2009

Panel : Living in the Community



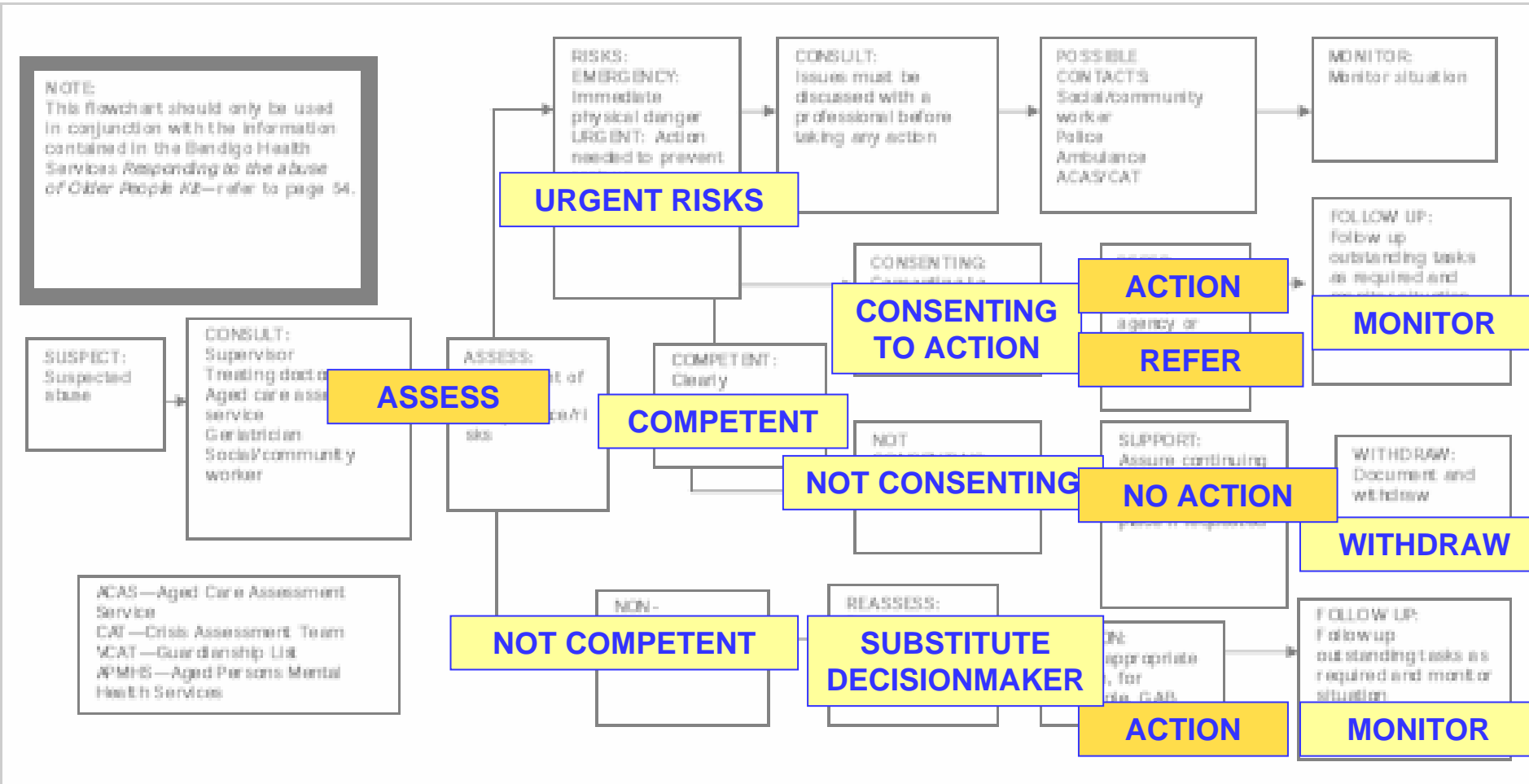
Domiciliary Care SA

A government organisation supporting people with reduced capacity to remain living in their homes or community.

- Main target group – people over 65
- 8 Metro Adelaide service delivery teams
- 2 palliative care teams
- Approximately 8,000 clients, 600 staff
- Integrated multidisciplinary case management model



Abuse intervention flowchart



■ Extract from the Bendigo Health Services 'Prevention of Elder Abuse' Kit



Off the end of the flowchart

Ongoing service provision in the presence of ongoing abuse.



How can this happen?

- Abuse is observed but denied
- Abuse is disclosed or confirmed but no consent to act
- Uncertainty or dispute about mental capacity
- Difficulty obtaining assessment of mental capacity
- Diagnosed mental incapacity but clearly expressed wishes
- Ethics – client rights to “the dignity of risk”
- No suitable options



Key issues in community care

Supporting the client

- Often both the victim and the perpetrator are clients
- Complex, long established behaviours
- Power shifts within relationships (due to loss of mental and physical capacity)
- Building trust, working slowly
- Respecting client's wishes even if there is cognitive impairment
- Consideration of negative consequences of intervention
- Consideration of complex cultural issues



Key issues in community care

Supporting ongoing direct service workers :

- Safety
- Tolerance of risk and partial solutions
- Objectivity and personal values
- Clear roles, responsibilities and boundaries
- Managing relationships - becoming the confidante

Supporting case managers :

- Difficult ethical decision making
- Emotionally demanding work



Some gaps

- Access to cognitive assessment
- Appropriate emergency accommodation
- Informed and responsive networks



For further information:

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