



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

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

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Date: 10<sup>th</sup> May 2012

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Date: 10<sup>th</sup> May 2012

## Table of contents

1.0	Policy Statement .....	3
2.0	Purpose .....	3
3.0	Scope.....	4
4.0	Relevant Legislation Policies and Documents .....	4
5.0	Glossary of Terms and Definitions .....	5
6.0	Roles and Responsibilities .....	6
7.0	Procedure .....	9
8.0	Alleged Abuse in Designated Centres for Older People ....	10
9.0	Reporting to An Garda Siochana .....	11
10.0	Protection for Employees Reporting Abuse.....	12
11.0	Confidentiality .....	12
12.0	Capacity.....	13
13.0	Refusing Assistance/Protection Measures.....	13
14.0	Complaints.....	13
15.0	Incident Reporting Systems .....	13
16.0	Safe Recruitment & Management Measures.....	14
17.0	Implementation & Review .....	14
18.0	Record Keeping .....	14
19.0	References.....	15
20.0	Appendices list .....	16
Appendix I	Responding to allegations of elder abuse : Flow Chart..	
Appendix II	Senior Case Worker - Protection of Older People, Referral Form	
Appendix III	Membership of Polices, Procedures Protocols & Guidelines group	
Appendix IV	Implementation Plan .....	

## 1.0 Policy Statement

### 1.1

The Health Service Executive (HSE) is committed to the protection of older people from abuse. This commitment is underpinned by the acknowledgement that all HSE staff have a duty of care to be alert to circumstances where an older person may be subject to abuse or is suspected of being abused. Furthermore, the HSE is committed to the protection and promotion of the rights of older people, their dignity, diversity and independence. Elder abuse is the concern of all staff and may require identification and management across all services and disciplines. This should be done with agreement and co-operation of staff in all settings and at all levels, as appropriate.

## 2.0 Purpose

### 2.1

In 2002, the Department of Health and Children published *Protecting Our Future, The Report of the Working Group on Elder Abuse* (2002). The report made a number of recommendations on how elder abuse should be identified and managed. The process of implementing these recommendations is being monitored by the National Elder Abuse Steering Committee.

### 2.2

One of the key recommendations of *Protecting Our Future* (2002) 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."

### 2.3

The HSE's commitment to the prevention, detection and response to allegations of elder abuse was outlined in the HSE's 2008 Policy "Responding to Allegations of Elder Abuse" which has been reviewed and replaced by this policy.

### 2.4

It is the duty of all managers to ensure that local procedures are developed reflecting the principles set out in this policy. Each Integrated Service Area should also ensure that information and systems

are in place for the public to report concerns of elder abuse.

### 2.5

It is acknowledged that many services may already have an Elder Abuse Policy. These must be reviewed to ensure that they comply with the principles set out in this policy, existing policies and legislation.

### 2.6

A local policy is also specifically mandated in residential settings, which requires that there is a policy on and procedures in place for the prevention, detection and response to abuse. (HIQA 2008)

## 2.7 Underlying Principles

This policy adopts the principles set out in *Protecting Our Future* (2002);

*Act in a way that supports the rights of the individual to lead an independent life based on self-determination.*

*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.*

*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.*

*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.*

*Ensure that the law and statutory requirements are known and use appropriately so that older people receive the protection of the law and judicial process.*

## 3.0 Scope

### 3.1

This policy applies to all HSE staff. Staff should follow this policy and associated Policies, Procedures, Protocols, and Guidelines (PPPG) in order to safeguard the welfare of older people.

### 3.2

This policy is specifically concerned with people aged 65 years and over.

### 3.3

In each HSE 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.

### 3.4

The Senior Case Worker works at Local Health Office level, in partnership with all relevant stakeholders, in assessing risks and managing incidents of elder abuse referred to them. However, it will continue to be the responsibility of all staff to take action to ensure the protection and welfare of older people.

## 4.0 Relevant, Policies, Documents and Legislation

### 4.1

There are a wide range of policies, reports and legislation underpinning this policy as outlined below. <sup>i</sup>

- HSE Policy Management of Complaints in HSE, 2007
- HSE Quality & Risk Management Standard 2007
- HSE Incident Management Policy and Procedure, 2008
- HSE Complaints Policy and Procedures Manual, March 2009
- HSE Patients Private Property Guidelines, updated 2010
- HSE Policy and Procedures for Responding to Allegations of Extreme Self-Neglect 2012
- HSE Policy on Domestic, Sexual and Gender Based Violence 2010
- Trust in Care: Policy for Health Service Employers Upholding the Dignity and Welfare of Patients/Clients and the Procedure for Managing Allegations of Abuse against Staff Members, HSE, 2005
- Health Service Executive (2011). *Good Faith Reporting Policy (Revision 5)*. HSE.
- Responding to Allegations of Elder Abuse, HSE 2008.
- Will Making by Older People in Residential and Day Services, HSE Guidelines, 2012
  
- Protecting our Future, Report of the Working Group on Elder Abuse, 2002
- National Quality Standards for Older People in Residential Care 2008 HIQA
- National Strategy on Domestic, Sexual and Gender- Based Violence 2010-2014
- National Advocacy Programme for Older People in Residential Care 2010 and 2011
- Joint HIQA- HSE Protocol, 2012
  
- The Lunacy Regulation (Ireland) Act 1871
- Domestic Violence Act 1996 & Domestic Violence (Amendment) Act 2002
- Scheme of Criminal Justice (Withholding Information on Crimes against Children and Vulnerable Adults) Bill 2011
- Health Act 2007 (Part 14) Protected Disclosures of Information

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<sup>i</sup> This list serves as a guide at time and should not be considered exhaustive.

## 5.0 Glossary of Terms and Definitions

### 5.1

The definition of elder abuse adopted by the HSE 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, The Report of the Working Group Report on Elder Abuse, 2002)

### 5.2

This definition excludes self-neglect; which is an inability or unwillingness to provide for oneself the goods and services needed to live safely and independently. However, the HSE acknowledges that staff may come into contact with individuals living in conditions of extreme self-neglect. To address this issue the HSE has developed a specific policy for staff to manage such cases which may warrant a referral to the Senior Case Worker.

*(HSE Policy and Procedures for Responding to Allegations of Extreme Self-Neglect 2012)*

### 5.3

Although this elder abuse 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.

### 5.4

There are several forms of abuse, any or all of which may be perpetrated as the result of deliberate intent, negligence or ignorance. A person may experience more than one form of abuse at any one time. The following are the categories of abuse recognised by this policy.

## 5.5 Categories of Abuse

**Physical abuse**, including hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate 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, 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.

**Institutional abuse**; may occur within residential care and acute settings including nursing homes, acute hospitals and any other in-patient settings, and may involve poor standards of care, rigid routines and inadequate responses to complex needs.

## 6.0 Roles and Responsibilities

### 6.1

**All HSE Staff** have a duty of care to older people and must be alert to the possibility that the older person with whom they may be in contact could be vulnerable to abuse. Staff should be mindful that abuse can happen to an older person in any setting, in their own homes, in day care facilities, in hospitals or boarding-out arrangements. Accordingly, all staff must make themselves aware of the signs and indicators of abuse, and the appropriate mechanism for reporting concerns. All staff have a responsibility to make themselves aware of the content of this, associated PPPGs, and local procedures and should ensure that the immediate safety and welfare of the older person remains paramount.

### 6.2

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

### 6.3

#### **Senior Managers**

(Integrated Service Area Managers (ISAM), and Heads of Services)

#### 6.3.1

Are responsible for the implementation of this Policy and associated Policies, Procedures, Protocols and Guidelines (PPPG).

#### 6.3.2

Should develop local policies/procedures reflecting the principles set out in this policy.

#### 6.3.3

Ensure that staff under their responsibility are aware of the Elder Abuse policies and procedures, including other relevant documents.<sup>ii</sup>

#### 6.3.4

Allocate available resources, as required to carry out assessments.

#### 6.3.5

Provide resources to facilitate the evaluation and audit process.

#### 6.3.6

Receive reports of incidents of alleged abuse and act on the recommendations

identified within to protect the older person.

#### 6.3.7

Refer allegations of elder abuse to the Senior Case Worker as appropriate.

#### 6.3.8

Some cases will not necessitate referral to SCW if assessment can be appropriately managed by the service involved, where an appropriately qualified professional (as designated by ISAM), is available e.g. Dir of Nursing / Dir Public Health Nursing / Prin Social Worker. This should be set out in local procedures and for data collection purposes, agreed with the area's Dedicated Officer for the Protection of Older People.

#### 6.3.9

Liaise with other agencies as appropriate, including An Garda Síochána, and HIOA.

#### 6.3.10

Ensure that records of the dissemination of the policy and subsequent training are retained in compliance with the document control procedure.<sup>iii</sup>

#### 6.3.11

Provide resources and training to facilitate implementation of this policy as outlined in the Implementation Plan (Appendix IV).

#### 6.3.12

Ensure that Senior Case Workers (or nominated other as per 6.3.8) compile and collate anonymised data on elder abuse referrals and are submitted to the HSE Dedicated Officer for the Protection of Older People monthly.

## 6.4 Line Managers

### 6.4.1

Receive reports of incidents of alleged abuse.

### 6.4.2

Ensure the immediate protection of the older person.

### 6.4.3

In cases where there are significant risks, the line manager should also make sure that other relevant managers are informed, for example Senior Operations Managers

### 6.4.4

Advocate on behalf of the older person and ensure that the older person's welfare is paramount at all times.

### 6.4.5

Provide reassurances and support to the person raising the concerns.

### 6.4.6

<sup>ii</sup> Refer also to the services own local policy and procedures in operation.

<sup>iii</sup> See HSE Quality & Risk Management Standard 2007

Refer allegations of elder abuse to the Senior Case Worker (or nominated other as per 6.3.8) as appropriate.

#### **6.4.7**

Liaise with other agencies as appropriate, for example An Garda Siochana (see section 9), and HIQA (see section 8).

#### **6.4.8**

Ensure this policy and associated PPPGs are acknowledged by staff members and retained on file in a designated area for reference.

#### **6.4.9**

Ensure staff in their area of responsibility receive training on the prevention, detection and response to allegations of elder abuse.

#### **6.4.10**

Ensure staff under their responsibility comply with this policy, local policy and associated PPPGs.

#### **6.4.11**

Ensure documentation is completed as required.

### **6.5 Staff**

#### **6.5.1**

Comply with this policy, local policy and associated policies, procedures, protocols, and guidance documents to ensure the protection of the older person.

#### **6.5.2**

Be aware of the location of this policy, local policy and associated policies, procedures, protocols, and guidance documents.

#### **6.5.3**

Advocate on behalf of the older person.

#### **6.5.4**

Be aware of the signs and indicators of abuse.

#### **6.5.5**

If there is a serious and immediate risk posed to an older person ensure their immediate safety and notify the Gardaí.

#### **6.5.6**

Report all allegations and concerns of suspected elder abuse to their line manager.

#### **6.5.7**

Respect the sensitive nature of the concerns. Promote confidentiality and share information only on a need to know basis.

#### **6.5.8**

Take part in multidisciplinary meetings as required.

#### **6.5.9**

Ensure any role assigned in a care plan is adhered to.

#### **6.5.10**

Seek/attend training on the protection of older people.

#### **6.5.11**

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.

#### **6.5.12**

Staff should report concerns to a more senior manager if they feel inhibited in reporting to their line manager, or believe that their line manager has taken insufficient action.

#### **6.5.13**

Staff can also make a protected disclosure if they believe that they are likely to be penalised by making a disclosure. (Refer to *Protected Disclosure Policy HSE*)

### **6.6 Senior Case Workers for Protection of Older People**

The Senior Case Worker for the Protection of Older People has been assigned to take the lead role in the assessment and management of allegations of elder abuse reported to them within the Integrated Service Area. This will be done by recording, assessing, managing and coordinating the response to elder abuse. The referring service will continue to be involved and may be required to participate in the assessment and/or the ongoing monitoring of the case.

#### **6.6.1**

The Senior Case Worker generally does not take the lead role in assessing cases which might include, for example:

(i) Matters, which would be more appropriately dealt with through staff disciplinary procedures, e.g., Trust in Care Policy.

(ii) Issues in relation to clinical care, which would be more appropriately dealt with within the management structures of that clinical area.

#### **6.6.2**

However the Senior Case Workers are available to provide support to the older person in such assessments and are available to consult with all individuals raising concerns of elder abuse. In complex cases the expertise of the Senior Case Worker may be called upon to conduct an investigative interview with the older person in order to assist in the assessment of the concerns raised.

### **6.6.3**

The responsibilities of the Senior Case Workers are

- (i) assessment and management of allegations and complaints of elder abuse referred to them.
- (ii) to provide data in a timely manner in relation to elder abuse referrals
- (iii) to assist with the delivery of elder abuse awareness and prevention programmes.

## **7.0 Procedure**

### **7.1 Guidelines for receiving and responding to an allegation, suspicion or evidence of abuse or neglect**

#### **7.1.1**

An allegation or suspicion of elder abuse may come to the attention of the staff member in one of a number of ways. The staff member may form an opinion or directly observe an incident of abuse. Abuse may be disclosed by an older person or by a relative/friend of the older person. An allegation of abuse may be reported anonymously or come to the attention of staff as a complaint through the HSE complaints process. The alleged perpetrator may be identified as a family member, a member of the public, an employee of the HSE or as some other person engaged in activities on behalf of HSE.

#### **7.1.2**

If a staff member is unsure that an incident constitutes abuse or warrants a referral onwards, the Senior Case Worker for Protection of Older People (or nominated other as per 6.3.8) is available for consultation on these concerns.

### **7.2 Procedure for Staff**

#### **7.2.1**

All cases of alleged or suspected elder abuse must be taken seriously, and all HSE Staff have a responsibility to inform their Line Managers immediately. Services must have effective mechanisms in place to ensure a prompt response to suspicions and allegations. Ensuring the safety and well being of the older person and others who may be at risk is a priority.

#### **7.2.2**

If it is believed that there is immediate risk of serious abuse, immediate action may be required. In such instances, An Garda Síochána should be contacted immediately.

### **7.3 Receiving/ Witnessing/ Suspecting Abuse Concerns**

#### **7.3.1**

All staff should be alert to the signs and indicators of abuse and be open to receiving concerns of abuse. A staff member who receives a complaint of abuse from an older person, a relative or member of the public or witnesses/suspects an

older person is subject to abuse shall in the first instance:

- (i) Ensure the safety of the older person
- (ii) Report concerns immediately to their line manager.
- (iii) Refer to local policy and procedures.
- (iv) Refer concerns of elder abuse to the Senior Case Worker (or nominated other as per 6.3.8).

### **7.4 Reporting a Concern to Line Manager**

All reports of abuse should be taken seriously and all staff have a responsibility to inform their Line Manager. The line manager should ensure that a written incident report is completed as soon as practicable as per HSE Incident Management Policy and Procedure (2008).

#### **7.4.1.**

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.

### **7.5 Procedures for Line Managers**

The line manager receives reports (both verbal and written) of suspected or concerns of abuse. The older person's welfare is paramount. The line manager will -

#### **7.5.1**

Assess the immediacy of the action required. Is the abuse happening now? If yes, consider what immediate actions can be taken to stop the abuse without endangering the older person, yourself or other people.

#### **7.5.2**

Consider if An Garda Síochána need to be involved. (See Section 9)

#### **7.5.3**

Consider if medical treatment is necessary, or if forensic medical evidence needs to be preserved.

#### **7.5.4**

Report to Director of Nursing/ Person in Charge.

#### **7.5.5**

Refer concerns of elder abuse to the Senior Case Worker (or nominated other as per 6.3.8)

#### **7.5.6**

Have a central role in cooperating with any investigation and in working with the front line staff member in supporting the alleged victim and would have a responsibility for implementing any decisions pertaining to them.

#### **7.5.7**

Ensure that principles of confidentiality are respected at all times in relation to written or verbal information.

#### **7.5.8**

Ensure reassurance is given to the older person and that they are consulted on their wishes.

#### **7.5.9**

Act in the best interests of the older person where the person has diminished capacity.

#### **7.5.10**

If there are concerns regarding mental capacity, ensure that the older person is referred for a mental capacity assessment by the older persons GP, Geriatrician or Psychiatry Of Old Age.

#### **7.5.11**

Provide support to the staff member reporting the abuse.

#### **7.5.12**

Document events and complete all relevant paperwork.

#### **7.5.13**

In Designated Centres for Older People complete a notification of all allegations, suspected or confirmed cases of elder abuse of any resident to HIQA within three days by completing Form NF06 (or Form NF07 if the alleged perpetrator is a member of staff).

#### **7.5.14**

Inform the children & family services if there are children under the age of 18 at risk.

#### **7.5.15**

Inform the Manager of the Disability Services if there is an adult with a learning disability at risk.

## **8.0 Alleged Abuse in Designated Centres for Older People - Elder Abuse Notifications to HIQA**

### **8.1**

Abuse can be perpetrated in a Designated Centre for older people by;

- (i) another Resident
- (ii) as a result of poor care
- (iii) one or more staff members / volunteers
- (iv) a visitor to the designated centre: a neighbour, friend, family member etc.

### **8.2**

Any allegation, suspected or confirmed abuse of any resident in a designated centre in the public, private and voluntary sector must be formally notified to HIQA, on the appropriate form (NF06 Form) within 3 working days of the incident being reported. This form is available on the Authority's website ([www.hiqa.ie](http://www.hiqa.ie)). The manager/person in charge for the area/unit is responsible for returning the form to HIQA.

### **8.3**

All incidents must be assessed by the Manager of the designated centre and notified to HIQA. *"The Manager of the designated centre may contact the HSE's Integrated Services Area Manager in the area for advice assistance in an assessment of an elder abuse allegation. The Office of the ISA Manager will be able to identify whether it can provide the appropriately qualified staff to provide this advice or assistance".* (Joint HSE- HIQA Protocol, 2012)

### **8.4**

The Senior Case Worker can provide support to the older person in any cases of abuse in a designated centre for older people.

### **8.5**

Please refer to Schedule 6 of the Joint HIQA HSE Protocol (2012) for further information.

### **8.6**

Non- statutory designated centres should ensure compliance with the Best Practice Guidelines for Voluntary, Not for Profit Organisations & Private Service Providers (National Steering Committee on Elder Abuse, 2012).

## **9.0 Reporting incidents of Alleged or Suspected Abuse to An Garda Síochána**

### **9.1**

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

### **9.2**

An older person's consent should be sought before reporting an offence to An Garda Síochána. In endeavoring to respect the decisions older people make regarding their safety and risks, situations arise whereby An Garda Síochána must be notified without the older person's consent. These situations include:

- (i) When an older person is at serious or immediate risk.
- (ii) When another person or persons are at serious risk, either from themselves or others. This includes children.
- (iii) HSE staff have a duty to report allegations of serious abuse to an Garda Síochána when it is suspected a crime has been committed. This would include for example but not limited to - physical assault, sexual assault, financial abuse and cases where there is ongoing risk of injury. In addition HSE staff have a duty to notify the Gardai if they directly witness any criminal acts occurring.

### **9.3**

If An Garda Síochána are notified without the consent of the older person:

- (i) Staff should inform the older person that they have a duty to report the allegation to An Garda Síochána against their expressed wishes.
- (ii) Staff should inform An Garda Síochána on notification that they are reporting the alleged serious assault against the older person's wishes.
- (iii) Every effort must be made to support the older person throughout the process and should be done in a manner appropriate to the risks posed to the older person or to others.

### **9.4**

In notified cases, An Garda Síochána may seek the following:

- (i) To be afforded the opportunity to interview the person first and independently.
- (ii) That interviewing of people is kept to a minimum until the matter is resolved, so as not to prejudice the process.
- (iii) That witnesses do not discuss the matter with the accused or with other witnesses.
- (iv) That the organisation conduct its own independent investigation in parallel with any criminal investigation as per the HSE Incident Management Policy and Procedure (2008).

## 10.0 Protection for Employees Reporting Abuse

### 10.1

HSE employees who have genuine concerns about risks to patient/client care in their workplace may now report these concerns without fear of penalisation in their employment or civil liability.

### 10.2

Legislation under the Health Act 2007, which came into operation on 1st March 2009, provides for the making of protected disclosures by health service employees. If an employee reports a workplace concern in good faith and on reasonable grounds in accordance with the procedures outlined in the legislation it will be treated as a "protected disclosure".

### 10.3

If an employee feels that they have been subjected to detrimental treatment in relation to any aspect of their employment as a result of reporting their concern they may seek redress. In addition, employees are not liable for damages as a consequence of making a protected disclosure. The exception is where an employee has made a report which he/she could reasonably have known to be false.

### 10.4

The Procedures on Protected Disclosures of Information in the Workplace and the Protected Disclosure explanatory leaflet will inform staff how to make a protected disclosure.

### 10.5

The HSE also has a Good Faith Reporting Policy for employees who do not wish to make a protected disclosure. The HSE will provide counselling and legal advice where necessary to the employee who reports genuine concerns of fraud or malpractice in the organisation.

*Good faith reports made to the Information Officer will be referred to the relevant HSE officer for investigation. The Information Officer will not disclose the identity of the employee making the good faith report where the employee so instructs.*

*In general, employees' identities will not be disclosed without prior consent. Where concerns cannot be resolved without revealing the identity of the employee raising the concern.*

*The HSE will enter into a dialogue with the employee concerned as to whether and how it can proceed.*

(Good Faith Reporting Policy, 2009)

## 11.0 Confidentiality

### 11.1

All information concerned with the reporting and subsequent assessment of an allegation of abuse is subject to the HSE policy on client confidentiality.

### 11.2

Information that is shared regarding a concern in relation to abuse will be treated in confidence. There may be times when information will have to be shared with others. This may involve situations where not divulging concerns will create serious risk to an older person or where the HSE is obliged to divulge the information to the Garda Síochána or other agency. (See section 9).

### 11.3

Disclosures of information to appropriate others can occur if:

- (i) An older person is the subject of serious abuse,
- (ii) The risk of further abuse is likely,
- (iii) There is a risk of abuse to another older person(s),
- (iv) There is reason to believe that the alleged person causing concern is a risk to themselves.

This is referred to the 'professional use of information'; Confidentiality therefore needs to be weighed against the duties and obligations towards the older person and others. Consideration should also be given to issues of capacity and consent.

## **12.0 Capacity**

### **12.1**

There is a legal presumption that an individual of 18 years and over has the mental capacity to make their own decisions. This is a legal presumption which may be rebutted by evidence to the contrary. Assessment of capacity to make a decision is time and issue specific.

### **12.2**

The degree of capacity required depends on the significance of the decision to be made. The individual must fully comprehend the information about the decision and the implications of the decision.

(i) While it is best practice to consult with the older person to elicit their view of the situation and act in accordance with their wishes, it is also incumbent on each professional to recognise older people who may not have the capacity to make their own decisions and / or protect themselves, as outlined in the underlying principles (section 2.7).

(ii) When such a concern exists (as to the mental capacity of the older person to make decisions and / or protect themselves), the professional should seek the assessment of a General Practitioner in the first instance, with view to referring to a specialist service if necessary.

(iii) Where it is established that an older person does not have the capacity to make decisions and / or protect themselves, professionals involved must take appropriate steps to protect them and follow the "in their best interest" principle.

## **13.0 Refusing Assistance / Protection Measures**

### **13.1**

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 significant risk exists a case conference or multidisciplinary meeting should be convened at the earliest opportunity.

### **13.2**

The purpose of such a case conference / multidisciplinary meeting would be to share

information, establish the level of risk, any protective factors, any interventions to date, possible means of intervention, the responsibilities of the various professionals and the appointment of a key worker.

### **13.3**

Legal advice may be warranted regarding decisions and actions.

## **14.0 Complaints Procedures**

### **14.1**

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. (HSE Complaints and Procedures Manual, 2009)

## **15.0 Incident Reporting System**

### **15.1**

Allegations of abuse may arise in the context of a critical incident report; therefore local procedure should reflect the appropriate action to be taken. Local procedures should detail appropriate actions to be taken ensuring that incidents, near misses and hazard reporting systems are closely integrated with the elder abuse referral system.

## **16.0 Safe Recruitment & Management Practices.**

### **16.1**

The HSE is committed to promoting the well-being of patients/clients and providing a caring environment where they are treated with dignity and respect. The HSE is committed to their staff and to providing them with the necessary supervision, support and training to enable them to provide the highest standards of care as set out in the Trust in Care Policy (2005).

The Trust in Care policy aims to address two main issues;

- (i) Preventative: to outline the importance of the proper operation of human resource policies in communicating and maintaining high standards of care amongst health service staff;
- (ii) Procedural: to ensure proper procedures for reporting suspicions or complaints of abuse and for managing allegations of abuse against health service staff in accordance with natural justice.

## **17.0 Implementation & Review**

### **17.1**

This policy will be implemented and reviewed by the National Steering Committee on Elder Abuse and HSE Integrated Services Areas Structure. (See Implementation Plan in III)

## **18.0 Record Keeping**

### **18.1**

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 this policy is a failure to adequately discharge a duty of care.

## 19.0 References & Bibliography

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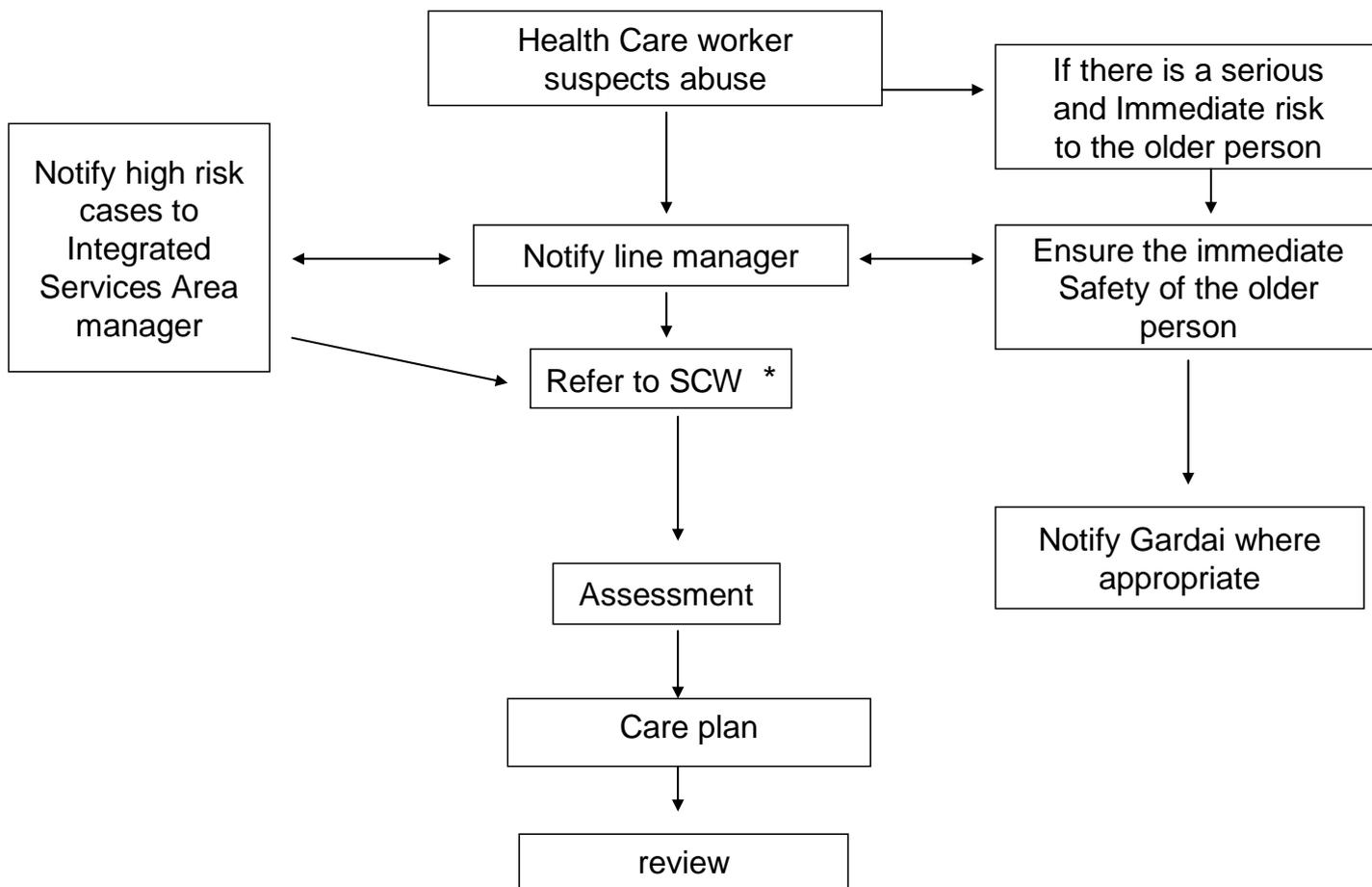
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## **20.0 Appendices List**

- I.** Responding to allegations/concerns of elder abuse - Flow Chart
- II.** Referral Form to Senior Case Worker (Protection of Older People)
- III.** Membership of Elder Abuse Policies Procedures Protocols and Guidelines sub group
- IV.** Implementation Plan

## Appendix I Responding to Allegation/Concerns of elder abuse - Flow Chart



•Some cases will not necessitate referral to SCW if assessment can be appropriately managed by the service involved, where appropriately qualified professional (as designated by ISAM), is available e.g. Dir of Nursing / Dir Public Health Nursing / Prin Social Worker . This must be set out in local procedures, and for data collection purposes , agreed with the Dedicated Officer for the Protection of Older People

**Appendix II – Referral Form to Senior Case Worker, Protection of Older People**



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

Local Health Office

XXXXXXX  
XXXXXXX  
XXXXXXX  
XXXXXXX

Persons 65years and over

Referral to Senior Case Worker (Senior Social Worker) for the Protection of Older People

**Client Details:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Contact Number Ph/Mobile: \_\_\_\_\_

**Does anyone live with client:** Yes  No  If yes, who?: \_\_\_\_\_

**Medical history ( if known by referrer):**

**Is client aware this referral is being made?** Yes  No

**Is client happy to be contacted at home?** Yes  No

**Is there another nominated person they want us to contact, if so please give details:**

Name: \_\_\_\_\_ Contact Details: \_\_\_\_\_

Relationship to older person: \_\_\_\_\_

**GP Contact Details:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**PHN/CRGN Contact Details:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Any other key services/agencies involved with client:**

*Please include Name and Contact Details:*

**Details of allegation/ concern: Please tick as many as relevant:**

- |  |   |
|--|---|
| Physical abuse <input type="checkbox"/>                | Financial abuse <input type="checkbox"/>          |
| Psychological/Emotional abuse <input type="checkbox"/> | Neglect/acts of omission <input type="checkbox"/> |
| Sexual abuse <input type="checkbox"/>                  | Discriminatory abuse <input type="checkbox"/>     |
| Extreme Self Neglect <input type="checkbox"/>          | Other (please specify) <input type="checkbox"/>   |

(extra sheet/report can be included if you wish)

**Details of Person Allegedly Causing Concern (if applicable)**

Name: \_\_\_\_\_ Relationship to older person: \_\_\_\_\_

Address: \_\_\_\_\_

Is this person aware of this referral being made: Yes  No

**Details of person making referral:**

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Agency/Address: \_\_\_\_\_

Landline \_\_\_\_\_ Mobile: \_\_\_\_\_

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

Please send to xxxxxxxx (please fill in own details here, name and address, tel number)

## **Appendix III**

### **Membership of Elder Abuse Policies Procedures Protocols and Guidelines sub group**

Ms. Oonagh Mc Ateer, Dedicated Officer for the Protection of Older People, HSE Dublin North East (Chair 2011)

Ms Bridget McDaid, Dedicated officer the Protection of Older People, HSE West (Chair 2008 – 2010, 2012)

Ms. Sarah Mahon, Dedicated Officer for the Protection of Older People, HSE Dublin Mid Leinster

Ms. Maggie McNally, Senior Case Worker for the Protection of Older People, North Tipperary

Mr. Gordon Barrett, Social Work Team Leader, Sligo

Ms. Anne Nixon, Assistant Director of Public Health Nursing, Roscommon

Ms Maura McCrudden, Senior Case Worker for the Protection of Older People, Dun Laoghaire (2009-2010)

Ms. Maura Seabrooke, Senior Case Worker for the Protection of Older People, Meath (joined 2011)

Mr. Donal Hurley, Senior Case Worker for the Protection of Older People, Clare. (joined 2011)

Ms. Aisling Coffey, Senior Case Worker for the Protection of Older People, Dublin South West (joined 2011)

Mr. Seamus Mc Garvey, Senior Case Worker for the Protection of Older People, Donegal (joined 2011)

The Group would like to acknowledge Patricia Rickard-Clarke, of the Law Reform Commission, for her invaluable support and advice.

## Appendix IV

### Implementation plan for HSE Policy: Responding to Allegations of Elder Abuse

No:	Action:	Measure:	Responsibility:	Challenges:	Start date:	Finish date:
1.	Disseminate policy	Policy uploaded onto intranet and elder abuse section of HSE website	Specialists and Dedicated Officers		Q2 2012	Q2 2012
		Letter outlining responsibilities and implementation plan sent to senior managers via RDO	Chair NEASC		Q2 2012	Q2 2012
2	Establish core team to oversee the development of training materials to support implementation	Development of training support materials, ie PowerPoint presentation, leaflets and FAQ's	Specialists, Dedicated Officers and nominated SCWs		Q2 2012	Q2 2012
3.	Lead person appointed in each region	Nomination of lead person to oversee regional implement plan.	Specialists	HSE North East and HSE South are currently without Dedicated Officer	Q2 2012	Q2 2012
4	Lead person develops regional implementation plan in conjunction with local managers & SCWs	Regional plan with time scales for briefings, familiarisation sessions and evaluation.	Nominated lead person in consultation with Specialists and Dedicated Officers		Q2 2012	Q2 2012
5	Communication process commences	Regional briefing with Senior Case Workers, Public Health Nurses, and other disciplines and relevant heads of departments	Specialists, Nominated lead person	Difficulties in releasing managers due to staff shortages. Travel costs	Q2 2012	Q2 2012
6		All relevant staff to receive in house briefing session. All staff sign stakeholder sheet to acknowledge that they are aware of the policy	Senior Case Workers and line managers	Difficulties in releasing managers due to staff shortages. Travel costs	Q2 2012	Q3 2012
7		Policy added to induction pack	Managers OPS & HR depts		Q2 2012	Q3 2012
8		Feed back coordinated and communicated to lead person	Senior Case Workers, line managers		Q3 2012	Q4 2012
9	Review policy	Feedback on adequacy of policy and issues raised in briefing sessions communicated fed back to NEASC	Dedicated Officers		Q4 2012	Q4 2012
10	Review Policy	As a result of feedback and monitoring process NEASC / AND may instigate a review of policy.	Chair NEASC / Assistant National Director of Services for Older People			