

# HSE ELDER ABUSE

## SERVICE DEVELOPMENTS 2008



Intimidation Harassment  
Humiliation Fear  
Discrimination Assault  
Fraud Coercion Theft  
Exploitation  
Deprivation

**OPEN YOUR EYES**

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## FOREWORD



More than any other group of people alive, older people have contributed the most to the development of this country. They have seen, and added to, the vast changes that have occurred. The country and its society is enriched - culturally, financially and spiritually – largely through the efforts of our older people.

Thankfully, the majority of older people live full and active lives. By and large, as a group, they are held in high esteem by society. There is a general respect for our older population. Unfortunately, whether intentionally or not, a small number of our older population experience abuse.

The Health Service Executive has developed an elder abuse service in order to help prevent and combat elder abuse in all its forms. There are now specialist staff, employed by the HSE through the Local Health Offices, dealing with cases of elder abuse.

Abuse can take a number of forms. The more identifiable forms include physical and sexual abuse. But other forms of abuse do happen, including financial abuse and neglect. All abuse is abhorrent and has no place in a civilised society. We must continue to help and support older people who are victims of abuse, and also challenge negative and stereotypical attitudes generated towards older people in general.

Through a number of initiatives, the HSE is making progress in the fight against elder abuse. For the first time in this country, we now have a specialist elder abuse service. Significant data collection has commenced on the extent of reported abuse in Ireland which will be used to inform future policy and decision-making. In addition, the HSE is funding the development of a National Centre for the Protection of Older People at UCD, which will engage in important and innovative research on the problem. Significant training of staff, both internal and external to the HSE, is ongoing. Crucially, the HSE has also conducted public awareness campaigns, using the media of radio and newspaper advertisements, to improve the recognition, reporting and resolving of elder abuse cases and, ultimately, contribute to its prevention.

The HSE, along with the Equality Authority and the National Council for Ageing and Older People, has participated in an annual *Say No to Ageism* campaign. This initiative is critical, as it challenges negative stereotyping and attitudes towards older people. Unchallenged, negative attitudes are damaging. They can become part of everyday thinking, accepted as true, even in policymaking. They underlie and reinforce age discrimination, making it more acceptable and possibly leading to more sinister manifestations, such as abuse.

Partnerships need to be forged in combating elder abuse. At an agency level the HSE cannot stand alone against this concern; a multi-agency response involving statutory, voluntary and private organisations is required. Building on this collaborative engagement is vital if we are to adequately protect our older population, while also emphasising the responsibility for action required of every individual.

I would like to acknowledge the dedicated work of everyone involved in the HSE elder abuse services. The HSE is a large organisation dealing with varied and complex issues but there has been a noticeable, cross-discipline team approach in our efforts to combat elder abuse. I would particularly like to acknowledge the efforts of the Senior Case Workers, Dedicated Officers, the members of the National Elder Abuse Steering Committee and Area Elder Abuse Steering Groups, the researchers, clerical and administrative staff, and all of the organisations/agencies with whom we have worked this past year. We will continue to challenge abuse in all its forms in 2009 and beyond.

**Frank Murphy**

**CHAIR**

*National Elder Abuse Steering Committee*

At the time of the 2006 Census, there were 467,926 people, or 11% of the total population, over the age of 65 years living in Ireland. The over 65 population has increased by about 54,000 in the last 10 years. The number of older people is expected to double over the next 20 years.

The growth in the older population is a cause for celebration as our life expectancy continues to increase. The vast majority of older people live full and active lives, enjoying good health and independence. However, it is a fact that a small number of older people suffer abuse of one form or another. The likelihood of abuse seems to increase as people get older. Reported cases of alleged abuse to the HSE are proportionately higher in the older age groups. This is outlined in detail in chapter five which looks at HSE data on elder abuse from 2008.

International research indicates that anywhere between 3% and 5% of older people may be subject to abuse. This would suggest that between 14,000 and 23,000 older people suffer abuse in Ireland. As will be seen later in this report, the numbers referred to the HSE are significantly less than this figure. This is in keeping with international literature which documents reporting rates as low as 1%-2% (Cooper et al. 2008). This under-reporting is likely to be due to a number of factors. Many older people may be reluctant to report abuse, particularly because elder abuse, by definition, occurs within a relationship in which there is an expectation of trust. If an older person is being abused by a close family member, the older person may not wish to upset that relationship. Similarly, if the abuse is perpetrated by a carer, the older person may be reluctant to report it. Sometimes, either the abused or the abuser may not recognise the actions as abuse. This may be particularly true in cases of financial or psychological abuse which can be more insidious and less easily recognised than other forms of abuse.

The publication of the report *Abuse, Neglect and Mistreatment of Older People* (O'Loughlin and Duggan, 1998), by the National Council on Ageing and Older People, sought to provide guidance on the mechanisms required to address the problem of elder abuse in Ireland. That report recommended the establishment of a Working Party on Elder Abuse to advise the Department of Health and Children on appropriate responses to this problem. It suggested that the Working Party should consist of interested parties from all relevant sectors mandated to represent the views of their organisations.

Following this report, the Minister of State at the Department of Health and Children, with special responsibility for older people, established the Working Group on Elder Abuse in October, 1999. The role of the Working Group was to advise the Minister on what was required to address effectively and sensitively the issue of elder abuse in general, as well as particular incidences of elder abuse.

The recommendations of this Working Group are contained within the report *Protecting Our Future* (DoHC, 2002) which was published in September, 2002. Many of the recommendations of that report have been, or are in the process of being, implemented.

## 1.1 Definition of Elder Abuse

From *Protecting our Future, Report of the Working Group on Elder Abuse, September 2002*, a definition of elder abuse emerged.

***“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.”***

It is important to note that this definition excludes self-neglect and abuse by strangers since these were not set out in the terms of reference for the Working Group on Elder Abuse. In common with other countries, 65 years of age is taken as the point beyond which abuse may be considered to be elder abuse.

Although the above definition focuses on acts of abuse by individuals, it is recognised that abuse may also arise from inadequacy of care.

It should be noted that the report also recommended that the definition be “*reviewed as knowledge of elder abuse and experience in dealing with it develops*”.

## 1.2 Types of Elder Abuse

There are several forms of abuse, any or all of which may be perpetrated as the result of deliberate intent, negligence or ignorance.

- **Physical abuse,**  
including hitting, slapping, pushing, kicking, misuse of medication and inappropriate 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, 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.

## 1.3 The Health Service Executive (HSE)

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.

### 1.3.1 Elder Abuse Service Development

This document describes the main developments of the HSE's elder abuse service in 2008 as well as providing, for the first time, a detailed analysis of elder abuse referrals to the HSE. Chapter two outlines the development of a dedicated elder abuse service structure within the HSE. This structure will provide a co-ordinated and holistic approach to elder abuse, enable analysis of the extent and nature of the problem in Ireland, while supporting the identification of measures to be taken to help prevent abuse and stop it when it occurs. In chapter three, the key areas of policies, procedures, protocols and guidelines; training initiatives; communication; and awareness raising will be discussed. The broader issue of prevention, involving inter-agency collaboration, both in ongoing anti-ageism initiatives and the development of a national research centre, will be looked at in chapter four. Finally, chapter five will present elder abuse data relating to 2008, outlining figures at both national and area level.

*Protecting our Future, Report of the Working Group on Elder Abuse*, proposed a staffing structure based on the administrative make up of the health services at the time of its publication. The report predated the establishment of the HSE.

*Protecting Our Future* suggested a staffing structure which would provide a robust framework within which health professionals, and other individuals, organisations and agencies, could engage in effective collaboration, supported by clearly defined policy and operating procedures. Specifically, *Protecting our Future* recommended the establishment of a Steering Group and the recruitment of a half-time Dedicated Officer in each health board, a Senior Case Worker for each community care area and clerical support. In addition, it recommended the establishment of an Elder Abuse National Implementation Group to guide the implementation of the recommendations.

The current HSE elder abuse service structure is a modification of that proposed and is based on the existing administrative organisation of the HSE.

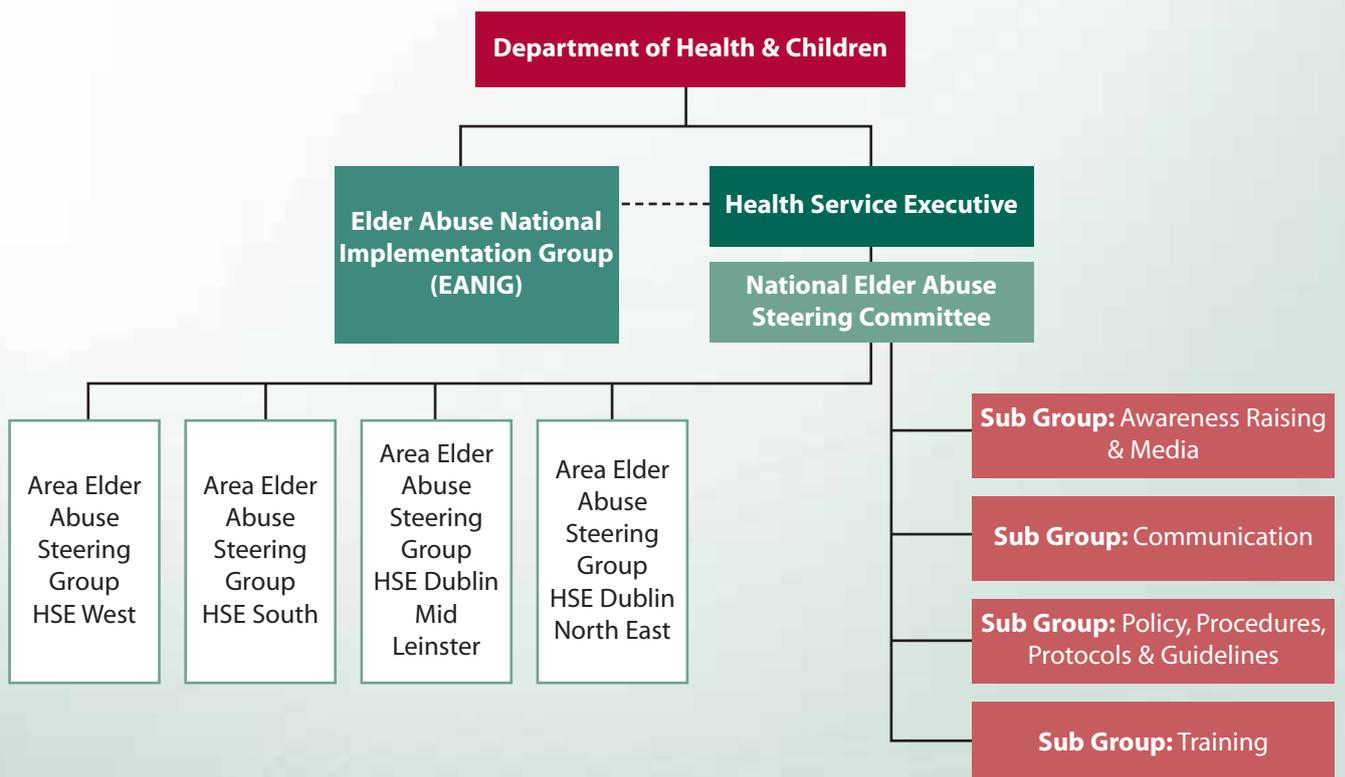
A National Elder Abuse Steering Committee has been established, together with four Area Elder Abuse Steering Groups based in the four HSE administrative areas, i.e. HSE West, HSE South, HSE Dublin Mid Leinster and HSE Dublin North East.

Each administrative area also secured approval to appoint a Dedicated Officer for Elder Abuse. In addition, the HSE approved the appointment of a Senior Case Worker for Elder Abuse in each Local Health Office who would investigate and initiate appropriate responses to allegations of elder abuse.

Four sub groups were established by the National Elder Abuse Steering Committee to address some of the specific recommendations contained in *Protecting Our Future*. The sub groups cover the areas of awareness raising and media; communication; policies, procedures, protocols and guidelines; and training.

An Elder Abuse National Implementation Group (EANIG), was also established by the Department of Health and Children to guide and oversee the implementation of the recommendations outlined in *Protecting Our Future*.

### Health Service Executive Elder Abuse Structure



## 2.1 National Elder Abuse Steering Committee

The National Elder Abuse Steering Committee was established in October, 2007 to oversee and ensure a nationally consistent approach in the provision of elder abuse services by the HSE in relation to its detection, reporting and response. It is working to ensure a consistent approach to implementing the recommendations contained in *Protecting our Future*. Its multi-disciplinary membership provides a rich resource in terms of clinical, specialist, management and administrative expertise in guiding the work of the Committee. In addition, it is developing systems to support the timely collection, collation and appropriate dissemination of detailed data in relation to elder abuse referrals in Ireland. (*Appendix 1 outlines the membership of the committee.*)

The National Elder Abuse Steering Committee is charged with a considerable body of work which must be applied in a consistent and coherent manner in all areas of the HSE. Specifically, the Committee is addressing the following, with some tasks already completed.

NATIONAL ELDER ABUSE STEERING COMMITTEE WORKPLAN	
TASK	STATUS
Development of a training programme for Senior Case Workers and Dedicated Officers.	<i>Ongoing</i>
An agreed dataset for use nationally.	<i>Completed</i>
The development of appropriate work plans and targets by individual Local Health Offices to support the National Service Plan.	<i>Ongoing</i>
Appropriate integration and communication between the four Area Elder Abuse Steering Groups and the National Elder Abuse Steering Committee.	<i>Ongoing</i>
Development of a public awareness campaign in relation to elder abuse.	<i>Completed</i>
Development of an implementation plan for the roll-out of HSE policy.	<i>Completed</i>
Implementation of a process for the collation and analysis of emerging data and review of data collection processes.	<i>Completed</i>
Linkages with a Vulnerable Adults' Policy.	<i>Ongoing</i>
Development of best-practice guidelines for voluntary/private sector, and for the wider public.	<i>To be developed</i>
Participation in the review of ' <i>Protecting our Future</i> '.	<i>Ongoing</i>
Development of a training programme for staff.	<i>Ongoing</i>
Consistency in the dissemination and application of HSE policy and procedures in relation to elder abuse.	<i>Ongoing</i>
Establishment and development of a research centre to provide education and research services.	<i>Completed</i>

There is ongoing communication between the National Elder Abuse Steering Committee and Area Elder Abuse Steering Groups, with sharing of minutes of meetings. To strengthen the communication flow, the chairs of the Area Groups are all members of the National Elder Abuse Steering Committee.

## 2.2 Area Elder Abuse Steering Groups

Because no two cases of abuse are identical, responses must be tailored to individual circumstances, conditions and relationships. Nevertheless, it is important that the HSE adopts a broadly consistent approach to elder abuse generally, and to specific instances of abuse.

To facilitate communication flow and ensure consistency throughout the HSE, four Area Elder Abuse Steering Groups were established. The Area Elder Abuse Steering Groups 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 as follows:

### HSE AREA ELDER ABUSE STEERING GROUPS' TERMS OF REFERENCE

- 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, where 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 Elder Abuse Sub Groups

In order to progress the recommendations contained within *Protecting our Future* and advance the work of the National Elder Abuse Steering Committee, a total of four sub groups were established. Terms of Reference were drafted for each sub group to provide a framework and direction for the proposed body of work. A description of the work carried out by the sub groups is detailed in chapter three.

## 2.4 Dedicated Officers for Elder Abuse

Dedicated Officers for Elder Abuse, appointed in each HSE administrative area, work closely with all relevant stakeholders and are responsible for the development, implementation and evaluation of the HSE's response to elder abuse. They work within the framework of existing policies, including *Protecting our Future* and *Trust in Care* (HSE, 2005), and existing legislation.

The Dedicated Officers work closely with the Senior Case Workers in their areas, other relevant HSE staff and management, including counterparts in other areas. Relationships with appropriate voluntary, private and community groups, as well as with An Garda Síochána, Local Authorities and financial institutions are also developed.

The Dedicated Officers deal with elder abuse policy, including both implementation and ongoing review. They also support other agencies to develop policies and guidelines on elder abuse. In addition, they contribute to the design and development of elder abuse services at national and local level while also reviewing the strategic development of services provided along the continuum of care, as well as contributing to strategic plans where appropriate.

Currently, there are three Dedicated Officers in place.

<b>HSE West</b>	<b>Ms. Bridget McDaid</b>
<b>HSE South</b>	<b>Mr. Con Pierce</b>
<b>HSE Dublin Mid Leinster</b>	<b>Ms. Sarah Marsh</b>

A vacancy exists in HSE Dublin North East. Interviews for this position are expected to take place in March 2009.

## 2.5 Senior Case Workers for Elder Abuse

Senior Case Workers for Elder Abuse are employed within Local Health Offices. They work in collaboration, as appropriate, with all relevant stakeholders and alongside the Dedicated Officers. Senior Case Workers report to the General Manager, Primary Community and Continuing Care Services, or his/her designate.

They have close working relationships with the Dedicated Officers, relevant HSE staff and management, including their counterparts in other areas. They are also expected to develop collaborative relationships with relevant voluntary, private and community groups, as well as with An Garda Síochána, Local Authorities and other agencies. They also work closely with older persons and/or their families and/or carers, as appropriate.

The Senior Case Workers assess and manage cases of suspected elder abuse referred to the HSE, working within the framework of existing policies and legislation while demonstrating a commitment to both client and the HSE.

Currently, 27 Senior Case Workers are in post. Vacancies exist in the local health offices of Wicklow, Kildare/West Wicklow, Dun Laoghaire, Dublin South East and Dublin North Central. Efforts are ongoing to fill these posts.

## 2.6 Elder Abuse National Implementation Group (EANIG)

In addition to the above structures, and based on recommendations contained in *Protecting Our Future*, the Department of Health and Children established the Elder Abuse National Implementation Group (EANIG) in 2003, to guide the implementation of the recommendations outlined in the report. 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 and a current membership list is provided in Appendix 2.

### TERMS OF REFERENCE

To plan, advise on and monitor, the implementation, on a phased and consistent basis, of 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 and is due to be finalised shortly.

EANIG identified the following three areas as priorities in the implementation of *Protecting Our Future*

- Appropriately composed Steering Groups in each Health Board;
- Appointment of Senior Case Workers in each Community Care Area;
- Development of appropriate management support for Senior Case Workers.

A review of the implementation of *Protecting Our Future* has been commissioned by the Department of Health and Children. This review will consider the role and functions of the existing structures, and arrangements and mechanisms involved in the implementation and monitoring of the elder abuse programme. One key issue of concern to EANIG is financial abuse of older people. This issue will be considered as part of the review of the implementation of *Protecting Our Future*. EANIG has also identified self-neglect, institutional abuse and linkages between elder abuse and adult protection as areas to be considered as part of the review.

## HSE NATIONAL ELDER ABUSE STEERING COMMITTEE SUB GROUPS

To progress the specific recommendations contained within *Protecting Our Future*, the HSE National Elder Abuse Steering Committee set up four sub groups.

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

Each sub group had defined terms of reference to direct their body of work.

### 3.1 Awareness Raising and Media Sub Group

*Protecting our Future* supports the view that awareness, information, education and training are key tools in combating elder abuse. It recommends that a public awareness programme be undertaken to raise awareness of elder abuse among the general public in Ireland. Particular mention was given to financial abuse and the need to "...create awareness of the risks and consequences of financial abuse and to encourage older people to seek independent legal advice when making major decisions".

The HSE Elder Abuse Awareness Raising and Media sub group was tasked with designing a public information, education and awareness campaign aimed at informing key audiences, i.e. people 50 years plus, carers, health workers and other stakeholders, about the risks and realities of elder abuse, and to create awareness of the elder protection services provided by the HSE and other agencies. (Please see Appendix 3 for the sub group membership.)

Following discussion among sub group members, the agreed terms of reference were:

- To gather information on elder abuse awareness raising efforts developed elsewhere nationally and internationally, which demonstrate best practice;
- To propose a programme of awareness raising efforts targeting the general public which also include care staff across public, voluntary and private agencies;
- To make recommendations to the National Elder Abuse Steering Committee regarding marking of World Elder Abuse Awareness Day each June;
- To specify costs in making recommendations.

A campaign brief was presented to the National Elder Abuse Steering Committee at its meeting on May 7th, 2008 and was accepted in full. The campaign, although highlighting the issue of elder abuse generally, would have a particular focus on financial abuse. The reason for the focus on financial abuse is that it is of widespread concern, was the third most reported form of abuse for 2007 and can be difficult to identify. In particular, it is "difficult to distinguish between acceptable exchange and exploitative conduct, between misconduct and mismanagement" (DoHC, 2002).

An Elder Abuse Awareness Raising Campaign Implementation Group was established and met on May 19th to action the recommendations contained within the brief. The campaign was scheduled to commence in November, 2008. (Please see Appendix 3 for a full listing of the members of the Campaign Implementation Group.)

A 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. The majority of respondents, about 63%, indicated that An Garda Síochána would be their first point of contact for reporting and investigation of suspected elder abuse, with the HSE only mentioned by 31% of respondents. (Please see Appendix 4 for the findings of the survey.)

Elder abuse in all its forms is a complex issue. It was recognised by the sub group that elder abuse was not solely an issue for the HSE. In order to effectively educate and inform the public on elder abuse, appropriate organisations/agencies should be approached for information, advice and support.

Towards that end, the sub group invited representatives from a number of organisations and agencies to a presentation in the offices of the Department of Health and Children in July. The purpose of the presentation was to outline the intention of the HSE, to seek advice and to explore possible linkages and supports that could be established in order to offer the public a comprehensive and appropriate response to queries.

The organisations / agencies that attended are as follows:

- Department of Health and Children
- Department of Social and Family Affairs
- Financial Ombudsman
- Financial Regulator
- Irish Banking Federation
- Law Society of Ireland
- Money Advice and Budgeting Service
- National Consumer Agency

Following this, the HSE Awareness Raising Campaign Implementation Group defined its purpose.

- The primary focus of the campaign would be on financial abuse
- The target audience would be those of 50 years plus
- The campaign should not perpetuate or promote, in any way, negative stereotypes of older people
- The campaign should not create unnecessary distrust between older people and their carers

It was decided that the campaign would involve newspaper and radio advertising and an information leaflet for wide distribution.

The objectives of the campaign were to:

- Highlight the need to protect older people from abuse in all its forms
- Educate key audiences on how to recognise abuse
- Make everyone aware of their responsibility to act and report
- Publicise the support services available
- Highlight, in particular, the issue of financial abuse

The main messages of the campaign were:

- Older people can be vulnerable to abuse
- Elder abuse can take many forms
- You can protect yourself from abuse
- Everyone is responsible for taking action
- HSE services are available for information and advice, and are easily accessed
- Some types of abuse e.g. financial abuse, require action from agencies other than solely from the HSE to provide appropriate advice and responses.

### **Media Campaign**

Ogilvy and Mather Advertising Agency presented two possible campaign themes to members of the Implementation Group in early September. The first was based on a story and the other was based on an image.

The image was the preferred theme as it presented a very stark graphical representation of elder abuse which was felt would capture public attention and provoke thought. This campaign was presented as the '*Open Your Eyes*' campaign. (Please see Appendix 5 to view the media advertisements.)

### **Campaign Timings and Duration**

A campaign of newspaper (national and regional) and radio (national and local) advertising commenced on November 10th and ran for one week until November 17th. The campaign ran again on 30th November to 6th December with a further week planned to commence on 5th January 2009. In deciding the timing of the campaign, a number of factors were taken into consideration, including a desire to avoid conflict with other planned 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 interested government departments, voluntary and private agencies, businesses and institutions.

Kind permission was granted by a number of these external bodies to feature their contact details on the leaflet, allowing consumers access to advice and assistance for those forms of abuse that require advice/input other than that by the HSE, in particular in relation to concerns about financial abuse.

These included:

- Age Action Ireland
- Alzheimer Society of Ireland
- An Garda Síochána
- Financial Regulator
- Financial Services Ombudsman
- Law Society of Ireland
- National Consumer Agency
- Senior Help Line
- Society of Trust and Estate Practitioners (STEP) Ireland

In addition to the above, the following added their logo to the leaflet as a show of support for the campaign:

- Department of Health and Children
- Department of Social and Family Affairs
- Nursing Homes Ireland

The organisations, departments and agencies involved in the distribution of the leaflets are listed below:

- Active Retirement Association
- Age Action Ireland
- Age & Opportunity
- Alone
- Alzheimer Society of Ireland
- An Garda Síochána
- Care Local
- Caring For Carers Ireland
- Citizens Information Centres
- Department of Health and Children
- Department of Social and Family Affairs
- Health Service Executive
- Independent Age
- Irish Banking Federation
- Irish Senior Citizens Parliament
- National Association of Widows in Ireland
- National Council on Ageing and Older People
- Older Persons Forum
- Senior Help Line
- The Carers Association

*(Please see Appendix 6 for a copy of the elder abuse information leaflet.)*

### **HSE Information Line**

The HSE Information Line was fully briefed on the campaign to prepare them to respond to calls. 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 has dealt with 93 calls regarding elder abuse since the campaign launched on November 10th. A total of 224 calls in relation to elder abuse were received by the Information Line in 2008.

### **Elder Abuse Staff**

Dedicated Officers and Senior Case Workers for Elder Abuse were also advised about the campaign to prepare them for a possible increase in calls and referrals.

### **Public Relations**

To coincide with the launch of the elder abuse media campaign, articles were produced for the HSE's newsletter *Health Matters* along with various press releases. A number of HSE staff working in the area of Services for Older People, and Elder Abuse in particular, participated in national and local radio interviews.

An informational email was sent to all HSE staff to inform them about the campaign and provide them with links to the staff intranet to access the elder abuse flyer and view the campaign advertisements.

### **HSE Website**

The HSE Website (<http://www.hse.ie>) now hosts a dedicated section on elder abuse under '*Older People Services*'.

### **Sunday Independent Supplement**

A Sunday Independent supplement magazine was produced by the HSE entitled '*Your Health Your Future*'. The magazine was developed by the HSE Specialists, Services for Older People and covered information on the wide range of services for older people in Ireland and, in particular, on the increasing emphasis and availability of services for older people in the community.

Articles on elder abuse were included in this supplement along with the elder abuse information leaflet, which was placed as an insert into the newspaper. The circulation for this paper was approximately 330,000 and provided increased exposure for the Elder Abuse campaign.

### **Complementary Campaigns**

COSC, the National Office for the Prevention of Domestic, Sexual and Gender-Based Violence, which was set up in June 2007, also planned an awareness campaign on the issue of violence and abuse. 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 against women and men, including older people. COSC made contact with the HSE and both organisations shared information in order to ensure that there was no overlapping of content and to create, where possible, synergy between the two campaigns in order to achieve maximum impact and awareness.

The COSC campaign will commence on 12th January, 2009 with the launch of the results of their survey, '*Attitudes to Domestic Violence in Ireland*' to be held on 13th January, 2009. The COSC campaign will last for two weeks.

## 3.2 Communication Sub Group

The main responsibility of the Communication sub group was to recommend how to communicate decisions made during National Elder Abuse Steering Committee meetings to each HSE area and also with external bodies and voluntary organisations, in order to ensure an integrated approach to implementation of any decisions agreed by the National Elder Abuse Steering Committee. The sub group was also charged with determining best practice in terms of filtering information down to front-line staff.

The draft terms of reference for the Communication sub group were as follows:

- *To develop a communication strategy to enable work of the National Elder Abuse Steering Committee and its associated sub groups to be disseminated*
- *To advise Area Elder Abuse Groups on strategy to adopt for communicating with voluntary, statutory and private agencies involved in older persons' services*
- *To advise method for dissemination of findings of analysis of elder abuse referrals*
- *To specify costs in making recommendations*

The primary tasks of the group were:

- to identify internal and external target audiences
- to develop a communication strategy for target audiences and advise national and regional steering groups of this

### 3.2.1 HSE National Elder Abuse Policy

Following publication of the HSE National Elder Abuse Policy '*Responding to Allegations of Elder Abuse*' the distribution of 40,000 copies was organised. The policy document has been distributed to those staff working with older people and to all HSE frontline staff. This policy is also available to view and download from the HSE website. *(Please see Appendix 7 for the full policy)*

A companion poster to the national policy was also printed and distributed to all areas within the HSE.

An article and a version of the national policy was designed for the summer edition of *Health Matters*, the HSE newsletter, as a pull out section, thus increasing circulation of the policy to a wider audience.

### 3.2.2 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 and HSE areas organise various events to coincide with World Elder Abuse Awareness Day annually.

For 2008, HSE Dublin Mid Leinster hosted the production of '*Forgotten*', a play written by Pat Kinevane which explored the interconnecting stories of four older people residing in retirement homes and care facilities in Ireland followed by a question and answer session with a panel of experts.

The HSE West and South organised an elder abuse conference and a seminar with invited speakers to heighten the awareness of elder abuse, outline the prevalence of elder abuse in Ireland and examine best practice in addressing this issue. *(Please see Appendix 8 for full details of the theatre production, the conference and seminar)*

In addition, specialist HSE staff participated in various press and radio interviews to heighten awareness of elder abuse among the general public. Furthermore, as stated earlier, the HSE Policy on Elder Abuse and the staff training DVD, were launched in 2008 to coincide with World Elder Abuse Awareness Day.

### 3.3 Policy, Procedures, Protocols and Guidelines Sub Group

The development of a set of policies and procedures in relation to elder abuse was identified as a key issue in *Protecting our Future*. The document outlined how clear policy and procedures would “...help with identification by raising awareness of the problem and sensitising to it, those who provide services to older persons. The use of procedures will ensure a consistent response to reports of elder abuse and the handling of such cases... and designed in such a way that enables assessments and investigations to be handled sensitively, appropriately and with confidence”

Recognising the importance of a consistent approach to elder abuse, the National Elder Abuse Steering Committee requested the Dedicated Officers to take a lead role in progressing the development of policies, procedures, protocols and guidelines in relation to a number of priority areas, namely:

- Working with An Garda Síochána
- Procedures to follow when clients decline assistance
- Legal protections in the context of elder abuse
- Record keeping
- Confidentiality
- Guidance on what constitutes ‘exceptional circumstances’ in cases of self-neglect

The principles set out below will guide the development of policies, procedures, protocols and guidelines, and reflect those in *Protecting our Future*.

- Encouragement of the empowerment and well-being of older adults through the services provided by the HSE
- Supporting the rights of the individual to lead an independent life based on self-determination and personal choice
- Recognition of people who are unable to make their own decisions and/or to protect themselves, their assets and their bodily integrity, ensuring adequate protection for them
- Recognition that the right to self-determination can involve risk, recognition and understanding of that risk by all concerned and minimisation of the risk as much as possible
- Application of the principle of ‘least restrictive alternative’ in situations where interventions may compromise choice and independence
- Knowledge of the law and legal requirements so that older people receive the protection of the law, as appropriate, and access to the judicial process

The development of policies, procedures, protocols and guidelines in relation to elder abuse is a priority for the National Elder Abuse Steering Committee for 2009.

#### 3.3.1 Self-Neglect

*Protecting our Future, Report of the Working Group on Elder Abuse* defined elder abuse 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.”*

The report excluded self-neglect from the definition. However, self-neglect is a serious issue and, given the significant number of such cases referred to Senior Case Workers, it was decided that guidelines should be developed to provide a clear and consistent approach in relation to the handling of such cases.

A sub committee was established to examine the issue in detail. The HSE policy on elder Abuse, '*Responding to Allegations of Elder Abuse*' stated that the 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*".

The terms of reference for this sub committee were to recommend to the National Elder Abuse Steering Committee a definition of what constitutes '*exceptional circumstances*' in cases of self-neglect which would guide Senior Case Workers and other staff in determining if the elder abuse policy should be followed in these cases.

The group reported to the National Committee in November 2008. The findings and recommendations are set out in Appendix 10, and are currently being considered by the National Elder Abuse Steering Committee.

### 3.4 Training Sub Group

All staff working with older people have a duty to respond to suspected cases of abuse. HSE healthcare staff working with older people can include those in nursing, medicine, allied health, home help, administration and management; and in settings such as acute hospitals, residential units, day centres, community services and administrative offices. But it is not just HSE healthcare staff who routinely work with older people but also very many healthcare staff in the private and voluntary sector.

All staff should have some training in order to be able to recognise abuse and know how to respond to cases of suspected abuse.

The National Elder Abuse Steering Committee, recognising the importance of staff training, established a sub group to make recommendations in relation to training.

Specifically, this group was asked to determine the following:

1. The type of training to be provided
2. The extent of training already given, to ensure there is no duplication
3. Whether to use in-house training or an external company

The proposed terms of reference for the group were:

- *To gather information on elder abuse training programmes developed both nationally and internationally, which demonstrate best practice*
- *To review elder abuse training to date nationally by receiving reports from the four HSE Area Steering Groups and amalgamating these reports to formulate a national review*
- *To propose a system of conducting training needs analysis of HSE staff to inform the four HSE areas*
- *To make recommendations on training & development following training needs analysis:*
  - *Who is to be trained?*
  - *What topics should training cover?*
  - *If there is a need for different levels of training for different staff disciplines?*
  - *Who could provide training?*
- *To direct how national and local training will be evaluated*
- *To specify costs in making recommendations*

The sub group's proposals were presented to the National Steering Group in June 2008. The group felt that the numbers requiring training/awareness raising are large and recognised that the Senior Case Workers/Dedicated Officers could not deliver the volume of training required. It was recommended that a *Children First (DoHC, 1999)* approach might be considered, i.e. a nominated HSE service to deliver appropriate ongoing training. This service could update information and link with induction programmes. The Awareness Raising Workshops being delivered by Senior Case Workers and Dedicated Officers could continue. The Senior Case Workers who use similar materials for delivery of workshops could share this information with any group delivering training.

Training in elder abuse has been provided and is ongoing. Some of this training was provided externally but the majority has been provided by Dedicated Officers and Senior Case Workers.

The sessions provided cover the following information.

- Elder abuse definition
- Categories of abuse
- Referral method
- Description of response
- HSE elder abuse policy

**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
South	2358	2264
West	847	1618
Dublin Mid Leinster	779	1352
Dublin North East	200	828

### 3.4.1 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 Hootor, T.D. at the HSE West Elder Abuse Conference on Friday, June 13th 2008.

Filming of the DVD began on Friday, March 7th, 2008 in Dublin. Professional actors were recruited for the DVD. Filming was overseen by staff from the HSE and the private nursing home sector and included a number of disciplines such as nursing, occupational therapy, social work, senior case workers for elder abuse and management.

The DVD is set in a residential facility and various scenarios were captured to illustrate the different types of abuse. These included physical, sexual, financial and psychological abuse; neglect and acts of omission; and discrimination.

The DVD does not attempt to demonstrate best practice but instead serves to highlight the actions and practices that can constitute abuse. It highlights the fact that it is rare for an individual or organisation to set out to commit abuse but shows how poor work practices and lack of training and resources provide the environment in which abuse can happen.

The DVD is based on the format of *'Protecting our Future'* and is accompanied by a workbook. The DVD runs for 38 minutes. Final editing of the DVD and accompanying workbook took place on 21st May, 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 for older people
- Acute hospitals
- Residential mental health and disability facilities

- Nursing Home Inspection Teams
- Senior Case Workers

The 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.

The Dedicated Officers and Senior Case Workers have arranged to deliver 'Train the Trainer' sessions to key staff in residential settings to show how to use the DVD and Workbook. Much of this has been done in 2008.

**\*Health Information and Quality Authority (HIQA)**

*The Health Information and Quality Authority (HIQA) was established in May 2007 as part of the government's health reform programme and is committed to operating to the highest standards of corporate governance. HIQA is an independent Authority, with broad ranging functions and powers, reporting directly to the Minister for Health.*

*HIQA has been set up to drive quality, safety, accountability and the best use of resources in our health and social care services, whether delivered by public, voluntary or private bodies. They will set the standards for delivering health and social care services and continuously inspect to ensure that these standards are being met. Action will be taken if there is a risk to the safety of any person using the health services.*

*HIQA published the National Quality Standards for Residential Care Settings for Older People in Ireland. There are 32 Standards which aim to promote best practice in residential care settings for older people and improve the quality of life of residents in these settings.*

*Protecting Our Future* stressed that the main goal of any response to elder abuse is prevention. There are two types of prevention - primary prevention, i.e., stopping elder abuse from happening in the first place, and secondary prevention, i.e., when it does happen, taking steps to ensure that it does not happen again.

The initiatives described in the earlier part of this document outline measures taken by the HSE that have been found to be effective in tackling elder abuse. However, negative attitudes towards, and perceptions of, ageing and older people can lead to a tolerance and acceptance of abuse.

## 4.1 Ageism and Ageist Attitudes

Ageism and ageist attitudes are not the sole factors contributing to elder abuse but can give rise to a culture which creates a fertile environment in which elder abuse can develop, leading to age discrimination, and devaluing and disempowering older people.

*Say No To Ageism Week* is a joint initiative between the Equality Authority, the National Council on Ageing and Older People and the Health Service Executive. The week has been held on an annual basis since 2004, usually during the month of May. The aim of the week is to increase awareness and understanding of ageism and how it can exclude older people from participating in, and contributing to, local communities and society as a whole.

In 'Towards 2016; Ten-Year Framework Social, Partnership Agreement 2006-2015' under 'Promoting Education and Employment Opportunities for Older People', the Department of An Taoiseach set out its goals and objectives for both the government and the social partners to maximise the opportunities for older people to participate in education, employment and other aspects of economic and social life. One of its goals was specifically outlined to combat ageism – "... public information campaigns to tackle ageism... The Equality Authority, HSE and the National Council on Ageing and Older People to continue to promote such initiatives over the course of this agreement".

For the last number of years, the National Council for Ageing and Older People, the Equality Authority and the HSE have championed *Say No to Ageism Week*. The three partner organisations have taken the initiative in driving the campaign – striving to raise public awareness in relation to ageism as an issue, and challenging stereotypical attitudes in relation to older people.

The *Say No to Ageism* campaign has gained momentum over the years. In 2007, the transport sector, namely Bus Éireann, Iarnród Éireann, Veolia and Dublin Bus, participated in the campaign.

In 2008, *Say No to Ageism Week* took place from 19th to 23rd May and was officially launched by Minister Máire Hocht, T.D., in the Equality Authority Offices in Dublin on Monday, 19th May. The organisations who participated in 2007 were joined by the Irish Hospitality Institute and the Institute of Leisure and Amenity Management.

One of the primary means used to highlight ageism as an issue and promote an awareness of ageism was through an advertising campaign. This campaign attempted to draw attention to how society labels older people and how this labelling can diminish older people and their potential (*Please see Appendix 9 to view the poster advertisements*).

Various media were used for the advertisements in the 2008 campaign, including:

- Cinema, through a 30 second advertisement
- Bus Shelters
- Luas
- Billboards
- Commuter cards
- Washroom sites in public houses, nightclubs, restaurants etc.
- National newspapers
- National and local radio

Apart from the three partner organisations (the Equality Authority, the National Council on Ageing and Older People and the HSE), a number of other sectors have participated in *Say No To Ageism Week*.

#### 4.1.1 Transport Sector

The transport sector, comprising Irish Rail, Dublin Bus, Veolia, Bus Eireann and the Rural Transport Initiative, joined the initiative in 2006 and produced an action plan to promote more age friendly transport. The main components of their action plan included:

- Developing a policy with a focus on age friendly customer service.
- Exploring age-friendly initiatives in consultation with older people.
- Provision of age-awareness training to customer service staff.
- Improved communication, particularly to older people, through user friendly materials.

The transport sector deepened their commitment to age friendly services as part of their continuing involvement in the *Say No to ageism Week*. For example, low floor access of Dublin Bus vehicles comprised 78% of the fleet in 2008, up from 5% in 2001. The Luas service has many user-friendly features e.g. low floors, audio-visual announcements, handrails, etc., making it easier for all travellers and particularly older people that have mobility difficulties.

#### 4.1.2 Irish Hospitality Institute (IHI)

The Irish Hospitality Institute (IHI) was founded in 1966 as the professional body for managers in the hotel, tourism and catering industries in Ireland. The IHI participated in the 2008 *Say No To Ageism* campaign. The IHI, in conjunction with the Equality Authority, developed an action plan to enhance age friendly service provision in their sector. The aim of the action plan was *“to enhance the quality of customer service to older people in the hospitality sector in an environment of respect and dignity that is responsive to their particular needs”*. The IHI developed a number of initiatives to support their plan including:

- The action plan was highlighted at the IHI AGM and conference on 22nd May, 2008
- A learning network event for IHI members was held on 1st July, 2008 to support age awareness and skills for age friendly service provision.
- Distribution of age awareness posters among IHI members.
- Distribution to IHI members of Equality Authority publication *Towards Age Friendly Provision of Goods and Services* (Equality Authority, 2005).
- Development of an age friendly policy for the hospitality sector.
- Training to promote age friendly approaches in relation to employment and customer services.

A report on the initiative will be prepared by the Tourism Research Centre at Dublin Institute of Technology (DIT).

#### 4.1.3 Institute of Leisure and Amenity Management (ILAM)

The Institute of Leisure and Amenity Management (ILAM) is the Irish Leisure Industry Body for all sports, fitness, aquatic, health spas and associated facilities. It was founded in 1988 and joined the *Say No To Ageism* campaign in 2008. ILAM launched an action programme for age friendly services provision in this sector on 23rd May. This focused on how the leisure industry can communicate effectively with older people, provide age awareness training to their staff, and design services that meet needs particular to older people.

A training workshop was convened in Sportslink, Santry on 9th September at which Age and Opportunity provided training on age friendly provision to managers of sport and leisure centres in Dublin and Cork. As a result of the workshop, a number of the sport and leisure centres have made application to the Equality Authority to avail of the grant scheme to promote equality at the level of enterprise. The scheme provides up to five days consultancy support in an individual enterprise, undertaken by a consultant from a panel of human resource/equality consultants selected by the National Framework Committee for Equal Opportunities at the Level of Enterprise.

#### 4.1.4 Health Service Executive (HSE)

The HSE has been a partner in *Say No to Ageism Week* since its inception. It has undertaken actions to promote age friendly health service provision in a number of areas, including residential, day care, community and acute services.

These actions have included:

- *Age Wise* training of staff by *Age and Opportunity*
- Advocacy awareness training
- Consultation with residents in long stay units about the quality of care including meals, the environment, times of religious services, etc.
- Awareness raising among staff and suppliers of the use of appropriate language
- Circulation of age friendly brochures and anti-ageism materials to staff
- Challenging ageist attitudes among staff, patients and visitors
- Establishment of advocacy groups
- The development of introductory booklets for future residents in long term residential settings

All of these actions contribute to breaking down the barriers that support discrimination against older people in fully participating in society. They challenge us all to ensure work practices and service delivery support older people in a constructive and non-discriminatory manner and help eliminate a culture in which abuse can thrive.

On the recommendation of the National Council of Ageing and Older People (NCAOP), a review of the week for the past five years has been commissioned by the three partner organisations and will assist in identifying future directions for the initiative. Consideration now needs to be given in relation to HSE support for, and participation in, the 2009 campaign.

## 4.2 National Centre for the Protection of Older People

One of the recommendations contained in *Protecting Our Future*, and a key objective for the National Elder Abuse Steering Committee, is the establishment of a national research centre on elder abuse. The following extract from *Protecting Our Future* outlines the function and purpose of 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"*

While the report suggested that the Department of Health and Children should establish the national centre, recent changes in the organisation of the health services means that it is now funded through the Health Service Executive.

Following a tender competition, University College Dublin was awarded the contract to establish the National Centre for the Protection of Older People 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 principal objective of the National Centre for the Protection of Older People, is to 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 solely 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 for the Protection of Older People, it will develop links with other relevant sectors in order to influence policy in these areas.

### **Services required from the National Centre for the Protection of Older People**

The provision of the following education and research services are currently being considered:

- Substantive original research on elder abuse in Ireland. Such research should provide information, advice and support on elder abuse to service planners across all relevant government departments and providers of services to older people.
- Advice on and subsequent evaluation of the content and effectiveness of selected elder abuse induction and training programmes for health and social care staff and other staff groups such as An Garda Síochána, solicitors and those working in the financial sector.
- Priority research issues are likely to include the following:
  - Development of approaches to elder abuse which focus on empowerment of vulnerable older people
  - Development of strategic approaches to the prevention, identification and management of elder abuse in the community and in residential settings
  - Identification of current practices in residential care that may result in the abuse of older people
  - Older people's perceptions of elder abuse
  - Public perception of ageing/older people
  - Public awareness of elder abuse
  - Evaluation of training and education schemes
  - The need for structured counselling services for those suffering from elder abuse
  - Evaluation of the results of elder abuse interventions

## 5.1 Methodology of Data Collection

All referrals of alleged or suspected elder abuse made to the Senior Case Workers are recorded on a 'Record of Initial Referral - Form 5' (see Appendix 11). A unique identifying number is assigned to each referral to allow it to be tracked through the service while maintaining anonymity. All forms are forwarded to the Dedicated Officers for validation, coding and inputting into MS Excel. 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 12). A summary table is automatically generated from the raw data to provide key statistics on a monthly basis, both at an area and national level. This table includes number of referrals, gender of alleged abused, type of alleged abuse, status of referral, outcome of the referral, place of residence and location of abuse.

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). Summary statistics will be provided for the total group in 2007 and 2008, with more detailed analysis provided for the latter.

## 5.2 Summary of Total Referrals 2007

A formal process to collect national elder abuse statistics commenced in 2007. A summary of the data relating to this period is presented in the following tables. In total, 927 referrals were made in 2007, the majority coming from the South (50%) followed by DNE (23%). The data for 2007 is incomplete as the data collection processes had not been fully developed until 2008. Note also that a breakdown on referral categories is only available from three areas, with classification data absent from DNE. This is evident in Tables 1 & 2.

**Table 1** Summary of Total Referrals in 2007

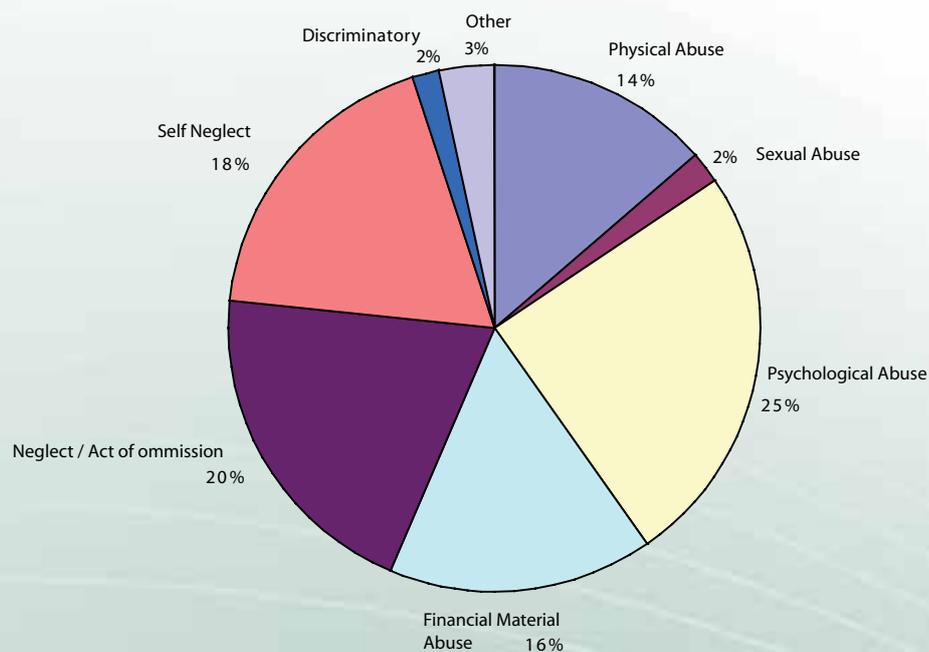
	No of Referrals	Gender (N=708)		Status Of Case (N=710)		Outcome of Case (N=668)		
		Male	Female	Open	Closed (inclusive of RIP)	Substantiated	Not Substantiated	Inconclusive
<b>DNE</b>	217 (23%)							
<b>DML</b>	125 (14%)	45 (36%)	80 (64%)	22 (18%)	103 (82%)	36 (29%)	41 (33%)	48 (38%)
<b>South</b>	468 (50%)	184 (39%)	283 (61%)	49 (10%)	419 (90%)	152 (34%)	101 (23%)	193 (43%)
<b>West</b>	117 (13%)	35 (30%)	81 (70%)	47 (40%)	70 (60%)	46 (48%)	14 (14%)	37 (38%)
<b>National</b>	927 (100%)	264 (37%)	444 (63%)	118 (17%)	592 (83%)	234 (35%)	156 (23%)	278 (42%)

Available data from the other three HSE areas indicated that referrals related mainly to females 63% (Table 1). Further classification by referral rate/1,000 population in the age categories over 65 years (Table 2) found that the rate was highest in the over 80 years age category across the three HSE areas. Multiple response analysis of the reason for referral found that, of the 1,003 abuse categories selected in the 710 referrals, psychological, neglect, self-neglect, financial and physical were the main types of abuse alleged (Fig 1). Currently, 17% of these cases remain open, which when categorised by HSE area, shows a variation from 40% in the West to 10% in the South. A case outcome was available for 668 cases which showed that 35% of cases were substantiated, 23% not substantiated and 42% inconclusive (Table 1).

**Table 2** Referral Rate /1000 Population All and Subcategories for 65+ Years 2007

	Total 65+ Years			65-79 Years			80+ Years		
	Population	No. of Referrals	Rate/1,000 population	Population	No. of Referrals	Rate/1,000 population	Population	No. of Referrals	Rate/1,000 population
<b>DNE</b>	92266		0	70990		0	21276		0
<b>DML</b>	122369	109	0.89	93271	69	0.7397798	29098	40	1.37
<b>South</b>	128545	378	2.94	97960	218	2.2253981	30585	160	5.23
<b>West</b>	124746	111	0.89	92793	48	0.5172804	31953	63	1.97
<b>National</b>	467926	598*	1.28	355014	335	0.9436248	112912	263	2.33

\*927 total referrals, 710 excluding DNE. 657 of these cases were for those aged 65+. In this analysis 598 cases were used as 59 cases were missing age information.

**Fig 1: Multiple Response Analysis of Reason for Referral Abuse Categories 2007**

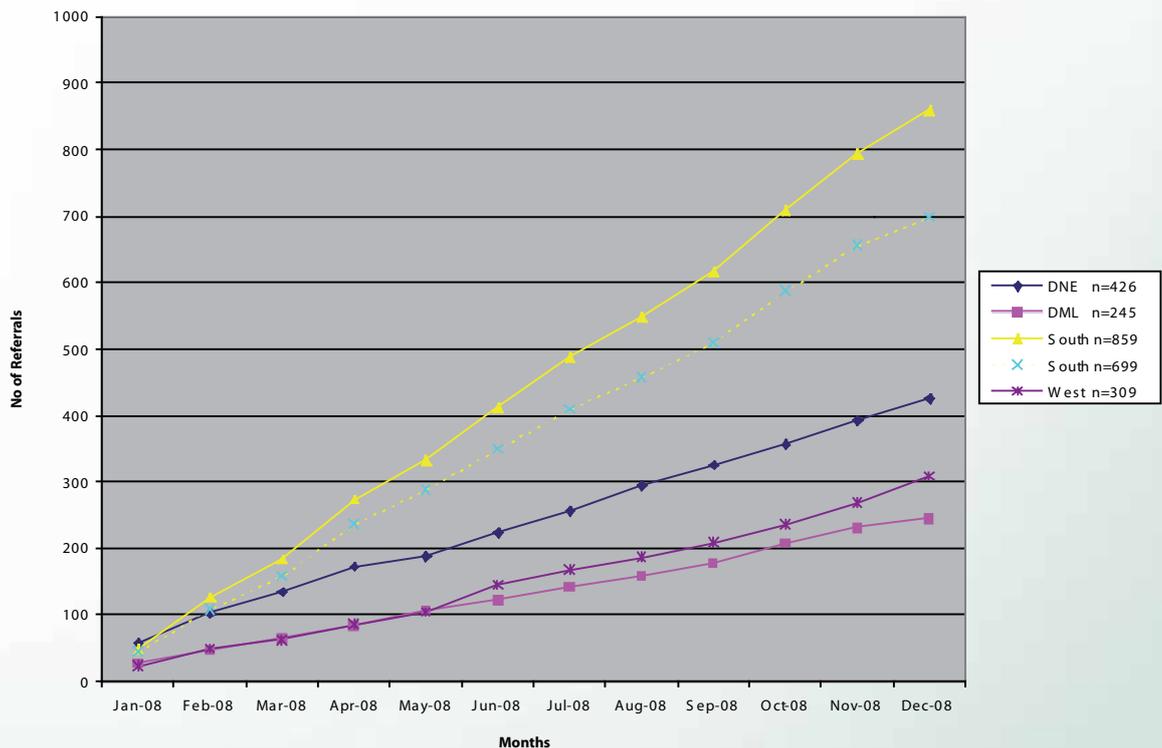
### 5.3 Summary of Total Referrals 2008

For the 2008 dataset, January 14th, 2009 was set as a cut-off date for submissions onto the database. Every effort was made to include all referrals for 2008 by this date. However, a small number were received after this date and have been included in the database but not considered in this analysis.

#### 5.3.1 Gender and Age Classification

In total, there were 1,840 referrals made to the service in 2008. Of these, 427 were from DNE (23%), 245 from DML (13%), 859 from the South (47%) and 309 from the West (17%). The cumulative number of referrals in 2008 by HSE Area is displayed in Fig 2. The potential impact of individuals being re-referred into the service was examined, with results showing a total of 170 cases with a previous referral i.d., of which 160 were in the South. This, in part, explains the large variation between the referral rates in the South relative to the other areas. Fig 2 illustrates both the actual (n=859) and modified, i.e., removal of repeat referrals (n=699), position in the South.

Fig 2 illustrates the cumulative number of referrals across all areas in 2008. The number of referrals in HSE South remains higher than all other areas. The number of over 65s in this area relative to the other areas does not account for this variation (Table 4). However, it may be explained, in part, by the fact that there is a well established service in this area and that it had a full complement of specialist elder abuse staff throughout 2008.



**Fig 2: Cumulative Profile of Referred Cases by HSE Area in 2008**

The gender breakdown is consistent in all areas, with more females referred (Table 3). Examining the rate/ 1,000 population over 65 provides a basis for an appropriate comparison by HSE area (Table 4). The greatest referral rate is evident in the 80+ years age group with a wide variation between the areas, ranging from 11.77/1,000 population in the South to 3.61/1,000 population in DML. The national rate was 6.91/1,000, which is three times greater than the rate evident in the 65-79 years olds.

**Table 3** Gender Breakdown by HSE Area for All Cases (N=1815). Gender information missing from 25 cases.

	DNE		DML		South		West		National	
	No. of Referrals	%								
<b>Male</b>	178	42	82	34	306	36	104	36	670	37
<b>Female</b>	247	58	163	66	553	64	182	64	1145	63
<b>TOTAL</b>	425		245		859		286		1815	

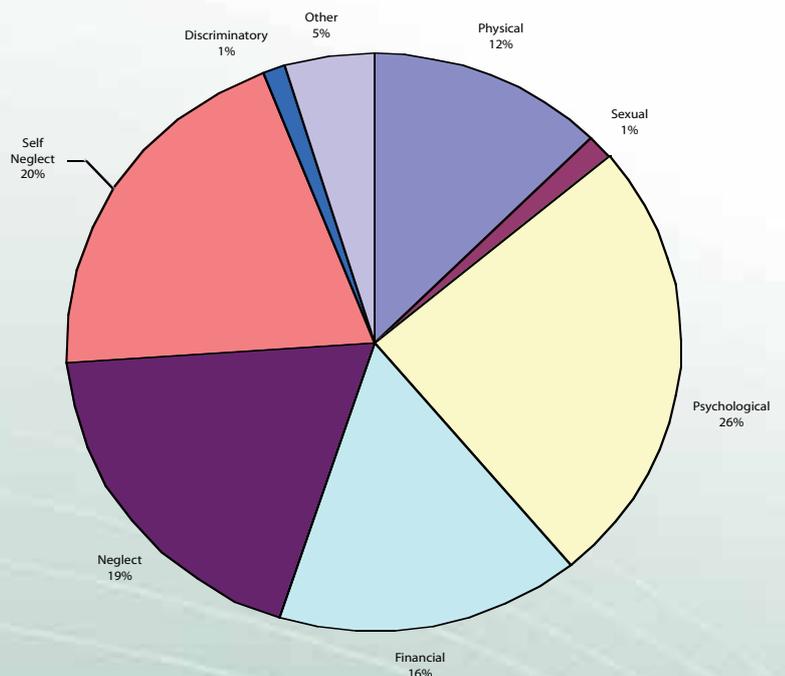
**Table 4** Age Categorisation of Referral Rate /1000 Population by HSE Area

	Total 65+ Years			65-79 Years			80+ Years		
	Pop.	No. of Referrals	Rate /1,000	Pop.	No. of Referrals	Rate /1,000	Pop.	No. of Referrals	Rate /1,000
<b>DNE</b>	92266	382	4.14	70990	196	2.76	21276	186	8.74
<b>DML</b>	122369	235	1.92	93271	130	1.39	29098	105	3.61
<b>South</b>	128545	714	5.55	97960	354	3.61	30585	360	11.77
<b>West</b>	124746	264	2.12	92793	135	1.45	31953	129	4.04
<b>National</b>	467926	1595	3.41	355014	815	2.30	112912	780	6.91

**Note:** Of 1,840 referrals, 1,743 cases were for those aged 65+ years. In this analysis, 1,595 cases were used as 148 cases were missing age information

### 5.3.2 Reason for Referral

Of the 1,840 referrals made to the service in 2008, there were 2,479 abuse categories identified. To eliminate the possibility of case identification, no breakdown by HSE area will be provided as the sample size in certain categories was too small. Multiple response analysis of the total sample indicated that psychological abuse is the most common form of abuse (26%). Self-neglect is reported in 20% of all responses. Neglect, financial and physical are the other main types of abuse reported. 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=359). These will be examined separately in section 5.5. The rationale for this is that self-neglect is not included in the HSE definition of abuse, and also not included in the HSE policy on elder abuse, except in 'exceptional circumstances'.

**Fig 3: Multiple Response Analysis of Reason for Referral Abuse Categories - All Cases 2008**

## 5.4 Detailed Analysis of Total Referrals 2008 Excluding Self-Neglect

Within this section, comparisons are made where possible to international literature. These need to be viewed with caution given the fact that information to date relates to alleged abuse in contrast to the literature which predominantly looks at substantiated cases. However, amendments have been made to the recording forms which will, in 2009, enable substantiated cases to be linked to information on abuse type and key factors relating to the person causing concern (relationship, gender, living with older person).

### 5.4.1 Age and Gender

In total, 1,481 cases were analysed in this section, excluding cases where self-neglect is solely 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 144 such cases.

Two thirds of all alleged abuse reported related to females (Table 5). Fifty percent of referrals related to individuals 80+ years, giving a national rate /1,000 population of 5.69 (ranging from a high in the South of 9.48 to a low in DML of 3.13 - Table 6)

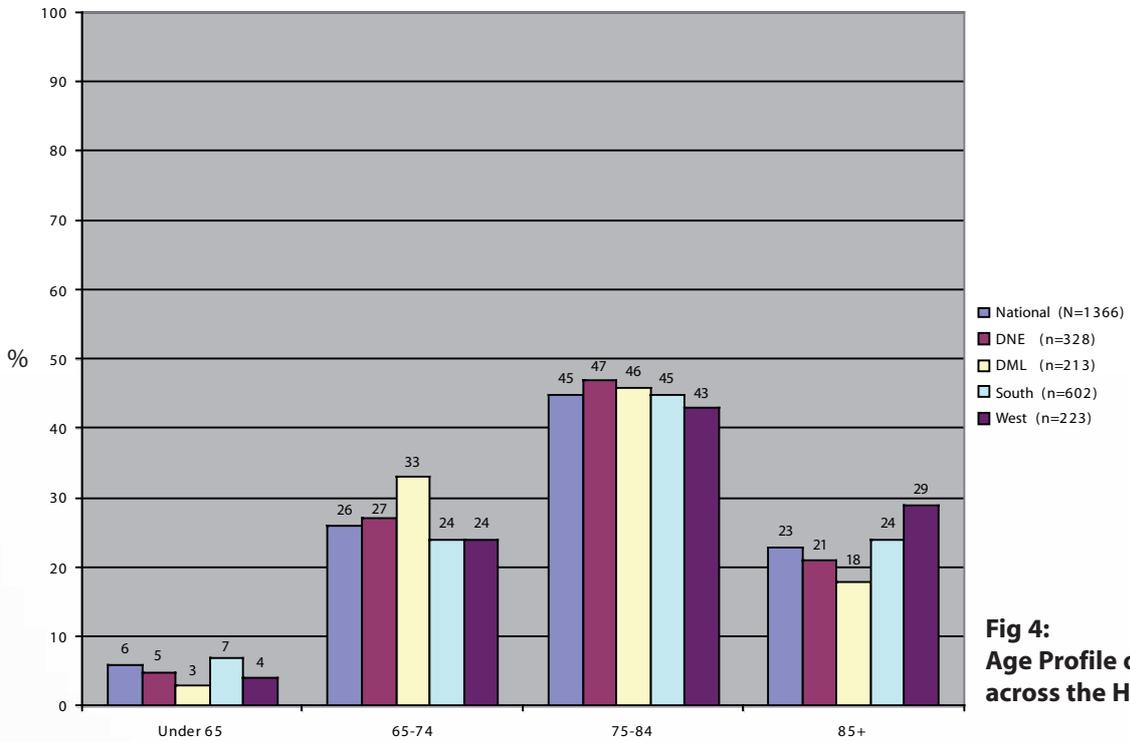
**Table 5** Gender Profile of Referrals N=1464

	DNE		DML		South		West		National	
	No. of Referrals	%								
<b>Male</b>	130	38	68	32	207	31	75	32	480	33
<b>Female</b>	215	62	147	68	463	69	160	68	985	67
<b>TOTAL</b>	345	100	215	100	670	100	235	100	1,465	100

**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.	No. of Referrals	Rate /1,000	Pop.	No. of Referrals	Rate /1,000
<b>DNE</b>	92266	311	3.37	70990	162	2.28	21276	149	7.00
<b>DML</b>	122369	206	1.68	93271	115	1.23	29098	91	3.13
<b>South</b>	128545	561	4.36	97960	271	2.76	30585	290	9.48
<b>West</b>	124746	214	1.72	92793	101	1.09	31953	113	3.54
<b>National</b>	467926	1292	2.76	355014	649	1.82	112912	643	5.69

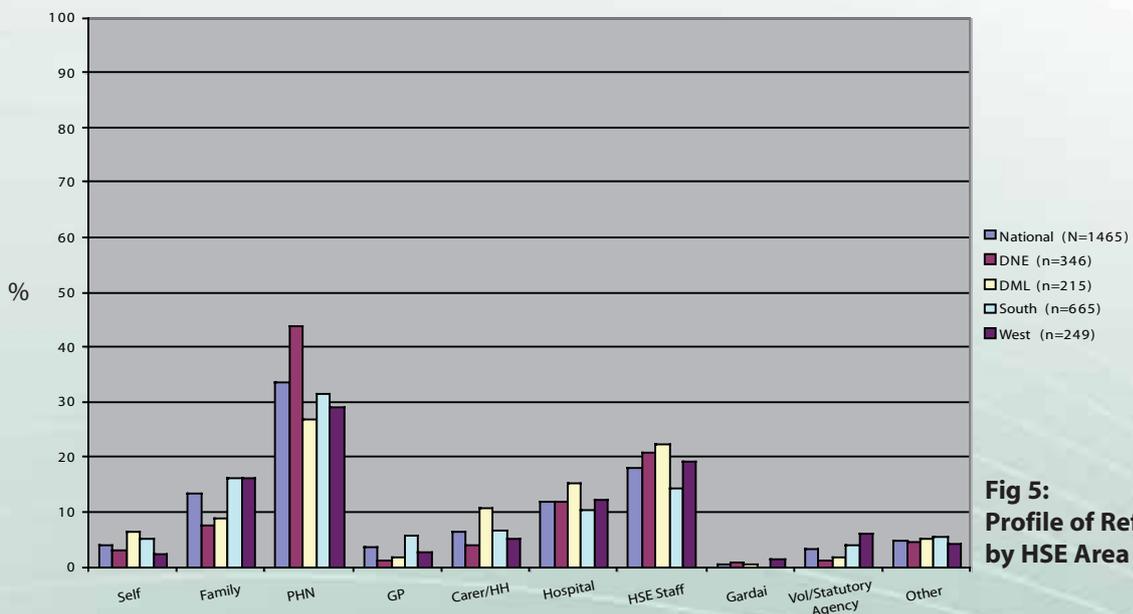
**Note:** Of 1,481 referrals, 1,407 were for those aged 65+ years. In this analysis 1,292 cases were used as 115 cases were missing age information



**Fig 4:**  
**Age Profile of Referrals**  
**across the HSE Areas**

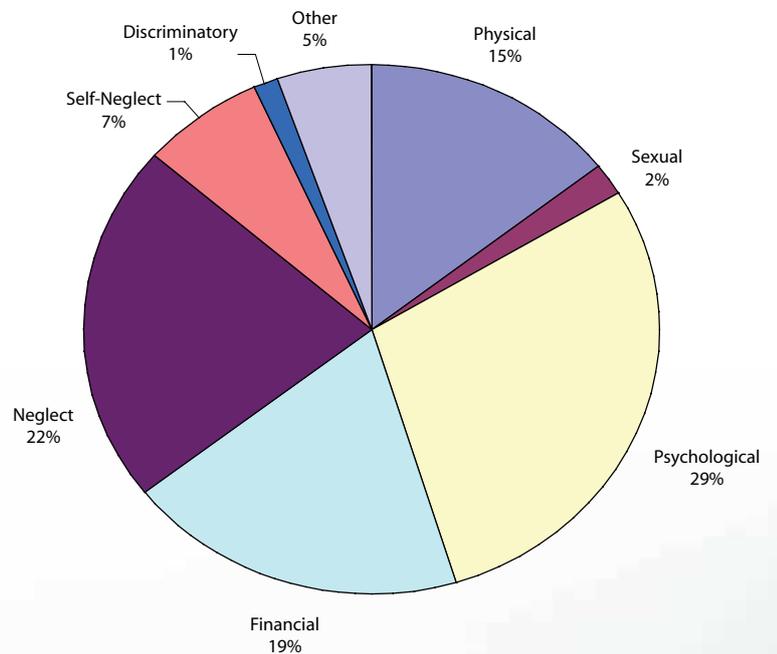
### 5.4.2 Referral Characteristics

A consistent trend is evident across all the HSE Areas in that the Public Health Nurse (PHN) is the main source of referral with hospital, HSE staff and family being the other major sources. This contrasts with research literature (Bonnie & Wallace, 2003; Teaster & Colleagues, 2003), which found that the most common reporters of elder abuse were family members, social services staff, friends and neighbours with medical staff (nurses, home health staff, doctors) constituting less than 5% of total referral sources. There are a few possible explanations for this; one being that the family referrals may be inappropriately classified as PHN referrals as they are the main contact in the community. Another possible explanation may be that, since their appointments, the Senior Case Workers have closely liaised with the PHNs, thus generating a referral practice into the service.



**Fig 5:**  
**Profile of Referral Source**  
**by HSE Area**

There were 2,212 alleged abuse categories identified. Fig 6 illustrates the breakdown by category which shows psychological, financial, neglect and physical abuse remain the most common abuse types. Further categorisation by gender, as illustrated in Table 7, did not yield any significant gender differences in terms of alleged abuse type reported.

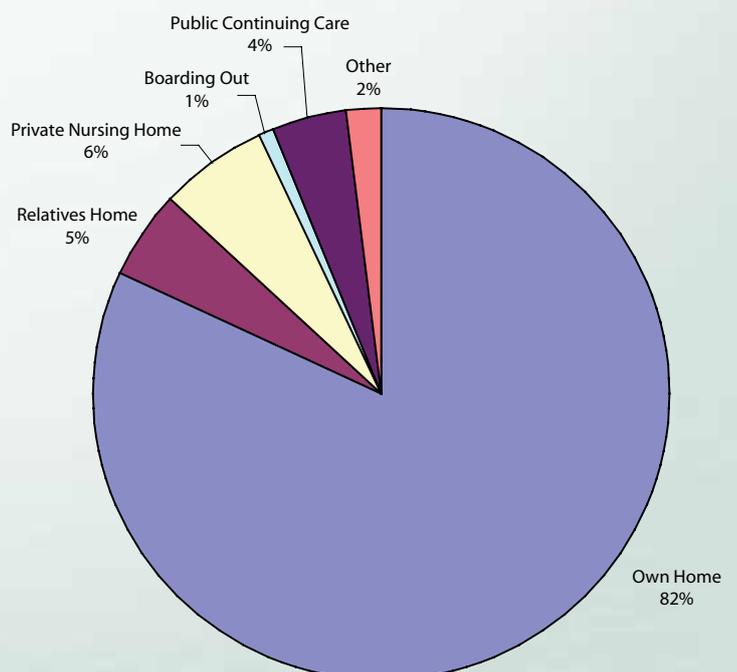


**Fig 6: Multiple Response Analysis of Reason for Referral Abuse Categories-Inclusive Partial Self Neglect**

**Table 7** Percentage Breakdown of Alleged Abuse Type by Gender

	Physical	Sexual	Psychological	Financial	Neglect	Self-Neglect	Discrimination	Other	Total
<b>Male</b>	14.8	1.9	31.6	18.5	21.3	6.0	1.3	4.6	100%
<b>Female</b>	14.6	1.7	29.1	18.9	22.2	6.9	1.3	5.4	100%

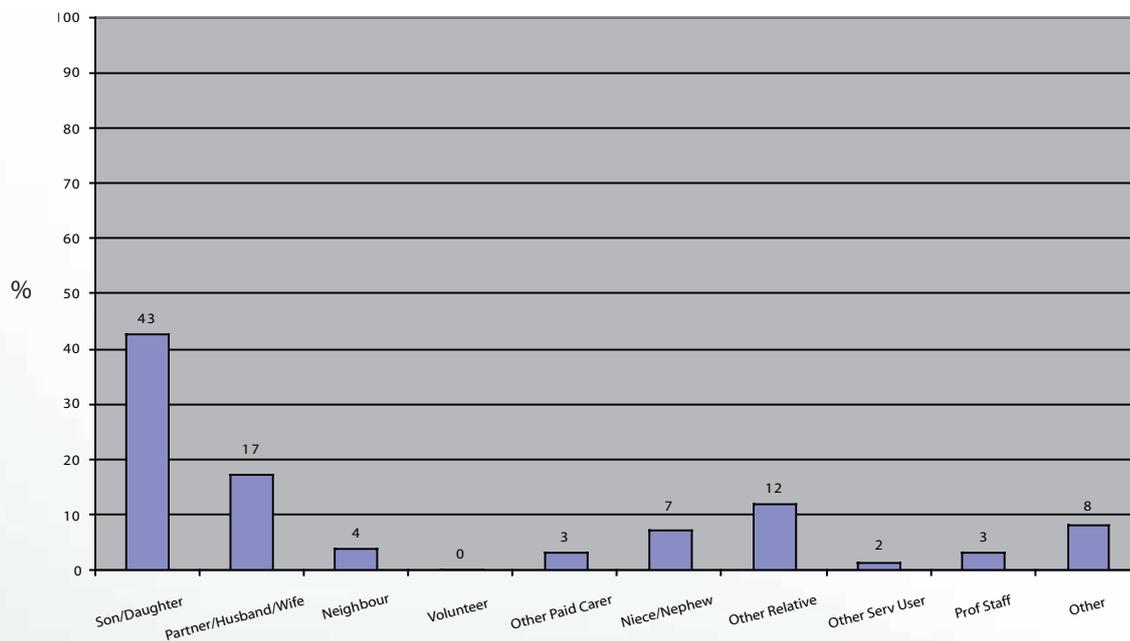
Fig 7 illustrates the fact that, nationally, the majority of referrals relate to individuals who live at home (82%) varying on an area basis from a high of 88% in DNE to a low of 76% in DML. Only a very small percentage selected 'other' and this related to friend's/carer's home, respite care, sheltered housing or acute hospital. In 94% of cases, the abuse was alleged to have occurred in the person's place of residence with 4% of referrals selecting 'other', with hospital the only emerging consistent other location reported (18 out of 51 cases equating to 35%).



**Fig 7: National Breakdown of Place of Residence**

### 5.4.3 Characteristics of Person Causing Concern

Nationally, 83% of cases report just one person causing concern which rises to 97% for two alleged perpetrators. This is consistent across all areas. As illustrated in Fig 8, the predominant alleged perpetrators have been reported as those that have the closest relationship to the person, i.e. son/daughter (43%), partner/husband/spouse (17%) and other relative (12%). In 53% of all cases, the alleged perpetrator is living with the older person, ranging from a high in DNE of 64% to a low in the South of 42%. International research has reported similar findings. For example, in the U.S., 90% of perpetrators have been reported as family members (National Center on Elder Abuse, 1998). Although household surveys show that spouses are more likely to abuse (Pillemer & Finkelhor, 1988; Podnieks, 1992), abuse by adult children is reported most often (National Center on Elder Abuse, 1998; Teaster et al, 2006).



**Fig 8: National Profile of Alleged Person Causing Concern (1402 responses recorded)**

### 5.4.4 Status and Outcome of Cases

There appears to be a wide variation in the status of referred cases across the HSE areas. While at a national level, 54% of cases remain open, this varies from 40% in the South to 82% in the West. While this may relate to case complexity, it is more likely due to varying work practices regarding case closures across the areas.

**Table 8 National and Area Summary of Referral Status N=1479**

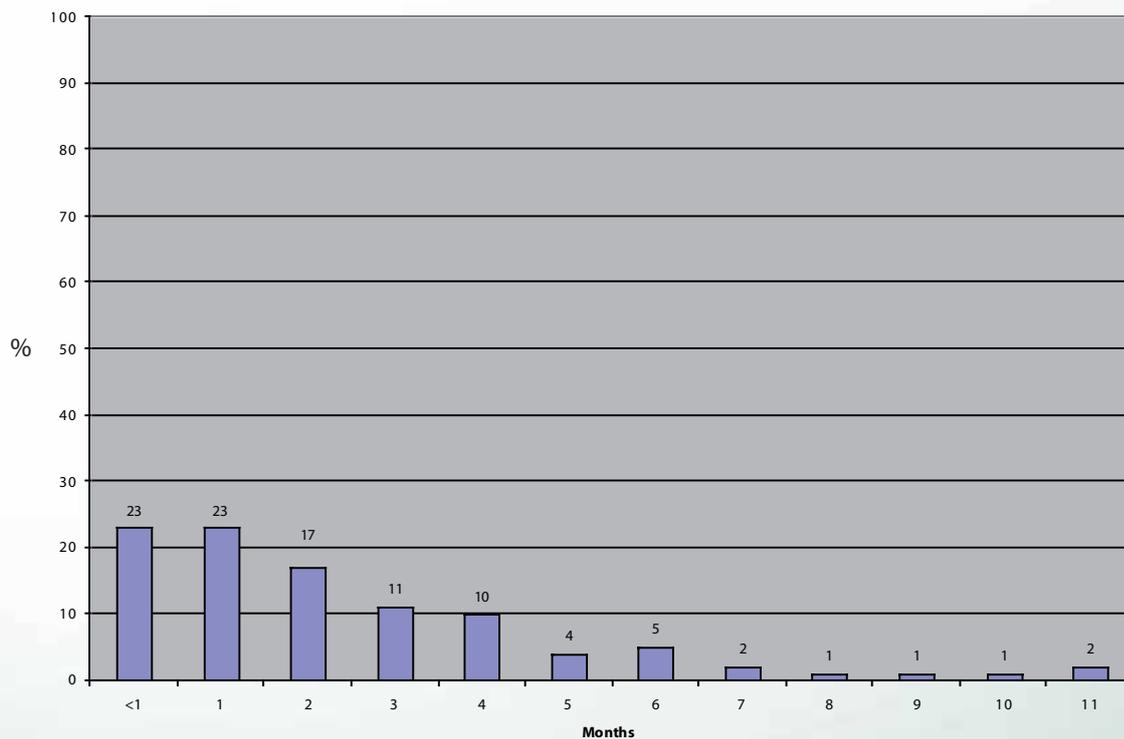
	DNE		DML		South		West		National	
	No. of Referrals	%	No. of Referrals	%	No. of Referrals	%	No. of Referrals	%	No. of Referrals	%
<b>Open</b>	207	60	126	59	268	40	205	82	806	54
<b>Closed</b>	130	37.5	84	39	383	57	39	16	636	43
<b>Closed RIP</b>	9	2.5	5	2	19	3	4	2	37	3
<b>TOTAL</b>	346	100	215	100	670	100	248	100	1,479	100

**Table 9** National and Area Summary of Outcome of Cases (N=771)

	DNE		DML		South		West		National	
	No. of Referrals	%								
<b>Substantiated</b>	52	28	29	23	82	20	11	20	174	23
<b>Not substantiated</b>	72	38	23	19	127	32	15	27	237	31
<b>Inconclusive</b>	65	34	72	58	194	48	29	53	360	47
<b>TOTAL</b>	189	100	124	100	403	100	55	100	771	100

Further analysis by outcome, relating to cases that have completed a 'Follow-up on Record of Initial Referral - Form 6' either on case closure or at 6 months, indicates that, nationally, the majority of cases are inconclusive at 47%, with only 23% found to be substantiated. (Table 9)

There was case length information available on 668 cases which is presented in Fig 9. The majority of cases, 88%, are closed within 6 months, with 23% closed within one month.

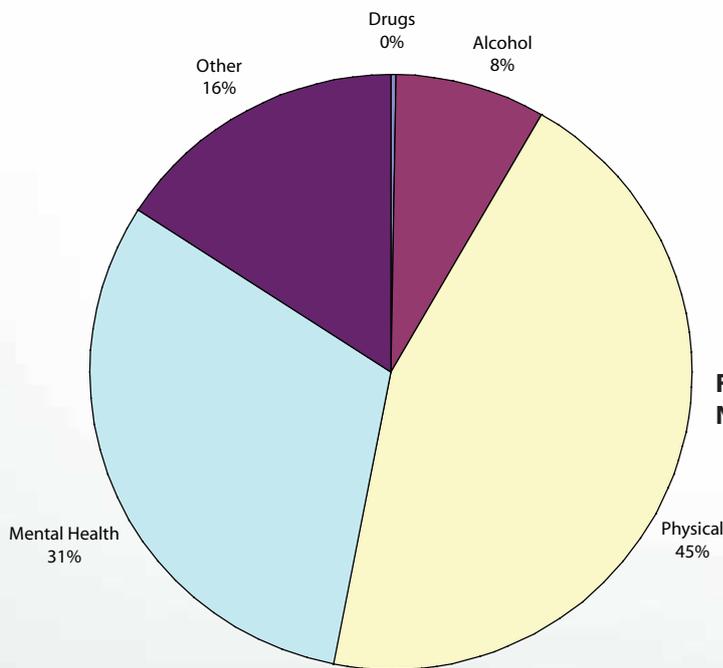
**Fig 9: National Profile of Case Length by Month**

#### 5.4.5 Issues and Interventions for Client

Of the 792 cases that completed a 'Follow-up on Record of Initial Referral - Form 6', 11% involved some consultation with An Garda Síochána with 7% referred to An Garda Síochána. Nationally, only 40 cases involved some level of legal consultation which represented 5% of all cases. Only 17 cases proceeded to some level of legal action (2%). The predominant legal action taken related to domestic violence legislation. Ten cases selected 'other' which related to barring orders and safety orders.

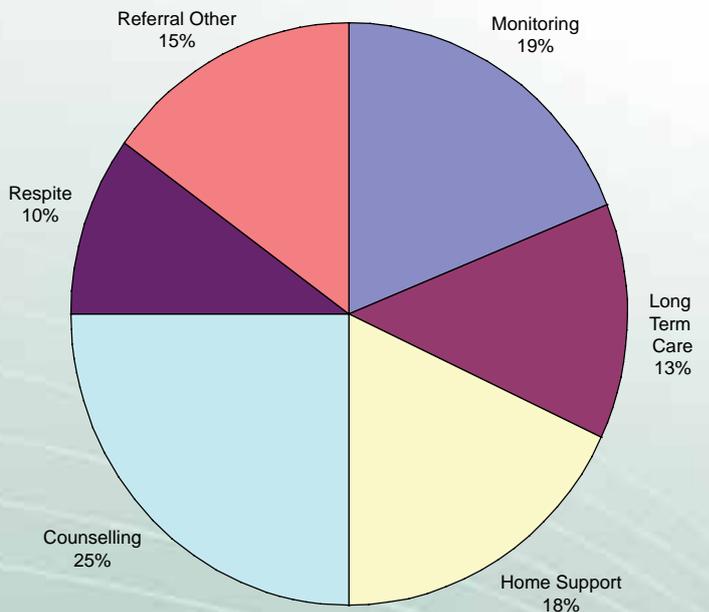
A total of 433 cases (55%) were identified by the Senior Case Workers as having at least one possible/suspected health issue. These were predominantly mental and physical health factors (Fig 10). In relation to physical health, this corroborates with research evidence which has shown that older people in poor health and who have functional limitations are at heightened risk (Beach et al., 2005; Fischer & Regan, 2006). In addition, with regard to mental health, research has found that victims are likely to experience mental health problems, including depression, low self-esteem, and substance abuse. (Dyer, Pavlik; Fisher & Regan, 2006). The latter, regarding substance abuse, is not borne out in these results.

Dementia and intellectual disability emerged as the most consistently reported 'other' issue thus warranting their inclusion as categories in their own right in the 2009 dataset.



**Fig 10:**  
National Breakdown of Issues for Client

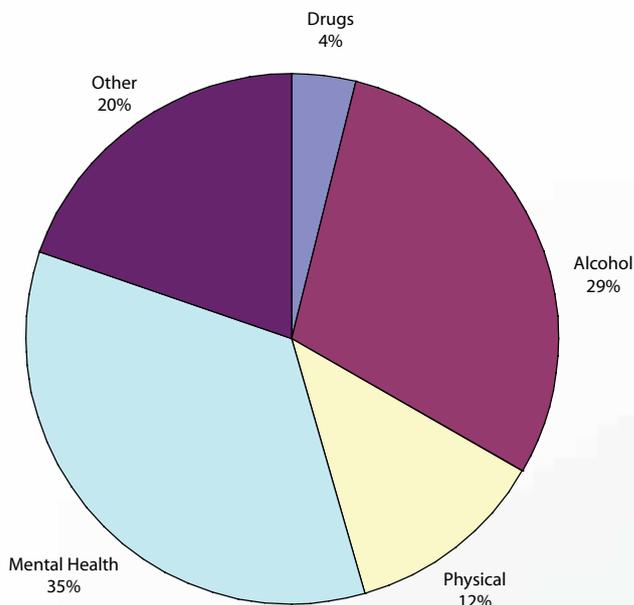
In the majority of cases, services were offered and accepted by clients. Nationally, this was 72%; ranging from 85% in DNE to 63% in the South. Counselling emerged as the main type of intervention provided (25%) followed by home support and increased monitoring (Fig 11). A high proportion reported 'other' with the following services acknowledged - day care, psychiatry/mental health and disability services.



**Fig 11:**  
Services Offered to Client

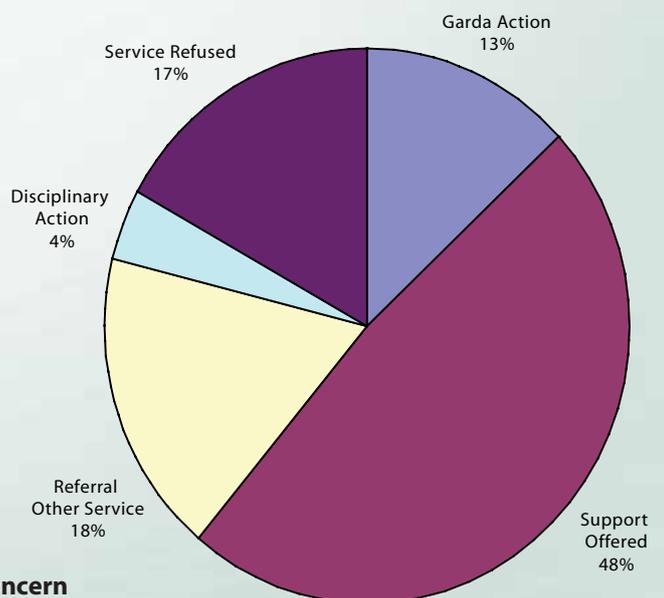
### 5.4.6 Issues and Interventions for Alleged Person Causing Concern

Of the 792 cases that completed a 'Follow-up on Record of Initial Referral – Form 6', 233 cases (30%) were identified by the Senior Case Workers as having at least one possible/suspected health issue for the alleged person causing concern. Mental health and alcohol issues are the most common possible/suspected issues representing 35% and 29% of responses respectively. It must be acknowledged that a large percentage (20%) selected 'other' with the following being the main issues identified; carer stress and intellectual disability. The latter has been included in the 2009 dataset. The findings represented here are in agreement with international research which has shown that, in a significant number of cases, perpetrators are likely to have mental health, substance abuse, and behavioural problems. (Anetzberger, 2005; Anetzberger, Korbin, & Austin, 1994; Greenberg et al.,1990; Lachs & Pillemer, 1995; Pillemer & Filkelhor, 1988; Wolf & Pillemer, 1989).



**Fig 12:**  
National profile on Issues for the Person Causing Concern

Support offered in the form of counselling and mediation was the most commonly documented action taken regarding the person causing concern. This was followed by referral to other services which was documented as day care, primary care and mental health services. 13% of cases involved Garda action.



**Fig 13:**  
Actions taken regarding person causing concern

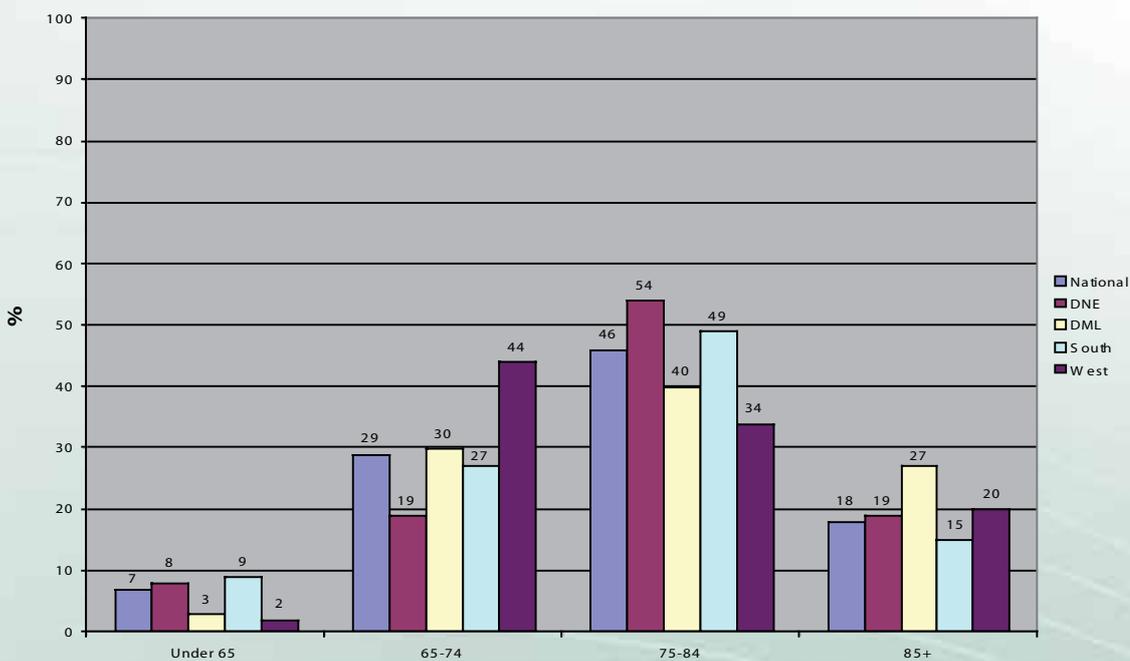
## 5.5 Self-Neglect

There were a total of 359 cases in 2008 where only self-neglect was reported and no other abuse alleged. Gender information was available on 350 cases which showed that nationally 54% were males and 46% were females. As is illustrated in Table 10, this trend was replicated in three of the four regions, with DML being the exception with more females referred. The majority of cases came from the South, 189 cases representing 53% of referrals, with 25 cases (13%) having a previous referral i.d.

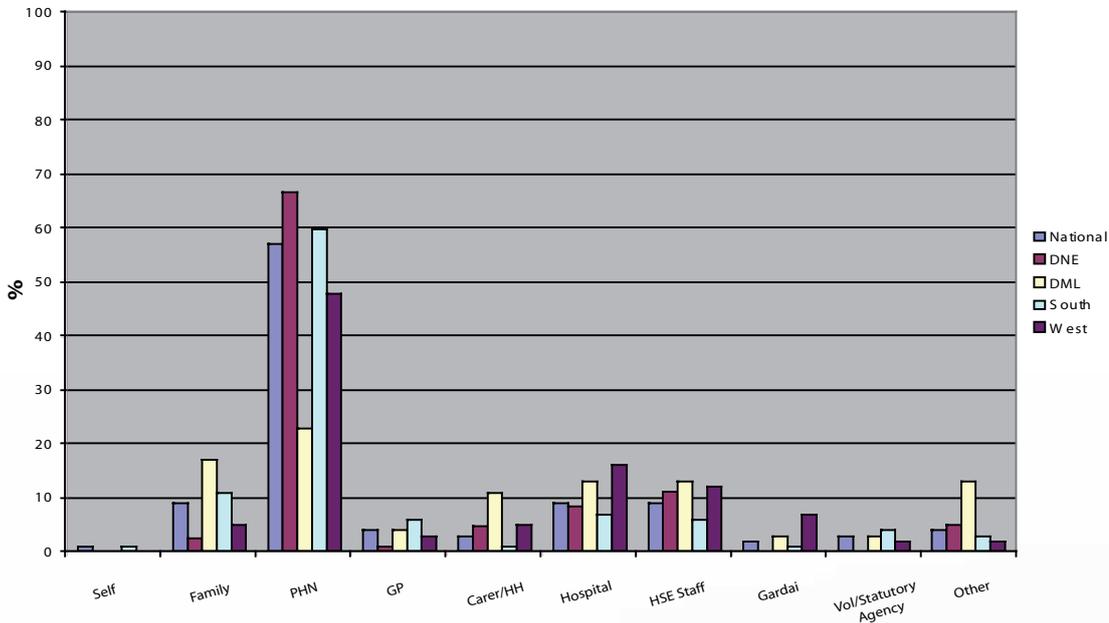
**Table 10** Total Number of Self Neglect Referrals by Gender by HSE Area (%)

	DNE	DML	South	West	Total
<b>Male</b>	48 (60%)	14 (46%)	99 (52%)	29 (57%)	190 (54%)
<b>Female</b>	32 (40%)	16 (53%)	90 (48%)	22 (43%)	160 (46%)
<b>TOTAL</b>	80 (100%)	30 (100%)	189 (100%)	51 (100%)	350 (100%)

The number of referrals for self-neglect increases with age, with the majority of cases in all areas occurring in the over 70s (Fig 14). In addition, the main source of referral was the Public Health Nurse (Fig15) which indicates their key role in the community. In terms of 'other referrers', neighbours were the most documented group. Individuals within this category were almost exclusively living at home (95%).



**Fig 14: National and Area Profile of Self-Neglect by Age Category (n=326)**



**Fig 15: Self-Neglect Referral Source by HSE Region n=358**

Currently, 63% of self-neglect cases remain open with a summary by HSE area provided in Table 11.

**Table 11 Summary of Case Status (%) (N=359)**

	National	DNE	DML	South	West
<b>Ongoing</b>	225 (63%)	56 (70%)	13 (43%)	101 (53%)	55 (93%)
<b>Closed</b>	118 (32%)	23 (28%)	16 (53%)	73 (39%)	4 (7%)
<b>RIP</b>	18 (5%)	2 (2%)	1 (3%)	15 (8%)	0
<b>TOTAL</b>	359 (100%)	81 (100%)	30 (100%)	189 (100%)	59 (100%)

## BIBLIOGRAPHY

Anetzberger, G.J.(2005). The reality of elder abuse. In G.J. Anetzberger (Ed.), The clinical management of elder abuse (pp. 1-25). New York: Haworth.

Anetzberger, G.J., Korbin, J.E., & Austin, C.A. (1994). Alcoholism and elder abuse. Journal of Interpersonal Violence, 9(2), 184-193.

Beach, S.R., Sculz, R., Williamson, G.M., Miller, L.S., Weiner, M.F., & Lance, C.E. (2005). Risk factors for potentially harmful informal caregiver behaviour. Journal of the American Geriatrics Society, 52(2), 255-261.

Bonnie, R.J., & Wallace, R.B. (2003). Elder mistreatment, abuse, neglect, and exploitation in aging America. Washington, DC: National Research Council of the National Academies.

Central Statistics Office. (2006) Census 2006 Preliminary Report. Dublin: The Stationery Office

Cooper, C Selwood, A & Livingstone, G. (2008) The Prevalence of Elder Abuse and Neglect: A Systematic Review. Age Ageing. 2008;37(2):151-160.

Dyer, C.B., Pavlik, V.N., Murphy, K.P., & Hyman, D.J. (2000). The high prevalence of depression and dementia in elder abuse or neglect. Journal of the American Geriatrics Society, 48(2), 205-208.

Department of Health and Children (2002) Protecting Our Future-Report of the Working Group on Elder Abuse. Department of Health and Children Dublin: The Stationery Office

Department of Health and Children (1999) Children First: National Guidelines for the Protection and Welfare of Children. Department of Health and Children Dublin: The Stationery Office.

Department of the Taoiseach (2006) Towards 2016 Ten Year Framework Social Partnership Agreement 2006-2015. Department of the Taoiseach Stationery Office Dublin

Equality Authority (2005) Towards Age Friendly Provision of Goods & Services.

Fisher, B.S., & Regan, S.L. (2006). The extent and frequency of abuse in the lives of older women and their relationship with health outcomes. The Gerontologist, 46, 200-209.

Greenberg, J., et al. (1990). Dependent adult children and elder abuse. Journal of Elder Abuse & Neglect, 2(1/2), 73-86.

Health Service Executive (2005) 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/Human\\_Resources/Trust\\_in\\_Care.pdf](http://www.hse.ie/eng/Publications/Human_Resources/Trust_in_Care.pdf)

Lachs, M.S., & Pillemer, K. (1995). Abuse and neglect of elderly persons. New England Journal of Medicine, 332(7), 437-443.

National Center on Elder Abuse. (1998). The National Elder Abuse Incidence Study, Final Report. Washington D.C.: The National Center on Elder Abuse.  
[http://www.aoa.gov/eldfam/Elder\\_Rights/Elder\\_Abuse/AbuseReport\\_Full.pdf](http://www.aoa.gov/eldfam/Elder_Rights/Elder_Abuse/AbuseReport_Full.pdf)

## BIBLIOGRAPHY

- O'Loughlin A and Duggan, J (1998) Abuse, Neglect and Mistreatment of Older People: An Exploratory Study. National Council on Ageing and Older People.
- Pillemer, K., & Finkelhor, D. (1988). The prevalence of elder abuse: A random sample survey. Gerontologist, 28(1), 51-57.
- Podnieks, E. (1992). National survey on abuse of the elderly in Canada. Journal of Elder Abuse & Neglect, 4 (1/2), 5-58.
- Teaster, P.B., & Colleagues (2003). A response to the abuse of vulnerable adults: The 2000 survey of State Adult Protective Services. Report to the National Center on Elder Abuse, Administration on Aging, Washington, D.C.
- Teaster, P.B., Dugar, T.A., Mendiondo, M.S., Abner, E.L., & Cecil, K.A. (2006). The 2004 survey of state adult protective services: Abuse of adults 60 years of age and older. Report prepared for the National Centre for Elder Abuse, Washington DC.
- Wolf, R.S., & Pillemer, K.A.(1989). Helping Elderly Victims: The Reality of Elder Abuse. New York: Columbia University Press.

# APPENDICES

## **Appendix 1:**

Membership of National Elder Abuse Steering Committee

## **Appendix 2:**

Membership of Elder Abuse National Implementation Group

## **Appendix 3:**

Membership of Elder Abuse Awareness Raising and Media Sub Group and Campaign Implementation Group

## **Appendix 4:**

Millward Brown IMS Omnibus Survey Results

## **Appendix 5:**

HSE Elder Abuse Awareness Campaign Newspaper & Radio Advertisements

## **Appendix 6:**

HSE Elder Abuse Information Leaflet

## **Appendix 7:**

HSE Elder Abuse Policy: *Responding to Allegations of Elder Abuse*

## **Appendix 8:**

HSE World Elder Abuse Awareness Day Initiatives

- HSE Dublin Mid Leinster Theatre Production: *Forgotten*
- HSE West Elder Abuse Conference: *Learning Lessons – Sharing Practices*
- HSE South Elder Abuse Seminar: *Uncovering Elder Abuse*

## **Appendix 9:**

*Say No to Ageism* Poster Advertisement

## **Appendix 10:**

Findings and Recommendations in Relation to Self-Neglect

## **Appendix 11:**

Elder Abuse Record of Initial Referral - Form 5

## **Appendix 12:**

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

# MEMBERSHIP OF THE NATIONAL ELDER ABUSE STEERING COMMITTEE

## Mr. Frank Murphy,

Local Health Manager,  
Lead Services for Older People,  
HSE West (Chairperson)

## Mr. Paschal Moynihan,

Specialist,  
Services for Older People,  
HSE West (Vice Chairperson)

## Mr. Brendan Neilis,

Regional Co-ordinator,  
Community Welfare Services,  
HSE Dublin Mid Leinster

## 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,

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HSE South

## Ms. Dolores O'Neill,

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HSE West

## Mr. Donal Hurley,

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HSE West

## Mr. Dorrie Mangan,

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HSE Dublin Mid Leinster

## Mr. Eamonn Henry,

Detective Inspector,  
An Garda Síochána

## Ms. Geraldine O'Brien,

Principal Social Worker,  
HSE Dublin North East

## Ms. Hilary Scanlon,

Services for Older People,  
HSE South

## Mr. John Linehan,

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## Mr. John Costello,

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The Law Society

## Ms. Kate Brennan,

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## Ms. Margaret Kerlin,

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## Ms. Maura Seabrooke,

Senior Case Worker for Elder Abuse,  
HSE Dublin Mid Leinster

## Ms. Maureen Chalmers,

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## Ms. Mo Flynn,

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

## Ms. Pauline Sheehan,

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A&E Department,  
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## Ms. Sarah Marsh,

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### **Ms. Sinéad Fitzpatrick,**

Practice Development Facilitator,  
Nursing Homes Ireland

### **Assisting the Group**

#### **Ms. Julie Lyng,**

Care of the Older Person / Palliative Care Advisor  
Department of Health and Children / Nurse Advisor

#### **Ms. Maria Stanley,**

Higher Executive Officer,  
Department of Health and Children (Secretary)

## MEMBERSHIP OF HSE AWARENESS RAISING AND MEDIA SUB GROUP AND CAMPAIGN IMPLEMENTATION GROUP

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Services for Older People,  
HSE West (Chairperson)

**Ms. Marcella Kelly,**

Senior Social Worker,  
HSE Dublin North East (Vice Chairperson)

**Mr. Michael Murchan,**

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**Mr. Con Pierce,**

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**Ms. Sarah O'Callaghan,**

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The Alzheimer Society of Ireland

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Garda Inspector,  
An Garda Síochána

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# MILLWARD BROWN IMS: A REVIEW OF THE FINDINGS OF THE 'AWARENESS AND UNDERSTANDING OF ELDER ABUSE' OMNIBUS SURVEY



## MILLWARD BROWN IMS: 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



*Spiny*



Millward Brown IMS

HSE RESEARCH ON ELDER ABUSE

# An Introduction to the Research

Why?

- To examine the public's attitudes towards and understanding of elder abuse.

Who?

- All Adults aged 18+
- Quotas on demographics, sample representative of landline owning population.

How many?

- Sample size 950

Where?

- All regions of ROI, nationally representative.

How?

- Telephone interviews in respondents' own homes

When?

- 4<sup>th</sup> – 18<sup>th</sup> June 2008. Note: as there was some media\* activity on the subject of elder abuse on June 14<sup>th</sup> + 15<sup>th</sup>, we have also shown the results for 2 distinct time periods to gauge any impact of this activity:
  - Pre-media activity 4<sup>th</sup> – 13<sup>th</sup> June 2008
  - Post-media activity 14<sup>th</sup> – 18<sup>th</sup> June 2008.

\*The media activity referred to in the above slide, relates to initiatives organised to coincide with World Elder Abuse Awareness Day on June 15<sup>th</sup>, 2008. It does not relate to the Public Awareness Campaign conducted in November and December 2008.

# MILLWARD BROWN IMS: A REVIEW OF THE FINDINGS OF THE 'AWARENESS AND UNDERSTANDING OF ELDER ABUSE' OMNIBUS SURVEY



**MILLWARD BROWN IMS:  
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UNDERSTANDING OF ELDER ABUSE' OMNIBUS SURVEY**



# Understanding of Elder Abuse – Unprompted

*Agiloy*

Base: All Adults Aged 18+ (950)

	Total %	Pre-Media (708) %	Post-Media* (242) %
Abuse of older people (general)	29	25	42*
Neglect/not looking after/taking care of them properly	19	21*	14
Physical abuse/attacks/violence	14	15	12
Emotional/mental abuse	9	10	6
Abuse in nursing homes	9	11*	3
Abuse/neglect by family	8	9*	5
Lack of respect/courtesy/rudeness	8	8	7
Taking advantage of older people	6	6	6
Lack of services/state support for elderly	5	6*	1
Verbal abuse	4	5*	1
Stealing/financial abuse	3	3	3
Ageism	3	4*	-
Lack of respect from young people	2	3	1
Sexual abuse	1	1	1
Other	3	3	3
Don't know	13	14	13

\*Statistically significant difference pre vs post

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

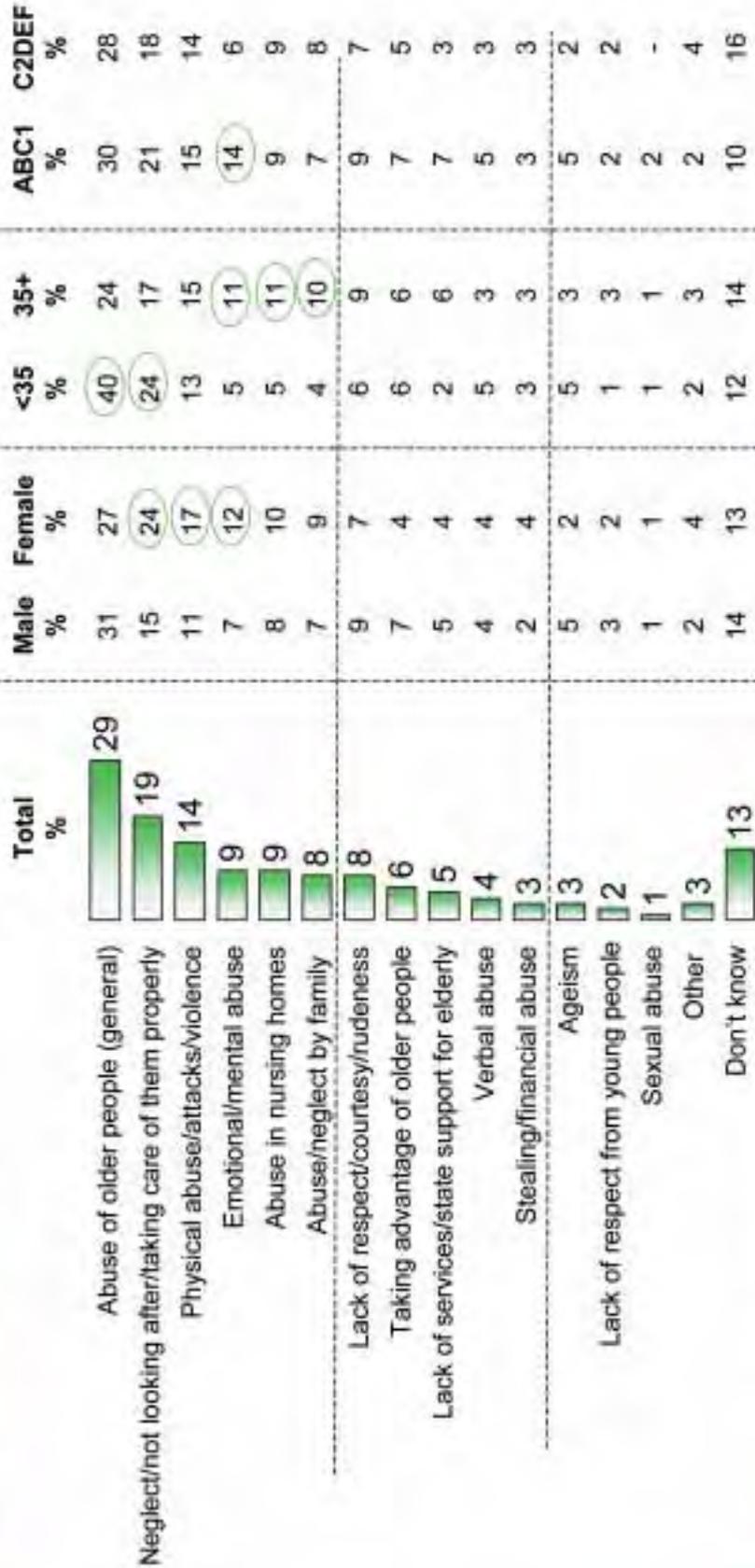
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**MILLWARD BROWN IMS:  
A REVIEW OF THE FINDINGS OF THE 'AWARENESS AND  
UNDERSTANDING OF ELDER ABUSE' OMNIBUS SURVEY**

**Understanding of Elder Abuse – Unprompted X**

**Demographics**

Base: All Adults Aged 18+ (950)



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

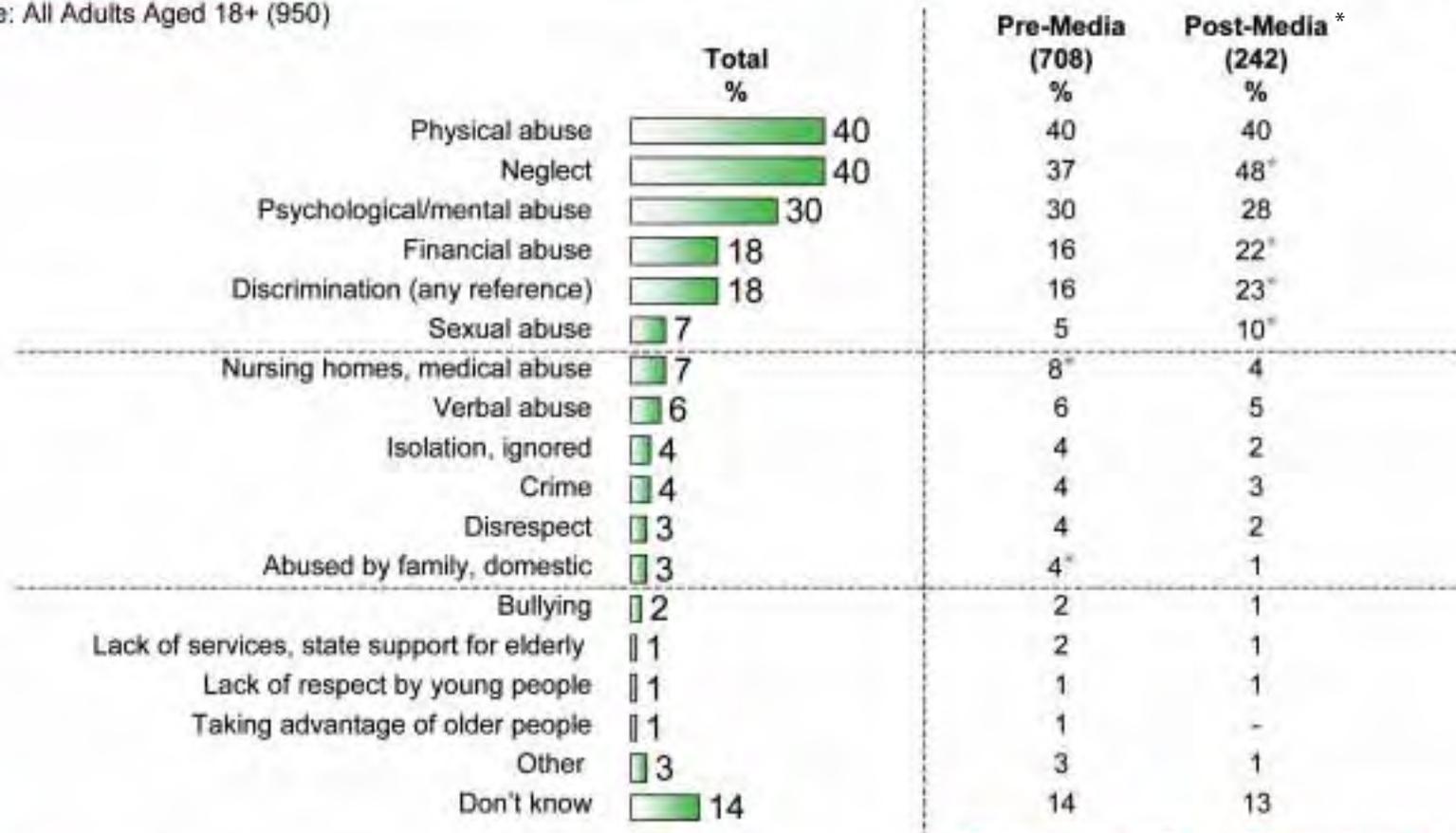


HSE RESEARCH ON ELDER ABUSE

# Awareness of different forms of elder abuse (unprompted)

*Agiloy*

Base: All Adults Aged 18+ (950)



\*Statistically significant difference pre vs post

Q. There are a number of different 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?

\*The media activity referred to in the above slide, relates to initiatives organised to coincide with World Elder Abuse Awareness Day on June 15th, 2008. It does not relate to the Public Awareness Campaign conducted in November and December 2008.

**MILLWARD BROWN IMS:  
A REVIEW OF THE FINDINGS OF THE 'AWARENESS AND  
UNDERSTANDING OF ELDER ABUSE' OMNIBUS SURVEY**

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



Healthcare in Ireland, Quality Health Service Executive

*Spiny*

Base: All Adults Aged 18+ (950)

	Total %	Male %	Female %	<35 %	35+ %	ABC1 %	C2DEF %
Physical abuse	40	38	42	47	36	47	34
Neglect	40	41	38	44	38	39	41
Psychological/mental abuse	30	28	31	35	27	36	24
Financial abuse	18	19	16	21	16	21	15
Discrimination (any reference)	18	21	16	28	13	20	17
Sexual abuse	7	7	6	11	4	8	5
Nursing homes, medical abuse	7	6	8	3	9	8	6
Verbal abuse	6	5	6	6	5	8	4
Isolation, ignored	4	3	5	2	5	4	4
Crime	4	2	6	3	4	4	4
Disrespect	3	4	3	2	4	3	3
Abused by family, domestic	3	2	4	1	4	3	3
Bullying	2	1	3	2	1	1	2
Lack of services, state support for elderly	1	1	2	-	2	2	1
Lack of respect by young people	1	1	1	-	1	1	1
Taking advantage of older people	1	1	-	-	1	1	1
Other	3	2	3	3	2	3	2
Don't know	14	16	12	9	17	9	17

Q. There are a number of different 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?

HSE RESEARCH ON ELDER ABUSE



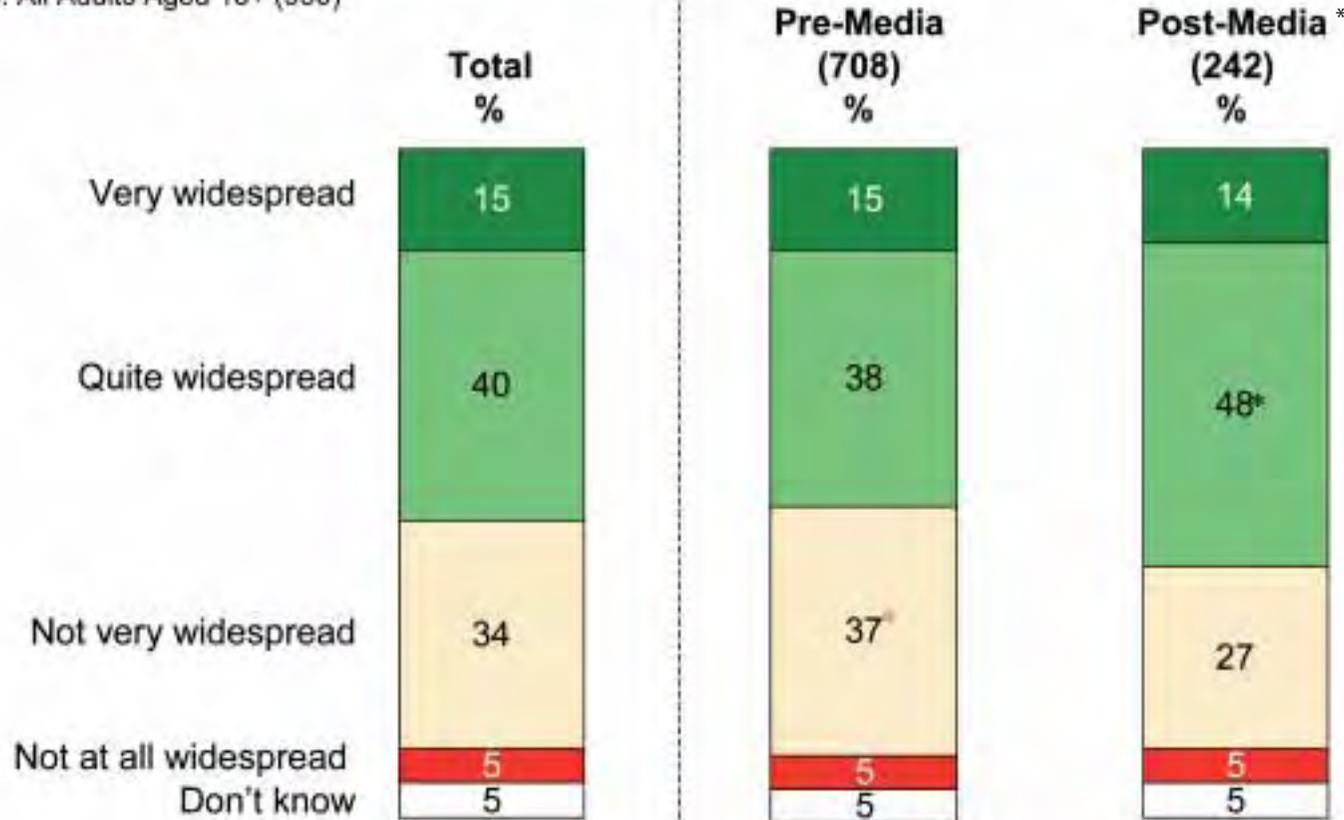
**MILLWARD BROWN IMS:  
A REVIEW OF THE FINDINGS OF THE 'AWARENESS AND  
UNDERSTANDING OF ELDER ABUSE' OMNIBUS SURVEY**



# Perceived Prevalence of Elder Abuse

*Agiloy*

Base: All Adults Aged 18+ (950)



\*Statistically significant difference pre vs post

Q. How widespread or not do you think the abuse of older people is in Ireland today?

\*The media activity referred to in the above slide, relates to initiatives organised to coincide with World Elder Abuse Awareness Day on June 15th, 2008. It does not relate to the Public Awareness Campaign conducted in November and December 2008.

**MILLWARD BROWN IMS:  
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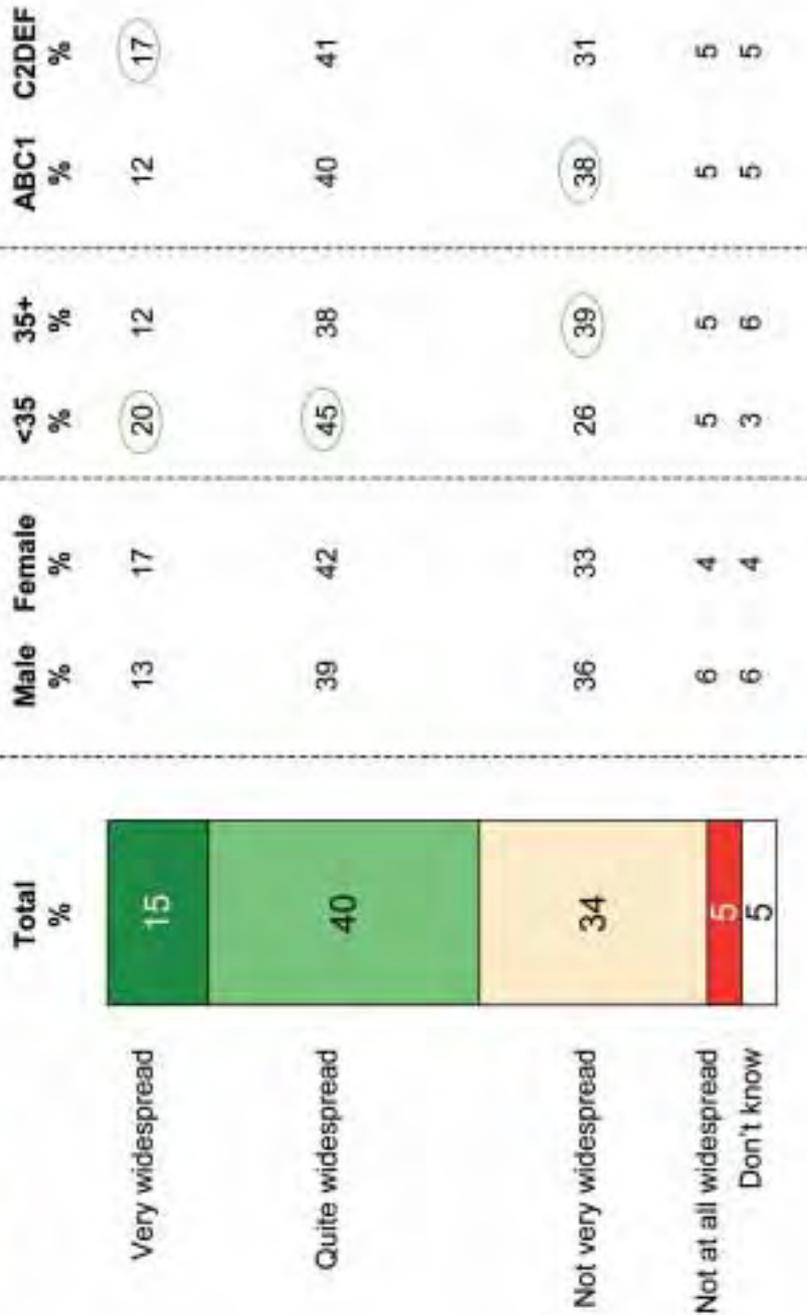
**Perceived Prevalence of Elder Abuse X  
Demographics**



Healthcare in Ireland, Quality Health Service Executive

*Spiny*

Base: All Adults Aged 18+ (950)



Q. How widespread or not do you think the abuse of older people is in Ireland today?

HSE RESEARCH ON ELDER ABUSE



# MILLWARD BROWN IMS: A REVIEW OF THE FINDINGS OF THE 'AWARENESS AND UNDERSTANDING OF ELDER ABUSE' OMNIBUS SURVEY

**Millward Brown IMS**

Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

Opiboy

## Reasons for Elder Abuse

what+why=mb

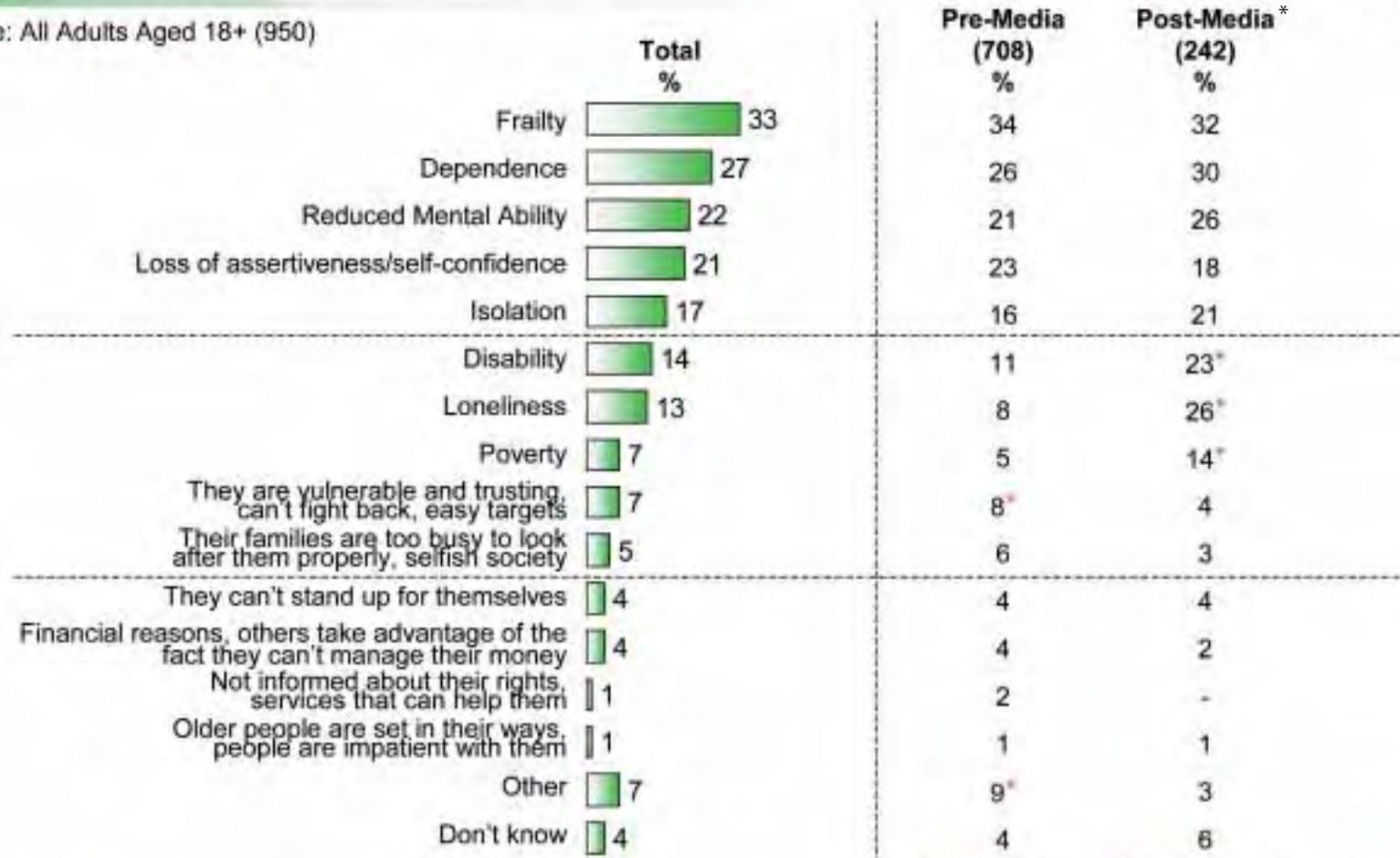
binding  
advantage  
performance  
relevance  
presence

41108210/CFVBL/C

# Reasons for Elder Abuse (Unprompted)

*Opinion*

Base: All Adults Aged 18+ (950)



\*Statistically significant difference pre vs post

Q. Why do you think older people might be vulnerable to abuse?

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**MILLWARD BROWN IMS:  
A REVIEW OF THE FINDINGS OF THE 'AWARENESS AND  
UNDERSTANDING OF ELDER ABUSE' OMNIBUS SURVEY**

**Reasons for Elder Abuse (Unprompted) X  
Demographics**



Leadership in Building a Safer Health Service Executive

*Opinion*

Base: All Adults Aged 18+ (950)

	Total %	Male %	Female %	<35 %	35+ %	ABC1 %	C2DEF %
Frailty	33	32	34	36	32	31	35
Dependence	27	26	29	31	25	26	28
Reduced Mental Ability	22	23	21	26	20	24	21
Loss of assertiveness/self-confidence	21	18	25	18	23	21	22
Isolation	17	19	15	21	15	16	18
Disability	14	16	12	19	11	11	16
Loneliness	13	15	11	22	9	9	16
Poverty	7	9	5	10	5	5	9
They are vulnerable and trusting, can't fight back, easy targets	7	5	9	10	6	8	7
Their families are too busy to look after them properly, selfish society	5	3	7	3	6	5	5
Financial reasons, others take advantage of the fact they can't manage their money	4	4	5	4	5	4	5
Not informed about their rights, services that can help them	4	1	3	2	5	4	4
Older people are set in their ways, people are impatient with them	1	2	1	-	2	2	1
Other	7	7	8	6	8	11	5
Don't know	4	5	4	4	5	3	6

Q. Why do you think older people might be vulnerable to abuse?



Millward Brown IMS

HSE RESEARCH ON ELDER ABUSE

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**Millward Brown IMS**

Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

*Opinion*

**Support Services Likely  
to be Accessed**

what+why=mb

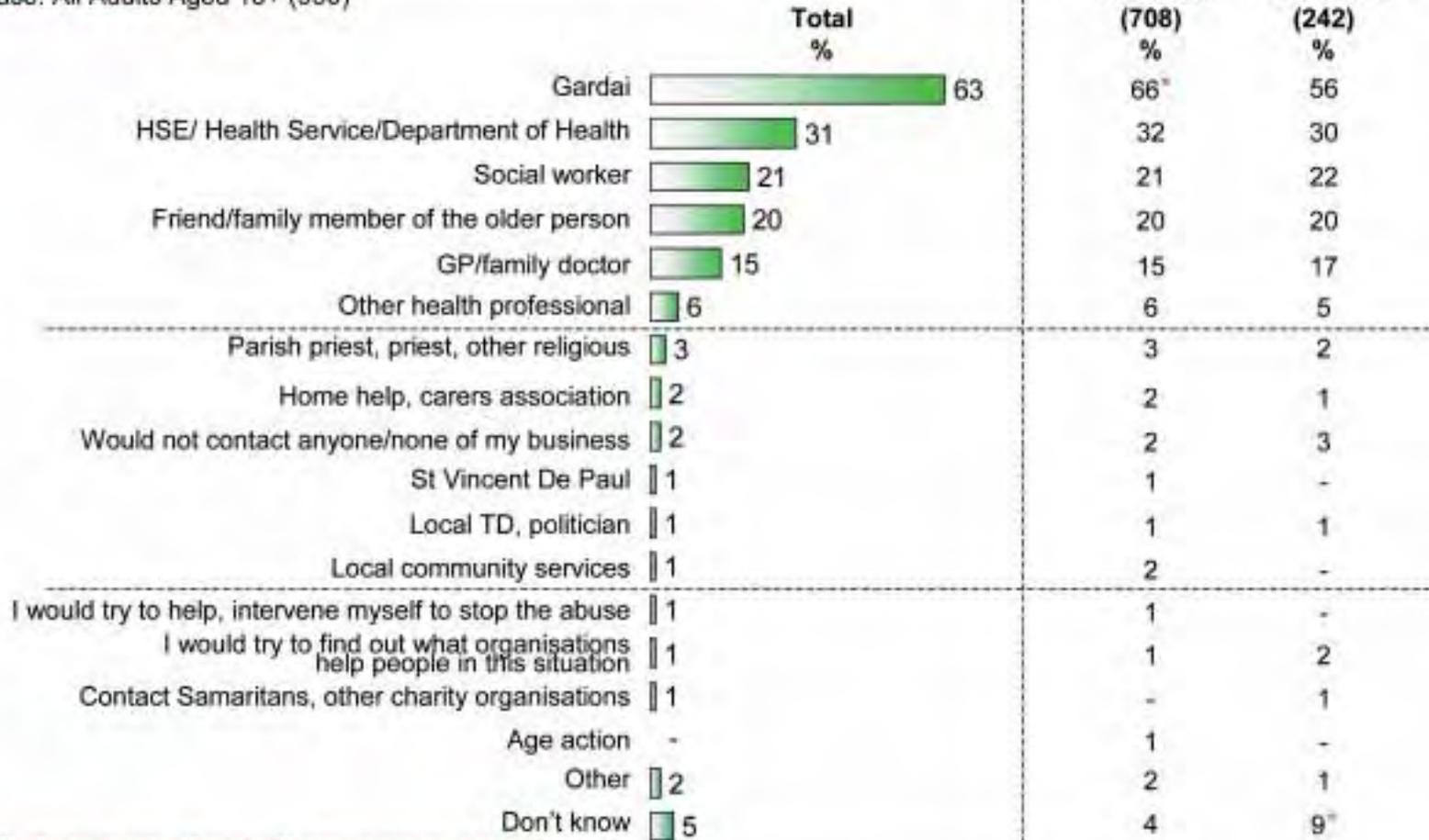
binding  
advantage  
performance  
relevance  
presence

41108210/CFVBL/C

# Support Services Likely to be Accessed

*Agiloy*

Base: All Adults Aged 18+ (950)



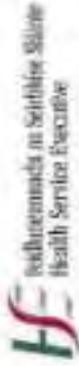
\*Statistically significant difference pre vs post

Q. Who, if anyone, would you contact if you thought that an older person you knew was being abused in some way?

HSE RESEARCH ON ELDER ABUSE

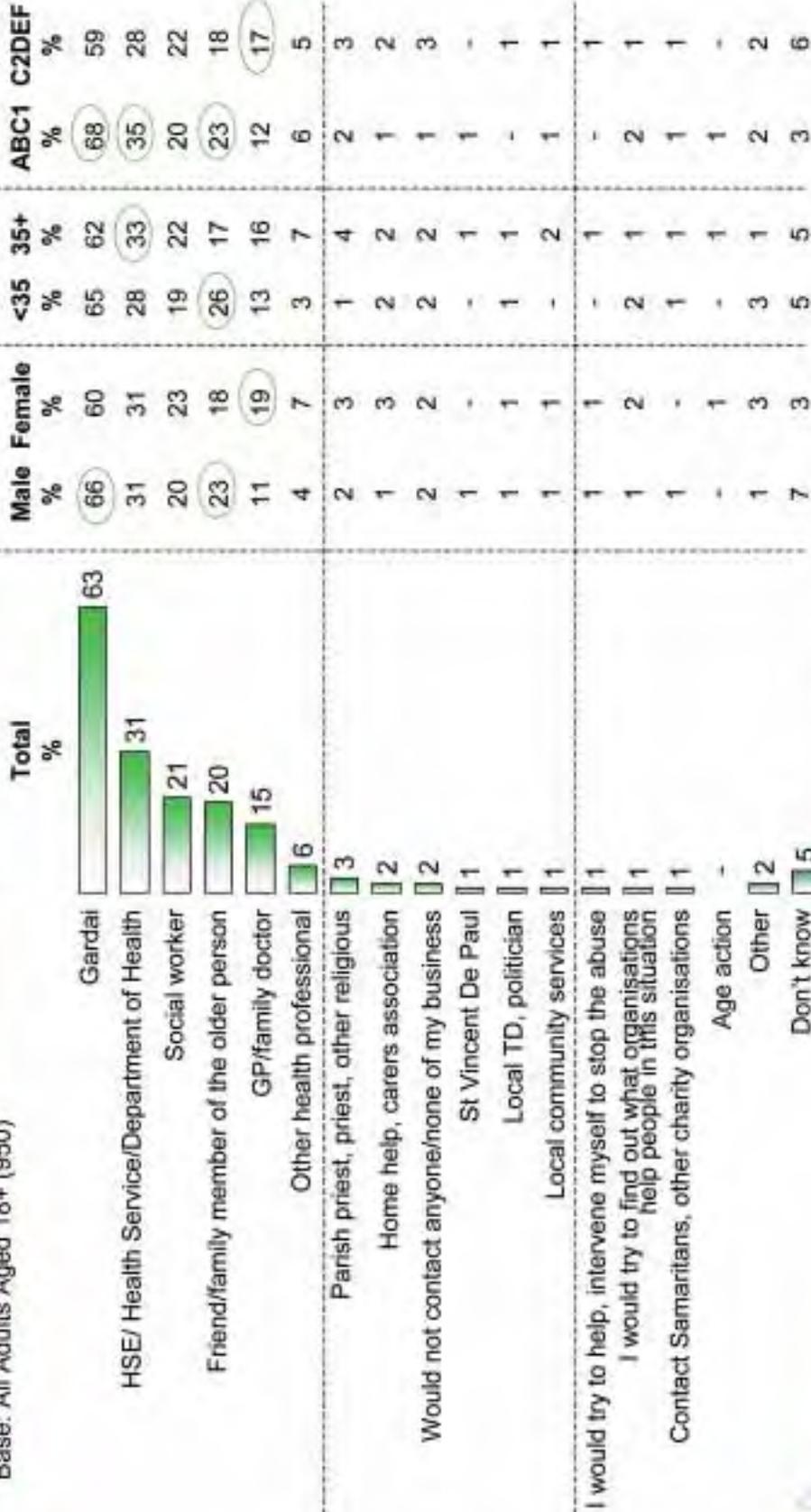
\*The media activity referred to in the above slide, relates to initiatives organised to coincide with World Elder Abuse Awareness Day on June 15th, 2008. It does not relate to the Public Awareness Campaign conducted in November and December 2008.

## Awareness of Support Services Likely to be Accessed X Demographics



*Opinion*

Base: All Adults Aged 18+ (950)



Q. Who, if anyone, would you contact if you thought that an older person you knew was being abused in some way?

HSE RESEARCH ON ELDER ABUSE

# MILLWARD BROWN IMS: A REVIEW OF THE FINDINGS OF THE 'AWARENESS AND UNDERSTANDING OF ELDER ABUSE' OMNIBUS SURVEY

**Millward Brown IMS**

Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

*Opinion*

**Summary & Conclusions**

what+why=mb

branding  
advantage  
performance  
relevance  
presence

41108210/CFVBL/C

## Summary & Conclusions – I

*Agiloy*

- Overall, there appears to be high levels of awareness of the issue of elder abuse among the population.
- At an unprompted level, one in three understand elder abuse to be the abuse of older people in general, and while this can be reasonably inferred from the term itself, there is nonetheless some understanding of the whole range of types of abuse that can exist. Spontaneous mentions of neglect and physical abuse feature most prominently, followed at some remove by emotional/mental abuse, abuse in nursing homes, abuse/neglect by family and perceptions of a general lack of courtesy and respect.
- When prompted to name the specific types of abuse that can exist, physical abuse, neglect and psychological abuse are most 'top of mind' for people, followed by financial abuse and discrimination.
- Over half of the adult population believe that elder abuse is widespread, and this proportion is higher following the media activity\*. It is worth noting that not only are the under 35's more aware of the whole gamut of types of abuse that can exist than are the over 35's, but this younger age group are also significantly more likely to believe that elder abuse is widespread (75% of <35's compared to 50% of those aged 35+). Given that the over 35's are more likely to have contact with older people than their younger counterparts, this is a somewhat thought-provoking finding.

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## Summary & Conclusions – II

*Agiloy*

- 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, 40% 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.
- These societal reasons are perhaps easier to address than it would be to eradicate behaviour whereby an individual takes advantage in some way of the inherent vulnerability of an older person. Nonetheless, given that the post-media<sup>\*</sup> findings in this survey have shown increases in perceptions of how widespread elder abuse is, and a greater awareness of neglect, discrimination, financial & sexual abuse as types of abuse (thus indicating that the media activity on this topic may have cut through), increasing awareness of the issue can only help us all as individuals to be more sensitive to older people in our society and more vigilant towards any signs of abuse we see around us.

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## Summary & Conclusions – III



*Spiny*

- In terms of awareness of support services to help address elder abuse, 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 small proportion (7%) would not know who to contact or would not feel it their place to interfere.
- \* \* \* \* \*
- On the whole, while this research indicates a good understanding among the population of many of the issues surrounding elder abuse, there is nonetheless scope to increase awareness of the issue so that older people who are often isolated and vulnerable become more visible in our society, allowing their specific needs to be addressed.



## OGILVY AND MATHER: 'OPEN YOUR EYES' CAMPAIGN NEWSPAPER ADVERTISEMENTS AND RADIO SCRIPT



Someone's father

Someone's neighbour

Someone's meal ticket?

Sometimes those close to you don't see you in the same way as you see yourself. Financial abuse is one form of elder abuse that is often carried out by someone of trust - a relative, family member, carer, business or institution. Depriving older people of their money, possessions, property or investments is a criminal act and should be reported. If you are being abused or if you suspect that someone you know is being financially, physically, sexually or psychologically abused or is suffering neglect, call the HSE Information line on

**1850 24 1850**

Open your eyes to elder abuse

  
Health Service Executive  
Health Service Executive

## OGILVY AND MATHER: 'OPEN YOUR EYES' CAMPAIGN NEWSPAPER ADVERTISEMENTS AND RADIO SCRIPT



Someone's mother

Someone's friend

Someone's soft touch?

Sometimes those close to you don't see you in the same way as you see yourself. Financial abuse is one form of elder abuse that is often carried out by someone of trust - a relative, family member, carer, business or institution. Depriving older people of their money, possessions, property or investments is a criminal act and should be reported. If you are being abused or if you suspect that someone you know is being financially, physically, sexually or psychologically abused or is suffering neglect, call the HSE Information line on

**1850 24 1850**

Open your eyes to elder abuse

**HSE**  
Health Service Executive  
1845 Service Centre

## Radio Advertisement

A radio script was also presented for the 'Open Your Eyes' campaign.

**Concept:**

Older man describing himself but his words are replaced by how other people see him and are recited by a different voiceover.

**Jack:** *I may be getting old but there's life in me yet. I haven't finished being 'Dad'... or a loving husband come to that. All I want is for people to see me as a good friend and a **soft-touch**. I hope I'm a **meal-ticket** to a lot of people. Some might say I'm a **pushover** but that's just me.*

**Anncr:** *Sometimes those close to you don't see you in the same way as you see yourself. Financial abuse is often carried out by someone the older person knows or by businesses or institutions they trust.*

*If you are an older person protect yourself, get advice. Or if you suspect that someone may be experiencing abuse of any kind, contact the HSE on 1850 24 1850*

*Open your eyes to elder abuse.*



# Elder Abuse

open your eyes to elder abuse

**Financial Regulator**  
**Financial Regulator**  
**Financial Regulator**  
**Financial Regulator**

**STEP**  
**STEP**  
**STEP**  
**STEP**

**NHI**  
**NHI**  
**NHI**  
**NHI**

## THERE IS NO EXCUSE FOR ELDER ABUSE

**Financial Regulator**  
 Consumer Helpline Local: (800) 777 777  
 Website: www.financialregulator.ie  
 Email: consumer@financialregulator.ie  
 Drop in information centre: 6-8 College Green, Dublin 2

For free impartial information on personal finance products such as savings, investments, insurance, credit and more.

**Financial Services Ombudsman**  
 Local: 1800 98 31 90  
 Monday-Friday, 9am-7pm and 2pm-7pm  
 Website: www.financialombudsman.ie  
 Email: enquiries@fsa.ie; info@ombudsman.ie

They independently with unimpartial impartiality sort out complaints about their individual dealings with all financial service providers. It is a free service to the complainant.

**Law Society of Ireland**  
 Tel: 01 672 4960  
 Website: www.lawsociety.ie  
 Email: general@lawsociety.ie

Your legal solicitor is always available to give you legal advice, and can help you regulate your affairs.

**The National Consumer Agency**  
 Local: 1900 432 432  
 Lines open Monday-Friday, 9am-4pm  
 Website: www.nca.gov.ie; nca.ie

The National Consumer Agency provides free and independent information on consumer rights.

**Scout Help Line**  
 Local: 1850 440 440  
 Lines open 24/7  
 Website: www.scoutshelpline.ie  
 Email: info@scoutshelpline.ie

For the price of a beer call you will be talking to an older person who will welcome your call. All calls are confidential.

**Health Service Executive**  
 Call our HSE Information Line  
 1800 23 100  
 Monday to Sunday, 9am-8pm  
 Website: www.hse.ie  
 Email: info@hse.ie

They will give you details of HSE staff in your local area who can help you.

**Garra Síochána**  
 For emergencies dial 999 or 112 or contact your local Garda Station.

**Age Action Ireland Ltd.**  
 Local: 1800 309 369  
 Lines open Monday - Friday 9.00am - 5.30pm  
 Website: www.ageaction.ie  
 Email: library@ageaction.ie

A leading charity for older people which campaigns for better products and services for older people, works with older people to change attitudes and provide key services. The aim is to make Ireland the best place in the world in which to grow old.

**Alzheimer Society of Ireland**  
 National Helpline: 1800 343 343  
 Lines open Monday - Friday 9am-4pm  
 Helpline: helpline@alzheimers.ie

A leading provider of dementia specific services to people with Alzheimer's disease or a related dementia and their carers and families. The Alzheimer National Helpline can provide information and a listening ear to people who may have concerns.

**Society of Trust and Estate Practitioners (STEP) Ireland**  
 Website: www.step.ie  
 Email: info@step.ie

STEP members are legal, accountancy, tax, banking, pension and insurance professionals who specialise in advising clients in relation to their personal affairs.



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## ELDER ABUSE

Most people do not experience abuse, however, an older person can be harmed or abused by others. An older person may also experience more than one form of abuse at any given time.

*Elder Abuse is "a single or repeated act or lack of appropriate action occurring within any relationship where there is deterioration of trust which causes harm or distress to an older person or violates their human and civil rights."*  
**Protecting Our Parents, Report of the Working Group on Elder Abuse**

## TYPES OF ELDER ABUSE

There are several forms of abuse, any or all of which may be perpetrated as the result of deliberate intent, negligence or ignorance.

- **Physical abuse**, including hitting, slapping, pushing, misuse of medication, or physical restraint
- **Financial or material abuse**, including theft, fraud, exploitation, pressure in connection with wills, power of attorney, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- **Sexual abuse**, including sexual assault or sexual acts to which the older adult has not consented, could not consent, or was compelled to consent.

- **Psychological abuse**, including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, intimidation or coercion.

- **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 medication, adequate nutrition or heating.

- **Discriminatory abuse**, including ageism, racism, sexism, that based on a person's disability, and other forms of harassment, slurs or similar treatment.

## WHO MIGHT ABUSE?

Any individual or organisation may be guilty of abuse. Most often it is someone well known to the older person, for example, a family member, relative, friend, care provider – a relationship where there is an expectation of trust. In some cases businesses can be complicit in elder abuse through poor practices or an absence of appropriate training and/or guidelines for staff.

## WHERE CAN ABUSE HAPPEN?

Anywhere – abuse can happen at home, whether living alone or not. It may occur within residential, day-care, or hospital settings, other places assumed to be safe, or in public places.

## IF YOU OR SOMEONE YOU KNOW IS BEING ABUSED, TALK TO:

- Someone you trust.
- Your health professional – G.P. Public Health Nurse, Senior Case Worker.
- Your local Garda Síochána.
- The HSE Information Line on 0850 24 7330 (they will give you details of HSE staff in your local area who can help you).
- Your bank or solicitor.
- General Managers in your HSE Local Health Office.
- Nursing Home Inspection Team.

## HOW ARE CASES OF SUSPECTED ELDER ABUSE HANDLED?

All cases of alleged Elder Abuse are treated seriously. All cases will be dealt with in confidence and, in such as possible, will be handled in a way that respects the wishes of the older person. The overall aim is to ensure the safety and well-being of an older person while providing support to stop the abusive behaviour.

*Elder Abuse can happen to anyone. If it happens to you, remember, you are not alone and you are NOT to blame.*

## WHAT CAN YOU DO TO PROTECT YOURSELF?

- Where possible, stay active within your community and keep in regular contact with friends and family.
- Maintain your independence.
- Speak out – let your feelings be known.
- Plan ahead and make your wishes known in relation to assets.
- Seek independent financial and legal advice.
- Know your rights.
- Conduct your own financial affairs as much as possible, ensuring your legal and financial matters are in order.
- To protect yourself, make sure you fully understand any documents you are asked to sign and any instructions such as creating power of attorney.
- Ask questions.
- Don't be lobbied off.
- Ask for more time if needed. Think about your options.
- Be aware.
- Let someone know if you are being abused.

*If you are in contact with an older person, be vigilant. Look out for signs of abuse. If you suspect abuse, seek advice.*

# HSE STAFF POLICY: RESPONDING TO ALLEGATIONS OF ELDER ABUSE



## 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.

## HSE STAFF POLICY: RESPONDING TO ALLEGATIONS 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.

## HSE STAFF POLICY: RESPONDING TO ALLEGATIONS OF ELDER ABUSE

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.

## HSE STAFF POLICY: RESPONDING TO ALLEGATIONS OF ELDER ABUSE

health service executive

### 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.

### 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

## HSE STAFF POLICY: 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.

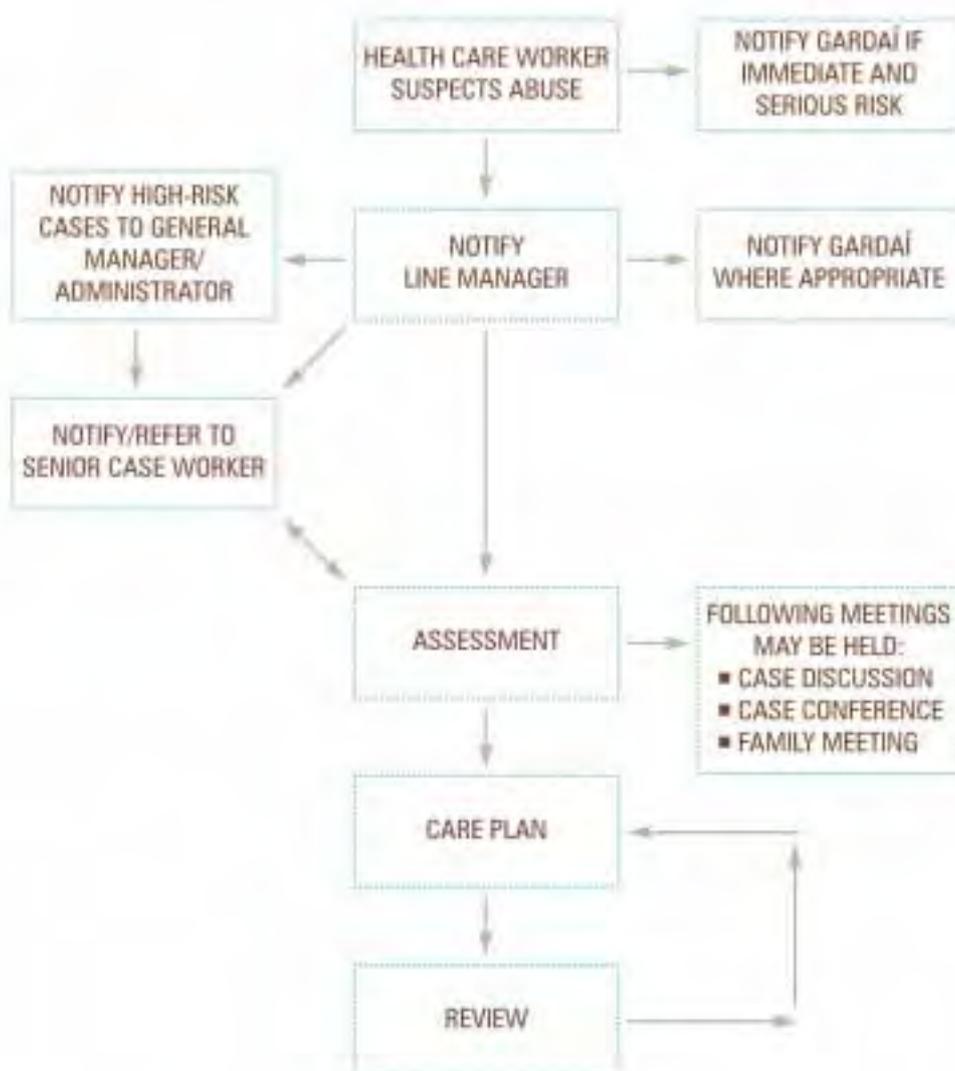
### ANONYMOUS ALLEGATIONS

Allegations may be 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.

## HSE STAFF POLICY: RESPONDING TO ALLEGATIONS OF ELDER ABUSE

health service executive

### REPORTING ALLEGATIONS OF ELDER ABUSE – FLOW DIAGRAM



## HSE STAFF POLICY: RESPONDING TO ALLEGATIONS OF ELDER ABUSE

### 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 provided. The HSE Line Manager should make arrangements to monitor that organisations 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 GARDÁ SÍBCHANA

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

## HSE STAFF POLICY: RESPONDING TO ALLEGATIONS OF ELDER ABUSE

health service executive



### 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 Gardaí, when that information is shared in accordance with this policy.



### **HSE Dublin Mid Leinster 'Forgotten' A Theatre Production**

To raise awareness of elder abuse, the HSE Dublin Mid Leinster Dedicated Officer for Elder Abuse, Ms Sarah Marsh, organised a special showing of the play *'Forgotten'* by Pat Kinevane in the Civic Theatre, Tallaght, Dublin 24.

*'Forgotten'* is a solo piece of theatre which reveals the interconnecting stories of four older people, living in retirement homes and care facilities around Ireland, who range in age from 80 to 100 years old.

It is, at times, challengingly dark and, at other times, startlingly hilarious. *Forgotten* is presented in a fusion of European and Japanese Kabuki theatrical styles

Staff from the HSE, voluntary and private nursing homes, and older people from a senior citizens club, were invited to attend.

Following the play, a panel of experts including the author/actor Pat Kinevane answered questions from the audience about issues raised in the play and wider issues relating to elder abuse.

There was a significant increase in referrals to the Senior Case Workers following the play which demonstrated the importance the play had in raising awareness of elder abuse.

The play was funded by the HSE. Dublin South County Council sponsored the cost of using the Civic Centre. Invitations and administration for the day was dealt with by staff.

### **HSE West 'Learning Lessons - Sharing Practices' 2nd Annual Elder Abuse Conference**

The Conference in the HSE West entitled **'Elder Abuse: Learning Lessons – Sharing Practices'** was officially opened by Ms. Máire Hocht, Minister for Older People, on June 13th in the Radisson SAS Hotel, Galway and was attended by 230 health care staff, representing both the private and public sector, from a number of disciplines. The numbers and variety of disciplines attending served as an indication of the desire and commitment to learn more about elder abuse and address effectively this growing concern.

Minister Hocht also formally launched the HSE Elder Abuse Training DVD *'Recognising and Responding to Elder Abuse in Residential Care Settings'* and the HSE Elder Abuse Policy *'Responding to Allegations of Elder Abuse'* at the conference.

The aim of the conference was to heighten awareness of elder abuse among professionals and the general public. The conference focused on examining the likely prevalence of elder abuse in Ireland and presented data on referrals to Senior Case Workers both in the HSE West and nationally. Advances in elder abuse prevention in the UK were also outlined.

The opening presentations set the scene of elder abuse in Ireland. A review of the literature available on exploitation, neglect and abuse of older people was followed by case studies on elder abuse. Next the challenges of responding to institutional abuse were explored. The trends in elder abuse referrals to date were also presented and examined. The conference was also addressed by Ms. Jill Manthorpe, Professor of Social Work, King's College, London and Co-Director Social Care Workforce Research Unit. A question and answer session was then followed by a panel discussion.

The full programme is outlined on pages 84-85.



## HSE Elder Abuse Conference

### Learning Lessons – Sharing Practices

Friday, 13<sup>th</sup> June 2008, Radisson SAS Hotel, Galway, 9am – 3pm

**Ms. Máire Hackett, Minister for Older People, will officially launch the HSE Elder Abuse Training DVD – 'Recognising and Responding to Elder Abuse in Residential Care Settings' & the HSE Elder Abuse Policy 'Responding to Allegations of Elder Abuse'**

The aim of the conference is to heighten awareness of elder abuse among professionals and the general public. The conference will focus on examining the likely prevalence of elder abuse in Ireland and will present research on referrals to Senior Case Workers both in the HSE West and nationally. Advances in elder abuse prevention in the UK will also be addressed.

Elder Abuse is "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, Report of the Working Group on Elder Abuse, September 2002)

There are several forms of abuse, any or all of which may be perpetrated as the result of deliberate intent, negligence or ignorance.  
Physical • Sexual • Psychological • Financial or Material • Neglect • Acts of Omission • Discriminatory

#### CONFERENCE PROGRAMME

Chairperson: **Ms. Paschal Moynihan, Specialist, Services for Older People, HSE West**

- |               |  |
|---------------|--|
| 8.00 – 9.30   | Registration / Tea & Coffee & Stand Exhibition   |
| 9.30 – 9.50   | <b>Opening Address and Official Launch of HSE Elder Abuse Training DVD and HSE Elder Abuse Policy</b><br>Ms. Máire Hackett, Minister for Older People  |
| 9.50 – 10.00  | <b>Elder Abuse - Setting the Scene</b><br>Dr. Shaun O'Keefe, Consultant Geriatrician, HSE West   |
| 10.00 – 10.25 | <b>Exploitation, Neglect &amp; Abuse of Older People: A Review of the Literature</b><br>Ms. Claire O'Tuathail, School of Nursing & Midwifery Studies, National University Ireland Galway   |
| 10.25 – 10.50 | Tea / Coffee & Stand Exhibition  |
| 10.50 – 11.20 | <b>Elder Abuse Case Studies</b><br>Ms. Julie Linwood, Senior Case Worker, HSE West   |
| 11.20 – 12.00 | <b>The Challenges of Responding to Institutional Abuse</b><br>Ms. Anne O'Loughlin, Principal Social Worker, St. Mary's Hospital, Phoenix Park, Dublin 8  |
| 12.00 – 12.15 | <b>Questions and Answers</b>   |
| 12.15 – 13.00 | Lunch & Stand Exhibition   |
| 13.00 – 13.30 | <b>Trends in Elder Abuse Referrals to Date</b><br>Mr. Donal Hurley, Senior Case Worker, HSE West   |
| 13.30 – 14.00 | <b>Messages from England – Addressing the Risks of Elder Abuse</b><br>Ms. Jill Manthorpe, Professor of Social Work, King's College, London and Co-Director Social Care Workforce Research Unit   |
| 14.00 – 14.10 | <b>Questions and Answers</b>   |
| 14.10 – 14.40 | <b>Panel Discussion</b><br>All speakers will be involved in the discussion and will be joined by<br>Mr Andrew Fagan, Inspector Manager, Health Information and Quality Authority<br>Mr. Pat O'Toole, National Council on Ageing and Older People |
| 14.40 – 14.50 | <b>Closing Address</b><br>Mr. Frank Murphy, Local Health Manager Roscommon and Chair of National & HSE West Steering Committees on Elder Abuse.  |



## Exhibitors



The Senior Helpline provides opportunities for older people to talk to someone of their own age group in strict confidence for the price of a local call from anywhere in Ireland.



Age Action Ireland is the national independent organisation on ageing and older people promoting better policies and services for older people



Active Retirement Ireland is the largest national network of local and community based voluntary groups involving older people in Ireland

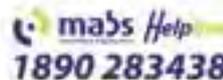


It is the duty & responsibility of the Garda Síochána to maintain an orderly and safe environment for all citizens. A community engagement and problem solving approach is adopted to empower local communities to engage in joint safety initiatives

The Carers Association is Ireland's national voluntary organisation for and of family carers in the home



The Legal Aid Board delivers a range of civil legal services at low cost to people unable to fund such services from their own resources.



MABS is a national, free, confidential and independent service for people in debt or in danger of getting into debt.

### Who should attend?

This conference should be of interest to:

Health and social care staff working with older persons, in particular, HSE Staff from community, acute and mental health services, nursing home staff and voluntary agencies providing services for older persons • Older person's representative groups and advocacy groups • Carers • Local Authorities • Financial Services • Legal professionals • An Garda Síochána

**Admission is Free.** Places are limited and must be reserved by completing the application form attached or on email with all required information provided. **Closing Date for completed application is Wednesday, June 4<sup>th</sup> 2008.**

## Application Form

Surname:

First Name:

Occupation Title:

Organisation:

Personnel / SAP number  
(if HSE employee)

Address:

Tel (daytime):

Mobile:

Email:

Special Dietary or  
Access Requirements:

*Delegates will be contacted prior to the conference to confirm attendance*

*Please return your application to:*

Ann Marie Franklin, Services for Older People, HSE West, South East Wing, St. Joseph's Hospital, Mulgrave Street, Limerick  
Tel: 061 461141 • Fax: 061 412365 • Email: [annmarie.franklin@hse.ie](mailto:annmarie.franklin@hse.ie)



### **HSE South 'Uncovering Elder Abuse' Elder Abuse Seminar**

The HSE South organised a seminar entitled 'Uncovering Elder Abuse', held on June 13th in the Silver Springs Moran Hotel, Cork to mark World Elder Abuse Awareness Day. The purpose of the seminar was to raise the awareness of elder abuse amongst health service staff and those working in voluntary and statutory agencies and to generate some discussion on the issue.

Attended by 130 delegates, the seminar presented the statistical data on elder abuse referrals in Ireland and in the HSE South in particular. A number of case studies on this issue were examined. Mr. Robin Webster, CEO, Age Action, presented his thoughts on 'Working Together to Tackle Elder Abuse' exploring how a collaborative approach could bring about real results.

The legal issues surrounding elder abuse were then explored with Ms. Patricia Rickard Clarke, Commissioner with the Law Reform Commission, presenting her paper on 'Legal Issues and Legal Protection'.

Overall, the seminar received much attention and provided much clarity surrounding the issue, as well as exploring avenues for future progress.

The Programme is outlined below



## **HSE South Elder Abuse Awareness Seminar to mark World Elder Abuse Awareness Day, 13th June 2008**

**Mr. Pat Healy Assistant National Director PCCC**

invites you to attend a seminar entitled

**"Uncovering Elder Abuse"**

Incorporating the launch of the HSE Policy

**'Responding to Allegations of Elder Abuse'**

And training DVD

**'Recognising and Responding to Elder Abuse in Residential Care Settings'**

**13th June 2008, 9.30a.m. to 1.30p.m., Silver Springs Moran Hotel, Cork**

#### **Speakers will include:**

- **Pat Healy**, Assistant National Director PCCC, HSE South  
**Formal Opening and Launch**
- **Ted Myers**, Senior Case Worker for Elder Abuse  
North Cork  
**Referral Data and Analysis**
- **Patricia Rickard Clarke**, Commissioner  
Law Reform Commission  
**Legal Issues and Legal Protection**
- **Robin Webster**, CEO, Age Action Ireland  
**Working Together to Tackle Elder Abuse**
- **Maureen Chalmers**, Senior Case Worker for Elder Abuse  
HSE South  
**Elder Abuse Case Study**

- **Geraldine Sutton**, Senior Case Worker for Elder Abuse  
HSE South  
**Elder Abuse Case Study**
- **Panel discussion**
- **Seamus Moore**, Local Health Manager, HSE South  
**Summary and Seminar Close.**

The aim of the seminar is to heighten awareness of elder abuse amongst health and social services providers to older persons across all agencies, including statutory, voluntary and private providers.

RSVP to email [marion.redmond@hse.ie](mailto:marion.redmond@hse.ie) by Friday, 30th May, 2008. As numbers are limited places will be allocated on a first come basis. Successful applicants will be notified with full programme.

*Light refreshments will be provided.*



What's *your* attitude to ageism?

**SAY NO TO AGEISM WEEK**

**19th - 23rd May 2008**

For more information local 1890 245 545 or log onto [equality.ie](http://equality.ie)



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## Report for the National Elder Abuse Steering Committee prepared by the Sub Group on Self-Neglect

The sub group on self-neglect met three times in May and June 2008. The membership of the group was:

### Ms. Anne O'Loughlin,

Principal Social Worker,  
HSE Dublin North East

### Mr. Manus Birt,

Senior Case Worker for Elder Abuse,  
HSE Dublin North East

### Ms. Susan Rodden,

Senior Case Worker for Elder Abuse,  
HSE West

### Ms. Maura Seabrooke,

Senior Case Worker for Elder Abuse,  
Dublin Mid Leinster

### Mr. Carsten Kohl,

Senior Case Worker for Elder Abuse,  
HSE South

## TERMS OF REFERENCE

The sub group will recommend to the National Committee a definition of what constitutes '*exceptional circumstances*' in cases of self-neglect to guide Senior Case Workers and other staff if the elder abuse policy should be followed in these cases.

## Introduction

The underlying principles adopted by the HSE Policy, '*Responding to Allegations of Elder Abuse*', formed the background to deliberations and recommendations.

The principles 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 an 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 used appropriately so that older people receive the protection of the law and access to the judicial process.*

(HSE Elder Abuse Policy 2008, '*Responding to Allegations of Elder Abuse*' - see appendix 7)

This report and the recommendations are based on a review of the literature on self-neglect with particular emphasis on

definitions and manifestations, those who are likely to present with or are at risk of self-neglecting behaviour and key issues in the assessment of its severity.

## Self-Neglect and Elder Abuse

The inclusion of self-neglect under the rubric of elder abuse and neglect is controversial. This occurs in many state elder abuse statutes in the USA but not in Australia or in the UK for example (Mc Dermott, 2008; Department of Health, 2000).

The HSE Policy, '*Responding to Allegations of Elder Abuse*', when defining *elder abuse* states:

*"This excludes self-neglect and crimes committed by strangers"*

In terms of procedures, the HSE Policy continues:

*"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.:*

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

(HSE Elder Abuse Policy 2008, '*Responding to Allegations of Elder Abuse*' - see appendix 7)

### Definition

In keeping with its terms of reference, the sub group felt it was necessary to give some guidance on the definition of self-neglect, as the phenomenon is not defined in the HSE Policy *Responding to Allegations of Elder Abuse*.

Self-neglect was first described in 1953 in a commentary on hermits and recluses (Erskine, 1953). Subsequent articles used different terminology to describe the phenomenon such as 'Senile Breakdown Syndrome', 'Senile Breakdown' (MacMillan and Shaw, 1966) or 'Diogenes Syndrome' (Clarke et al.1975). However, it is in the 1990's that the concept of self-neglect gained much more visibility when a national survey in the USA identified self-neglect as the most frequently reported form of 'elder abuse and neglect' reported to state agencies i.e. Adult Protective Services.

It is important to note that the study *The National Elder Abuse Incidence Study* (National Centre on Elder Abuse1998) *excluded* from the definition of self-neglect, those situations in which a mentally competent older person makes a conscious and voluntary decision as a matter of personal choice, to engage in acts which are judged by others as self-neglecting behaviour. This is different to the other studies of the phenomenon, particularly in the UK, which *included* those who are cognitively intact and refuse assistance.

The issue of mental competence remains highly controversial in defining self-neglect. Cognitive impairment is a key element when assessing self-neglect. Some studies exclude those who are mentally competent from the definition. Others state they should be included, focusing on the need for a thorough assessment and the need for intervention for the older person's health or safety. Another limitation to the issue of non-interference with a person's choice of life style is the need to address the impact of the older person's self-neglect on the communities with which they come into contact and on the violation of their rights (O'Brien, 1999; Sengstock, 1999).

For the purposes of this report the group agreed that those who appear to possess the capacity and refuse services should not be excluded from the definition of self-neglect. However, the group is aware of the dilemma posed in adhering to the principals of self-determination and autonomy in relation to intervening in such cases. The competent person's right to refuse intervention poses serious ethical and legal dilemmas for workers assessing and intervening in cases of self-neglect. This highlights a major issue for Senior Case Workers in responding to self-neglect referrals i.e. the assessment of capacity and making judgements about decision-making capacity for a wide variety of scenarios. As this aspect is not within the terms of reference of this report, the group sees it as an important issue for future policy review and development of guidance.

There are major problems defining self-neglect. A complex picture of self-neglect has emerged and it has been addressed in the fields of:

- **Medicine**

It has recently been proposed that self-neglect be viewed as a 'geriatric syndrome'- a multifactorial clinical phenomenon that occurs as a result of the accumulation of impairments in multiple systems, closely related to functional decline and increased mortality. In this view, self-neglect is multifactorial in aetiology with many medical and psychiatric diagnoses and shared risk factors with other geriatric syndromes e.g. falls and incontinence, such as cognitive impairment and depression (Pavlou and Lachs, 2006).

- **Adult protection**

In the USA, self-neglect is the most commonly reported allegation to the state Adult Protective Services and is seen as a form of elder abuse and neglect. It is often included in the definitions of elder abuse and neglect. However, there are some variations, for example, in Illinois, a separate case management programme to the Adult Protective Services handles self-neglect cases.

- **Suicide prevention**

Self-neglect has been conceptualised as Indirect Self-Destructive Behaviour (ISDB) or Indirect Life –Threatening Behaviour (ILTB) e.g. extreme lack of self-care, refusal to eat or drink, refusal to take medications and failure to comply with an understood medical regime. This has been conceptualised as passive suicide, medical non-compliance and as an attempt to gain control over a negative life situation (Thibault et al, 1999).

Although there is no definition of self-neglect that is widely used, the following definitions are helpful:

- ***The result of an adult's inability due to physical and /or mental impairments or diminished capacity to perform essential self-care tasks (Duke, 1991),***
- ***The failure to provide for one's self the goods or services, including medical services, which are necessary to avoid physical or emotional harm or pain (Aung et al, 2006)***
- ***An older person's profound inattention to health or hygiene, stemming from an inability, unwillingness, or both, to access potentially remediating services (Pavlou, 2006)***
- ***Self-neglect is the inability or unwillingness to provide for oneself the goods and services needed to live safely and independently (Poythress et al, 2006)***

## Manifestations of Self-Neglect

Self-neglect manifests in several ways:

- Poor personal hygiene only; and/or domestic or environmental squalor; hoarding behaviour (Poythress et al, 2006; Mc Dermott, 2008)
- Indirect life threatening behaviour: refusal to eat, drink; take prescribed medications; comply with an understood medical regime (Thibault et al, 1999)
- Mismanagement of financial affairs

Groups that may present with self-neglecting behaviours include:

- those with lifelong mental illness such as schizophrenia;
- older persons with degenerative neurocognitive disorders such as dementia or affective disorders such as depression, and
- those whose habit of living in squalor is a long-standing lifestyle with no mental or physical diagnosis (Poythress, 2006: 11)
- self-neglect is common among those who consume large quantities of alcohol; it is thought that the consequences of drinking too much may precipitate self-neglect (Blondell, 1999)
- those who live alone, in isolation from social support networks of family, friends and neighbours (Burnett et al, 2006)

## Guidance for the Operation of the HSE Policy Responding to Allegations of Elder Abuse

It is clear from the literature that self-neglect is a serious problem that poses threats to the health of older persons as well as to personal and public safety. Given the difficulty of detection and identifying those who self-neglect, it is likely that those referred to the Senior Case Workers will represent the more severe cases.

The following issues were agreed by the group as important guidance for those responding to referrals of self-neglect:

- That self-neglect occurs across the life span. There is a danger in targeting older people and the decisions they make about lifestyle, which society may find unacceptable but would be tolerated in the case of younger people
- That the definition of self-neglect is based on cultural understandings and challenges cultural values of cleanliness, hygiene and care. It can be redefined by cultural and community norms and professional training
- Recognise that a threshold needs to be exceeded before the label of self-neglect is attached - many common behaviours do not result in action by social or health services or the courts

- Distinguish between self-neglect, which involves personal care and neglect of the environment, manifested in squalor and hoarding behaviour
- Recognise the community aspects or dimensions rather than just an individualistic focus on capacity and choice: some self-neglecting behaviour can have a serious impact on family, neighbours, surroundings. The public health aspects are important
- Importance of protection from harm - not just 'non-interference'

## Detection of Self-Neglect

The assessment process requires a multi-dimensional approach involving a global assessment which includes detailed medical, psychiatric, functional and social history and environmental in-home assessment. The literature also emphasises the importance of building relationships, taking time, building rapport and trust. It is recognised that this work requires significant time commitment and sustained case management.

The development of a reliable method to detect cases and to rate their severity is lacking in this field. The group reviewed a number of screening tools. Based on this, the key areas or domains that need to be included in the assessment of self-neglect include:

- Upkeep of the environment: exterior and interior condition; pets; utilities
- Personal Hygiene
- Cognition: this complex area includes the capacity to make decisions, the capacity to identify and extract oneself from harmful situations and relationships and the implementation of decisions. Recent research indicates that executive dysfunction may be at the root of many cases of self-neglect (Dyer et al, 2006)
- Failure to make use of medical care: evidence of untreated health conditions; the importance of screening for depression
- Availability and use of social support networks
- Nutritional status: nutritional deficiency is a significant factor in self-neglect (Smith et al, 2006; Aung et al, 2006)
- Management of financial affairs

The Senior Case Workers for Elder Abuse, in responding to a referral will be involved initially in an assessment of the severity of the situation. The HSE elder abuse policy states that the procedures could be followed in cases of "extreme levels of self-neglect" or where older persons are "seriously neglecting their own care and welfare and putting themselves or others at serious risk". Therefore an assessment of whether the case reaches this level of severity will be required.

## FINDINGS AND RECOMMENDATIONS IN RELATION TO SELF-NEGLECT

To guide the Senior Case Worker in this determination, the working group propose that extreme cases include the following manifestations of neglect:

Area/ Domain	Evidence of Serious/Severe Neglect
<b>Personal Appearance:</b> <i>hair, nails, skin, clothing, insect infestation</i>	Matted, dirty hair; long, untrimmed, dirty nails; multiple or severe pressure ulcers, other injuries; very soiled clothing; multiple insect infestation
<b>Functional Status:</b> <i>cognitive; delusional state; response to emergencies;</i>	Impaired cognition; delusional state; unable to call for help or respond to emergencies
<b>Medical needs</b>	No documentation of a health care provider; untreated conditions, appears ill or in pain or complains of pain or discomfort
<b>Environment</b>	Poorly maintained - evidence of rubbish, debris; dilapidated dwelling - broken or missing windows, walls; Severe structural damage, leaking roof; Pungent, unpleasant odour; Human /animal waste; Rotting food; Litter; Clutter - difficult to move around or find things; Multiple uncared for pets; Problems with electricity, gas water, telephone
<b>Nutrition</b>	Nutritional deficiencies are significant; It is difficult to assess food storage, availability of food groups and expiry dates

(Dyer et al, 2006)

## Bibliography

- Aung, K., Burnett, J., Smith, S. M., Dyer, C.B. (2006). Vitamin D deficiency associated with self-neglect in the elderly. Journal of Elder Abuse and Neglect 18 (4), 63-78.
- Blondell, R. D. (1999). Alcohol abuse and self-neglect in the elderly. Journal of Elder Abuse and Neglect 11 (2), 55-75.
- Burnett, J., Regev, T., Pickens, S., Prati, L., Aung, K., Moore, J., Dyer, C.B. (2006). Social networks: A profile of the elderly who self-neglect. Journal of Elder Abuse and Neglect 18 (4), 35-49.
- Clarke A. N.G., Manikikar, G.D. & Gray, I (1975). Diogenes syndrome: A clinical study of gross neglect in old age. The Lancet, 305 (7903), 366-368.
- Department of Health (2000) No Secrets: Guidance on Developing and Implementing Multi-Agency Policies and Procedures to Protect Vulnerable Adults from Abuse.  
[www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4008486](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008486)
- Duke, J. (1991). A national study of self-neglecting APS clients. In T. Tataro & M. Ritman (Eds.), Koffer- Flores, K. (Coordinator) Findings of five elder abuse studies (pp. 23-53). Washington, DC: National Aging Resource Center on Elder Abuse.
- Dyer, C. B., Kelly, P. A., Pavlik, V.N., Lee, J., Doody, R.S., Regev, T., Pickens, S., Burnett, J., Smith, S. M., (2006) The making of a self-neglect severity scale. Journal of Elder Abuse and Neglect 18 (4), 13-21.
- Erskine, H.W. (1953) Out of this world- a collection of hermits and recluses. New York: GP Putnam's Sons.
- Health Service Executive (2008) Responding to Allegations of Elder Abuse.
- Macmillan, D; Shaw, P. (1966) Senile breakdown in standards of personal and environmental cleanliness. British Medical Journal 2(5521):1032-1037.
- McDermott, S. (2008) The Devil is in the Details: Self-Neglect in Australia. Journal of Elder Abuse and Neglect 20 (3), 231- 250
- National Center on Elder Abuse.(1998). The National Elder Abuse Incidence Study, Final Report. Washington D.C.  
[http://www.aoa.gov/eldfam/Elder\\_Rights/Elder\\_Abuse/AbuseReport\\_Full.pdf](http://www.aoa.gov/eldfam/Elder_Rights/Elder_Abuse/AbuseReport_Full.pdf)
- O'Brien, J.G., Thibault, J.M., Turner, L.C. & Laird-Fick, H. (1999). Self Neglect: An Overview. Journal of Elder Abuse and Neglect 11(2), 1-19.
- Pavlou, M. P. and Lachs, M. S. (2006) Could self-neglect in older adults be a geriatric syndrome? Journal of the American Geriatrics Society, 54, 831-842.
- Poythress, E. L., Burnett, J., Naik, A. D., Pickens, S., Dyer, C. B. (2006) Severe self-neglect: an epidemiological and historical perspective. Journal of Elder Abuse and Neglect 18 (4), 5 -12.
- Sengstock, M.C., Thibault, J.M. & Zaraneck, R. (1999) Community dimensions of elderly self neglect. Journal of Elder Abuse and Neglect, 11(2) 77-93
- Smith, S.M., Mathews Oliver, S.A., Zwart, S.R., Kala, G., Kelly P.A., Goodwin, JS & Dyer C.B. (2006) Nutritional status is altered in the self-neglecting elderly. The Journal of Nutrition 136:2534-2541
- Thibault, J. M., O'Brien, J.G. and Turner, L. C. (1999) Indirect Life-Threatening Behaviour in Elderly Patients. Journal of Elder Abuse and Neglect 11 (2), 21- 32.

# FORM 5: SENIOR CASE WORKER'S RECORD OF INITIAL REFERRAL



HeALTH SERVICE EXECUTIVE  
 HSE  
 Health Service Executive

## Form 5: Senior Case Worker's Record of Initial Referral

Local Health Office: \_\_\_\_\_ Date Referred: \_\_\_\_\_  
 Client Referral No.: \_\_\_\_\_ Any Previous Client Referral No.: \_\_\_\_\_

**Gender** Male  Female   
**Age:** Under 65  65-69   
 70-74  75-79   
 80-84  85-89   
 90+  unknown

### Who referred

Self  Family   
 PHN  GP   
 Carer: Residential   
 Non residential   
 Home Help: HSE   
 Contracted   
 Hospital  Other HSE Staff   
 Gardaí  Voluntary agencies   
 Statutory agencies   
 Other  please specify \_\_\_\_\_

### Reason for referral (tick as many as apply)

Alleged Physical abuse   
 Alleged Sexual abuse   
 Alleged Psychological abuse   
 Alleged Financial / material abuse   
 Alleged Neglect /acts of omission   
 Alleged Self Neglect   
 Alleged Discriminatory abuse   
 Other  please specify \_\_\_\_\_

### Primary place of residence

Own Home  Relatives Home  Private Nursing Home   
 Boarding Out  Public continuing care  (e.g. HSE CNU/ welfare home)  
 Other  please specify \_\_\_\_\_

### Location where alleged abuse took place

Place of residence as above  Day Care  Unknown   
 Other  please specify \_\_\_\_\_

### Number of person(s) allegedly causing concern

### Gender of person(s) allegedly causing concern

### Person allegedly causing concern (tick as many as apply)

Son/Daughter  Niece/nephew   
 Partner/husband/wife  Other relative   
 Neighbour  Other service user   
 Volunteer  Professional staff   
 Other Paid carer/staff  Other  please specify \_\_\_\_\_

### Is person(s) allegedly causing concern living with the older person?

Yes  No  Sometimes  Don't know

Consultation with An Garda Síochána? Yes  No

Referral to An Garda Síochána? Yes  No  By whom: \_\_\_\_\_

Signed: \_\_\_\_\_  
 Senior Case Worker for Elder Abuse

Date: \_\_\_\_\_

# FORM 6: SENIOR CASE WORKER'S FOLLOW-UP ON RECORD OF REFERRAL



## Form 6: Senior Case Worker's Follow-up on Record of Initial Referral

Local Health Office: \_\_\_\_\_  
Client referral No. \_\_\_\_\_

Date referred: \_\_\_\_\_  
Any previous client referral No. \_\_\_\_\_

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

Status of case (b) Allegation substantiated  Not substantiated  Inconclusive

Consultation with An Garda Síochána? Yes  No

Referral to An Garda Síochána? Yes  No

Legal consultation? Yes  No

Legal action taken? Yes  No

If 'yes'

Ward of Court  Domestic Violence Act  Nursing Home Regulations/Act

Other  please specify: \_\_\_\_\_

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

### Indicate client interventions:

Increased monitoring  Long term care

Increased home support services  Counselling / support

Respite care

Referred to other service  please specify: \_\_\_\_\_

### Any actions taken re: person allegedly causing concern:

Garda action  please specify: \_\_\_\_\_

Support offered  please specify: \_\_\_\_\_

Referred to other services  please specify: \_\_\_\_\_

Disciplinary action  please specify: \_\_\_\_\_

Service offered but declined

### Issues for person allegedly causing concern (that you are aware of)

Drugs  Alcohol  Physical

Mental Health  Other  please specify: \_\_\_\_\_

### Issues for Client (that you are aware of)

Drugs  Alcohol  Physical

Mental Health  Other  please specify: \_\_\_\_\_

Case Meetings held? Yes  No  If 'yes' please state number: \_\_\_\_\_

Case Conference held? Yes  No  If 'yes' please state number: \_\_\_\_\_

Family Meeting held? Yes  No  If 'yes' please state number: \_\_\_\_\_

Signed: \_\_\_\_\_  
Senior Case Worker for Elder Abuse

Date: \_\_\_\_\_  
Date case closed (if applicable): \_\_\_\_\_

HSE Information Line

**1850 24 1850**

Website

**www.hse.ie**

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