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Foreword



Elder abuse continues to be a cause of concern in Ireland. This is not to suggest that abuse of older people is more prevalent in Ireland than in other countries. However, the fact that abuse of older people occurs at all is a matter of concern and the numbers of referrals of alleged elder abuse cases to the HSE in 2009 is similar to the number of cases referred in 2008. However, judging by international research, the number of cases reported is relatively small compared to the actual number of cases that may be occurring.

It must be borne in mind that many cases of abuse are not the result of deliberate intent. Rather, many cases arise out of ignorance, lack of consideration, selfishness or thoughtlessness. Many other cases arise because of carer stress. This is important for all health and social care professionals to keep in mind when trying to prevent abuse, or stop it continuing when it does occur.

This publication is designed to update HSE staff, and staff of other agencies, on developments in the HSE elder abuse service. It outlines current structures, work undertaken in the last year and statistics in relation to elder abuse referrals to the HSE in 2009. It must always be borne in mind that elder abuse is not just an issue for the HSE. This is an issue for all agencies that come in contact with older people, and for Irish society in general. We must continue to highlight the issue of elder abuse and persevere in our attempts to make it unacceptable.

Of course, an increase in awareness of elder abuse is important if it is to be successfully challenged. There is anecdotal evidence, at least, of a lack of awareness of elder abuse – what it is, the different types and how to seek assistance. The HSE has tried to raise public awareness of this issue over the last couple of years and will continue to do so. Publications such as this will ensure that the issue of abuse of older people is kept on the agenda of HSE staff and the wider community.

While the dedicated HSE elder abuse service could be described as in its infancy, there have been notable achievements. However, there is still an enormous amount of work to be done, both within the HSE and in collaboration with other agencies. The HSE has commenced work with a wide array of other agencies to combat elder abuse. This multi-agency approach is very important if abuse, in all its forms, is to be combated.

This publication largely reflects on services in 2009. However, we have included a section on the review of *Protecting Our Future*¹ because of the importance of that original report in driving the implementation of elder abuse services and the importance of the recommendations of the review in renewing our efforts. Though the report, *Review of the Recommendations of the Report of the Working Group on Elder Abuse, Protecting Our Future*², was published in 2010, it was largely developed in 2009.

I would like to acknowledge the dedicated work of everyone involved in the elder abuse services. In particular, I would like to acknowledge the efforts of our partners in other agencies for their advice, support and engagement with the HSE in relation to elder abuse concerns. Within the HSE itself, there has been a huge commitment by all staff involved in the service. I would like to thank, in particular, the Senior Case Workers, Dedicated Officers, the members of the National Elder Abuse Steering Committee and Area Elder Abuse Steering Groups, the researcher and clerical and administrative staff. We have a challenging agenda for 2010 and, with the commitment of all involved, we can continue to improve the services we offer.

**Frank Murphy,
Chair,
National Elder Abuse Steering Committee**

1.0 Background

The Health Service Executive was established on January 1st 2005. One of its key remits relates to care and services for older people living in Ireland. This encompasses a wide continuum - from dedicated schemes and supports, to day and community services, to acute hospital services and long term residential care. Integral to the services is respect for, and protection of, vulnerable adults and, in particular, older adults, from abuse in all its forms.

Much of the HSE's efforts in providing an elder abuse service are derived from the recommendations of the Report of the Working Group on Elder Abuse – Protecting Our Future (2002)¹.

In that document, elder abuse was defined as –

“A single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person or violates their human and civil rights.”

There are many types of abuse. Abuse may occur due to deliberate intent, neglect, thoughtlessness or ignorance.

- **Physical abuse**, including slapping, pushing, hitting, kicking, misuse of medication, inappropriate restraint (including physical and chemical restraint) or sanctions.
- **Sexual abuse**, including rape and sexual assault or sexual acts to which the older adult has not consented, or could not consent, or into which he or she was compelled to consent.
- **Psychological abuse**, including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.
- **Financial or material abuse**, including theft, fraud or exploitation; pressure in connection with wills, property or inheritance, or financial transactions; or the misuse or misappropriation of property, possessions or benefits.
- **Neglect and acts of omission**, including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.
- **Discriminatory abuse**, including ageism, racism, sexism, that based on a person's disability, and other forms of harassment, slurs or similar treatment.

The prevalence of abuse in Ireland is unknown but international research indicates that up to 5% of older people may be subject to abuse. The numbers reported to the HSE are much lower than this. However, the National Centre for the Protection of Older People, based in University College Dublin, intends to carry out a major prevalence study in 2010. This will be the first such study in this country and, along with the data that the HSE has compiled on elder abuse referrals, will provide further information on the extent and types of elder abuse being endured by older people in this country.

There are many reasons why an older person may not report abuse. These may include:

- A desire not to upset relationships. This can be quite common, for example, when the abuse is perpetrated by a son, daughter or other close relative. The older person will want the abuse to stop but, in many cases, will not wish to upset the relationship he/she may have with the relative. Also, where the victim is dependent on the abuser it can be very difficult for him/her to report the abuse. This can occur in a relationship where there is a dependency, e.g. carer or nursing home.
- A fear of reporting abuse because of what the outcome might be. For example, some older people may fear ending up in long term residential care if they report abuse, particularly in situations where they might be dependent on the abuser. There may also be a fear that the abuse will worsen if the abuser knows that a report was made.
- Lack of knowledge on the part of the abused as to whom the abuse should be reported.
- A failure to recognise the actions as abuse. This can arise both with the victim and the perpetrator. For example, in many cases, when the abuse is pointed out to the perpetrator, the behaviour is altered as the abuser gains insight into the unacceptability of his/her behaviour.

The HSE has tried to combat some of the issues that might prevent the reporting of abuse. For example, in 2008 and early 2009, the HSE engaged in a public awareness campaign. This campaign highlighted the different forms that abuse can take and also indicated how abuse can be reported. The campaign offered practical advice on how people could try to protect themselves from abuse.

The HSE also highlighted the fact that, in dealing with cases of suspected abuse, the HSE social workers try, in as far as is practicable, to respect the wishes of the older person. The HSE has also participated in *Say No to Ageism Week* and other campaigns in an effort to increase awareness of elder abuse. (See Section Two).

In this document, the main developments in the HSE elder abuse services in 2009 are outlined. In addition, other areas of progress, not specifically within the area of elder abuse, but nevertheless having the effect of preventing abuse, are also detailed.

Section Three outlines, in some detail, the role of the National Centre for the Protection of Older People (NCPOP) and reflects on the Centre's activities in 2009. It also outlines the plans of the NCPOP for 2010.

Section Four is devoted to the *Review of the Recommendations of the Report of the Working Group on Elder Abuse, Protecting Our Future 2009*², which was commissioned by the National Council for Ageing and Older People and carried out by PA Consulting.

Finally, HSE data on elder abuse is outlined in Section Five.

2.0 The HSE Elder Abuse Service Structure

The organisational structure of the HSE's elder abuse service is largely based on the recommendations contained within *Protecting our Future*¹, Report of the Working Group on Elder Abuse (2002).

2.1 National Elder Abuse Steering Committee

A National Elder Abuse Steering Committee has been established, together with four Area Elder Abuse Steering Groups based in the four HSE administrative areas, i.e. HSE West, HSE South, HSE Dublin Mid Leinster and HSE Dublin North East.

The membership of the National Elder Abuse Steering Committee has multi-agency and multi-disciplinary representation (Appendix 1).

A significant amount of work has already been completed by the National Elder Abuse Steering Committee. The workplan for 2009, and its current status, is outlined in the table below.

National Elder Abuse Steering Committee Workplan, 2008/2009

Task	Status
Development of a training programme for Senior Case Workers and Dedicated Officers.	Completed
An agreed dataset for use nationally.	Completed
The development of appropriate work plans and targets by individual Local Health Offices to support the National Service Plan.	Ongoing
Appropriate integration and communication between the four Area Elder Abuse Steering Groups and the National Elder Abuse Steering Committee.	Ongoing
Development of a public awareness campaign in relation to elder abuse.	Completed
Development of an implementation plan for the roll-out of HSE policy.	Completed
Implementation of a process for the collation and analysis of emerging data and review of data collection processes.	Completed
Linkages with a Vulnerable Adults' Policy.	Ongoing
Development of best-practice guidelines for voluntary/private sector, and for the wider public.	To be developed
Participation in the review of the recommendations of the <i>Report of the Working Group on Elder Abuse, Protecting Our Future</i> . ¹	Completed
Development of a training programme for staff.	Completed

Consistency in the dissemination and application of HSE policy and procedures in relation to elder abuse.	Completed
Establishment and development of a research centre to provide education and research services to facilitate the implementation process.	Completed

2.2 Area Elder Abuse Steering Groups

To facilitate communication flow and ensure consistency throughout the HSE, four Area Elder Abuse Steering Groups have been established. The Area Elder Abuse Steering Groups operate in each of the HSE's four administrative areas and are responsible for ensuring local implementation of nationally agreed approaches to elder abuse, in addition to trying to resolve any significant issues arising in their own areas.

The Terms of Reference of the Area Elder Abuse Steering Groups are:-

- To contribute to the creation of a shared knowledge base about elder abuse through exchange of information and experience from different disciplines and work settings.
- To enable a network of support to be created for staff and voluntary agencies in various settings.
- To act as a conduit for communication to local areas, to the Elder Abuse National Implementation Group and the National Governance Group for Older Persons' Services.
- To support the development of an action plan in line with national working groups and ensure implementation of same.
- To identify barriers and issues in respect of elder abuse and put in place measures to resolve them.
- To ensure that issues are highlighted to the appropriate forum, when resolution is not possible in this forum.
- To receive and review reports, as provided by the Dedicated Officers, in respect of emerging trends and issues, and ensure findings are disseminated as appropriate.

2.3 Dedicated Officers for Elder Abuse

The workings of the National Elder Abuse Steering Committee and the Area Elder Abuse Steering Groups are supported by the Dedicated Officers for Elder Abuse. The Dedicated Officers are largely responsible for policy and protocol development, training, advice and consistency in application of elder abuse policies, procedures and guidelines. Three Dedicated Officers for Elder Abuse are currently in post in HSE South, HSE West and HSE Dublin Mid Leinster.

2.4 Senior Case Workers for Elder Abuse

Senior Case Workers are at the forefront in the battle against elder abuse.

The Senior Case Workers assess all referrals of elder abuse reported to them and work in a sensitive and respectful manner in trying to resolve elder abuse issues. This may involve complex interactions with family, neighbours, friends, other healthcare staff, businesses and the legal profession.

Currently, there are 27 Senior Case Workers in post. Vacancies exist in the Local Health Area Offices of Dun Laoghaire, Wicklow, North Central Dublin, Kildare/West Wicklow and Limerick. However, despite vacancies in these areas, there are systems in place to manage referrals of elder abuse.

Dun Laoghaire

Elder abuse referrals are managed by the Manager of Services for Older People through appropriate follow up.

Wicklow

The Senior Social Worker coordinates and supervises the assessment / investigation of all elder abuse referrals.

North Central Dublin

A newly appointed Senior Case Worker is scheduled to take up this post in early May, 2010.

Kildare/West Wicklow

Elder abuse referrals are managed by the Manager of Services for Older People through appropriate follow up.

Limerick

The position of Senior Case Worker became temporarily vacant at the end of 2009. Interviews for a replacement Senior Case Worker are scheduled to take place in early 2010. In the interim, elder abuse referrals are managed by the Area Manager for Older People.

2.5 Elder Abuse National Implementation Group (EANIG)

The Department of Health and Children established the Elder Abuse National Implementation Group (EANIG) in 2003, to help guide the implementation of the recommendations outlined in *Protecting our Future*¹. EANIG is a multi-disciplinary group chaired by Professor Desmond O'Neill, Consultant in Medicine of Old Age. Membership includes representatives from the statutory, voluntary and health sectors.

The group's Terms of Reference are to *"plan, advise on and monitor, the implementation, on a phased and consistent basis, the recommendations contained in the Report of the Working Group On Elder Abuse entitled 'Protecting Our Future', having regard to the experience gained in the earlier pilot*

projects. Progress Reports shall be made periodically to the Inter-Departmental Group on the needs of older people."

The group submitted annual reports to the Minister for Health and Children for 2005 and 2006. The latest report covers the period 2007/2008.

EANIG was instrumental in driving many of the recommendations of *Protecting Our Future*¹, particularly in the earlier years when the service was in its infancy.

2.6 Elder Abuse Sub Groups

In order to progress the recommendations contained within *Protecting Our Future*¹ and advance the work of the National Elder Abuse Steering Committee, a total of four sub-groups were established in 2008 to specifically address the areas of:

- Awareness Raising and Media
- Communication
- Policy, Procedure, Protocols and Guidelines
- Training & Development

Terms of Reference were drafted for each sub-group to provide a framework and direction for the proposed body of work. Much of the work of these sub-groups has been completed and it is planned to develop revised sub groups in 2010 to implement some of the recommendations contained in the *Review of the Recommendations of the Report of the Working Group on Elder Abuse, Protecting Our Future 2009*². An update of the status of the tasks assigned to the original sub groups is outlined below.

2.6.1 Awareness Raising and Media Sub Group

The work of the Awareness Raising and Media Sub Group was largely completed in early 2009. The main undertakings of this sub group are outlined below.

Elder Abuse Awareness Pre-Campaign Survey

A pre-campaign awareness raising survey was commissioned by the HSE, and conducted by Ogilvy/ Millward Brown on its behalf, in June 2008, to ascertain the level of awareness and understanding of elder abuse in Ireland among the general public at that time. The results of the survey showed limited awareness of the types of elder abuse, with financial abuse only mentioned by 18% of respondents.

Elder Abuse Media Campaign

Ogilvy and Mather Advertising Agency were chosen to deliver the awareness campaign. The campaign consisted of newspaper (national and local) and radio (national and regional) advertising. The

campaign, which was launched on November 10th 2008, ran for one week until November 17th. The campaign ran again on 30th November to 6th December. A further week of the campaign commenced on 5th January 2009. The campaign was timed to avoid other planned advertising campaigns aimed at older people.

Elder Abuse Leaflets

In addition to the radio and newspaper advertisements, the HSE distributed elder abuse information leaflets.

The information leaflet was developed in consultation with a number of government departments, voluntary and private agencies, businesses and institutions.

The leaflet detailed the types of abuse, profiled the relationship of the abuser to the abused, identified where abuse could occur, outlined steps to protect oneself from abuse and the options available for assistance and advice.

A further reprint and nationwide distribution of 10,000 elder abuse information leaflets took place in May 2009. Distribution of these coincided with *Say No to Ageism Week*, 18th-22nd May and *World Elder Abuse Awareness Day*, 15th June.

HSE Information Line

The HSE Information Line number, 1850 24 1850, was reproduced on all material as a point of contact for information and queries.

The Information Line dealt with 93 calls regarding elder abuse from the campaign launch on November 10th to end 2008. The Information line continued to receive calls relating to elder abuse throughout 2009.

Public Relations

To mark the final week of the elder abuse media campaign which ran from January 5th-11th 2009, several articles were produced along with various press releases to further bring the issue of elder abuse into the public arena and create discussion around the topic. A number of HSE staff working in the area of Services to Older People, and Elder Abuse in particular, participated in national and local radio interviews.

RTE's *Ear to the Ground* Programme

A special segment on elder abuse was filmed for the RTE programme *Ear to the Ground*. The feature afforded the HSE and some other agencies involved in preventing and dealing with elder abuse an opportunity to talk about the issue; answer questions and address concerns surrounding elder abuse.

Elder Abuse Awareness Post-Campaign Survey

A post-campaign survey was commissioned by the HSE, and conducted by Ogilvy/Millward Brown on its behalf, in March 2009, to ascertain any changes in the level of awareness and understanding of elder abuse in Ireland among the general public following the various media activity.

The results showed a broader understanding of the issue of elder abuse and an increased awareness of the various types of abuse that can occur. In the 2009 study, there were also higher levels of mention of physical abuse at 46% and financial abuse at 21% – the latter in particular is noteworthy given the specific focus of the campaign on this aspect of elder abuse. (Appendix 3)

HSE Website

The HSE Website (<http://www.hse.ie>) hosts a dedicated section on elder abuse under *Older People Services* and is regularly updated. The elder abuse section on the HSE website was viewed 5,534 times in 2008. In 2009, the section was viewed a total of 14,029 times. This may be a reflection of the impact of the various awareness initiatives and the detailed information that is available on line.

Complementary Campaigns

COSC, the National Office for the Prevention of Domestic, Sexual and Gender-Based Violence was set up in June 2007. COSC is an Irish word meaning to Stop or Prevent. This is the first time there has been a dedicated Government office with the key responsibility to ensure the delivery of a well co-ordinated ‘whole of Government’ response to domestic, sexual and gender-based violence. The work of COSC covers issues relating to Domestic, Sexual and Gender-based Violence against women and men, including older people.

COSC ran an awareness campaign on the issue of violence and abuse that commenced on 12th January 2009 and ran for two weeks. They also launched the results of their survey on ‘Attitudes to Domestic Violence in Ireland’ on 13th January. COSC made contact with the HSE to facilitate a sharing of information and ensure no overlapping of content between the two campaigns and to create, where possible, maximum impact and awareness.

COSC and the HSE have continued their working relationship to ensure a synergy of effort is created in relation to elder abuse. COSC is currently drafting its National Strategy on Domestic and Sexual Violence and has consulted with the HSE to ensure that the issue of elder abuse is accurately addressed and reflected within the strategy.

2.6.2 Communication Sub Group

The main responsibility of the Communications Sub Group was to strengthen communications within the HSE, and also with external bodies and voluntary organisations in order to ensure key messages were disseminated. The Group complemented the work of the Awareness Raising and Media Sub Group. The Communications Sub Group ensured wide dissemination and understanding of the HSE policy on elder abuse, ‘Responding to allegations of Elder Abuse’, both within the HSE and within other agencies. The Group also widely distributed a number of posters highlighting the issue of elder abuse.

2.6.3 Policy, Procedures, Protocols and Guidelines Sub Group

The development of a set of policies, procedures and guidelines in relation to elder abuse was identified as a key issue in *Protecting our Future*¹. Much of the work of this Sub Group has been concentrated on developing protocols in relation to inter-agency collaboration and, it is fair to say, that progress has been slow. This is proving a complex area but there have been some notable developments.

Self-Neglect

Though self-neglect was excluded from the definition of elder abuse contained within *Protecting Our Future*¹, a significant number of alleged self-neglect cases are reported to the HSE Senior Case Workers for Elder Abuse. In that context and in order to ensure a consistent approach to cases of extreme self-neglect, it was decided to develop policy and procedures in this area to ensure consistency in dealing with such cases. A *Draft HSE Policy and Procedures for Responding to Allegations of Extreme Self-Neglect* has been developed and is being considered by the HSE management team. It has taken some considerable time to develop this draft policy as self-neglect is a complex and challenging area.

Working with An Garda Síochána

Both the HSE and An Garda Síochána are the key statutory agencies empowered to carry out assessment and investigation of suspected elder abuse. Each agency manages that responsibility within their brief and their joint efforts ensure that the protection of vulnerable persons receives coordinated priority attention.

A working group was established to develop a protocol to provide a standardised methodology for joint working between the HSE and An Garda Síochána in dealing with allegations of elder abuse. A draft protocol is nearing completion and is expected to be agreed between both parties in early 2010.

Collaboration between the HSE and the Law Society

The Law Society and HSE have agreed to draft a protocol which would be clear to both solicitors and HSE staff in relation to their respective roles and responsibilities in relation to will-making by patients in long term residential care.

Collaboration between the HSE and Financial Institutions

Meetings between the HSE and the Office of the Financial Regulator and the Irish Banking Federation are being planned in early 2010 in order to progress the issue of combating financial abuse.

2.6.4 Training Sub Group

A basic training programme for all healthcare staff has been agreed by the National Elder Abuse Steering Committee. In 2009, 7,315 people have received training in relation to elder abuse with a total since 2007 standing in excess of 17,000. Some of this training was provided externally but the majority has been provided by Dedicated Officers and Senior Case Workers.

The table below outlines the numbers of HSE staff and staff working outside the HSE, including staff of voluntary agencies, external service providers and nursing homes that have attended awareness raising sessions by HSE area.

HSE AREA	2007	2008	2009
SOUTH	2358	2264	1896
WEST	847	1618	2039
DUBLIN MID LEINSTER	779	1,352	2662
DUBLIN NORTH EAST	200	828	718

HSE Elder Abuse Training DVD

The staff training DVD on Elder Abuse, *Recognising and Responding to Elder Abuse in Residential Care Settings*, and an accompanying workbook, was officially launched by Minister Máire Hocht T.D. at the HSE West Elder Abuse Conference, *Learning Lessons - Sharing Practices*, on Friday, June 13th 2008.

Distribution of the DVD and accompanying workbook was managed through the General Manager Offices and was issued to the following locations/services:

- Private nursing homes
- Public residential settings
- Acute hospitals
- Residential mental health and disability facilities
- Nursing Home Inspection Teams
- Senior Case Workers

DVD and workbook training is ongoing, mainly through the Senior Case Workers and Dedicated Officers. The DVD and accompanying workbook will complement the Health Information and Quality Authority (HIQA) standards in relation to the protection of older adults and vulnerable people.

A further reproduction of the DVD was ordered in November 2009 and the distribution has been widened to include voluntary agencies working with older people.

2.7 Other Supporting Initiatives

2.7.1 Say No to Ageism Week

Say No to Ageism Week is now in its sixth year. It is a collaborative venture of the HSE with the Equality Authority and the National Council for Ageing and Older People and is designed to promote positive attitudes to ageing and older people. It challenges the general public to examine how negative attitudes and discriminatory practices can exclude older people from participating and contributing to society. This is an important campaign, as unchallenged, ageism can lead to a culture where abuse can happen.

The focus for the campaign in 2009 was on the individual and taking personal responsibility for ageism. A number of HSE areas undertook exhibitions in public locations and encouraged people to wear '*I Say NO to Ageism*' badges. Competitions were held to encourage staff to identify what work practices in their area could be changed to eliminate discrimination and provide an improved age friendly environment. Campaign posters were displayed in prominent locations and reinforced a personal commitment to saying no to ageism.

Say No to Ageism Week was actively supported by the Transport Sector, the Irish Hospitality Institute and the Institute of Leisure and Amenity Management.

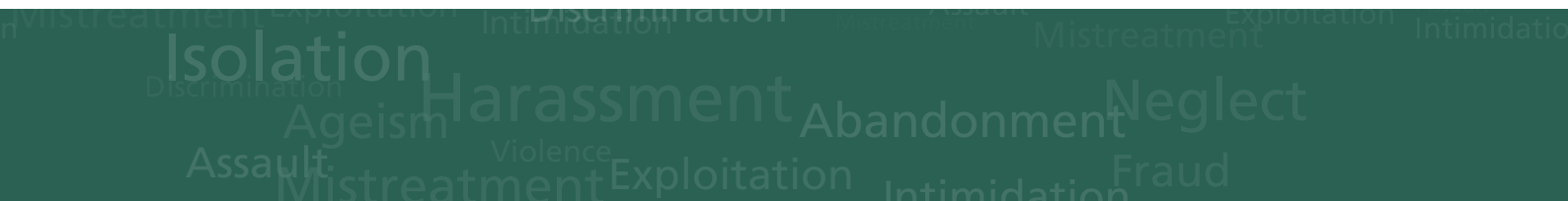
2.7.2 World Elder Abuse Awareness Day

The International Network for the Prevention of Elder Abuse (INPEA) was founded in 1997 and is dedicated to global dissemination of information as part of its commitment to world-wide prevention of elder abuse. The United Nations International Plan of Action adopted by all countries in Madrid in April 2002, clearly recognises the importance of elder abuse and puts it in the framework of Universal Human Rights. INPEA is dedicated to supporting the Plan of Action. As part of INPEA's research agenda, World Elder Abuse Awareness Day was launched.

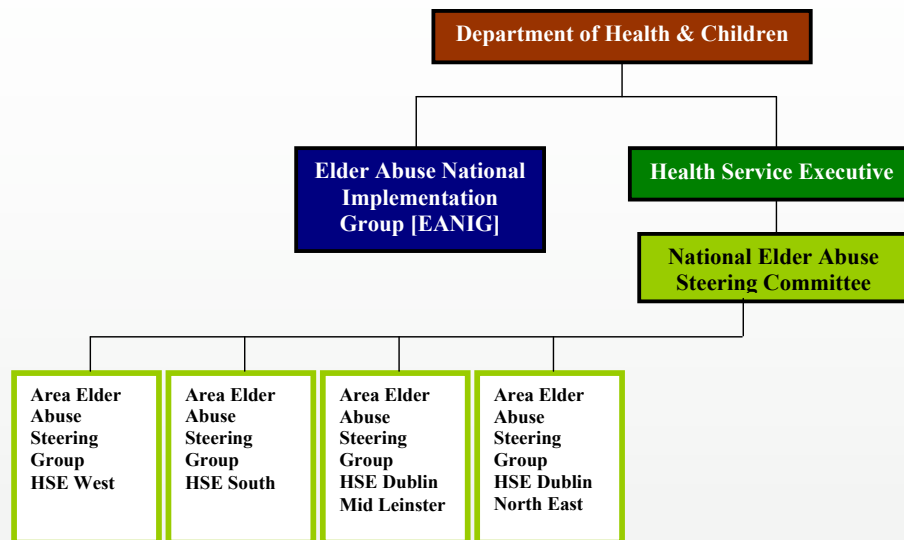
The Health Service Executive embraced this initiative with HSE areas organising various events to coincide with World Elder Abuse Awareness Day annually.

In 2009, specialist HSE staff participated in various press articles and radio interviews nationwide to heighten awareness of elder abuse among the general public. Posters were displayed in HSE workplaces and elder abuse information leaflets were made available to the general public at numerous public access points.

These initiatives all serve to foster a greater sense of community awareness, involvement and responsibility for preventing and tackling elder abuse.



Health Service Executive Elder Abuse Structure

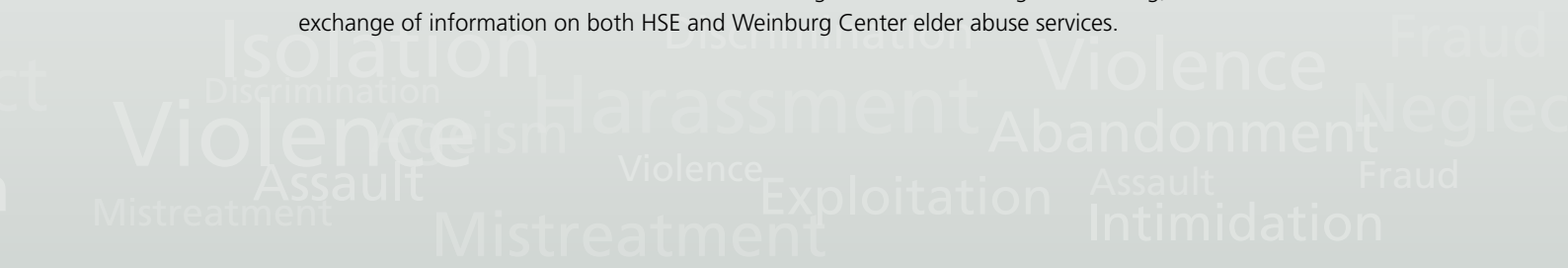


2.8 International Linkages

2.8.1 The Weinburg Centre, New York, USA

The Harry & Jeanette Weinberg Center for Elder Abuse Prevention, Intervention and Research (The Weinberg Center), was launched by The Hebrew Home At Riverdale in 2005 to fill a critical gap in direct services available for victims of elder abuse, as well as to heighten community awareness and action to identify, address and study what is now a growing epidemic for many people who are 60 and older. It is America's first shelter for victims of elder abuse and has been at the vanguard in bringing national awareness to this problem.

Representatives from The Weinburg Centre visited Ireland in July, 2009 and had a formal meeting with some members of the National Elder Abuse Steering Committee. During this meeting, there was an exchange of information on both HSE and Weinburg Center elder abuse services.



2.9 The Health Information and Quality Authority

The Health Act, 2007, places the Social Services Inspectorate (SSI) within the Health Information and Quality Authority on a statutory basis as the Office of the Chief Inspector of Social Services with specific statutory functions. The work of the Inspectorate has been focused on children in care, primarily on inspection of residential care. Within the Authority, its role has been expanded to include the inspection and registration of residential services in the public, private and voluntary sectors for older people and people with a disability.

Inspection of non-public registered nursing homes was undertaken by HSE nursing home inspection teams prior to July, 2009. Independent inspections of public residential facilities for older people were not undertaken. However, since July 2009, the Health Information and Quality Authority has assumed responsibility for the registration and inspection of all residential care services, both public and private, for older people.

For the first time, all residential care services for older people, including HSE run facilities, private and voluntary nursing homes are subject to registration and inspection.

All of these services are subject to the regulatory process and residents, relatives and the public know what to expect in a residential care setting, regardless of where this service is located or who delivers it.

Nursing homes are now inspected against the *National Quality Standards for Residential Care Settings for Older People in Ireland*³, and regulated under the Health Act 2007, to determine if they are safe and whether the residents are cared for properly. The standards, which were mandated by the Minister for Health and Children in March 2009, were developed by the Authority in consultation with a wide variety of people. They place the resident at the centre of the process. The standards work on the basis that the centre is the person's home. The standards are a significant milestone for the protection of the rights of older people in residential care settings across the country. They will guide and assist service providers in the provision of the highest quality of care to their residents. The purpose of the standards is to promote best practice in residential care settings for older people and improve the quality of life of residents in these settings.

The quality standards clearly outline what is expected of a provider of services and what a resident, their family, a carer, or the public can expect to receive in residential care settings.

They deal with the areas of rights of older people; protection; health and social care needs; quality of life; staffing; the care environment; and management and governance. In addition, the standards include supplementary criteria that apply to units which specialise in the care of people with dementia.

The quality standards have been developed based on legislation, research findings and best practice. Development of the standards was carried out in partnership with service users, service providers, healthcare professionals, older people's representative groups, the Department of Health and Children and the Health Service Executive. These standards were published following an extensive consultation process with the stakeholders mentioned, and the wider public.

Services are now only allowed to operate if they are registered by the Authority. Residential care homes will be inspected regularly to ensure they maintain a high level of care.

The Authority is inspecting residential services on an ongoing basis since July 2009 and will re-register each centre every three years. The inspections are a mixture of both announced and unannounced visits. These inspections can take place by day and also in the evenings, at weekends and at night.

The registration and inspection process is independent and reports are published after every inspection. These are available on the Health Information and Quality Authority's website (<http://www.hiqa.ie>).

These inspection reports provide information to the residents themselves, their families and the general public about the standards of care in individual centres.

The inspection of all residential units for older people against the *National Quality Standards for Residential Care Settings for Older People in Ireland*^B represents a further significant development in the ongoing process in the battle against elder abuse.

2.10 The Nursing Home Support Scheme

The Nursing Home Support Scheme (Fair Deal) was introduced in October, 2009 and replaces the Nursing Home Subvention Scheme which had been in existence since 1993. However, it is important to note that individuals already in receipt of subvention at the time of the introduction of the new scheme may retain their existing arrangements or may opt to transfer to the new scheme if they so wish.

The new scheme allows for the provision of financial support for people who need long term residential care.

The Nursing Homes Support Scheme equalises State support for public and private long-term care recipients. It ensures that there is one, transparent system of financial support towards the cost of care that is fair to all, irrespective of whether they are in public, private or voluntary nursing homes. The scheme also helps to ensure that long-term residential care is affordable for those in need of such care.

The Nursing Home Support Scheme ensures that, in most cases, clients can opt for the residential care setting of their choice. It helps to ease some of the anxiety of entering long term residential care.

The combination of the reform of the registration and inspection process and the new Nursing Home Support Scheme should further assist in the protection of very vulnerable older people.

3.0 National Research Centre

One of the recommendations contained in *Protecting Our Future*¹, and a key objective for the National Elder Abuse Steering Committee, was the establishment of a National Research Centre on Elder Abuse.

The following extract from *Protecting Our Future*¹ outlines the reasoning for the proposal for such a facility:

"...there is a need for the provision of the following education and research services to facilitate the implementation process. This is important both in terms of maintaining and developing the considerable 'community of knowledge' relating to Elder Abuse which has been fostered and developed by the Working Group, and also because of the dearth of primary research on Elder Abuse in Ireland".

Following a tender competition, University College Dublin was awarded the contract for an initial period of three years, with funding provided by the HSE. The principal function of the Centre is to create a knowledge base of Irish and international research on the occurrence, prevalence, detection and response to abuse of older people.

The National Centre will place elder abuse in the wider social context as opposed to within the context of the HSE only. Financial abuse, ageism and discrimination are key issues which cannot be resolved within the HSE and the opportunity to inform policy across a wide range of departments and agencies will be strengthened by a centre that has an inter-agency mandate. The Centre will be developed to integrate elder abuse issues from the arenas of health, social welfare, justice, finance and legal authorities. Therefore, while the HSE acts as the lead agent on the development of the National Centre, it will develop links with other relevant sectors in order to influence policy in these areas.

The National Centre for the Protection of Older People (NCPOP) was formally opened in November, 2009, by Minister for Health and Children, Ms. Mary Harney T.D.

The following sections outline some of the undertakings of the National Centre for the Protection of Older People as well as some of its planned activities for 2010.

3.1 Overview

Scant information has been available about elder abuse in Ireland. The Centre is focusing on a programme of research examining elder abuse in Ireland which will result in original research outputs. These will contribute to knowledge and understanding of elder abuse and to the development of policy and practice in relation to elder abuse.

The overall aim is to develop a 'centre of excellence' that becomes a primary resource for those working with, or having contact with, older people in the area of health and social care, law services and financial services, as well as for organisations representing older people and older people themselves. The principal function of the National Centre for the Protection of Older People is to create a knowledge base of Irish and international research on the occurrence, prevalence, detection and response to the abuse of older people.

In addition to other centre activities, the centre, in its first year, was successful in achieving outcomes included in the programme of research. These included:

- Completion of a review of the extant literature on public perceptions of older people.
- Completion of a systematic review of the extant literature on public perceptions of elder abuse.
- Completion of a discourse analysis study of media coverage of ageing.
- Completion of a discourse analysis study of media coverage of elder abuse.
- Collation of national and international legislation on elder abuse.
- The setting up of a database containing citations of peer-reviewed journal articles, books, governmental and non-governmental reports, news articles, videos and online resources addressing the abuse and neglect of older people.

Recommendations for research, practice and education emanating from each piece of work are identified as appropriate.

3.2 Year 1 (October 2008 – September 2009)

This section of the report outlines the activities relating to the setting up of the Centre. These include HSE/UCD governance structures, staffing and physical set up of the Centre, establishment of an International Advisory Group and a User Group, and the establishment and development of a dedicated NCPOP website.

3.2.1 Constitution and Governance

Establishment of HSE/UCD governance structures

A HSE/UCD Steering group has been set up and established. This group met four times throughout the first year of the Centre and will continue to meet at regular intervals throughout the remaining life of the Centre. The purpose of this Steering Group is to review and agree research work plans to be completed. A Management Group (comprising of HSE personnel) has also been established and meets biannually with the UCD Research Team.

Development of Centre and recruitment of staff

The National Centre for the Protection of Older People is comprised of a collaborative team from the UCD School of Nursing, Midwifery & Health Systems, the UCD Geary Institute, the UCD School of Applied Social Science, the UCD School of Medicine and Medical Science and the UCD School of Public Health and Population Science. Each member brings different expertise which contributes to the achievement of the Centre's goals.

Programme Directors for the Centre include:

- Professor Margaret Treacy (Professor of Nursing, UCD School of Nursing, Midwifery & Health Systems)
- Dr. Jonathan Drennan (Lecturer, UCD School of Nursing, Midwifery & Health Systems)
- Professor Suzanne Quin (Associate Professor, UCD School of Applied Social Science)
- Professor Colm Harmon (Professor of Economics, UCD Geary Institute)
- Professor Cecily Kelleher (Professor of Public Health Medicine & Epidemiology, UCD School of Public Health and Population Science)
- Ms. Amanda Phelan (Lecturer, UCD School of Nursing, Midwifery & Health Systems)

Members of the Research Team include:

- Dr. Corina Naughton (Lecturer, UCD School of Nursing, Midwifery & Health Systems)
- Dr. Martin McNamara (Lecturer, UCD School of Nursing, Midwifery & Health Systems)
- Professor Gerard Fealy (Associate Professor, UCD School of Nursing, Midwifery & Health Systems)
- Ms. Anne O'Loughlin (PhD Candidate, UCD School of Applied Social Sciences)
- Dr. Michelle Butler (Head of School/Senior Lecturer, UCD School of Nursing, Midwifery & Health Systems)
- Dr. Liam Delaney (Lecturer, UCD Geary Institute)
- Professor Gerard Bury (Professor of General Practice, UCD School of Medicine and Medical Science)
- Mr. Michael Connolly (Lecturer, UCD School of Nursing, Midwifery & Health Systems)

Full-time Appointments:

- Dr. Attracta Lafferty (Centre: Associate Director)
- Ms. Imogen Lyons (Research Assistant)
- Ms. Catherine Tormey (Research Administrator)

Set up of an International Advisory Group

An International Advisory Group was set up and is made up of experts in the field of ageing and elder abuse. Members include Professor Simon Biggs, Director at the Institute of Gerontology, King's College, London; Professor Karl Pillemer, Director of the Cornell Institute for Translational Research on Ageing (CITRA), Cornell University, New York; and Dr. Isabel Iborra Marmolejo, Scientific Co-ordinator of the Queen Sofia Centre, Spain. The purpose of this Advisory Group is to advise on immediate priorities and associated activities of the Centre.

This group provides expert advice on the following:

- Overall management of the programme.
- Dissemination and linkages.
- Evaluation of elder abuse interventions.
- Key deliverables including the prevalence study.
- International developments.
- The identification and management of elder abuse.
- Best practice in the prevention of elder abuse in residential and community care.
- Expert review of relevant reports.

The first meeting of the International Advisory Group took place at the Centre in April 2009 over a two day period. Presentations were given by the Research Team and discussions were held on how to progress the work of the Centre. Communication with expert members takes place on a regular basis via telephone and e-mail.

Set up of a User Group representing older people and/or those related to the area of elder abuse

A User Group was established with representatives from various agencies and organisations representing older people and/or those related to the area of elder abuse. Members include representatives from the Health Information and Quality Authority; Older and Bolder; Carers Alliance; Irish Senior Citizens Parliament; Senior Help Line; The Law Reform Commission; National Disability Authority; and Friends of the Elderly. Terms of reference have been drawn up and agreed among members of the group.

The User Group:

- Support the dissemination of the work of the Centre.
- Share views and knowledge with members of the research team.
- Are updated by the research team on the progress of the work of the Centre.
- Advise the research team on issues and initiatives related to older people and elder abuse.
- Discuss implications for older people arising from the work of the Centre.
- Advise on areas for future research.

The User Group had its first meeting at the Centre in March 2009. The programme of research for the Centre was presented. Correspondence and contact with members of this group is ongoing.

Set up and development of NCPOP website

A website for the National Centre for the Protection of Older People was designed and developed and is dedicated to the area of elder abuse in Ireland (<http://www.ncpop.ie>). The website has been designed in such a way that the Centre can facilitate the uploading of resources, documents, reports and information as they become available.

The website has the following features:

- Information about the Centre and the programme of research being undertaken.
- Information and contact details of the Centre Management, Team Members and Centre staff.
- Information relating to the definition and prevalence of elder abuse.
- Hyperlinks to both national and international publications on elder abuse including HSE reports such as *Protecting our Future*¹ and *Open your Eyes: HSE Elder Abuse Service Developments 2008*⁴.
- Hyperlinks to useful Irish-based and international-based websites relating to older people and elder abuse such as Age Action Ireland, Friends of the Elderly and the International Network for the Prevention of Elder Abuse (INPEA).
- Important events or significant dates such as *Say no to Ageism Week*, 18th-22nd May 2009 and *World Elder Abuse Awareness Day*, June 15th 2009.
- Information and help lines including the HSE Information Line and the Senior Help Line number.

- A link to 'Latest news' which highlights any recent articles published on elder abuse in the Irish newspapers.
- The Centre's contact details including a dedicated email address (ncpop@ucd.ie).

As part of the ongoing development of the NCPOP website, an additional item called 'Education and Training' has been added. This tab provides links to resources that can be used in training staff who work in the area of older people. These links provide information about DVDs and videos in the area of elder abuse such as the HSE's DVD entitled *Recognising & Responding to Elder Abuse in Residential Care Settings*. Information is also provided on training packages, manuals and toolkits available on elder abuse and guidelines for working with older people around understanding and preventing elder abuse. Links to online modules and other materials are also provided as well as links to other websites that feature training materials relating to elder abuse.

The website will be developed further in the second year of the Centre (see Planned Related Activities for Year 2).

3.2.2 Research Projects Completed in Year 1

The first year of the Centre involved completion of five core projects. These included:

- Literature Review on Public Perceptions of Older People and Ageing.
- Literature Review on Public Perceptions of Elder Abuse.
- A Review of Current Legislation Nationally and Internationally.
- A Discourse Analysis Study on Ageing and Age Identity in Irish Newspapers: A Case Study.
- Examining Newspaper Reports of Abusive Practices in Care Homes: A Discursive Analysis.

A brief summary of each of these five projects is presented in Appendix 7.

Further information about each study can be found in the report on each study which can be obtained from the NCPOP website (<http://www.ncpop.ie>).

3.2.3 Related Activities Year 1

Presentations

As part of the dissemination activities of the Centre, a number of presentations were given in its first year. These presentations highlighted the purpose of the National Centre for the Protection of Older People, provided an overview of its programme of research, informed people of the NCPOP website and the information and resources it offers. Presentations have been made to the HSE's senior case workers (20/3/09), to the expert research advisory group (16/04/09), to the Irish Gerontology Society (05/09), to nursing students from San Jose State University (6/06/09), to the National Implementation Group in the Department of Health and Children (15/06/09) and to the 19th International Association of Gerontology and Geriatrics (IAGG) World Congress on Gerontology and Geriatrics (05/07/09).

Financial institutions

As financial abuse has increasingly become an area of concern in Ireland, a letter was sent to financial institutions around the country including banks, building societies, insurance companies, the Ombudsman, the Financial Regulator, etc. informing them about the Centre, its work and the NCPOP website. The letter highlighted the links and resources available on the website, particularly around training and education. This group will be kept informed of Centre developments.

3.3 Year 2 (October 2009 – September 2010)

Projects undertaken in Year 2 include the implementation of a *national prevalence study of elder abuse in the community and work identifying strategic approaches for the prevention, identification and management of elder abuse in the community*. Preliminary work is planned on the *feasibility of researching older peoples' experiences of elder abuse and the feasibility of researching abuse and neglect in care homes*.

3.3.1 Planned Projects/Outputs

- Study: Implementation of a National Prevalence Study of Elder Abuse in the Community.
- Identification of Strategic Approaches for the Prevention, Identification and Management of Elder Abuse in the Community.
- Study: Exploring the Feasibility of Researching the Experiences of Older People who have been abused.
- Study: Preliminary Work on Exploring the Feasibility of Researching Abuse and Neglect in Care Homes.

A brief summary of each of these four studies is presented in Appendix 7.

3.3.2 Related Activities Year 2

Launch of the National Centre for the Protection of Older People

The Centre was officially launched on 11th November 2009 by Ms. Mary Harney T.D., Minister for Health & Children. Professor Simon Biggs from King's College, London was the keynote speaker at the launch and presented a paper entitled 'The mistreatment of older people: recent research and current controversies'. Invitations were sent out to a wide variety of groups. Over 120 people attended the launch with representatives from the HSE, other third level institutions (e.g. Trinity College), charitable organisations (e.g. Age Action Ireland, Senior Help Line), the legal sector (e.g. the Law Reform Commission, solicitors), the financial sector (e.g. the Financial Ombudsman, banks), An Garda Síochána and older people themselves. The launch of the Centre successfully profiled the work of the Centre and featured on the UCD website as well as in national newspapers.

Production of a NCPOP Newsletter

A NCPOP newsletter has been developed. It provides information about the Centre, the collaborative team, information about elder abuse, upcoming events and important dates and the Centre's contact details. It is envisaged that a newsletter will be circulated twice a year to a wide range of key stakeholders such as to health and social care staff, An Garda Síochána, members of the legal and financial sector as well as others in private and voluntary organisations for older people. The newsletter will be circulated both electronically and in hard copy and will also be available on the NCPOP website from December 2009.

Article submitted to Health Matters

An article has been written about the Centre and its programme of work and has been submitted to the HSE's health magazine, *Health Matters*. The article will feature in the 2010 Spring edition and will help to increase the Centre's profile among health and social care staff.

Seminar Series

A series of seminars have been scheduled to take place from February to June 2010. These seminars will present the research work of the Centre. Other speakers will also be invited to present in the area of elder abuse. The seminars will target researchers, students, health and social care staff, practitioners, members of the legal and financial sector and older people themselves. These seminars will help in the dissemination of the work of the Centre. The seminar dates and titles have been set out as follows:

Tuesday, 16th February *Title:* The adequacy of protecting older people from abuse and neglect: legal provision, medico-legal investigation and reporting
Speaker: Professor Denis Cusack

Title: NCPOP legislation resources
Speaker: Ms. Imogen Lyons

Tuesday, 23rd March *Title:* A cross-national study of how social workers respond to cases of elder abuse in the community
Speaker: Dr. Janet Carter-Anand

Tuesday, 27th April *Title:* Public perceptions of older people and ageing
Speaker: Ms. Imogen Lyons

Title: Ageing and age identity in print media
Speakers: Professor Gerard Fealy and Dr. Martin McNamara

Tuesday, 1st June *Title:* Public perceptions of elder abuse
Speaker: Dr. Attracta Lafferty

Title: Media representations of elder abuse
Speaker: Ms. Amanda Phelan

Website Development

The NCPOP website was set up in the first year of the Centre. It has since been updated periodically with links to additional literature, useful websites and resources for training and education. A website company has been retained and further changes are in hand for the website. These include high resolution images, large text options, Google analytics and a facility to view video, audio and other file types. A search engine facility has also been developed to provide relevant citations to literature relating to elder abuse. Presentations and videos on elder abuse will also be posted. Completed research reports and fact files from the Centre are uploaded as and when they become available. The website will continue to be updated periodically through the lifetime of the Centre with reports, articles, events and significant dates.

World Elder Abuse Awareness Day

The Centre plans to mark *World Elder Abuse Awareness Day* which takes place on Tuesday, 15th June 2010. This may take the form of a seminar or activities via the NCPOP website.

User Group Meeting

Following the first User Group meeting in April 2009, a second meeting was held at the Centre in October 2009. The Group were updated on the progress of the Centre and on planned activities for year two. The membership of this group will extend to include older people and a representative from An Garda Síochána. Communications with the User Group are ongoing and the next meeting is due to take place in March 2010.

International Advisory Group meeting

Following the first International Advisory Group meeting in April 2009, a second meeting took place at the Centre in November 2009. This meeting reviewed the work of the Centre in year one and advice and information was sought from members on the work schedule to be undertaken in the second year. Communications with the International Advisory Group are ongoing and the next meeting is planned for Summer 2010.

4.0 Review of the Recommendations of the Report of the Working Group on Elder Abuse, *Protecting Our Future*

In line with the recommendations contained within *Protecting Our Future*¹, the National Council for Ageing and Older People commissioned a review of *Protecting our Future*¹ in early 2009. The National Council for Ageing and Older People outlined four specific aims and objectives for the Review.

- Examine to what extent the implementation of the recommendations of the *Protecting Our Future*¹ has been accomplished and what lessons need to be learned about the implementation process.
- Examine how well *Protecting Our Future*¹ is working as a policy for the prevention and management of elder abuse, and what aspects of it need to be adopted or changed.
- Focus on areas not explored, or not explored in depth, in *Protecting Our Future*¹ and make recommendations for the development of policy, practice and implementation in these areas. In this regard, EANIG has already identified topics of financial abuse, self-neglect, institutional abuse, and linkages between elder abuse and adult protection as gaps.
- Review the role and functions of existing structures (including terms of reference) arrangements and mechanisms involved in the implementation and monitoring of the elder abuse programme.

PA Consulting Group, a leading management and IT consulting and technology firm, was commissioned to conduct the review.

PA Consulting examined the structures established by the HSE and the initiatives taken to address the issue of elder abuse in Ireland and assessed these against the recommendations contained within *Protecting our Future*¹. The outcome of the review was published in early 2010 and the main findings of the review are outlined in the remainder of this section. (The full report is available on the Department of Health and Children's website – <http://www.dohc.ie>)

4.1 Progress

Overall, the Review found that significant progress had been made in implementing the recommendations contained within *Protecting our Future*¹. Specific areas were identified in which progress had been most evident. These included:

- Establishment of dedicated structures to oversee implementation and development of HSE policy on *Responding to Allegations of Elder Abuse*.
- Strengthening the legal framework as recommended in *Protecting our Future*¹.
- Roll-out of initiatives to raise awareness of elder abuse.
- Education and training of professionals working particularly within the HSE.
- Development of a comprehensive database on incidences of abuse being reported to the HSE.
- Setting the foundations for developing advocacy supports.

- Wider policy development on dementia and carers' framework although considerable additional progress is required.
- Establishment of the National Centre for the Protection of Older People which will play a key role in linking policy, practice and research.

4.2 Areas Requiring Further Development

The Review found that progress had "been most evident in the health sector". However, it did point out that there were areas that required additional focus and development.

4.2.1 Cross-Agency Working

The Review found that cross-agency working is still in its infancy and, although some progress has been made, there remains scope for development. The Review suggested that there was a challenge to speed up the development of protocols for collaboration and engagement while negotiating the intricate nature of inter-agency working. It was felt that the adoption of *Protecting our Future*¹ as government policy would greatly encourage wider agency adoption of elder abuse proposals.

The establishment of the Office for Older People in the Department of Health and Children in January 2008 has provided an institutional focus for inter-agency collaboration. The development of a National Positive Ageing Strategy will provide a strategic framework for all policy relating to older people. These developments represent new opportunities to position elder abuse in a wider health and social policy sphere.

In addition, the Review suggested that a designated liaison for each agency should be appointed and prevention and addressing elder abuse should be part of the operational remit of the post holders.

4.2.2 Legislation, Strategy and Policy Development

The Review found that there is a need for elder abuse service developments, initiatives and supports to have a legislative basis underpinned by inter-agency protocols. Some progress has been made in this area. The Review cited the examples of the establishment, under the Health Act (2007), of the Social Services Inspectorate, the development of the National Quality Standards for Residential Care Settings for Older People in Ireland and protection under the Health Act (2007) for persons reporting elder abuse in good faith. In addition, progress is being made on implementing the Government's commitment to addressing the mental health needs of older people by the appointment of a dedicated project manager and the creation of an implementation plan for the national strategy, *Vision for Change*.⁵

The Law Reform Commission also undertook significant work on the legal aspects of elder abuse focusing on *Vulnerable Adults and the Law*. The Scheme of Mental Capacity Bill, introduced in 2008, addressed legal capacity, wards of court and enduring power of attorney. Further work remains in the area of statutory provisions on eligibility and entitlement for health and personal social services.

On-going direction in terms of strategy needs to be provided. *Protecting our Future*¹ has been the strategic blueprint for the past seven years. But consideration is needed to ensure that any guidance document for elder abuse is in line with current thinking and emerging trends. Current developments that will impact upon the strategic framework for elder abuse include the following:

- *The National Positive Ageing Strategy* provides the opportunity to set out a fresh direction for elder abuse giving it a higher profile within the wider older person services context.
- *The National Centre for the Protection of Older People* will have a critical role to play in linking policy and practice and ensure that both are informed and guided by evidence-based approaches. It will be crucial that partnerships are formed with key strategic and operational bodies, such as the Office for Older People, to ensure that data gathered will influence strategic priorities.
- The HSE elder abuse database is developing a profile of elder abuse in Ireland and is providing reports that highlight where interventions are needed which will ultimately guide policy development. Opportunities also exist for information sharing between various agencies in order to fully capture the complexity of this issue. Performance Indicators are due to be introduced which will provide data on performance in managing elder abuse and is a major step in the understanding and analysing of activity.
- An Garda Síochána is developing a strategy on elder abuse. Given their vital role in the prevention framework it is critical that this strategy would reflect and shape the National Positive Ageing Strategy.
- The HSE is the lead body in protecting older people as it interacts most frequently with older people through its older persons' services and has dedicated structures and staffing to manage elder abuse. Significant advances have already been made in relation to developing protocols with An Garda Síochána with the following additional protocols having been prioritised.
 - Legal protections in the context of elder abuse
 - Procedures to follow when clients decline assistance
 - Record-keeping
 - Confidentiality
 - Guidance on what constitutes 'exceptional circumstances' in cases of self-neglect
- Protocols also need to be concluded with the Department of Social and Family Affairs, financial institutions, and An Post given its emerging role as a financial institution. In relation to all three, protocols should explicitly include referral paths, information sharing and implementation arrangements.

4.2.3 Prevention and Awareness

The HSE has invested considerable efforts and resources in providing information on elder abuse; what it is, how to recognise it, and what to do and who to contact if abuse is suspected. However, continued efforts are needed to inform and educate the general public, health professionals and other relevant agency staff to raise awareness of the potential risk factors, how to minimise these, improve prevention and encourage reporting where abuse is suspected.

4.2.4 Training and Education

Training DVDs, awareness raising sessions, media campaigns and conferences have all been organised to provide comprehensive information to relevant HSE staff, health professionals and all those working with older people. However, continued effort must be made to ensure that the true extent and nature of elder abuse is fully understood in the Irish context and that the risk and mitigating factors are fully understood to assist the recognition of abuse and the reporting of it. Training also needs to be rolled out to staff in other relevant agencies to include An Garda Síochána, finance professionals and solicitors. Specialised training needs to be rolled out to Senior Case Workers to assist them in their assessment /investigative role, with emphasis on burden of proof.

Elder abuse also needs to be embedded within continuing professional development programmes for health professionals and other professionals working with older people. Under-graduate and post-graduate curricula should also incorporate elder abuse within their programmes. Steps have already been taken to initiate this process.

4.2.5 Implementation Structures

Currently, the dedicated structures in place within the HSE are the National Elder Abuse Steering Committee, Area Elder Abuse Steering Groups, area based Dedicated Officers for Elder Abuse and LHO based Senior Case Workers for Elder Abuse. Overarching these structures is the Elder Abuse National Implementation Group (EANIG). Both EANIG and the National Elder Abuse Steering Committee play a critical role in driving implementation and are populated by representatives from various agencies. Both committees seek to influence the priority given to elder abuse within the agencies' strategies and business plans. However, they lack the sufficient power and authority to ensure that this is being achieved.

The Review recommended that consideration should be given to discontinuing EANIG and suggested that its role should be taken over by a much strengthened National Elder Abuse Steering Committee with its inter-agency remit expanded to include representatives from other key organisations as well as having a more defined role in relation to elder abuse.

The Review found that operational delivery is strongest within the HSE with dedicated pathways in place to detect and address cases of suspected elder abuse. However, it pointed out that important challenges remain, not only in ensuring consistency in detection and response, but also in relation to how they connect with the primary, community and continuing care (PCCC) framework and wider support services. The Review suggested that the change in the delivery of PCCC services has complicated the integration process as well as the multiple decision points required in relation to primary, community and continuing care. In the absence of clear protocols and referral paths, Senior Case Workers will continue to find themselves working in isolation from older persons services with no protocol-based access to medical or other services.

Some thought should be given to placing Senior Case Workers within the local team based structure for PCCC services with renewed effort to fully resource all dedicated structures.

Another important operational issue identified in the Review is the professional supervision of Senior Case Workers. Currently, no consistent arrangements are in place to allow this. Professional supervision would facilitate a second opinion on intricate cases as well as assist with case management, particularly with the closing of cases. The lack of such supervision is a major concern from both an individual and system perspective.

4.2.6 Carers

The Review considered the role of carers in their vital role in enabling older people to remain in their homes for as long as possible. A number of measures have been introduced that support the carer in continuing to care through a mixture of respite provision and home personal care. However, there is clear evidence to suggest that these supports need to be increased. As older people with increasing levels of dependency are maintained at home, consideration should be given to the supports that alleviate carer stress which is critical in the prevention of elder abuse. Assessment of the suitability of carers and their care should be included in determining the application of a carer for allowances.

4.3 Emerging Areas of Concern

A number of emerging areas of concern were also included in the Review.

4.3.1 Financial Abuse

The Review stated that financial abuse is a particularly intricate area of abuse to detect, given the dependent relationship with the alleged abuser but is also compounded by the large number of organisations with a remit in preventing, detecting and addressing financial abuse. Firm data on the prevalence of such abuse is needed to convince relevant institutions of the need for action.

Financial institutions have an important role to play in detecting abuse and include:

- The implementation of system 'triggers' that would prompt a closer inspection of activity on certain accounts.
- Training and support to frontline staff to identify and address suspected abuse
- The elimination of mis-selling of financial products

Progress has been made with financial institutions now having a Corporate Social Responsibility (CSR) obligation arising from the Government guarantee scheme and requires reporting on financial social inclusion.

In addition, the Department of Social & Family Affairs needs to ensure that pension arrangements limit opportunity for abuse. In particular, stricter monitoring of 'agents of pension' is needed.

At an individual level, access to information and independent legal advice are crucial in providing financial security through effective planning.

The Money Advice and Budgeting Service (MABS) who provide a comprehensive financial planning service for older people are exploring the potential to introduce a Financial Abuse Intervention Service aimed primarily but not exclusively at older people. Closer links with MABS should be forged given their expertise in the area of financial abuse. The proposed service may have potential value as a tool / model for addressing financial abuse.

An Advocacy Training Programme for Volunteers working with older people in Residential Care Facilities has been developed by the National College of Ireland (NCI) in partnership with the HSE, Age Action and Volunteers Centre Ireland with strong involvement from the National Advocacy Programme Alliance. This programme will allow older people in long-term residential care access to a service which will assist them to protect their assets as well as report abuse.

Consideration should also be given to the establishment of a working group on financial abuse. The group should have a multi-agency membership and work on agreed systems, procedures and liaison arrangements relating to financial abuse.

4.3.2 Institutional Abuse

The Review suggested that much work has been done to reduce the vulnerability of older people in residential settings. In addition to *Protecting our Future*¹, the policy document *Trust in Care*⁶ also applies. *Trust in Care*⁶ is the policy for health service employers concerning the upholding of the dignity and welfare of residents and the procedure for managing allegations of abuse against staff members. Other developments affecting those in long-term residential care include the establishment of HIQA and the Social Services Inspectorate who both have underlined improving care in residential settings as a priority. The development of *National Quality Standards for Residential Care Settings for Older*

*People*³ is central to changing practices. Together with advocacy and support services for older people in residential care facilities, these developments have the potential of minimising the risk of abuse. Critical to realising the full potential of these efforts will be the ability to connect to the dedicated HSE elder abuse framework particularly in terms of reporting and performance.

Standards relating to acute settings are currently in development by HIQA but at present do not include guidelines for the prevention and detection of elder abuse. This should be reconsidered and specific guidelines included.

The report of the Commission on Patient Safety and Quality Assurance, *Building a Culture of Patient Safety*⁷, outlines several initiatives to develop an inspection framework governing the acute sector. The report also includes policies and procedures in relation to patient care which are relevant to elder abuse. Legislation is currently being enacted to give effect to these provisions.

4.3.3 Self-Neglect

Self-neglect is medically significant resulting in higher morbidity and mortality. However, the concept of competence or capacity of the individual to assess their own situation and make decisions relating to it is central to this issue. Any interventions in a potential situation of self-neglect must respect the rights of the individual to live as they choose.

- Protocols, training and supports to be developed to support professionals and those working with older people to identify symptoms and how to address them.
- Clear and speedy referral paths to assess diminished capacity and its cause.
- Awareness and prevention measures aimed at individuals, families and communities to minimise risk
- Improved cross-agency collaboration for early detection

The *Review of the Recommendations of the Report of the Working Group on Elder Abuse, Protecting our Future*², was published in February, 2010. The Review is available on the Department of Health and Children website – <http://www.dohc.ie>

5.0 HSE Elder Abuse Referrals

Last year, 2009, was the third year of recording elder abuse referrals to the HSE. Building on the findings from 2007 and 2008 recorded in the *HSE Elder Abuse Services Developments 2008*⁴ publication, further changes were made to the data recording forms in 2009 to gain more concrete findings, particularly pertaining to substantiated abuse.

The elder abuse database is integral to the provision of information on referral patterns and management of cases within the HSE. It contributes to the development of policy, service provision and public awareness. In addition, it serves as a resource for specific information in relation to, for example, different types of abuse occurring, profiles of the abused and abuser, services offered etc. All of these factors are very positive developments, particularly as there is a lack of comprehensive tracking data on elder abuse internationally.

5.1 Methodology of Data Collection

All referrals of alleged or suspected elder abuse to HSE Senior Case Workers are recorded on a *Record of Initial Referral - Form 5* (see appendix 5). A unique identifying number is assigned to each referral to allow it to be tracked through the service while ensuring anonymity. All Form 5s are forwarded to the Dedicated Officers for Elder Abuse for validation, coding and inputting into a spreadsheet. In addition, a reassessment is completed, either on case closure or at six-monthly intervals, and recorded on a *Follow-up on Record of Initial Referral - Form 6* (see appendix 6). Amendments to the data recording template in 2009 have enabled collation of specific information relating to substantiated abuse cases.

Summary tables are automatically generated monthly and circulated to provide key statistics at LHO, administrative area and national level within the HSE. These tables include number of referrals, gender of alleged abused, type of alleged abuses, places of residence of the alleged victims, location of abuse, status of referrals and outcome of the referrals.

In the following sections, the full sample size is reflected as an N value. This value varies depending on the availability of data. The HSE administrative areas are summarised as DNE (HSE Dublin North East), DML (HSE Dublin Mid Leinster) South (HSE South) and West (HSE West). An update on 2008 referrals will be presented firstly, followed by analysis of all cases referred in 2009 with more in-depth subcategory analysis of those cases with an alleged perpetrator, i.e., excluding cases where self-neglect is the only concern. Self-neglect cases will be dealt with independently in section 5.5

5.2 Update on 2008 Referrals

5.2.1 Analysis of Total Referrals 2008 Excluding Self-Neglect

In the *HSE Elder Abuse Services Developments 2008*⁴ publication, excluding self-neglect, 1,481 cases of alleged abuse were referred into the service. 771 cases were reviewed in January 2009 which equated to 52% of the total sample. The sample size was dictated by the fact that the remainder had yet to reach the time point for a six month review. At year end 2009, there was a marginal increase in the

total number of referrals due to inclusion of cases which were submitted after the cut-off point for 2008 data. The modified total of 1,508 cases had n=1418 (94%) reviewed either at six months or on case closure. A follow-up of these cases is documented in this section, including more specific data on cases that were substantiated (type of abuse, gender of perpetrator, relationship between perpetrator and client/ living with client) thus incorporating the changes to data recording forms in 2009. The findings documented below are more robust than those presented at year end 2008 given the greater number of reviews conducted.

Assessment of current case status found that, nationally, n=206 (14%) remain open. Regional analysis indicates that the proportion of open cases varies widely between HSE areas, ranging from 29% in DNE to 5% in the South (see table 1). In terms of case outcome, the national rate of substantiation is consistent with that reported at the end of 2008, i.e., 23% of cases substantiated; 32% not substantiated (abuse found not to have taken place); and 45% inconclusive. However, when case outcome is analysed by HSE area (table 2) the level of substantiation ranges from 33% in DML and DNE to 14% in the South. Comparison of alleged abuse type versus case outcome found that, excluding psychological abuse (which is the highest in all areas), physical abuse was more likely to be substantiated, neglect most likely to be not substantiated and financial abuse most likely to be found inconclusive.

Table 1: National and Area Summary of Referral Status (2 cases have no status assigned)

	DNE		DML		South		West		National	
	No. of Referrals	%	No. of Referrals	%	No. of Referrals	%	No. of Referrals	%	No. of Referrals	%
Open	104	29	26	12	33	5	43	17	206	14
Closed	225	64	179	82	614	90	181	71	1199	79
Closed RIP	23	7	14	6	34	5	30	12	101	7
Total	352	100	219	100	681	100	254	100	1506	100

Table 2: National and Area Summary of Outcome of Cases

	DNE		DML		South		West		National	
	No. of Referrals	%	No. of Referrals	%	No. of Referrals	%	No. of Referrals	%	No. of Referrals	%
Substantiated	78	24	73	33	92	14	79	33	322	23
Not Substantiated	134	42	48	22	207	33	70	29	459	32
Inconclusive	108	34	98	45	338	53	93	38	637	45
Total	320	100	219	100	637	100	242	100	1418	100

Allegation substantiated: Where substantial evidence exists that the client has been abused.

Not substantiated: Where a professional assessment has concluded that the abuse has not taken place.

Inconclusive: Where it has not been possible to either prove or disprove the allegation.

5.2.2 Substantiated Cases

In terms of the 322 substantiated cases, further information was available on 262 (81%) using the modified Form 6. The majority of cases n=171 (65%) substantiated just one abuse type with a further 75 cases (29%) substantiating two. In cases where one abuse type was substantiated, psychological n=71; physical n=41; neglect n=31; and financial n=26 were the most documented. Where two abuse categories were confirmed, psychological abuse was a component of the two predominant categories psychological/financial n=36 and psychological/physical n=22.

Table 3 illustrates the key characteristics in relation to these top four substantiated abuse categories. Adult children are most likely to be the abusers for all types, with spousal abuse least likely in relation to financial abuse. Carers were a significant group in terms of perpetration of financial abuse. Additionally, perpetrators were least likely to cohabit in situations of financial abuse or neglect. No association was found between physical abuse and dementia, with a minor association between physical abuse substantiated and client physical disability.

Table 3: Profile of Characteristics of Substantiated Cases 2008

	Abuse Type			
	Psychological Component	Physical Component	Financial Component	Neglect Component
No of Cases Substantiated*	161	106	73	82
Perpetrator				
Son/Daughter	49%	48%	47%	42%
Spouse	21%	23%	5%	11%
Other Relative	16%	18%	21%	12%
Carer			15%	
Gender of Perpetrator**				
1 Male	57%	59%	51%	42%
1 Female	27%	35%	34%	44%
1 Male & 1 Female		1%	7%	10%
Living with Client (Victim)				
Yes	65%	66%	51%	45%

* This documents all substantiated abuse types individually therefore the total exceeds the case number as there is a certain level of overlap where more than one abuse type was substantiated

** Note category does not add up to 100% as variations involving three or more perpetrators are documented on forms but not included in this table.

5.2.3 Services Offered to Clients Referred

In 2008, 84% of clients referred to the HSE had services offered to them, with 74% availing of these, most commonly monitoring, home support and counselling. It is important to note that the provision of an intervention was based on individual client need.

5.3 Summary of Total Referrals 2009

For the 2009 dataset, January 15th 2010 was set as a cut off date for submissions onto the database. Every effort was made to include all referrals for 2009 by this date. However, a small number were received after this date and are included in the database but not considered in this analysis.

In total, there were 1,870 referrals made to the service in 2009 which is consistent with referral rates in 2008. The area breakdown is as follows - 419 DNE (22%); 264 from DML (14%); 798 from the South (43%); and 389 from the West (21%). Cumulative referrals by HSE area, as illustrated in Fig 1, shows that the referrals in DML are significantly lower than in other areas. The lower referral rates in DML may reflect the fact that a number of Senior Case Worker posts remain unfilled in that area. Comparison of referral rates/1000 population over 65 years (table 5) indicates that the rate in DNE is twice that of DML, despite the fact that there are lower numbers of individuals over 65 years in DNE.

As a response to issues identified in the 2008 data, a protocol for re-referrals was introduced at the beginning of 2009 to minimise double counting. This ensured that if a client is re-referred into the services within a month of case closure, the previous case is reopened. This has resulted in a minor reduction on the re-referral rates from 9% of total cases in 2008 to 8% (n=151) in 2009. Specifically, 82% of these related to cases in the South, with the remainder in DML (6%) and HSE West (12%).

Given estimated international prevalence rates of between 1% and 5%, it would appear that there is under-reporting of elder abuse. There are a number of factors to consider. Firstly, international evidence supports the view that there is underreporting in relation to elder abuse. Secondly, this only represents referrals made to the HSE and anecdotal evidence would suggest that the database is not capturing all cases that are referred and being dealt with by the HSE. Therefore, to specifically address this in 2010, greater emphasis will be placed on ensuring that referral pathways are communicated consistently across the organisation, thus leading to greater data reliability. Thirdly, it is integral in the collation of any national data that there is interagency collaboration. The development of wider data collection processes is advocated for the future.

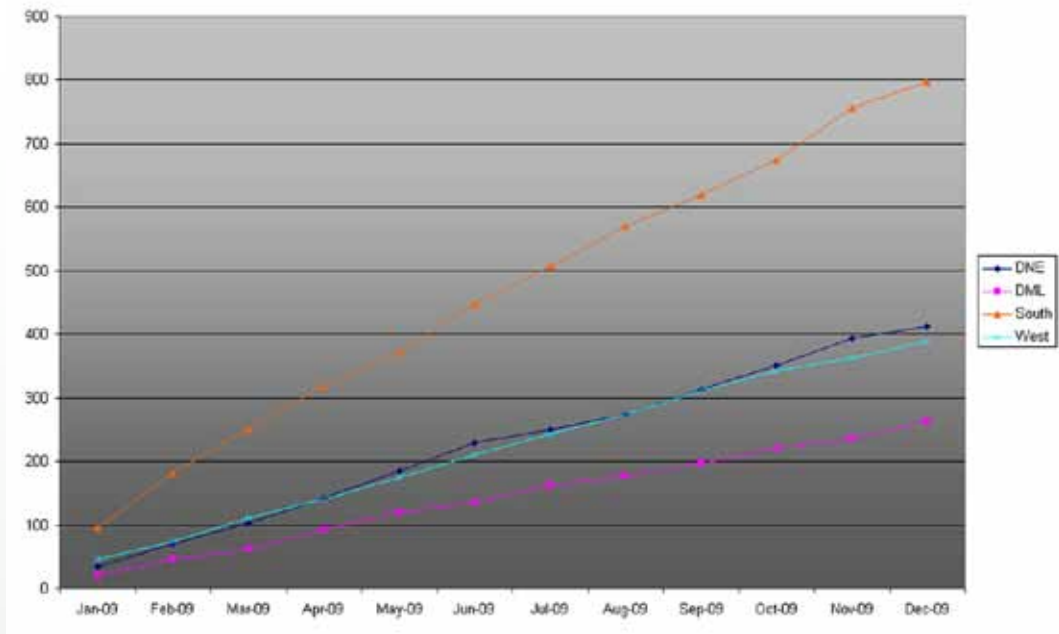


Fig 1: Cumulative Profile of Referred Cases by HSE Area in 2009

5.3.1 Gender Age Classification

As was the case in 2008, the gender breakdown is consistent in all areas, with more females referred (Table 4). The breakdown by age category shows that 45% of referrals are in the over 80 years category. Examining the referral rate/ 1,000 population over 65 provides a basis for an appropriate comparison by HSE area (Table 5). The national referral rate/1000 population is 3.65 (ranging from a high in the South of 5.44 to a low in DML of 2.02). Sub categorisation based on those 65-79 versus 80+ years shows that referral rates are almost three times greater in the 80+ age group.

Table 4: Gender Breakdown by HSE Area for All Cases (N=1865)

	DNE		DML		South		West		National	
	No. of Referrals	%	No. of Referrals	%	No. of Referrals	%	No. of Referrals	%	No. of Referrals	%
Male	154	37	92	35	308	39	145	38	699	38
Female	263	63	172	65	490	61	241	62	1166	62
Total	417	100	264	100	798	100	386	100	1865	100

Note: Of the 1,870 referrals gender was recorded in 1,865 cases

Table 5: Age Categorisation of Referral Rate /1000 Population by HSE Area

	Total Over 65 Years			65-79 Years			80+ Years		
	Pop.	No. of Referrals	Rate/ 1,000 Pop.	Pop.	No. of Referrals	Rate/ 1,000 Pop.	Pop.	No. of Referrals	Rate/ 1,000 Pop.
DNE	92266	389	4.22	70990	202	2.85	21276	187	8.79
DML	122369	247	2.02	93271	141	1.51	29098	106	3.64
South	128545	699	5.44	97960	357	3.64	30585	342	11.18
West	124746	373	2.99	92793	210	2.26	31953	163	5.10
National	467926	1708	3.65	355014	910	2.56	112912	798	7.07

Note: Of 1,870 referrals missing data on 84 revising total 1,786 of which 1,708 cases were for those aged 65+ years.

5.3.2 Reason for Referral

In 71% of cases, only one type of abuse was alleged, with a further 24% identifying two abuse types. There were 2,511 abuse categories identified in relation to the 1,870 clients referred. Multiple response analysis of the total sample indicated that psychological abuse (28%), followed by self-neglect (21%), financial (18%), neglect (17%) and physical (12%) were the most common forms of abuse (see Fig 2). In contrast to 2008 data, this indicates a shift in types of alleged abuse reported, with financial abuse overtaking neglect as the third most common abuse type reported. This might reflect increased awareness of financial abuse following the HSE's public awareness campaign in 2008/09 – Open Your Eyes – which had a particular focus on financial abuse.

Analysis by HSE Area (see Fig 3) indicates differences in reporting patterns for alleged abuse. Relative to other areas, financial abuse was reported more in the West, psychological and physical in DML, self-neglect in the South and DNE.

The following section will provide more in-depth analysis of all cases, except those where only self-neglect was reported and there was no alleged abuser (n=435). Consistent with last year's data, these cases will be examined separately in Section 5.5. The rationale for this is that self-neglect is not included in the HSE definition of elder abuse.

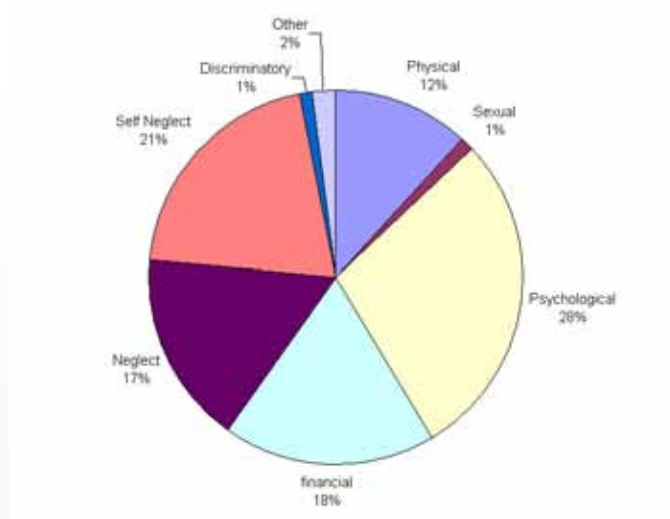
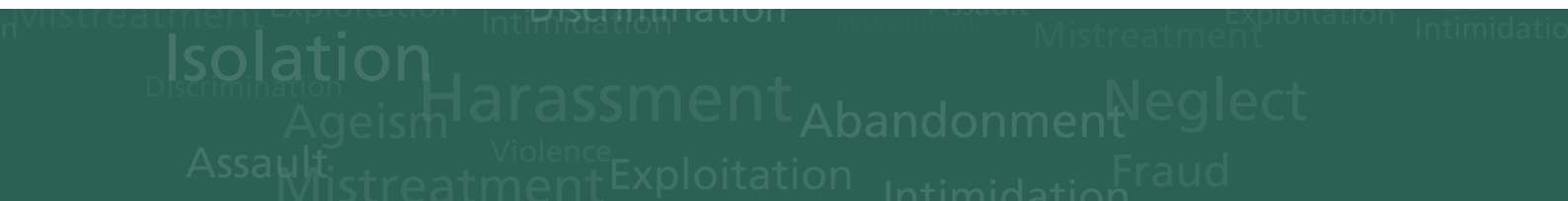


Fig 2: Multiple Response Analysis of Reason for Referral Abuse Categories - All Cases 2009

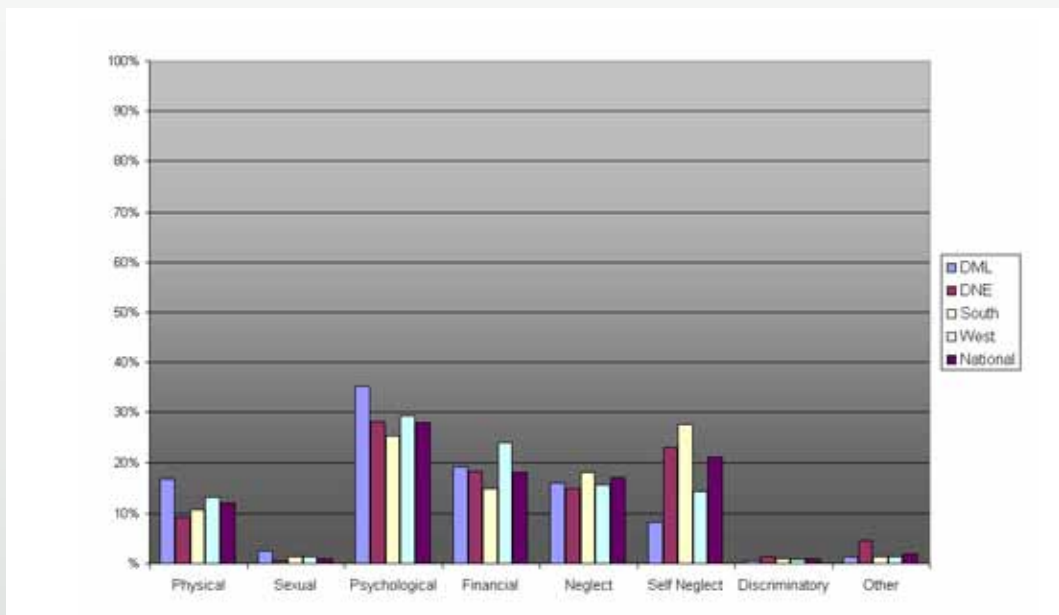


Fig 3: Profile of Abuse Categories Nationally and by HSE Area



5.4 Detailed Analysis of Total Referrals 2009 Excluding Absolute Self-Neglect

5.4.1 Age & Gender

In total, 1,435 cases were analysed in this section, excluding cases where self-neglect is only reported and no other type of abuse alleged. Referrals that had a self-neglect component, but also involved another type of abuse, thus an alleged person causing concern, are included in the analysis. In total, there were 87 such cases.

Two thirds of all alleged abuse reported related to females with no significant difference at HSE area level. Chi-square analysis using Cramer's V found a significant association ($p < .05$) between gender and alleged abuse type, for example, in cases of alleged sexual abuse the victim was likely to be female by a greater margin (female 85%: male 15%).

Forty five percent of referrals related to individuals 80+ years equating to a rate/1,000 population of 5.48 (ranging from a high in the South of 8.04 to a low in DML of 3.4 - Table 6). Consistent with the findings in 2008, the age profile was noticeably higher in cases of neglect (53% aged 80+ years).

Table 6: Age Categorisation of Referral Rate /1000 Population by HSE Area

	Total Over 65 Years			65-79 Years			80+ Years		
	Pop.	No. of Referrals	Rate/ 1,000 Pop.	Pop.	No. of Referrals	Rate/ 1,000 Pop.	Pop.	No. of Referrals	Rate/ 1,000 Pop.
DNE	92266	294	3.19	70990	158	2.23	21276	136	6.39
DML	122369	224	1.83	93271	125	1.34	29098	99	3.40
South	128545	492	3.83	97960	246	2.51	30585	246	8.04
West	124746	304	2.44	92793	166	1.79	31953	138	4.32
National	467926	1314	2.81	355014	695	1.96	112912	619	5.48

Note: Of 1,435 referrals there was age information missing for 67 referrals leaving a balance of 1,368 of which 1,314 were over 65 years.

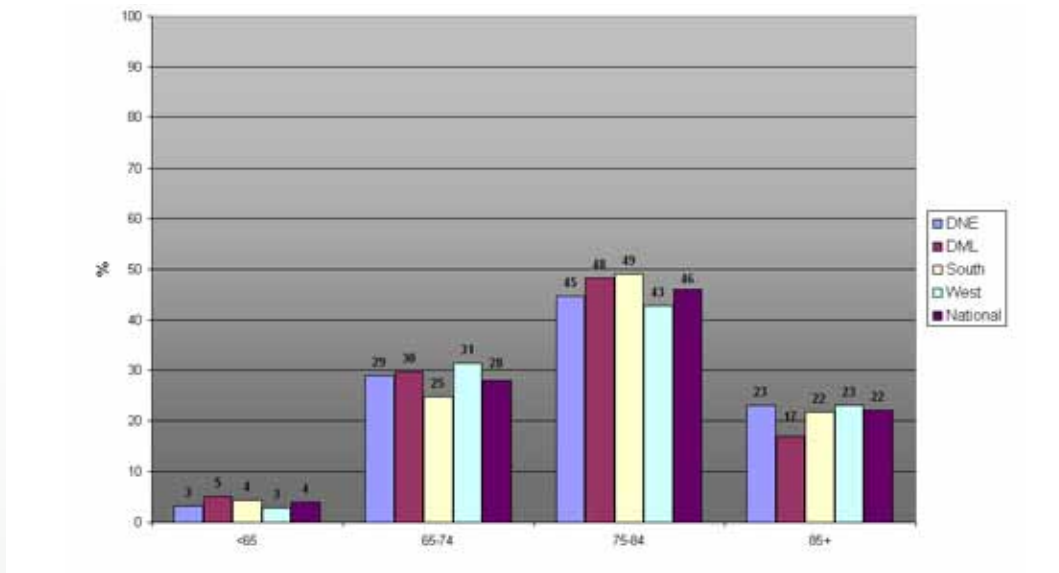


Fig 4: Age Profile of Referrals National and by HSE Area

5.4.2 Referral Characteristics

Consistent with the statistics from 2008, the Public Health Nurse (PHN) is the main source of referral with hospital, HSE staff and family being the other major sources. Comparison by HSE area (Fig 5) shows that PHN and family referrals are more common in the South with the proportion from hospital and HSE staff greater in all other areas. In HSE West, 10% of cases were referred from 'other', most notably local authorities and friends.

In many abuse referrals, more than one type of abuse category is alleged. Of the 1,435 cases referred to the HSE in 2009, 2,076 abuse categories were identified. Fig 6 illustrates the breakdown by category which shows psychological, neglect, financial and physical abuse remain the most common abuse types. Thus the removal of self-neglect cases did not alter the remaining ranking of alleged elder abuse categories. Financial abuse has clearly emerged as a growing concern for cases being referred into the service.

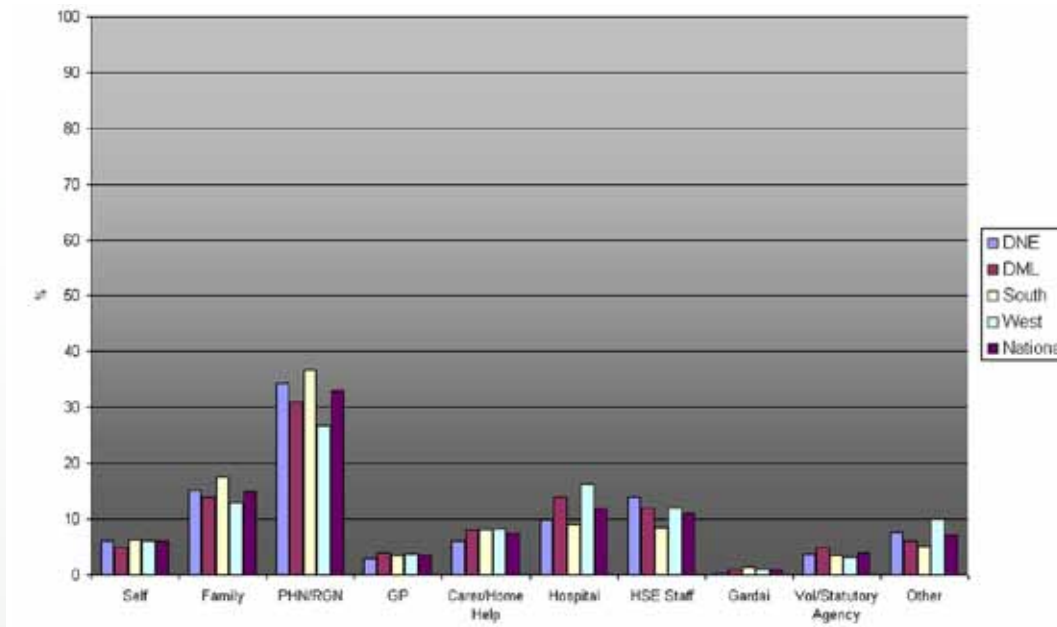


Fig 5: Profile of Referral Source Nationally and by HSE Area

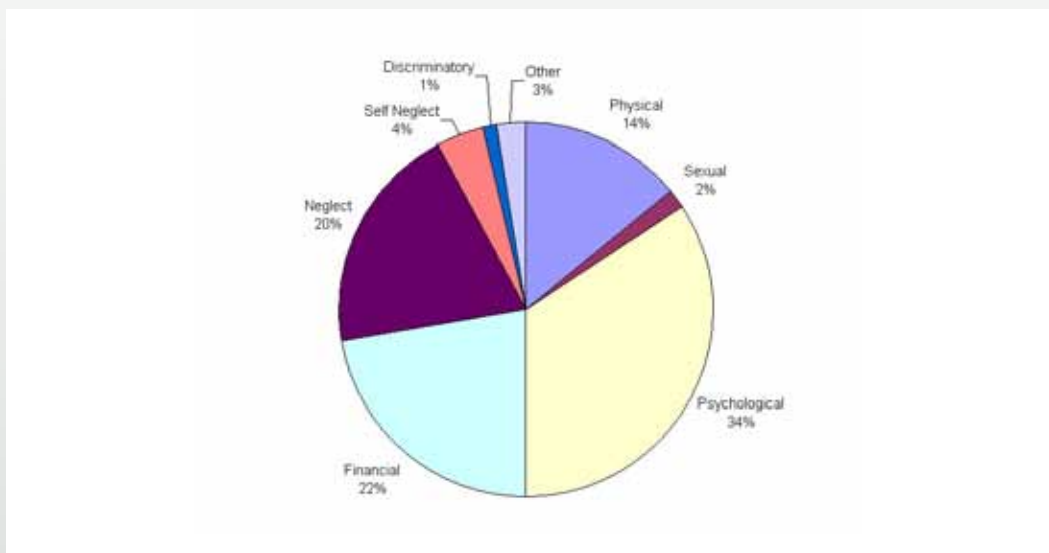


Fig 6: Multiple Response Analysis of Reason for Referral Abuse Categories- Inclusive Partial Self Neglect

The majority of referrals relate to individuals who live at home (83%), 7% in a private nursing home, 3% in public continuing care (see Fig 7). In 95% of cases, the abuse was alleged to have occurred in the person’s place of residence. The ‘other’ locations identified in 3% of cases documented hospital most frequently.

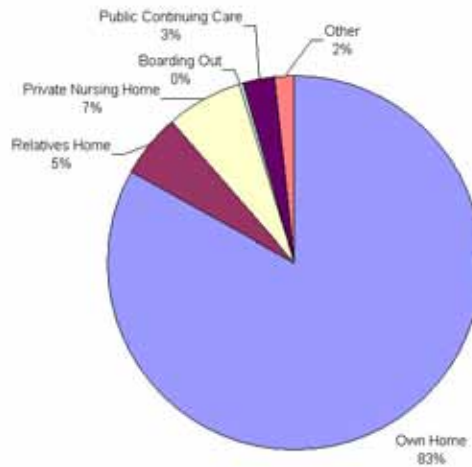
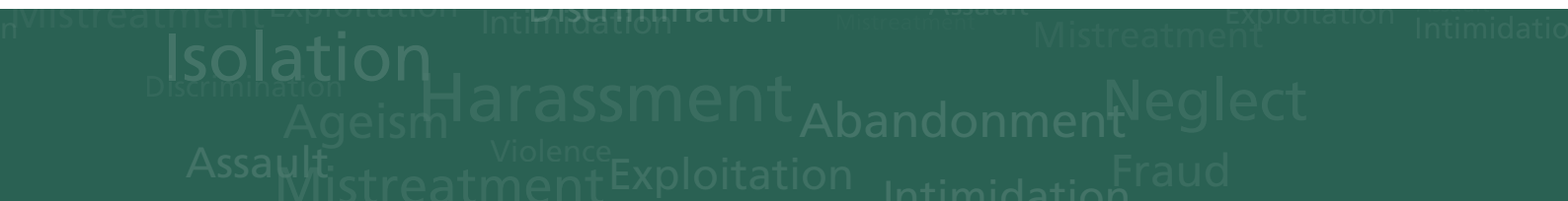


Fig 7: National Breakdown of Place of Residence

5.4.3 Characteristics of Person Causing Concern

Nationally, 78% of cases suggest just one person causing concern which rises to 92% when considering all cases with one or two alleged perpetrators. This is consistent across all areas.

In over half of cases, the alleged abuser and alleged victim are living together. This is higher in cases of alleged physical abuse (72%) and lower in cases of alleged financial abuse (34%). As has been borne out in the international literature, those with the closest relationship to the client pose the greatest risk. Consistent with 2008 findings the predominant alleged perpetrators are son/daughter (46%), other relative (20%) and partner/husband/spouse (18%) (see Fig 8).

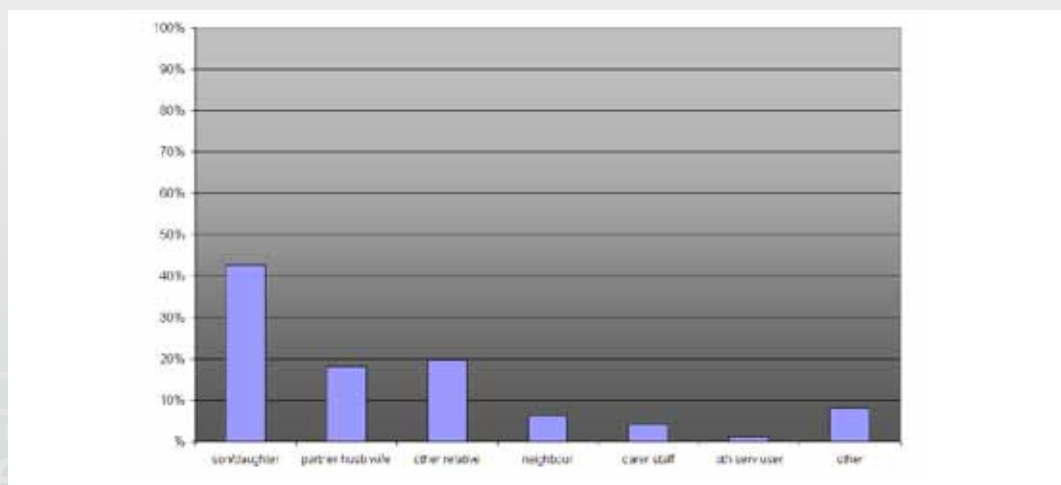


Fig 8: National Profile of Alleged Person Causing Concern (1400 responses recorded)

5.4.4 Status & Outcome of Cases

At year end 2009, nationally 50% of cases remained open. In contrast to 2008, where a regional variation on open cases ranged from 40% to 82%, there appears to be greater uniformity in practice in 2009 (see table 7).

Table 7: National and Area Summary of Referral Status

	DNE		DML		South		West		National	
	No. of Referrals	%	No. of Referrals	%	No. of Referrals	%	No. of Referrals	%	No. of Referrals	%
Open	205	65	138	57	195	35	185	58	723	50
Closed	94	30	95	39	348	62	121	38	658	46
Closed RIP	16	5	8	4	19	3	11	4	54	4
Total	315	100	241	100	562	100	317	100	1435	100

There were 921 cases subject to a review at year end 2009. This equated to 64% of referrals. 21% of cases were found to be substantiated, 33% not substantiated and 46% found to be inconclusive (see table 8). The high levels of inconclusive findings, i.e., "where it has not been possible to either prove or disprove the allegation" may reflect the complexities and challenges involved in dealing with elder abuse concerns.

Table 8: National and Area Summary of Outcome of Cases

	DNE		DML		South		West		National	
	No. of Referrals	%	No. of Referrals	%	No. of Referrals	%	No. of Referrals	%	No. of Referrals	%
Substantiated	43	25	42	31	59	15	46	22	190	21
Not Substantiated	62	35	38	29	117	29	82	39	299	32
Inconclusive	70	40	54	40	224	56	84	39	432	47
Total	175	100	134	100	400	100	212	100	921	100

Allegation substantiated: Where substantial evidence exists that the client has been abused.

Not substantiated: Where a professional assessment has concluded that the abuse has not taken place.

Inconclusive: Where it has not been possible to either prove or disprove the allegation.

There was case length information available on all 712 cases that were closed (see Fig 9). As was the case in 2008, the majority of cases, 82%, were closed within six months. The mean case length for cases with a person causing concern was 2.9 months.

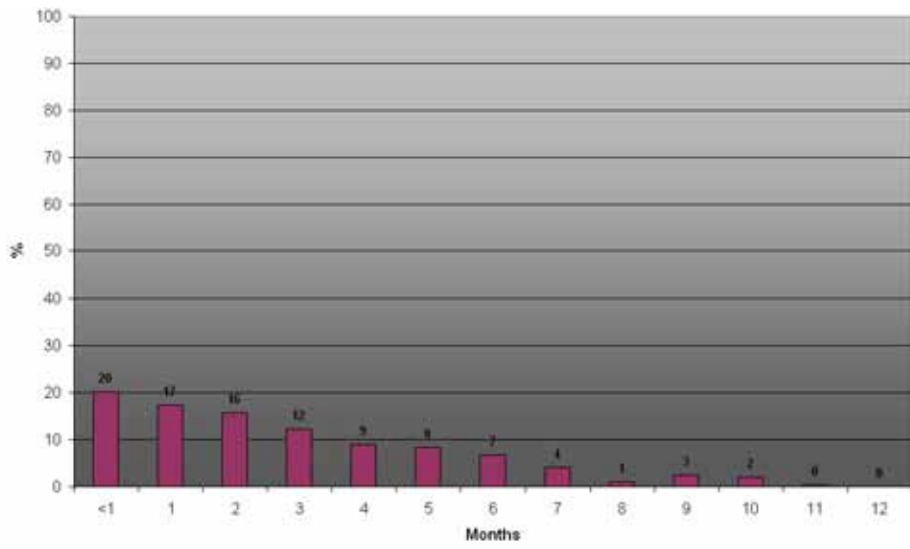


Fig 9: National Profile of Case Length in Months (n=712)

5.4.5 Substantiated Cases 2009

To date in 2009, 190 cases referred have been found to be substantiated. There is more in-depth information (modified Form 6) available on 175 (92%). The majority of cases n=132 (75%) substantiated just one abuse type with a further 39 cases (22%) substantiating two. In cases where one abuse type was substantiated, psychological n=54; physical n=32; neglect n=20; and financial n=19 were the most documented. Where two abuse categories were confirmed, physical abuse was a component of the two predominant categories physical/psychological n=20 and physical/financial n=11.

In line with 2008 data, abuse type versus substantiation found that, excluding psychological abuse (which is the highest in all categories), physical abuse was more likely to be substantiated, neglect most likely to be not substantiated and financial abuse most likely to be found inconclusive. Consultation with Senior Case Workers provided some insight into the possible causes for this trend. Firstly, in relation to neglect, some cases referred as neglect are often found to be cases of self-neglect with clients exercising their right to self-determination and refusing assistance offered from statutory agencies or family. Secondly, in relation to financial abuse, there can be difficulties accessing information from financial institutions.

Table 9 illustrates the key characteristics in relation to these top four abuse categories for 2008 and 2009 enabling comparisons to be made. As documented previously in 2008, adult children are most likely to perpetrate all abuse types with spousal abuse least likely in relation to financial abuse. There was a reduction in the reported incidence of carers perpetrating financial abuse. However, there was an increase reported for neighbours. There is even stronger evidence in 2009 that financial abuse is most often perpetrated by those that do not live with the client as 36% of perpetrators only live with the client in contrast to 60% to 71% in the other three categories.

5.4.6 An Garda Síochána & Legal Involvement

At the end of 2009, 921 cases had been reviewed. While consultation with An Garda Síochána is consistent with that reported in 2008 at 12%, referrals to An Garda Síochána have increased from 7% to 17% in 2009. Nationally, 76 cases involved legal consultation with 30 cases involving legal action. This equated to a marginal increase from 2% in 2008 to 3% in 2009. Legal actions predominately related to domestic violence (33%) and ward of court (27%).

Table 9: Profile of Characteristics of Substantiated Cases 2008 and 2009

	2008 Data				2009 Data			
	Psych.	Physical	Financial	Neglect	Psych.	Physical	Financial	Neglect
No of Cases Substantiated*	161	106	73	82	100	62	42	35
Perpetrator								
Son/Daughter	49%	48%	47%	42%	49%	38%	50%	68%
Spouse	21%	23%	5%	11%	20%	37%	5%	15%
Other Relative	16%	18%	21%	12%	15%	12%	14%	9%
Carer			15%				2.4%	
Neighbour							12%	
Gender of Perpetrator**								
1 Male	57%	59%	51%	42%	61%	49%	67%	50%
1 Female	27%	35%	34%	44%	37%	46%	24%	29%
1 Male & 1 Female		1%	7%	10%				
Living with Client (Victim)								
Yes	65%	66%	51%	45%	65%	71%	36%	60%

* This documents all substantiated abuse types individually therefore the total exceeds the case number as there is a certain level of overlap where more than one abuse type was substantiated

** Note category does not add up to 100% as variations involving 3 or more perpetrators are documented on forms but not included in this table.

5.4.7 Issues and Interventions for Client

Consistent with 2008 findings, 55% (n=510) of clients were assessed by Senior Case Workers as having at least one possible health issue. The vast majority of these (80%) had just one issue recorded. The predominant issues were physical, dementia and mental health (Fig 10). The inclusion of dementia and intellectual disability as new categorisations in the 2009 data recording has shown varying

responses. While intellectual disability is only documented in 3% of cases, dementia is recorded in 25% thus making it second in importance to physical issues. It is difficult to conclude whether this is going to be a consistent trend going forward. However, data recorded to date have shown the importance of issues regarding mental and physical health in those that are reported for suspected elder abuse.

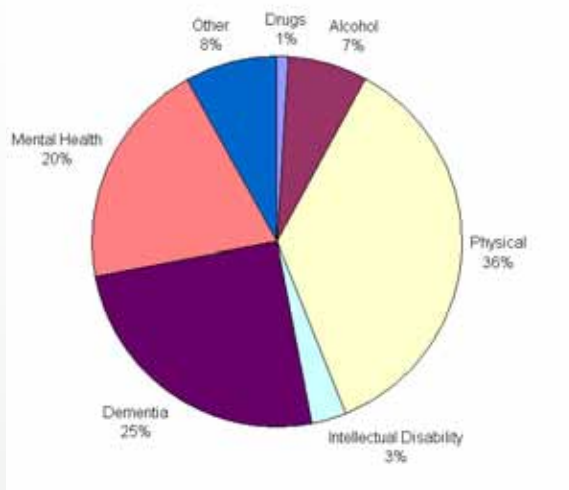


Fig 10: National Breakdown of Issues for Client

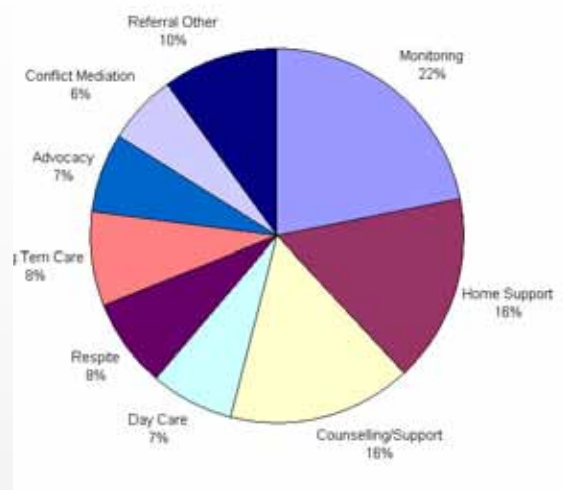


Fig 11: National Profile of Services Offered to Clients

Central to the elder abuse services is the identification of issues for the client and the tailoring of interventions to best meet their needs. In 2009, 85% of clients referred were offered services, with 71% availing of such services.

There is a more comprehensive provision of services in 2009 when contrasted with 2008. Day care, advocacy and conflict mediation provision are now increasingly documented services being availed of in 2009. Consequently, there has been a reduction in long term care (13% 2008: 8% 2009) counselling/support (25% in 2008: 16% in 2009) and other (15% in 2008: 10% in 2009). The most documented 'other' service provided related to mental health, legal and financial services, e.g. referral to Money, Advice and Budgeting Service (MABS).

5.4.8 Issues and Interventions for the Person Causing Concern

Of the 921 cases in which a review was conducted, only 259 (28%) alleged perpetrators were listed by the Senior Case Worker as having at least one possible health issue. Alcohol and mental health were the main issues documented which is in agreement with the 2008 data. Carer stress, financial difficulties and family dynamics were the most common 'other' reasons cited.

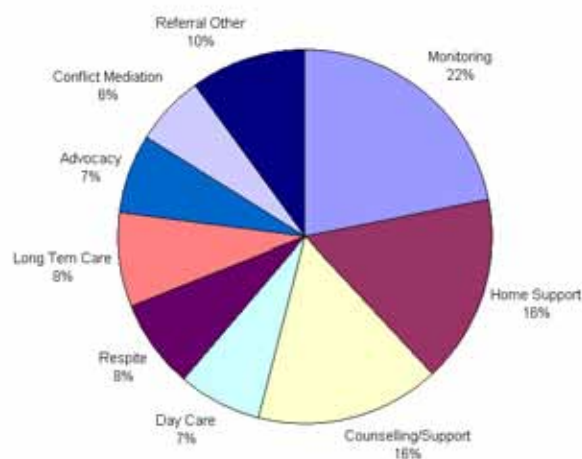


Fig 12: National Profile on Issues for the Person Causing Concern

Support offered and referral to another service, mainly mental health and addiction services, were the most common interventions for the person causing concern.

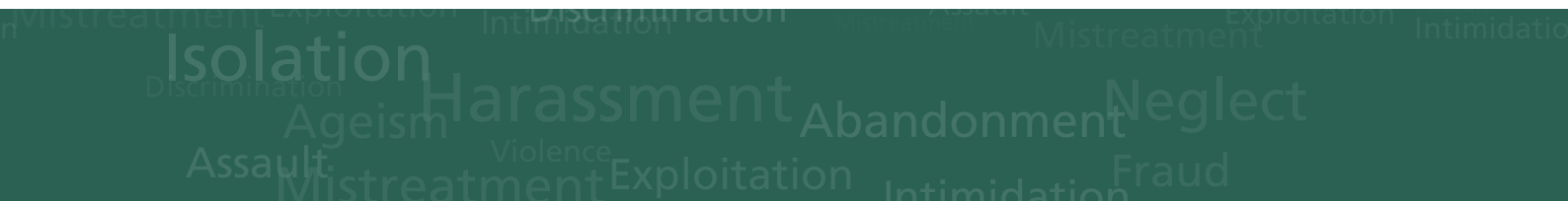
5.5 Self-Neglect

In 2009, there were 435 self-neglect cases referred to the services. The majority of cases came from the South, n=236, representing 54% of referrals. While the national profile of gender indicated an equal split between males and females, in HSE West the gender difference is more pronounced (M:72%: F: 28%) (see Table 10).

Table 10: Total Number of Self Neglect Referrals by Gender by HSE Area 2008 & 2009

	DNE		DML		South		West		Total	
	2008	2009	2008	2009	2008	2009	2008	2009	2008	2009
Male	248 (60%)	45 (44%)	14 (46%)	12 (52%)	99 (52%)	111 (47%)	29 (57%)	51 (72%)	190 (54%)	219 (51%)
Female	32 (40%)	57 (56%)	16 (53%)	11 (48%)	90 (48%)	125 (53%)	22 (43%)	20 (28%)	160 (46%)	213 (49%)
Total	315	102 (100%)	30	23 (100%)	189	236 (100%)	51	71 (100%)	350	432 (100%)

Consistent with referrals for other abuse types, the number of referrals increases with age, with the majority of cases in all areas occurring in the over 70's (Fig 13). While the graph illustrates a high proportion of referrals in the younger (65-69) age category in DML this must be viewed in context that this area had the lowest number of cases of self-neglect referred.



As documented earlier in this report, PHNs are a significant group in terms of referrals for elder abuse. However, whereas 33% of referrals came from this source for all other alleged abuses, in cases of self-neglect this has almost doubled (59%). Hospital, other HSE staff and family are important other groupings.

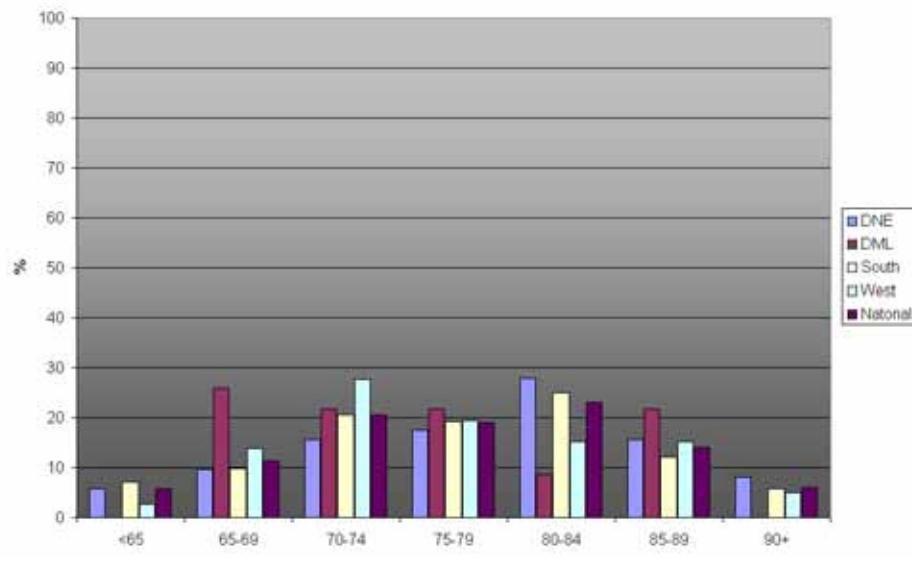


Fig 13: National and Area Profile of Self-Neglect by Age Category (n=418)

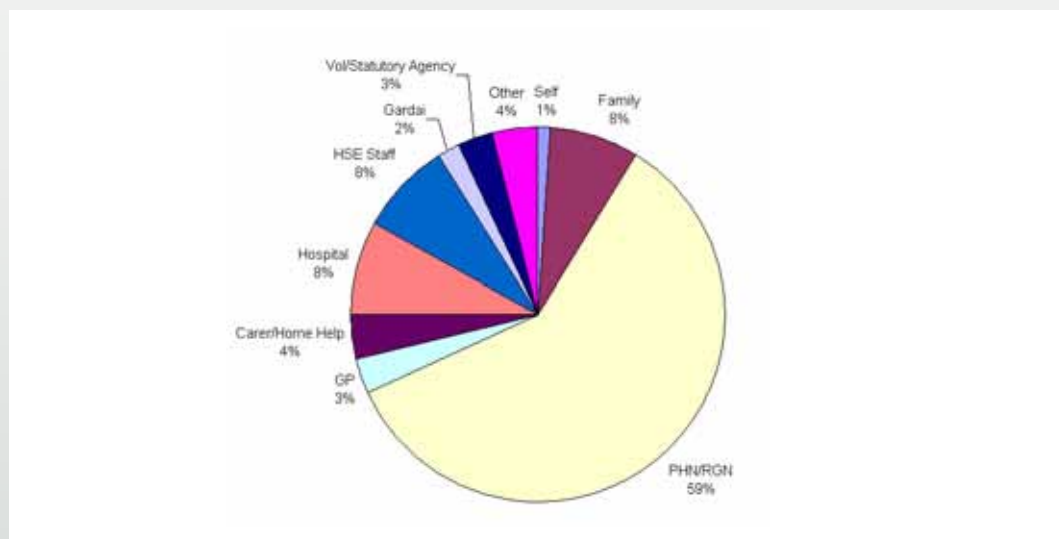
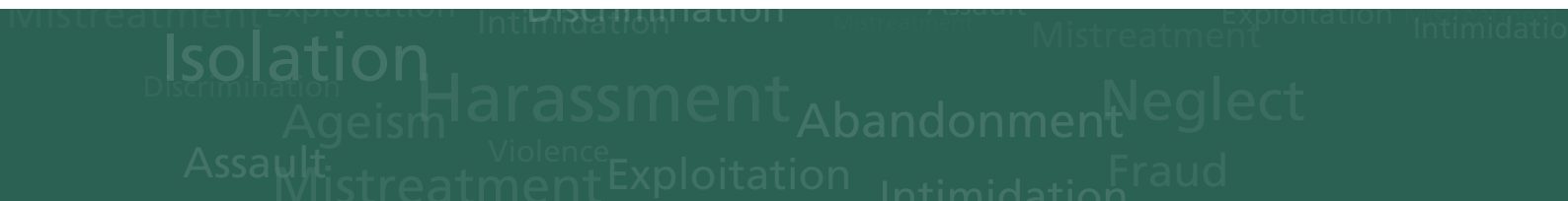


Fig 14: National Self-Neglect Referral Source n=435

Consistent with 2008 findings, individuals within this category were almost exclusively living at home (96%).



At year end 2009, 307 cases have been reviewed (71%), 190 remain open (44%). Two thirds of these clients have taken up services offered with monitoring, home support and counselling being the most utilised. A high number (13%) were referred to 'other' services i.e. mental health/ old age psychiatry, meals on wheels, occupational therapy. They are as a group marginally more likely to decline services offered (20% Vs 15% in no SN group).

Table 10: Summary of Case Status (%) (N=359)

	National	DNE	DML	South	West
Open	190 (44%)	59 (57%)	10(%)	80 (34%)	41 (57%)
Closed	229 (52%)	41 (39%)	13(%)	148 (63%)	27 (37%)
RIP	16 (4%)	4 (4%)	0 (%)	8 (3%)	4 (6%)
Total	435 (100%)	104 (100%)	23 (100%)	236 (100%)	72 (100%)

35% of clients were identified as having a health issue as illustrated in fig 15 mental health, physical alcohol and dementia were the most documented.

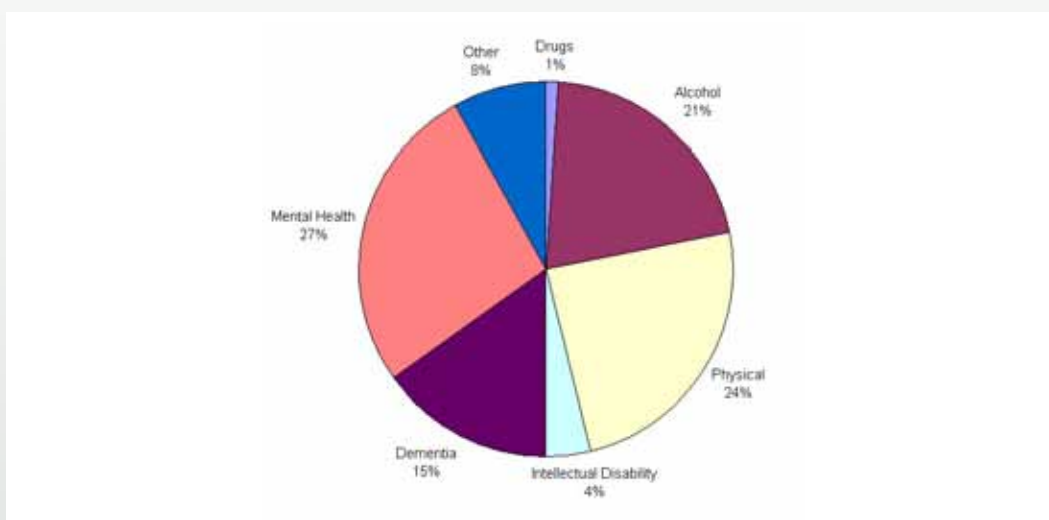
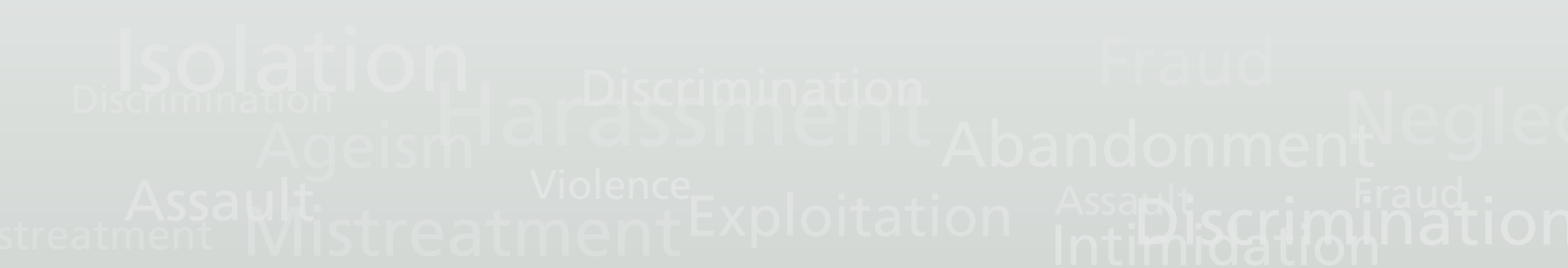


Fig 15: Profile of Health Issues for Client Referred for Self-Neglect



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http://www.dohc.ie/publications/protecting_our_future_review2010.html
- 3 National Quality Standards for Residential Care Settings for Older People in Ireland, Health Information and Quality Authority, February 2009
http://www.hiqa.ie/media/pdfs/Residential_Care_Report_Older_People_20090309.pdf
- 4 HSE Elder Abuse Service Developments 2008, Open Your Eyes
<http://www.hse.ie/eng/services/Publications/services/Older/OpenYourEyesServiceDevelopments2008.pdf>
- 5 Trust in Care: Policy for Health Service Employers on Upholding the Dignity and Welfare of Patient/ Clients and the procedure for Managing Allegations of Abuse against Staff members
http://www.hse.ie/eng/Publications/HR/Policies,_Procedures_and_Guidelines/Trust_in_Care.pdf
- 6 A Vision for Change - Report of the Expert Group on Mental Health Policy. Department of Health and Children (2006)
http://www.dohc.ie/publications/pdf/vision_for_change.pdf
- 7 Building a Culture of Patient Safety - Report of the Commission on Patient Safety and Quality Assurance. Department of Health and Children (2008)
http://www.dohc.ie/publications/pdf/en_patientsafety.pdf

Appendices

Appendix 1

Membership of the National Elder Abuse Steering Committee

Mr. Frank Murphy, Local Health Manager, Roscommon PCCC, Lead Older Persons Services, HSE West (Chairperson)

Mr. Paschal Moynihan, Specialist, Services for Older People, HSE West

Ms. Brenda Hannon, Specialist, Services for Older People, HSE Dublin Mid Leinster

Ms. Bridget McDaid, Dedicated Officer for Elder Abuse, HSE West

Mr. Con Pierce, Dedicated Officer for Elder Abuse, HSE South

Ms. Dolores O'Neill, Director of Public Health Nursing, HSE West

Mr. Donal Hurley, Senior Case Worker, HSE West

Ms. Kate Brennan, Regional Manager, Alzheimer Society of Ireland

Ms. Margaret Kerlin, CNMII, Psychiatry of Later Life, HSE West

Ms. Marcella Pokorná, Senior Case Worker, HSE Dublin North East

Ms. Maura Seabrooke, Senior Case Worker, HSE Dublin Mid Leinster

Ms. Sarah Marsh, Dedicated Officer for Elder Abuse, HSE Dublin Mid Leinster

Ms. Suzanne Kiely, Senior Occupational Therapist, HSE Dublin North East

Ms. Marguerite Clancy, Senior Research & Information Officer, HSE West

Ms. Mo Flynn, CEO, Our Lady's Hospice Ltd., Harold's Cross & Blackrock

Ms. Hilary Scanlon, Services for Older People, HSE South

Ms. Cliona Richardson, Detective Inspector, An Garda Síochána

Ms. Geraldine Sutton, Senior Case Worker, HSE South

Mr. Shane Martin, Irish Banking Federation

Ms. Eimear Fischer, COSC, The National Office for the Prevention of Domestic, Sexual and Gender-based Violence

Mr. Tony Flynn, COSC, The National Office for the Prevention of Domestic, Sexual and Gender-based Violence

Appendix 2

Membership of the Elder Abuse National Implementation Group

Professor Desmond O'Neill, Adelaide and Meath Hospital Dublin and Trinity College Dublin
(Chairperson)

Mr. Frank Murphy, Local Health manager, Lead Services for Older People

Dr. Brian Carey, Geriatrician, Irish Society of Physicians in Geriatric Medicine

Mr. John Costello, Solicitor, Law Society of Ireland

Ms. Eileen Kehoe, Principal Officer, Services for Older People, Department of Health and Children

Dr. Aisling Denihan, Consultant Psychiatrist, Psychiatry of Old Age, Irish Association of Psychiatrists of Old Age

Ms. Brenda Hannon, Specialist, Services for Older People, HSE Dublin Mid Leinster

Ms. Mary Horkan, Senior Research Fellow, University College Dublin, Irish Association of Older People

Chief Superintendent John Harnett, Garda Community Relations,

Mr. Liam O'Callaghan, General Manager, HSE Dublin Mid Leinster

Ms. Irene O'Connor, Director of Nursing, HSE Western Region

Mr. Jim O'Riordan, Manager, Services for Older People, HSE Dublin North East

Mr. Pat O'Toole, Member, National Council of Ageing and Older People

Ms. Ann Ryan, Inspector, Social Services Inspectorate

Ms. Sinead Fitzpatrick, Practice Development Facilitator

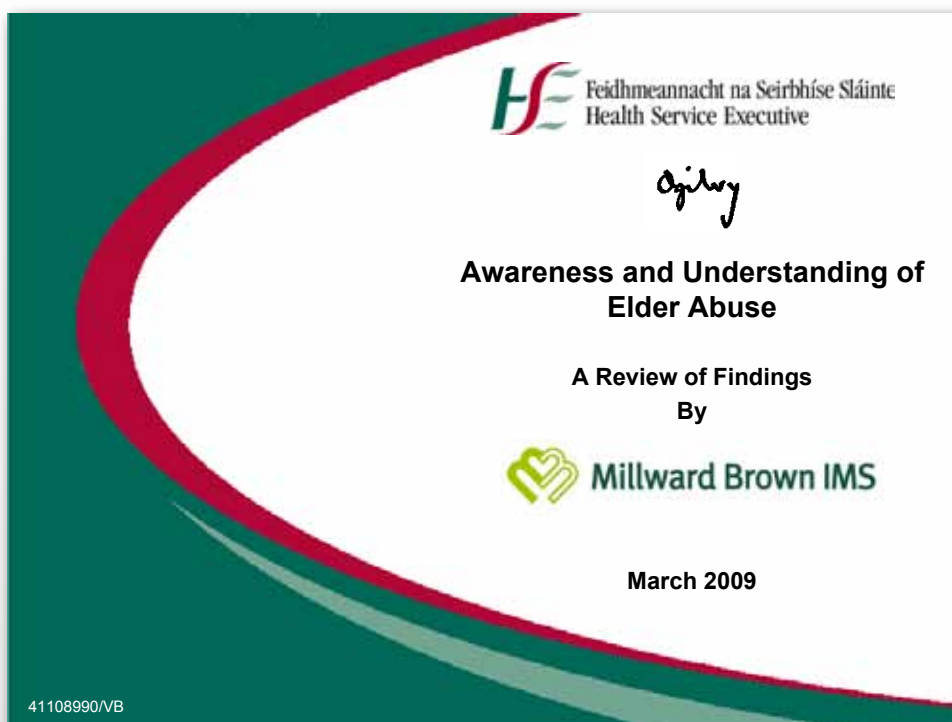
Assisting the Group

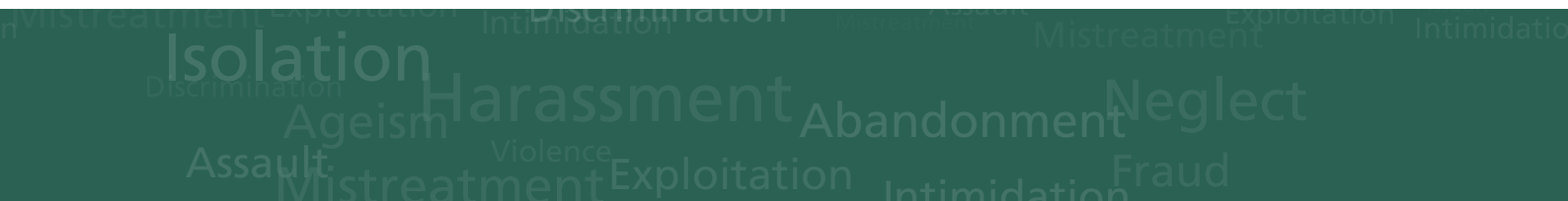
Ms. Julie Ling, Care of the Older People / Palliative Care Advisor / Department of Health and Children / Nurse Advisor

Ms. Maria Stanley, Higher Executive Officer, Department of Health and Children (Secretary)

Appendix 3

Millward Brown: A Review of the Findings of the 'Awareness and Understanding of Elder Abuse' Omnibus Survey





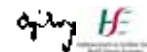
Presentation Content



- Introduction
- The Findings
 1. Understanding of what is meant by elder abuse
 2. Perceived prevalence of elder abuse
 3. Reasons for elder abuse
 4. Support services likely to be accessed
- Summary & Conclusions



An Introduction to the Research



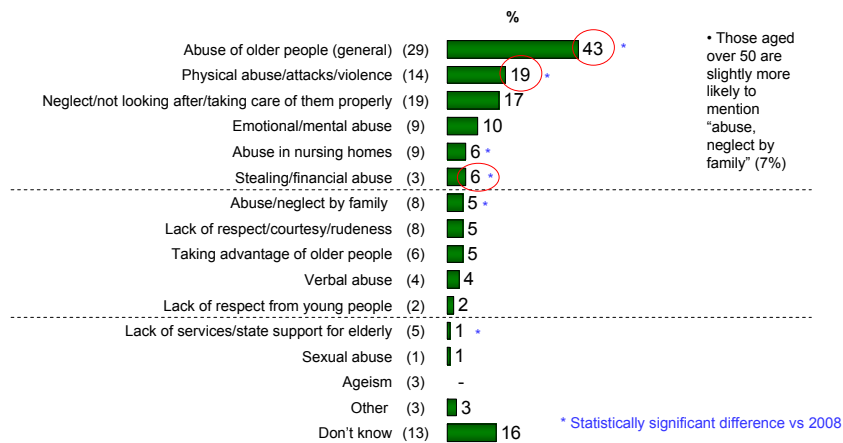
- Why?**
 - To examine the public's attitudes towards and understanding of elder abuse.
 - To understand to what extent attitudes towards and understanding of elder abuse have shifted following PR activity on the subject (throughout this presentation, comparisons are made vs 2008).
 - The PR activity was targeted specifically at those aged 50+, and findings for this particular demographic are noted where relevant
- Who?**
 - All Adults aged 18+
 - Quotas on demographics, nationally representative
- How many?**
 - Sample size 2009: 939
 - Sample size 2008: 950
- Where?**
 - All regions of ROI, nationally representative.
- How?**
 - Telephone interviews in respondents' own homes
- When?**
 - 4th – 18th March 2009.
 - The 2008 study was conducted from 4th – 18th June.
 - PR activity (radio, newspapers, information leaflets) was conducted in a number of phases:
 - May 19th – 23rd 2008 (Say No to Ageism Week)
 - 13th June 2008 (World Elder Abuse Awareness Day)
 - 10th – 17th November 2008
 - 30th November – 6th December 2008
 - 5th – 11th January 2009



Understanding of Elder Abuse – Unprompted



Base: All Adults Aged 18+ (939)



• Those aged over 50 are slightly more likely to mention "abuse, neglect by family" (7%)

Q. Can you tell me what, in your opinion, is meant by the term 'Elder Abuse'?

() 2008 figures



Understanding of Elder Abuse – Unprompted X Demographics



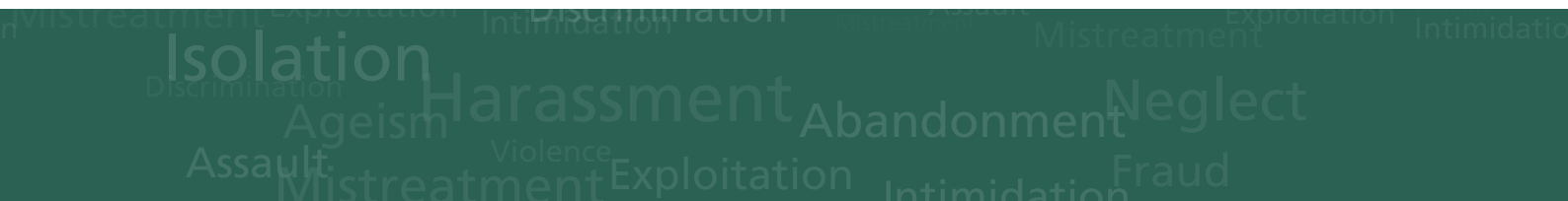
Base: All Adults Aged 18+ (939)

Abuse Type	Total %	Male %	Female %	<35 %	35+ %	ABC1 %	C2DE %
Abuse of older people (general)	43	42	44	46	42	46	41
Physical abuse/attacks/violence	19	17	21	14	22	22	16
Neglect/not looking after/taking care of them properly	17	16	19	20	17	18	18
Emotional/mental abuse	10	8	13	8	12	13	9
Abuse in nursing homes	6	5	7	3	8	5	7
Stealing/financial abuse	6	5	6	4	6	5	5
Abuse/neglect by family	5	3	7	1	7	4	6
Lack of respect/courtesy/rudeness	5	3	6	4	5	5	5
Taking advantage of older people	5	6	4	6	5	5	5
Verbal abuse	4	3	5	4	5	5	3
Lack of respect from young people	2	2	2	1	2	3	1
Lack of services/state support for elderly	1	1	2	1	1	3	-
Sexual abuse	1	-	1	-	1	-	-
Ageism	-	-	-	1	-	-	-
Other	3	3	2	3	3	1	4
Don't know	16	19	13	16	16	12	18

() 2008 figures

Q. Can you tell me what, in your opinion, is meant by the term 'Elder Abuse'?

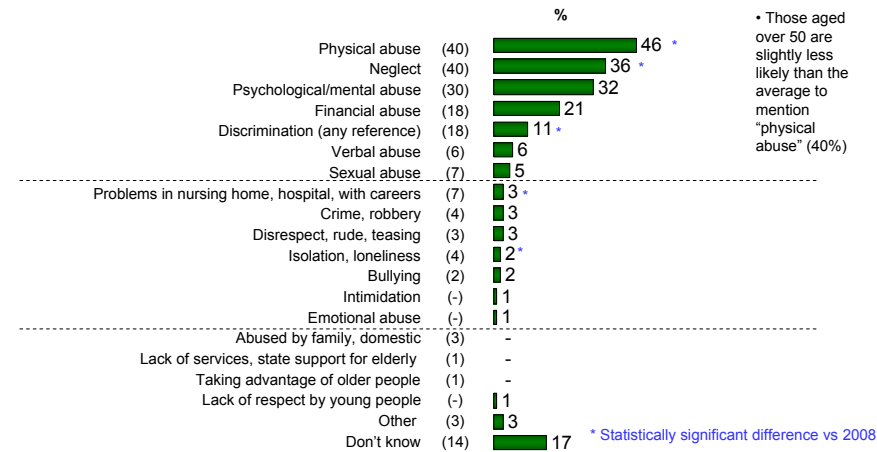




Awareness of different forms of elder abuse (unprompted)



Base: All Adults Aged 18+ (939)



• Those aged over 50 are slightly less likely than the average to mention "physical abuse" (40%)

() 2008 figures

Q. There are a number of different types or forms of elder abuse (By 'elder' we mean people aged over 65) can you tell me what types of elder abuse you can think of? Any other types?



Awareness of different forms of elder abuse (unprompted) X Demographics



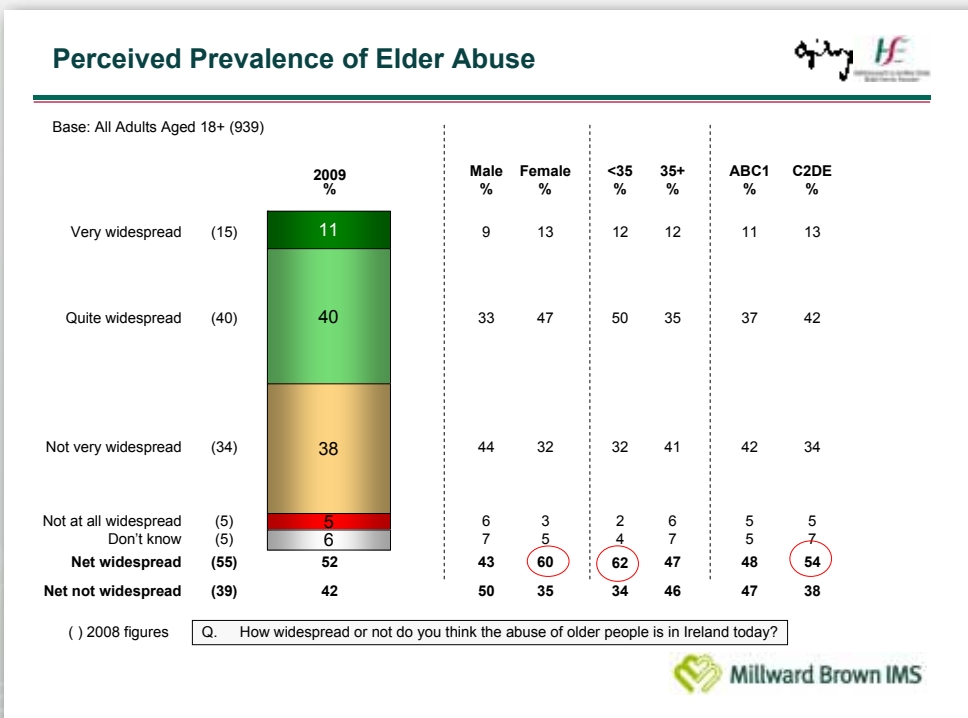
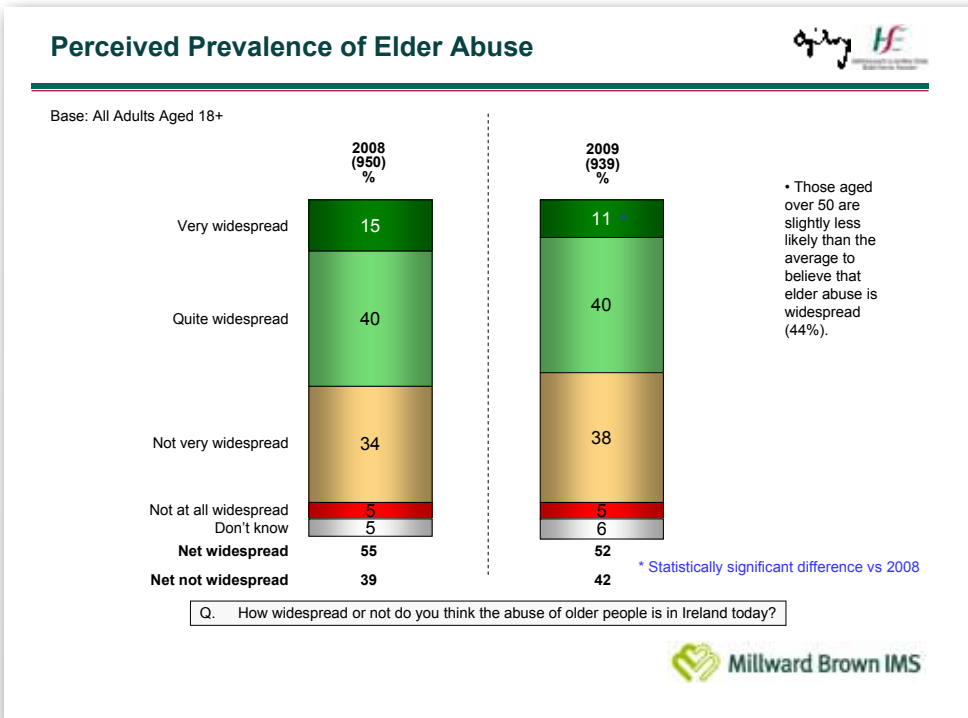
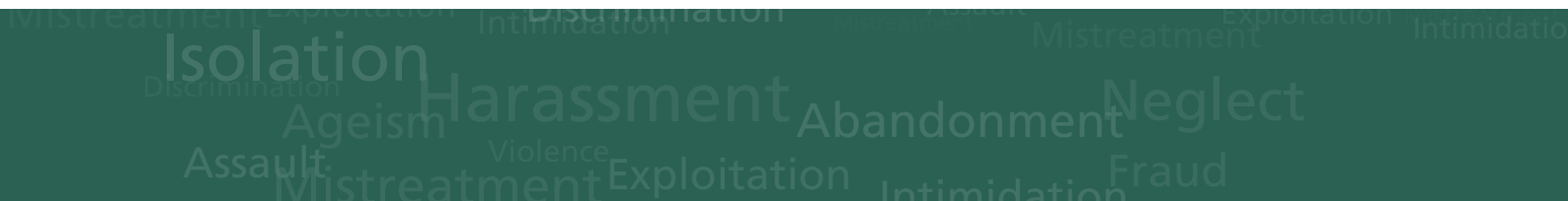
Base: All Adults Aged 18+ (939)

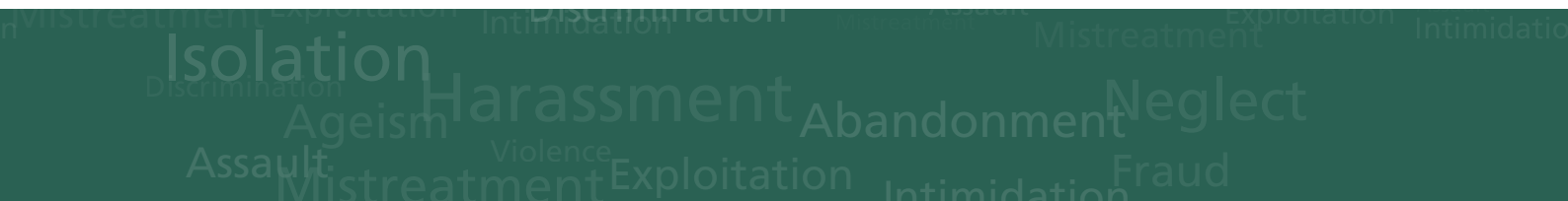
	Total %	Male %	Female %	<35 %	35+ %	ABC1 %	C2DE %
Physical abuse (40)	46	45	46	51	44	49	45
Neglect (40)	36	37	36	37	36	37	37
Psychological/mental abuse (30)	32	32	33	32	33	31	34
Financial abuse (18)	21	19	22	21	20	19	23
Discrimination (any reference) (18)	11	14	8	16	8	10	12
Verbal abuse (6)	6	6	7	6	6	8	5
Sexual abuse (7)	5	5	5	7	4	4	5
Problems in nursing home, hospital, with careers (7)	3	3	3	1	4	4	3
Crime, robbery (4)	3	2	4	4	3	3	3
Disrespect, rude, teasing (3)	3	3	3	2	4	4	3
Isolation, loneliness (4)	2	1	2	2	2	1	3
Bullying (2)	2	2	2	2	2	3	1
Intimidation (-)	1	1	2	2	1	1	1
Emotional abuse (-)	1	-	1	-	-	2	-
Other (3)	3	3	3	3	3	5	1
Don't know (14)	17	18	15	17	17	14	18

() 2008 figures

Q. There are a number of different types or forms of elder abuse (By 'elder' we mean people aged over 65) can you tell me what types of elder abuse you can think of? Any other types?



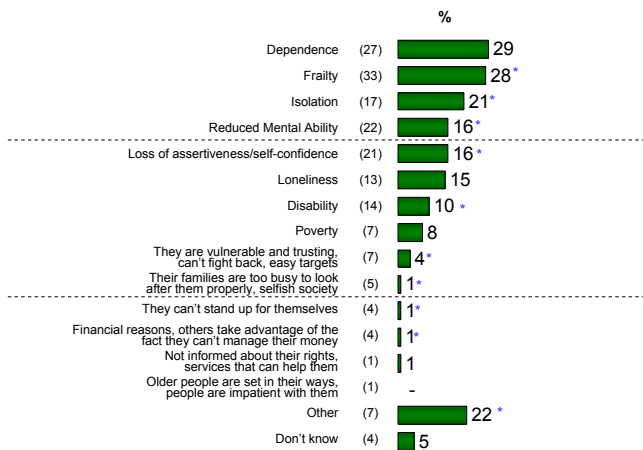




Reasons for Elder Abuse (Unprompted)



Base: All Adults Aged 18+ (939)



* Those aged over 50 are slightly less likely to mention isolation (16%).

Note: "other" answers to be coded

* Statistically significant difference vs 2008

() 2008 figures Q. Why do you think older people might be vulnerable to abuse?



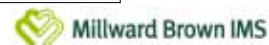
Reasons for Elder Abuse (Unprompted) X Demographics

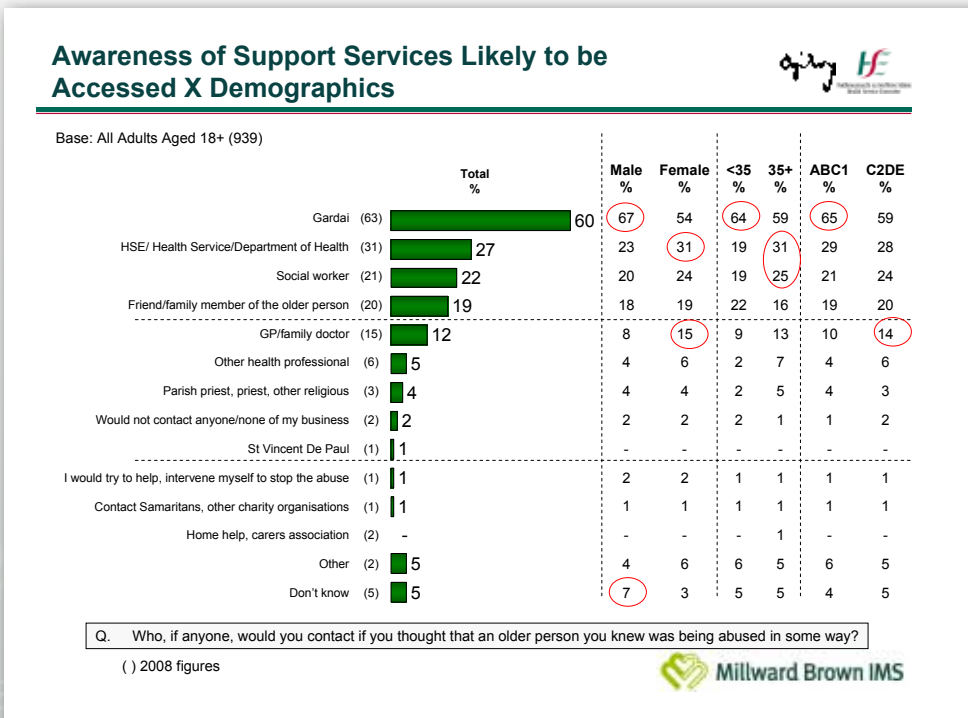
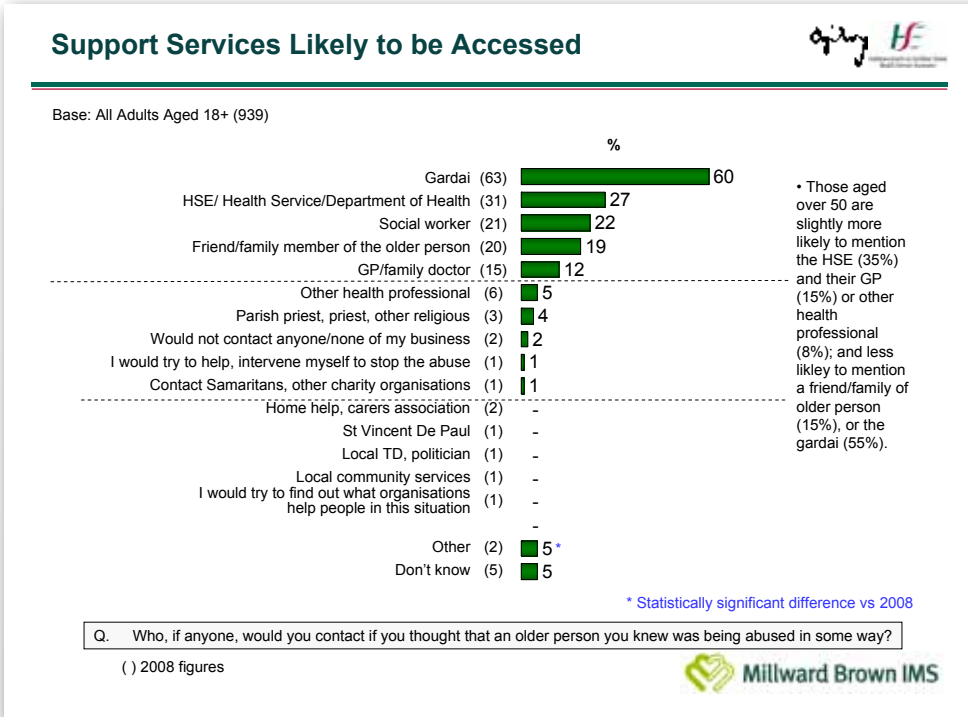
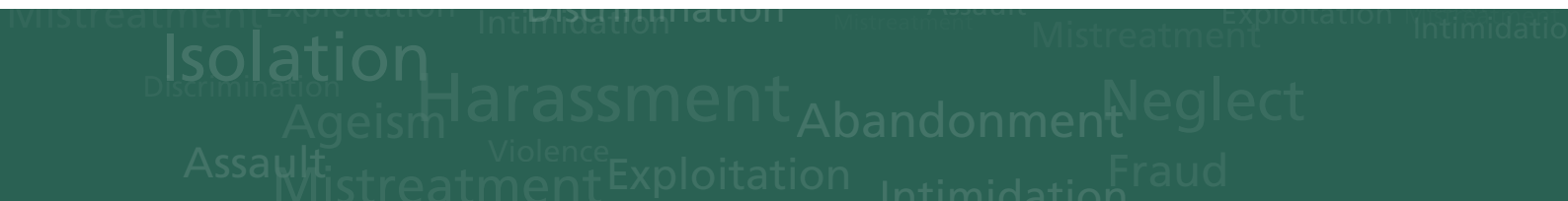


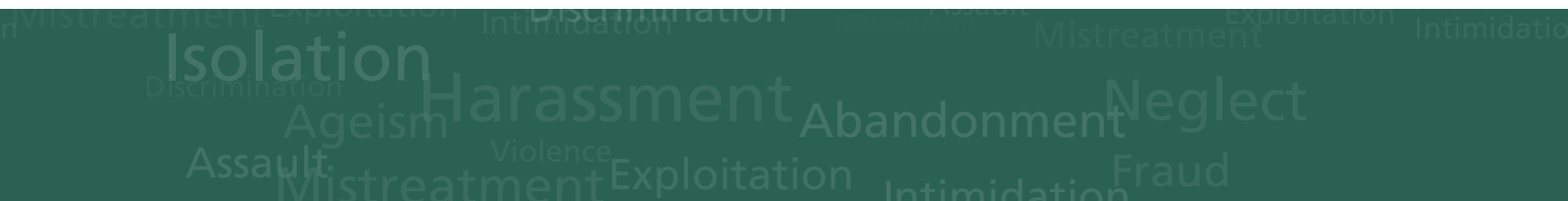
Base: All Adults Aged 18+ (939)

	Total %	Male %	Female %	<35 %	35+ %	ABC1 %	C2DE %
Dependence (27)	29	23	34	28	29	31	27
Frailty (33)	28	30	26	33	25	28	31
Isolation (17)	21	20	21	30	17	17	23
Reduced Mental Ability (22)	16	19	14	19	15	16	16
Loss of assertiveness/self-confidence (21)	16	13	19	14	16	15	17
Loneliness (13)	15	16	15	20	14	16	15
Disability (14)	10	11	9	13	9	7	12
Poverty (7)	8	10	6	7	9	7	10
They are vulnerable and trusting, can't fight back, easy targets (7)	4	3	4	4	3	4	2
Their families are too busy to look after them properly, selfish society (5)	1	2	1	-	2	2	1
They can't stand up for themselves (4)	1	1	1	-	2	1	1
Financial reasons, others take advantage of the fact they can't manage their money (4)	1	1	2	1	2	1	1
Not informed about their rights, services that can help them (1)	1	1	1	1	1	1	-
Older people are set in their ways, people are impatient with them (1)	-	-	1	-	1	-	-
Other (7)	22	22	21	18	23	24	21
Don't know (4)	5	7	2	3	5	3	5

() 2008 figures Q. Why do you think older people might be vulnerable to abuse?



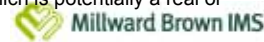




Summary & Conclusions – I



- Overall, there appears to be high levels of awareness of the issue of elder abuse among the population, with just some minor differences in views on the subject since the 2008 study was conducted.
- At an unprompted level, just over four in ten (43%) understand elder abuse to be “the abuse of older people in general”, and while this can be reasonably inferred from the term itself, respondents were significantly more likely to spontaneously mention this compared to 2008 indicating perhaps a broader understanding of the issue. In the 2009 study, there are also higher levels of mention of “physical abuse” and “financial abuse” – the latter in particular is noteworthy given the specific focus of the campaign on this aspect of elder abuse.
- There continues to be a broad understanding among the public of the whole range of types of abuse that can exist. When prompted to name the specific types of abuse that can exist, spontaneous mentions of neglect, physical abuse and psychological/mental abuse feature most prominently. Financial abuse and physical abuse are again more top of mind than they were in 2008, possibly as a result of the awareness campaign.
- Over half of the adult population believe that elder abuse is widespread (52%) and this is marginally down on 2008 (55%), with women, the <35's and C2DE's being somewhat more likely to believe that it is prevalent. Given that the over 50's were specifically targeted for this awareness campaign, it is somewhat surprising to note that their perception is that elder abuse is less widespread than the average opinion would indicate. Is this perhaps due to a certain sensitivity among this age group around the topic which is potentially a real or prospective issue for them?

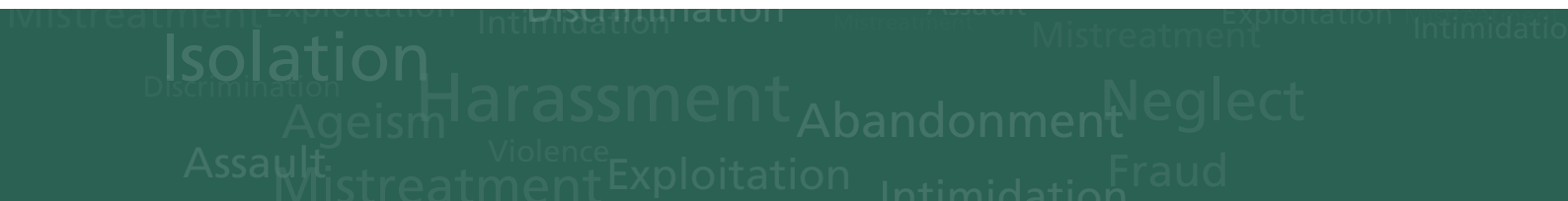


Summary & Conclusions – II



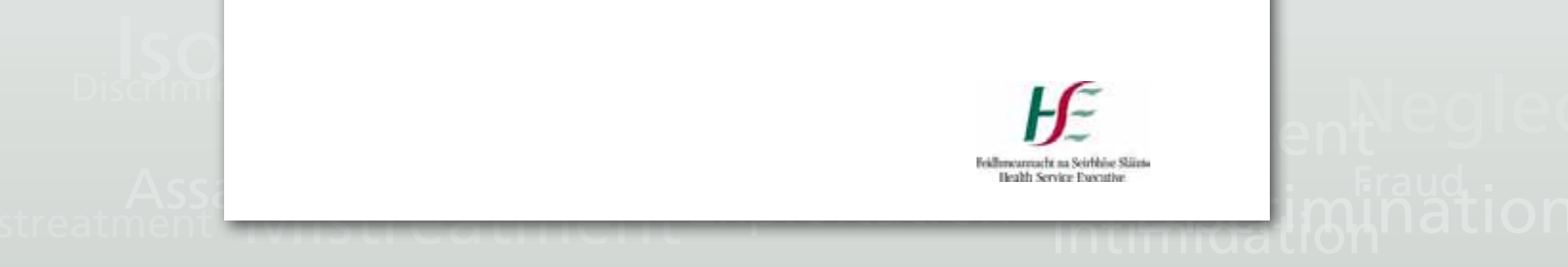
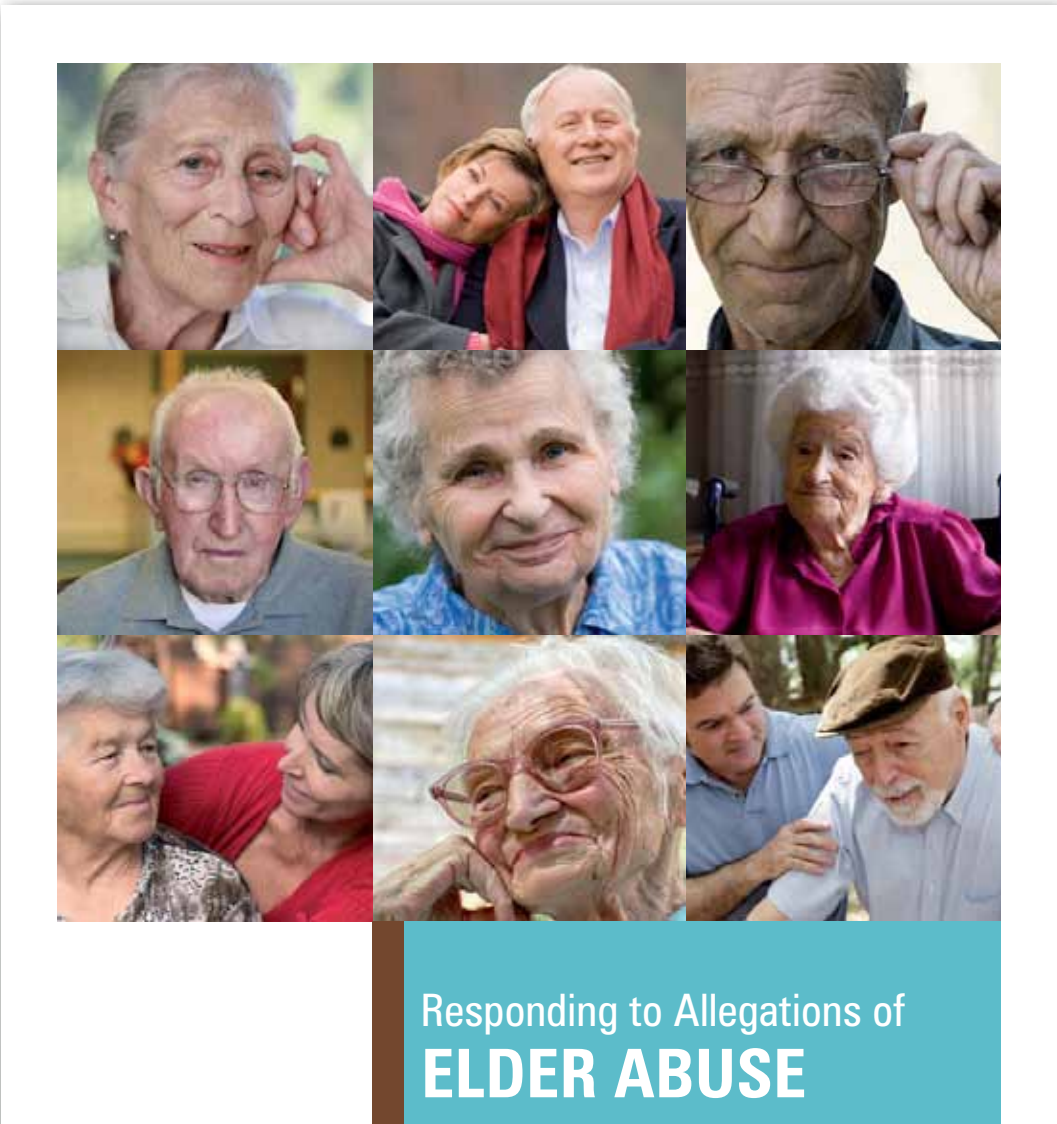
- While there are some minor shifts in opinion as to the reasons for elder abuse, the general picture remains very similar to 2008.
 - There is a general consensus that older people are the subject of abuse due to an inherent vulnerability that comes with age, and this vulnerability – be it physical or mental – leads to a dependence on others which can be easily abused in a variety of ways. However, a significant proportion of responses to the question of why elder abuse happens also relate to something being amiss in the structure of society which allows abuse to occur - including isolation of older people, its resultant loneliness, poverty and the fact that families are too busy to take care of the elderly.
 - In terms of awareness of support services to help address elder abuse, the findings have not changed significantly since 2008. Two in every three claim they would contact the Gardai if they suspected abuse, followed at some remove by the HSE, a social worker or a friend/family member of the older person. Encouragingly, only a negligible proportion of respondents (2%) would not know who to contact or would not feel it their place to interfere. Those aged 50+ are slightly more likely to contact their GP/other health professional rather than the Gardai.
- * * * * *
- On the whole, this research indicates a good understanding among the population of many of the issues surrounding elder abuse. The comparison versus the 2008 findings reveal only very subtle changes in opinion among the total population, but an increased awareness of physical abuse and financial abuse in general which is likely to be attributed to the campaign. Note that the post-campaign findings should be viewed in the context of a communications campaign which was specifically targeted at those aged 50+ and had a regional, rather than mainstream, focus.





Appendix 4

HSE Staff Policy: Responding to Allegations of Elder Abuse



POLICY STATEMENT

The Health Service Executive is committed to the protection of older people from abuse. This commitment is underpinned by the acknowledgement that all HSE staff has a duty of care to intervene in circumstances where an older person is being abused or is suspected of being abused. Furthermore, we are committed to the protection and promotion of the rights of older people, and their dignity, diversity and independence. Elder Abuse is the concern of all staff and may be identified and require managing across services and disciplines. This should be done with agreement and co-operation of staff in all settings and at all levels.

This policy is specifically concerned with people aged 65 and over. It is the duty of all managers to ensure that local procedures are developed reflecting the principles set out in this policy. Each Local Health Office should also ensure that information and systems are in place for the public to report concerns of Elder Abuse.

BACKGROUND

In 2002 the Department of Health and Children published *Protecting Our Future, The Working Group Report on Elder Abuse (DOH&C 2002)*. The report made a number of recommendations on how Elder Abuse should be identified and managed. The government has provided funding to the HSE to implement recommendations contained in the report. The implementation process is being monitored by an Elder Abuse National Advisory Group.

One of the key recommendations of *Protecting Our Future...* is that "a clear policy on Elder Abuse is formulated and implemented at all levels of governance within the health, social and protection services in Ireland." (Pg 18, 2.3)

In 2005 the HSE established an Implementation Group, which had the task of implementing the recommendations in *Protecting Our Future*. One of the tasks of that group has been the production of this document, which provides health care workers with a clear policy and general principals for responding and managing allegations of Elder Abuse and neglect.

A staffing structure to enhance the response to Elder Abuse through the recruitment of Senior Case Workers and Dedicated Officers has been put in place. In each region a Dedicated Officer has been appointed to work closely with all relevant stakeholders and is responsible for the development, implementation



and evaluation of the HSE's response to Elder Abuse and will work within the framework of existing policies including *Protecting our Future, Trust in Care* and existing legislation.

The Senior Case Worker works at Local Health Office level in partnership with all relevant stakeholders and alongside the Dedicated Officer. However, it will continue to be the responsibility of all staff to take action where required to ensure the protection and welfare of older people.

It is acknowledged that some areas may already have an Elder Abuse Policy. This must be reviewed to ensure that it complies with the principals set out in this policy.

All staff responsible for commissioning services for older people from either the voluntary or private sector should ensure that that the Service Level Agreement identifies the requirement for such services to have a Policy on Elder Abuse in place.

This Policy will be reviewed in 2009.

health service executive

INTRODUCTION

In developing local procedures the following should be taken into account:

UNDERLYING PRINCIPLES

This policy adopts the principles set out in Protecting Our Future, which are:

1 ACT IN A WAY THAT SUPPORTS THE RIGHTS OF THE INDIVIDUAL TO LEAD AN INDEPENDENT LIFE BASED ON SELF-DETERMINATION

2 RECOGNISE PEOPLE WHO ARE UNABLE TO MAKE THEIR OWN DECISIONS AND/OR TO PROTECT THEMSELVES, THEIR ASSETS AND THEIR BODILY INTEGRITY, AND ENSURE ADEQUATE PROTECTION FOR THEM

3 RECOGNISE THAT THE RIGHT TO SELF-DETERMINATION CAN INVOLVE RISK AND ENSURE THAT SUCH RISK IS RECOGNISED AND UNDERSTOOD BY ALL CONCERNED AND IS MINIMISED WHENEVER POSSIBLE

4 ALTHOUGH INTERVENTION MAY, IN SOME CASES, COMPROMISE THE INDIVIDUAL OLDER PERSON'S RIGHT TO INDEPENDENCE AND CHOICE, THE PRINCIPLE OF "LEAST RESTRICTIVE ALTERNATIVE" SHOULD APPLY AT ALL TIMES

5 ENSURE THAT THE LAW AND STATUTORY REQUIREMENTS ARE KNOWN AND USE APPROPRIATELY SO THAT OLDER PEOPLE RECEIVE THE PROTECTION OF THE LAW AND ACCESS TO THE JUDICIAL PROCESS

(Protecting Our Future: Report of the Working Group on Elder Abuse 2002)

DEFINITION AND CATEGORIES OF ELDER ABUSE

“A single or repeated act or lack of appropriate action occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person or violates their human and civil rights”

(Protecting Our Future, The Working Group Report on Elder Abuse 2002)

This excludes self-neglect and crimes committed by strangers. However, these procedures can be followed in such circumstances where it is in the interests of the person. For example, in extreme levels of self-neglect where there may be a risk to the person or others.

Although this definition focuses on acts of abuse by individuals this guidance also recognises that abuse also arises from inadequacy of care or inappropriate programmes of care.

There are several forms of abuse, any or all of which may be perpetrated as the result of deliberate intent, negligence or ignorance. The following are the categories of abuse recognised by these procedures:

PHYSICAL ABUSE

This may include hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.

SEXUAL ABUSE

This may include rape and sexual assault or sexual actions to which the older adult has not consented, or could not consent, or into which he or she was compelled to consent.

PSYCHOLOGICAL ABUSE

This may include emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

FINANCIAL OR MATERIAL ABUSE

This may include theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

NEGLECT AND ACTS OF OMISSION

Ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating. Failing to provide appropriate equipment.

DISCRIMINATORY ABUSE

To include racism, ageism, sexism, and other form of harassment, slurs or similar treatment.

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ROLES AND RESPONSIBILITIES

LINE MANAGERS

- Should develop local procedures reflecting the principles set out in this policy.
- Ensure that staff under their responsibility are aware of the procedures, including other relevant documents, for example, *Trust In Care*.
- Receive reports of Elder Abuse.
- Ensure documentation is completed as required.
- Ensure resources are allocated where required to carry out investigations.
- In highly complex cases where there are significant risks the Line Manager should also make sure that other relevant managers are informed (for example, General Manager, Administrator).
- Ensure staff attendance at training on Elder Abuse.
- Liaise with other agencies, including An Garda Síochána.

All HSE staff have a responsibility to make themselves aware of the local procedures and to ensure that allegations of Elder Abuse are responded to. This may involve:

- Noting allegations of abuse and recording appropriately.
- Informing their Line Manager in accordance with this policy.
- Sharing information where appropriate.
- Take part in multidisciplinary meetings as required.
- Ensure any role assigned in a care plan is adhered to.
- Seek/attend training on Elder Abuse.

4

PROCEDURE

REPORTING A CONCERN – INFORM LINE MANAGER

All reports of abuse should be taken seriously and all health care workers have a responsibility to inform their Line Manager, therefore any incident of abuse or suspected incident of abuse, or ongoing abusive situations should be reported to the Line Manager immediately. If it is believed that the older person is at immediate risk of serious abuse, action may be required. In such circumstance the Gardai should be contacted immediately.

All staff must be aware that failure to record, disclose and share information in accordance with this policy is a failure to discharge a duty of care. In making a report it is essential to be clear whether the older person is at immediate and serious risk of abuse and outline any actions taken. The report must also establish the views and wishes of the older person where these have been ascertained

If the person making the report feels inhibited from reporting the matter to their Line Manager or believes that the Line Manager has taken inappropriate or insufficient action, they should report the matter to a more senior member of management.

LINE MANAGER

On receiving the report the Line Manager must establish whether the older person is at immediate and serious risk, and

responding to allegations of elder abuse

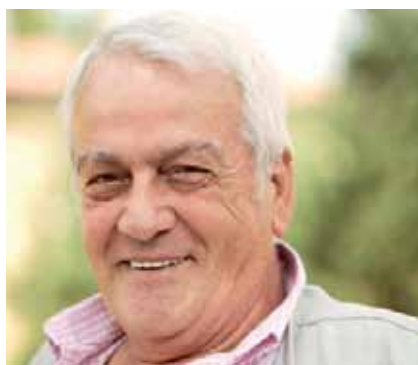
ensure where possible that protective measures are put in place. In such circumstances the Gardai should be contacted immediately. Having established that there may be a serious concern the General Manager/ Administrator/Hospital Manager should be informed. The Line Manager will undertake or make arrangements as appropriate for the concerns to be investigated.

Where there are other HSE employees involved from other services, it may be necessary for the Line Manager to discuss and agree who will take lead responsibility. In circumstances where Line Managers fail to agree lead responsibility, the General Manager should be informed. If there are children under the age of 18 involved in the living arrangements, consideration should be given to informing the Child Care Manager. Similarly, if there is an adult with a learning disability, consideration should be given to informing the Disability Services.

SENIOR CASE WORKER FOR ELDER ABUSE

The Senior Case Worker is responsible for the investigation and management of incidents of Elder Abuse in the Local Health Office Area. This will be done by recording, assessing, managing and co-ordinating the response to Elder Abuse. The Senior Case Worker will also provide advice and guidance to anyone raising concerns of Elder Abuse.

The referring service will continue to be involved where necessary and may be



required to participate in the investigation or the ongoing monitoring of the case.

At any time the Senior Case Worker may be contacted for advice and guidance when staff are uncertain about appropriateness of the concerns raised and criteria for referral.

SELF NEGLECT

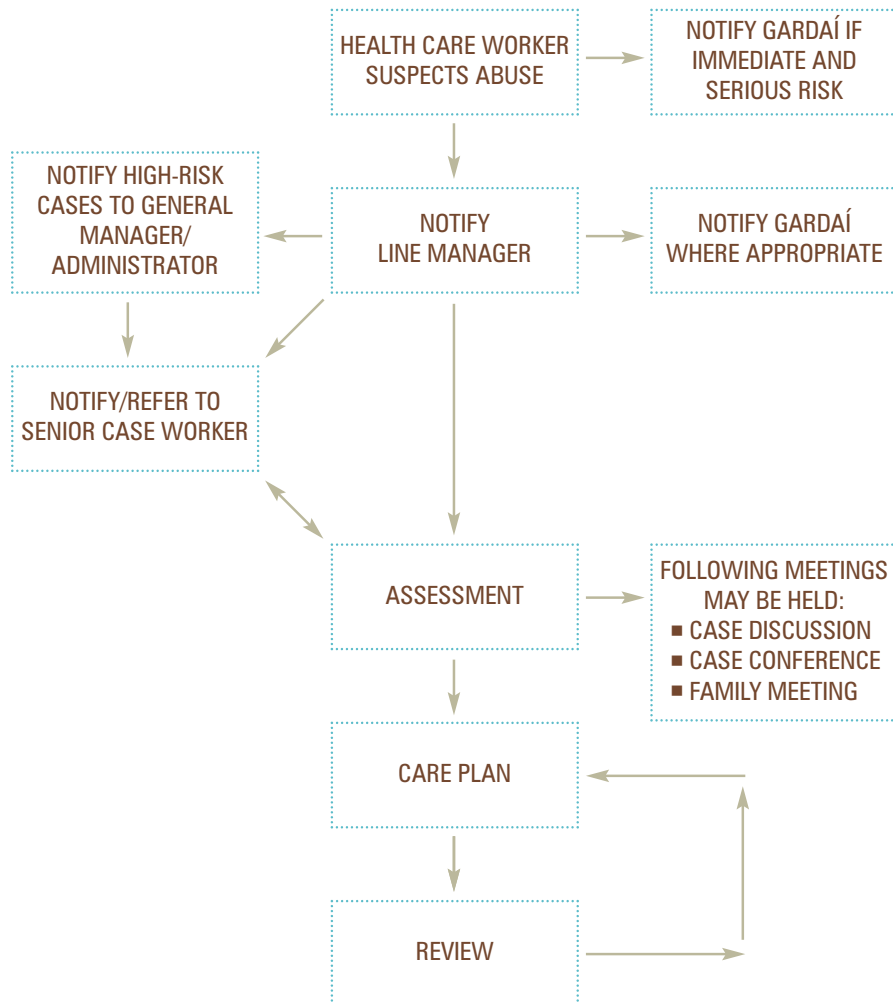
This policy may be followed in circumstances where the concern has arisen due to the older person seriously neglecting their own care and welfare and putting themselves or others at serious risk.

ANONYMOUS ALLEGATIONS

Allegations maybe made to HSE staff anonymously; such allegations should be treated seriously. However, it is acknowledged that investigations into anonymous allegations may be limited and referrers should be advised accordingly. Anonymous allegations concerning HSE staff or facilities should be recorded and investigated through the HSE Complaints Procedure.

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REPORTING ALLEGATIONS OF ELDER ABUSE – FLOW DIAGRAM



ALLEGATIONS OF ELDER ABUSE AND OTHER RELEVANT POLICIES

Local procedures should refer to other relevant policies/procedures, for example:

ALLEGED ABUSE BY AN EMPLOYEE OF THE HSE

If the alleged perpetrator is a member of staff of the HSE the Line Manager for that person should be informed immediately and the allegation should be investigated in accordance with the policy *Trust in Care*.

ALLEGED ABUSE BY STAFF IN A PRIVATE OR VOLUNTARY NURSING HOME

Allegations of abuse or poor care standards should be reported to the Inspection Team and the General Manager for the area. The inspection team should carry out an inspection/ investigation looking into the context of the allegations and the welfare of other residents.



ALLEGED ABUSE BY STAFF IN ANOTHER ORGANISATION (E.G. VOLUNTARY DAY CARE, MEALS ON WHEELS, ETC)

If it is alleged that a member of staff in another organisation has perpetrated Elder Abuse, the HSE Line Manager should inform a senior manager of that organisation and a written report should be provided. The HSE Line Manager should make arrangements to monitor that organisation's response and ensure that there is a satisfactory outcome. It may also be necessary for the HSE to conduct its own investigation.

COMPLAINTS PROCEDURES

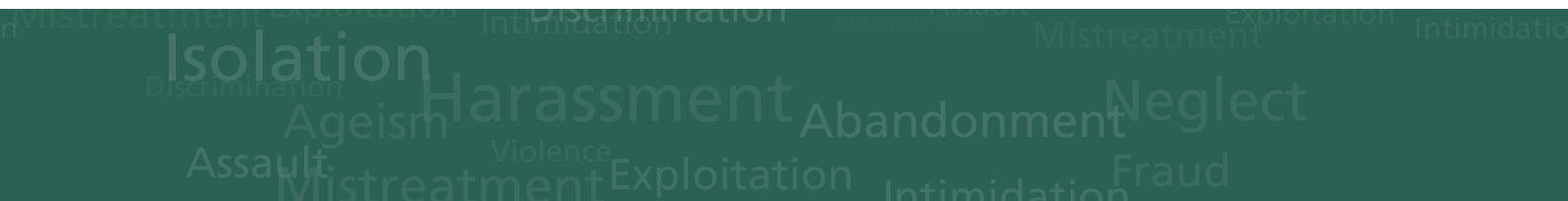
Allegations of abuse may arise in the context of a complaint. Where the Complaints Officer becomes aware that a complaint also contains an allegation of abuse, the appropriate Line Manager should be informed.

INCIDENT REPORTING SYSTEM

Allegations of abuse may arise in the context of a critical incident report; therefore local procedure should reflect the appropriate action to be taken. Elder Abuse allegations may arise in a range of other contexts, for example, older people who are boarded out. Local procedures should detail appropriate actions to be taken.

WORKING WITH THE AN GARDA SIOCHANA

Local procedures should be developed in consultation with the local Gardai. This should agree reporting and any joint working arrangements.



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REFUSING ASSISTANCE/PROTECTION MEASURES

In accordance with the principles set out in this policy, older people have the right to self-determination and to make decisions, even if this means that they remain at risk. Where there may be a significant risk consideration should be given to holding a case conference. This should be stated in the local policy.

Where there are concerns regarding diminished capacity consideration should be given to a specialist assessment of the person’s decision-making capacity in the context of the abuse allegations and the risk posed to the person.

THE LAW AND THE PROTECTION OF AN OLDER PERSON

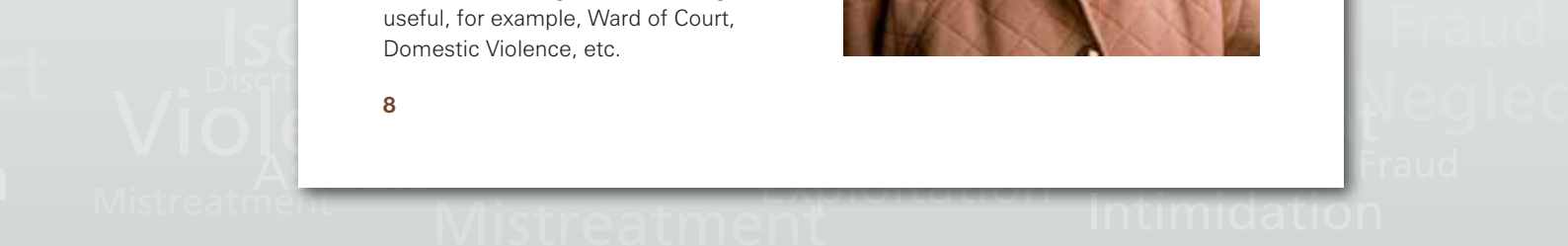
In circumstances where all efforts have been made to resolve or manage the risk for an older person, and the person remains at significant risk consideration should be given to legal measures to safeguard the person. Local procedures should refer to legislation that might be useful, for example, Ward of Court, Domestic Violence, etc.

RECORD KEEPING

It is essential to keep detailed and accurate records of allegations of Elder Abuse and of any subsequent actions taken by staff. It is recommended that local procedures should also contain the necessary documentation to facilitate record keeping. Failure to adequately record such information and to appropriately share that information in accordance with policy is a failure to adequately discharge a duty of care.


CONFIDENTIALITY

Please note that all information concerned with the reporting and subsequent assessment of an allegation of abuse is subject to the HSE policy on client confidentiality. In addition, note that where a person has capacity, their consent should be sought before disclosing information to another agency. However, confidential information can be shared between HSE staff and the Gardai, when that information is shared in accordance with this policy.



Appendix 5

Elder Abuse Record of Initial Referral - Form 5



Form 5: Senior Case Worker-Elder Abuse, Record of Initial Referral

Local Health Office: _____ Date Referred: _____
 Client Referral No.: _____ Any previous Client Referral No. _____

1. Gender Male Female

2. Age: Under 65 65-69 70-74 75-79 80-84 85-89 90+
 Unknown

3. Who referred

Self <input type="checkbox"/>	Family <input type="checkbox"/>
PHN/Comm RGN <input type="checkbox"/>	GP <input type="checkbox"/>
Carer:	Residential <input type="checkbox"/>
	Non residential <input type="checkbox"/>
Home Help:	HSE <input type="checkbox"/>
	Contracted <input type="checkbox"/>
Hospital <input type="checkbox"/>	Other HSE Staff <input type="checkbox"/>
Gardai <input type="checkbox"/>	Voluntary agencies <input type="checkbox"/>
Statutory agencies <input type="checkbox"/>	
Other <input type="checkbox"/>	<i>please specify</i> _____

4. Reason for referral (tick as many as apply)

Alleged Physical abuse	<input type="checkbox"/>
Alleged Sexual abuse	<input type="checkbox"/>
Alleged Psychological abuse	<input type="checkbox"/>
Alleged Financial / material abuse	<input type="checkbox"/>
Alleged Neglect /acts of omission	<input type="checkbox"/>
Alleged Self Neglect	<input type="checkbox"/>
Alleged Discrimination	<input type="checkbox"/>
Other <input type="checkbox"/>	<i>please specify</i> _____

5. Primary place of residence (tick 1 option)

Own Home <input type="checkbox"/>	Relatives Home <input type="checkbox"/>	Private Nursing Home <input type="checkbox"/>	Boarding Out <input type="checkbox"/>
Public continuing care <input type="checkbox"/>	(e.g. HSE CNU/ welfare home)	Other <input type="checkbox"/>	<i>Please specify:</i> _____

6. Location where alleged abuse took place (tick 1 option)

Place of residence as above <input type="checkbox"/>	Day Care <input type="checkbox"/>	Unknown <input type="checkbox"/>
Other <input type="checkbox"/>	<i>please specify:</i> _____	

Note on Qs 7 - 10
 If the allegation of abuse relates to the environment, practices or systems of work within an organisation where there is no one individual / group of individuals causing concern - please tick here and skip Qs 7 - 10.
 Qs 7-10 should also be skipped in cases where self neglect is the only reason for referral

7. Number of persons allegedly causing concern _____

8. Gender of person(s) allegedly causing concern (tick 1 option)

1 Male <input type="checkbox"/>	1 Female <input type="checkbox"/>	1 Male & 1 Female <input type="checkbox"/>	2 Males <input type="checkbox"/>	2 Females <input type="checkbox"/>
If 3 or more persons causing concern – Mostly Male <input type="checkbox"/>			Mostly Female <input type="checkbox"/>	Even no. of males & females <input type="checkbox"/>

9. Person allegedly causing concern (tick as many as apply)

Son/Daughter <input type="checkbox"/>	Partner/husband/wife <input type="checkbox"/>	Other relative <input type="checkbox"/>
Neighbour <input type="checkbox"/>	Carer/Staff <input type="checkbox"/>	Other service user <input type="checkbox"/>
Volunteer <input type="checkbox"/>	Other <input type="checkbox"/>	<i>please specify</i> _____

10. Is person(s) allegedly causing concern living with the older person? (tick 1 option)

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Don't know <input type="checkbox"/>
------------------------------	-----------------------------	------------------------------------	-------------------------------------

11. Have you consulted with the Gardai? Yes No


12. Have the Gardai been notified? Yes No If yes, by whom: _____

Signed: SCW Elder Abuse: _____ Date: _____

Draft Jan 2009

Appendix 6

Elder Abuse Follow Up on Record of Initial Referral - Form 6



Form 6: Follow-up on Record of Initial Referral

Local Health Office: _____ Date referred: _____
 Client referral No. _____ Any previous client referral No. _____

1. Status of case (a) Ongoing Closed Client RIP Person allegedly causing concern RIP

2. Status of case (b) Allegation substantiated Not substantiated Inconclusive

If allegation has been substantiated please complete the details in the box provided below

Use one row for each type of abuse and / or perpetrator						
Type of abuse substantiated *State 1 per row*	Relationship to client of person against whom abuse has been substantiated *State 1 per row*			Gender of perpetrator	Is perpetrator living with client	
Physical Sexual Psychological	Financial/material Neglect/Act of omission Discrim	Son/Daughter Other relative Other Service User	Husband/Wife/Partner Neighbour Volunteer...	Male or Female	Yes Sometimes Don't know	No
e.g Physical		Son		Male	Yes	

Note on Qs 3 – 14
 - For first form 6 on each client please answer all questions
 - For 2nd and subsequent form 6s on each client please update Qs 3-14 with any new information / changes since the previous form 6 was completed. If no changes please leave blank

3. Have YOU consulted with the Gardai in relation to this referral Yes No

4. Have the Gardai been notified? Yes No If yes, by whom: _____

5. Legal consultation? Yes No

6. Legal action taken? Yes No If 'yes' -
 Ward of Court Domes Viol Act Nursing Home Reg/Act Other :please specify: _____

7. Service offered to client referred: Yes No Service offered but declined

8. Indicate client interventions **that have been put in place** *not restricted to SCW interventions* (tick as many as apply):
 Monitoring Home support services Counselling / support Day Care
 Respite care Long term care Advocacy Mediation/Conflict resolution
 Referred to other service please specify: _____

9. Any actions taken re: person allegedly causing concern (tick as many as apply):
 Garda action Support offered Disciplinary action Service offered but declined
 Referred to other services please specify: _____

10. Suspected / possible issues for person allegedly causing concern (tick as many as apply):
 Drugs Alcohol Physical Intellectual disability
 Mental Health Other please specify: _____

11. Suspected / possible issues for Client (tick as many as apply):
 Drugs Alcohol Physical Intellectual disability
 Dementia Mental Health Other please specify: _____

12. Case Meetings held? Yes No If 'yes' please state total number since case was opened: _____

13. Case Conference held? Yes No If 'yes' please state total number since case was opened: _____

14. Family Meetings held? Yes No If 'yes' please state total number since case was opened: _____

15. Medical consultation? Yes No

Signed: SCW Elder Abuse: _____ Date: _____
 Date case closed (if applicable): _____

Draft Jan 09

Appendix 7

National Centre for the Protection of Older People

Review 1: Public Perceptions of Older People and Ageing

Background and Aim

As people live longer and the population over 65 years grows worldwide, it is increasingly important to identify prevailing attitudes towards older people and ageing. How older people and ageing are perceived can have important implications for the older population and society as a whole. Furthermore, an understanding of what factors influence these perceptions is essential in order to plan interventions and target resources efficiently and effectively to promote positive attitudes and to tackle ageism. The overall aim of this review was to bring together the existing knowledge base on public perceptions of older people and ageing.

Method

A systematic search of published works was conducted using the Cochrane databases, MEDLINE and PsycINFO. A variety of terms relating to 'public perceptions', 'older people' and 'ageing' were used in the search. The search was confined to the period 1989 to July 2009. Relevant books and grey literature were also searched.

Summary of Findings

Public perceptions of older people vary widely. People tend to hold both positive and negative views towards different aspects of ageing, which may be inconsistent or even contradictory. Although there is evidence within the literature of positive perceptions associated with some features of older age, the majority of studies report negative perceptions of older people and ageing. People often construct their perceptions of older people based on stereotypes and have fixed beliefs which are assumed to apply to all older people.

Conclusion

A review of the literature highlighted that public perceptions of older people and ageing are diverse, complex and multifaceted; driven and influenced by a wide variety of factors. It is the consequences of negative perceptions that are perhaps of most significance and present a challenge to becoming an age friendly society, in which the views of older people are valued, respected and acted upon.

Outcomes

The review of the literature examining public perceptions of older people and ageing:

- Established what is currently known about public perceptions of older people and ageing
- Identified what factors influence people's perceptions of older people and ageing
- Explored the consequences of these perceptions on older people and on society

Recommendations were made for practice, research and education.

Review 2: Public Perceptions of Elder Abuse

Background and Aim

Elder abuse has received considerable attention in the past decade and continues to be a growing area of concern both in Ireland and internationally. As the population grows older, there is an increasing urgency to tackle this problem. However, it remains a social taboo, hidden behind closed doors and often shielded from public scrutiny. In developing and implementing any strategies to deal with elder abuse, it is imperative to establish how the public perceive the mistreatment of older people and explore what behaviours are considered abusive. It is these perceptions that will determine what is acceptable and unacceptable treatment towards older people in society. The overall aim of this review was to bring together the existing knowledge base on public perceptions of elder abuse.

Method

A systematic search of published works was conducted using the following databases: CINAHL, PubMed and the Social Science Index. The search was carried out using a variety of terms relating to 'public perceptions' and 'elder abuse' and the search period was confined to 1st January 2000 to 30th September 2009. A total of 180 articles were yielded of which ten studies were considered relevant to the literature review. Books, grey literature and reports were also searched.

Summary of Findings

Elder abuse is complex, multidimensional and frequently culturally determined. A lack of an agreed universally accepted definition for elder abuse lends itself to be perceived and interpreted differently, which challenges researchers working in this field. Traditional cultural familial values and beliefs frequently underpin and determine what behaviours are deemed acceptable and unacceptable towards the older population. The literature suggests that there is reasonable awareness of elder abuse, however knowledge and understanding of what constitutes elder abuse varies. People tend to be ill informed of where to go to get help and to report incidences of abuse. The review also identified a number of factors which tend to influence people's perceptions of elder abuse such as a person's experience relating to elder abuse, characteristics of the perceiver and the changing health of the older person.

Conclusion

The review highlighted the need to increase the public's knowledge about elder abuse, especially among older people themselves, whilst paying particular attention to the cultural values and norms within which elder abuse occurs. Understanding the factors which influence public perceptions of older people is beneficial to the planning and development of tailored interventions to tackle the problem of elder abuse.

Outcomes

A review of the literature examining public perceptions and understanding of elder abuse has:

- Provided an insight into public perceptions, knowledge and understanding of elder abuse
- Identified different types of elder abuse and the nature these take as perceived by the public
- Identified what factors influence people's perceptions of elder abuse

Recommendations were made for practice, research and education.

Study 1: Ageing and Age Identity: A Case Study of Irish Newspaper Discourses

Background and Aim

Older people are categorised as a distinct social group and this categorisation gives rise to particular ways of talking about older people in public discourse; older people are frequently ascribed with particular characteristics and attributes, such as frailty, dependency and reliance of state welfare. These ascribed characteristics are part of the spectrum of age identity in public discourse. The aim of this study was to describe the ways that newspapers in Ireland write about older people, in particular, the ways that ageing and age identity are constructed in newspaper discourses, and to examine the consequences for older people of media representations of ageing and age identity. The study was based on newspaper texts associated with a single media event related to the decision of the Irish Government to withdraw automatic entitlement to a free health and social service for people aged seventy years and over.

Method

In order to critically examine the content of the newspaper coverage of the Government proposal to withdraw the automatic entitlement to a free medical card for people aged seventy years, data was collected from two national newspapers. The Irish Independent and the Irish Daily Star were sampled for a one-month period (12th Oct 2008 to 13th Nov 2008). These newspapers represented a body of rich naturally-occurring data, which was subjected to analysis using the method of critical discourse analysis (CDA). The CDA method examines any phenomenon that is written or spoken about and can reveal how particular identities are actively constructed in discursive contexts, such as in public media. The analysis of the newspaper discourses was informed by key writers on the subject of discourse analysis, including Edley (2001), Fairclough (2003), Wetherell (1998) and Gee (2005). The newspaper texts were analysed for evidence of words and phrases used to name and reference older people and for particular ageing discourses and age identities that the text might reveal.

Summary of Findings

Analysis identified a total of 227 items, 169 from the broadsheet and 58 from the tabloid newspaper and included a range of reportage and commentary items. Analysis of the newspaper discourses revealed particular ways of naming and referencing older people that identified them as a distinct demographic social group. The use of phrases like 'grannies and granddads' and 'little old ladies' to collectively reference older people revealed a latent ageism in the texts. The texts revealed five ageing identities, namely 'victims', 'frail, infirm and vulnerable', 'radicalised citizens', 'deserving old' and 'undeserving old', that together and collectively, functioned to place older people outside of the mainstream of society. This identity of otherness was evident in the way that texts assumed homogeneity with reference to older people's health, capabilities, social needs, dispositions and wishes.

Conclusion

The proposition that older people might be healthy, self-reliant and capable of autonomy in the way they live their lives was largely absent in the discourses examined. Newspapers are a window on public attitudes and prejudices, culture, politics and social life and they are also an important means

of forming public opinion. Hence the language in newspaper discourses is rarely neutral and, may be presented using tacit discursive strategies to construct public discourses in particular ways. Given this constitutive power, newspapers and other media have responsibilities to society in the way that they represent particular social groups.

Outcomes

This study described the ways in which older people are talked about in public print media in Ireland, with particular reference to the ways that ageing and age identity are constructed in newspaper discourses. The study also examined the consequences of media representations of ageing and age identity for older people. Best practice guidelines are proposed for reportage on older people by the print media.

Study 2: Examining Newspaper Reports of Abusive Practices In Care Homes: A Discursive Analysis

Background and Aim

On May 30th 2005, Radio Telefís Éireann, the Irish national television broadcaster, screened excerpts from an undercover surveillance programme which involved covert filming in a nursing home by one staff member for a period of eight weeks. The Primetime Investigates: Home Truth, programme documented many aspects of care deficits including psychological abuse, neglect and unprofessional practices. Public reaction was emotive and the media provided a significant site of public debate on elder abuse. Newspapers can contribute to forming public opinion through particular selected reportage which shapes identities (Fairclough 2003). The aim of this study was to examine the social construction of newspaper reports of unacceptable care practices in an Irish nursing home following revelations in the broadcast of an undercover surveillance television documentary.

Method

A critical discourse analysis approach was used to examine newspaper articles in the period directly following the Primetime Investigates programme (31/5/05-30/6/05). Four national newspapers were selected which included the Irish Times, Irish Independent, Irish Daily Star and the Sunday Independent. These newspapers were also searched for articles in a similar timeframe previous to the Primetime Investigates broadcast in order to establish a comparison in general newspaper coverage of elder abuse. Critical Discourse Analysis focused on how newspapers constructed commentary on the nursing home following the Primetime Investigates programme. This consisted of revealing ideological positions and identities ascribed within the reportage. Importantly, analysis also considered the consequences of such positioning.

Summary of Findings

Elder abuse received little coverage in the first phase of the examination of data. In the second phase of data examination, a plethora of newspaper coverage focused on the Primetime Investigates programme. There were differences in reporting between tabloid and broadsheets with broadsheets avoiding the over use of emotive language and employing a more objective style of reporting.

Although elder abuse was implied in the text the terms such as maltreatment or unacceptable care practices tended to be used. Elder abuse was constructed as neglect and as a hidden occurrence. Expressions of shock were used to condemn the events exposed in the nursing home.

Conclusion

Newspapers are powerful vehicles in directing public opinion and should construct their narratives in an objective, neutral way. A comprehensive and balanced discussion of the topic is essential and there is a need to be aware of over-sensationalisation of issues.

Outcomes

Guidelines are proposed on how older people should be represented in the media.

Review 3: Collation of National and International Legislation on Elder Abuse

Background and Aim

The report by the Working Group on Elder Abuse, *Protecting Our Future*, published in 2002, recommended a formal national review of policy and procedures on elder abuse, and changes to legislation and legal procedures necessary to protect older people. In June 2003, the Law Reform Commission, an independent statutory body charged with keeping the law under review and making practical proposals for its reform, published a Consultation Paper on *Law and the Elderly*, which also made provisional recommendations concerning legal mechanisms for the protection of older people. Historically, there have been no specific laws in place in Ireland to protect older individuals from abuse (NCAOP 1998). Although there remains no legislation explicitly dealing with elder abuse, there are various laws that may be used to address the issue, both in terms of protecting those older people who may be at risk of abusive behaviours, and in terms of prosecuting those responsible for abuse, mistreatment or neglect. Depending on the type of abuse and the circumstances surrounding it, a diverse range of general laws in relation to domestic violence, crime or tort, for example, may be applied in the same way as they would for cases involving people of any age (NCAOP 1998; Law Reform Commission 2003). Other countries may adopt a different approach. For example, the US have their own specific legislation in the area of elder abuse with their own reporting requirements. The aim of this review was to identify and set out the national and international legislation which exists to protect older people.

Method

Information relating to the laws and legislation in the area of protecting older people was collated together from different sources. Some of these included governmental reports and documents, policies in the area of vulnerable adults, the Equality Commission and the Law Reform Commission. Grey literature was also searched. Expert advice was sought from legal advisors.

Summary of Findings

This review outlines the legislation currently on the statute books in Ireland which are most relevant to the protection of older people and elder abuse. Legislation addressing human rights, mental capacity and mental health, domestic violence, health and social care regulation, protected disclosure, nursing home subvention, equality and age discrimination, and financial regulation are described. Criminal and civil laws are also included as they apply to prosecution in cases of abuse. The absence of relevant laws in certain areas is also highlighted. Examples of legislative approaches adopted by other countries such as the UK, Canada, the US and Australia are also described.

Outcomes

This review identified and collated together current national and international legislation pertaining to the protection of older people and elder abuse.

Study 3: Planning for a National Prevalence Study of Elder Abuse in the Community

Background and Aim

Currently in Ireland, no official figures exist on the prevalence of elder abuse. Based on international literature, elder abuse can be estimated to be anything between 1% and 6% of older people living in the community (O' Malley 1979; Pillemer & Finkelhor 1988; Podnieks & Pillemer 1990; Ogg & Bennett 1992; Comijs et al. 1998). In the United Kingdom, a prevalence rate of 2.6% was reported for all types of elder abuse. However, it is noteworthy that when abuse was extended beyond those in a traditional expectation of trust role, such as family or formal caregivers, this percentage is reported as 4.6%. The primary aim of this study is to identify the prevalence of elder abuse among community living older people in Ireland. This will provide the first direct baseline figure for the prevalence of elder abuse in Ireland.

Research design

The research design adopts a quantitative approach using cross section survey methods. Face-to-face interviews using a structured interview will be used with older people to collect data.

Sampling

There is no registry available for older people living in the community; therefore participants cannot be prospectively identified. Instead, a multistage sampling process will be used to identify a random sample of eligible participants. This will entail random selection of geographical representative District Electoral Divisions (DED), where eligible participants within these divisions will be located using a random route methodology. The sample aims to reflect the national gender and age distribution in this population. Quota sampling will be used to replicate the age and gender distribution of the national population. It is anticipated that a minimum of 2000 completed interviews with older people will be undertaken to achieve a representative sample.

Data collection tools

The data collection tool is modelled on a questionnaire developed by Professor Mark Lachs and Professor Karl Pillemer of Cornell University to estimate elder abuse in New York State. The operationalisation of the five types of abuse (financial, psychological, physical, sexual and neglect) adopts the format used in the UK prevalence study. It is anticipated that the interview will take between 20 and 40 minutes to complete.

Current progress

Several consultations have taken place and advice has been sought from a number of experts in the field of elder abuse and with those who have carried out similar prevalence studies. In particular, experts who have undertaken prevalence studies on elder abuse in the US (Professor Karl Pillemer), the UK (Professor Simon Biggs) and in Spain (Dr. Isabel Iborra Marmolejo) have been consulted. The team have also liaised with several marketing research companies who have extensive experience in telephone and face-to-face interviews. Negotiations are now currently ongoing with one marketing research company. After some minor modifications to the application, ethical approval for this study has been granted by the UCD Research Ethics Committee.

Outcomes

This study will:

- Identify the overall prevalence of elder abuse in community dwelling people aged 65 years and older.
- Identify the prevalence of individual types of abuse in this population.
- Identify risk factors among the population for the different types of abuse.
- Describe the risk profile of perpetrators of abuse.

Study 3: Implementation of a National Prevalence Study of Elder Abuse in the Community (continued)

Progress to date

Much of the planning and preliminary work for this study was conducted in year one (See Year 1 activities) of the Centre. A literature review of other national prevalence studies was conducted (O'Keeffe 2007; Iborra Marmolejo 2008). Several consultations were had with experts in the field of elder abuse and with marketing research companies. After much deliberation, it was decided that the best method of data collection would be to use face-to-face interviews while identifying the sample using District Electoral Divisions (DED), through multistage random-route sampling. The data collection tool was also developed in year one.

Planned activities for year 2:**November 2009 to February 2010****Piloting**

There are a number of stages involved in piloting before embarking on the main data collection stage.

1. Firstly, the questionnaire is currently being piloted among the research team to gauge timing, sequence of questions, wording of questions etc. Amendments are being made accordingly.
2. With help from a charity organisation, up to ten older people have been recruited who have volunteered to take part in a pre-pilot involving cognitive interviewing in January 2010. This will help to understand how the questions are perceived and interpreted by older people themselves. Amendments will be made to the questionnaire as necessary.
3. The marketing research company will also pilot the questionnaire among their team before embarking on a small pilot prior to main data collection. Any problems arising will be fed back to the research team for consideration.

Interviewer Training

All interviewers will receive a field manual and extensive training from the research team. Training will consist of information relating to elder abuse, administration of the questionnaire and role playing around dealing with potential situations which may arise. Interviewers will also receive in-house training from the marketing research company.

March 2010 to June 2010**Data collection**

Once piloting is complete, the interviewers will be trained and the questionnaire will be finalised, it is anticipated that data collection will commence in March 2010. This will take approximately three to four months. The research team will receive weekly updates from the market research company and will be available to respond to any situations that may arise.

July 2010 to September 2010**Data analysis and report writing**

Following data collection, the dataset will be cleaned and analysed to identify the incidence of elder abuse. A final report and fact file will be prepared on the study.

Outcomes

See outcomes identified in Year 1 of the study (Study 3 in Appendix 7)

Study 4: Identification of Strategic Approaches for the Prevention, Identification and Management of Elder Abuse in the Community

Background

Elder abuse has become increasingly recognised as a significant problem worldwide. As a consequence, different countries have developed and implemented various strategies to prevent, detect and manage the problem. For example, the United States were amongst the first to take legal and scientific action to tackle the problem and are considered by many to be the furthest advanced in terms of a national level response, with a fully developed system for reporting and responding to cases of elder abuse, which operates at state level (WHO 2002; Perel-Levin 2008).

In Ireland, a consultation process was carried out where recommendations were published in a report in 1998 entitled Abuse, Neglect and Mistreatment of Older People: An exploratory study by the National Council on Ageing and Older People. Following this, a Working Group on Elder Abuse was established which published a report in 2002 called Protecting Our Future which detailed the current situation of elder abuse in Ireland and the strategies that should be implemented to prevent and manage the problem. Various approaches to the assessment, intervention and management of elder abuse have been suggested in the international literature. Many of these have been adopted from models used in domestic violence, criminal justice, rights and advocacy, protective services and health systems.

Aim

The overall aim of this study is to identify what effective strategic approaches are adopted nationally and internationally to prevent, detect and manage elder abuse in community settings.

Method

An extensive literature review will be conducted to identify models of service that have been adopted which focus on identifying, preventing and managing elder abuse worldwide. Further work will be guided by the outcomes of this review.

Progress to date

A review of national and international literature is being conducted identifying approaches to the prevention, identification and management of elder abuse. Literature is being sourced in the following areas: prevention, detection and identification, assessment and screening, reporting abuse, management and intervention using academic databases such as CINAHL Plus, Embase, Medline and PsychINFO. Journals will be hand searched and grey literature will also be searched.

Outcomes

This work will provide information to inform and underpin planning of strategies to prevent and manage elder abuse.

Status

In progress and to be completed by September 2010.

Study 5: Exploring the Feasibility of Researching the Experiences of Older People who have been abused

Background

Elder abuse is increasingly being acknowledged as a social problem. However, it is generally the voice of policy makers, professionals or key stakeholders that is heard regarding this issue. Less often are the voices of older people themselves heard, particularly those who have experienced elder abuse. It is important to capture the true experience of elder abuse and examine the underlying meanings, perceptions and experiences of older people who have experienced elder abuse firsthand. A dearth of research exists in relation to older people's experience of this issue. This information is extremely difficult to capture but is important to complement quantitative data and to identify the support needs and service provisions needed to support abused older people.

Aim

The aim of this study is to explore the feasibility of researching the experiences of older people who have been abused.

Method

In order to explore the feasibility of undertaking a study with abused older people, it is necessary to identify and collate together literature pertaining to older people's experiences of elder abuse. The methods employed by other studies that have carried out similar research are being examined, particularly around recruitment of older people. For this feasibility study, it will be important to liaise and consult with experts who have conducted research in this field to identify the gaps, barriers and challenges and more importantly how these were overcome when engaging in such sensitive research. Consideration will also need to be given to the ethical safeguards that need to be in place when exploring older people's experiences of elder abuse.

Progress to date

A literature search of studies which have examined the experiences of older people who have been abused is being undertaken. A search is being conducted using the following databases: CINAHL, Social Science Index, Pubmed and PsychInfo. Several studies have been identified to date, most of which have mainly been sourced from the domestic violence literature and have focused on older women's experiences of domestic violence (Roberto et al. 2004; Hightower et al. 2006; McGarry & Simpson 2009). A major study was that undertaken by Mowlam et al. (2007) in the UK which was a follow-up study to the UK national prevalence survey. This study conducted 39 interviews with older people who had experienced elder abuse. This study also identified several other smaller studies including Pritchard's (2002) study which reports 12 older men's experiences of elder abuse. Findings from these studies reported on the impact of abuse on older people, the coping skills adopted and the support needs and support services.

Outcomes

The findings from this study will indicate whether it is possible and viable to conduct a study with older people who have been abused. It will provide a greater insight into the issues relating to recruitment of a sample, conducting sensitive research in this area and the ethical safeguards required.

Status

In progress and will be completed by September 2010.

Study 6: Preliminary Work on Exploring the Feasibility of Researching Abuse and Neglect in Care Homes

Background

Abuse in nursing homes has become a topic of public discussion over recent years. Older people may be vulnerable to being abused by other residents, a visitor, a staff member or relatives/friends while in receipt of care in a nursing home. However, the spectrum of abuse can also be expanded to consider physical conditions of the nursing home (Millard & Roberts 1991). Underreporting of elder abuse tends to occur in care homes as staff themselves frequently may be the perpetrator or if they witness abusive behaviours, they may fear the repercussions of reporting it (Goergen 2001). Despite the fact that the media have played a key role in publicising unacceptable practice in institutional care homes for older people, research on elder abuse in care homes is still in its infancy and only a scant number of studies have attempted to examine abuse in these settings compared to community settings (O' Malley 1979; Pillemer & Finkelhor 1988; Podnieks & Pillemer 1990; Ogg & Bennett 1992; Comijs et al. 1998). There are several explanations for this including methodological challenges and the fact that only 5-7 percent of older people reside in nursing homes (Saveman et al. 1999; Kozak & Lukawiecki 2004).

Aim

The aim of this study is to explore the feasibility of researching abuse and neglect in care homes.

Method

To facilitate this feasibility study, an extensive literature review is being carried out examining previous studies that have attempted to research elder abuse in care settings. Academic databases such as CINAHL, Medline and Cochrane will be searched. Grey literature will also be searched. Key personnel in the Irish Nursing Homes Organisation, the HSE and Health Information Quality Authority will be consulted in exploring the capacity for this work.

Progress to date

A preliminary review of the literature is being undertaken. To date, this has highlighted two key studies which have conducted similar research. The first study was conducted on elder abuse and neglect in German nursing homes using a multi-method approach to analyse risk factors that can lead to abusive and neglectful behaviours (Goergen 2004). A second study was conducted by Pillemer & Moore (1989) using a survey of a random sample of 577 nurses and care staff in long-term care facilities. Findings

reported rates of abuse based on staff self-reports. Such studies can help to inform the feasibility of this current study.

Outcomes

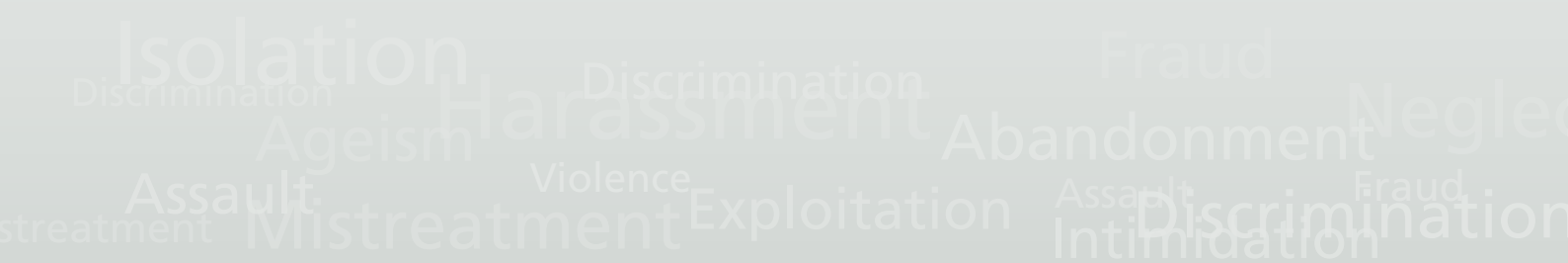
The findings from this study will indicate whether it is possible and viable to conduct a study examining elder abuse in care homes in Ireland. This feasibility study will provide key information on gatekeepers, the various samples used where data has been collected in other studies (e.g. staff, family members or older people themselves), and the methods that have been previously adopted (e.g. face-to-face interviews or questionnaires).

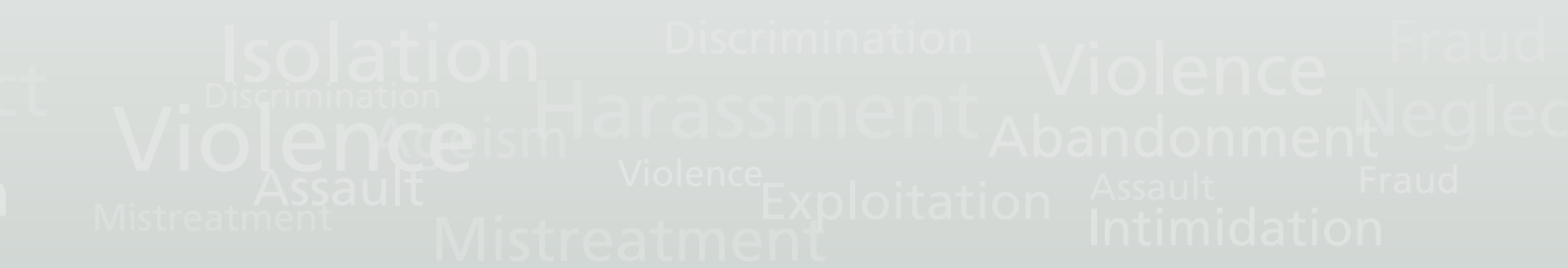
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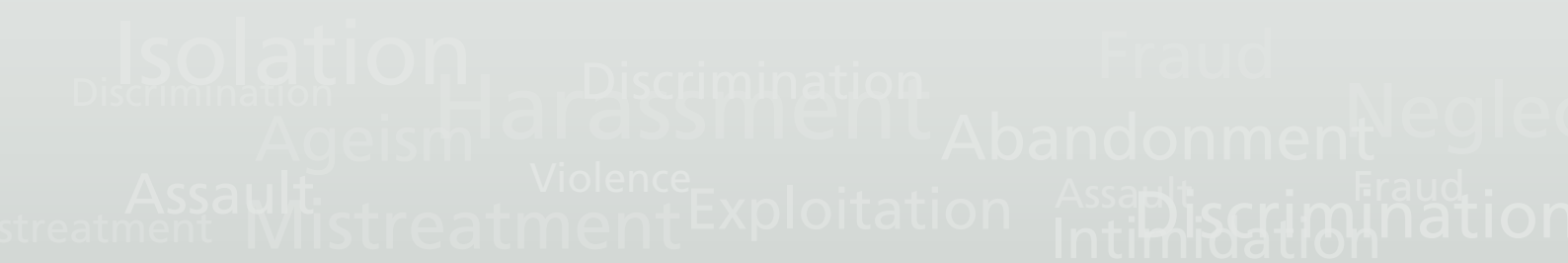
In progress and will be completed by September 2010

Other work

Other work to be progressed in year 2 includes drafting a proposal to examine perceptions of health care staff in community and residential care settings and to identify perceptions, attitudes and care pathways in relation to elder abuse. This work will be progressed in the second half of year 2 of the Centre.









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