



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

OPEN YOUR EYES



THERE IS **NO EXCUSE** FOR ELDER ABUSE
HSE Elder Abuse Services 2014

Open Your Eyes

HSE Elder Abuse Services 2014

FOREWORD

The HSE elder abuse service was established in 2007 and there have been significant developments in the service since its inception. Dedicated structures and staffing are in place and a growing number of referrals are assessed and managed every year.

The National Elder Abuse Steering Committee, established in 2007, oversees the HSE's elder abuse service nationally and works to ensure that the recommendations contained within *Protecting our Future*, as well as those contained within the review of that report in 2009 - '*Protecting our Future, Review of the Recommendations of the Report of the Working Group on Elder Abuse*'² - are implemented. The committee, has multidisciplinary and multi-agency representatives from the HSE, An Garda Síochána, The Health Information and Quality Authority, The Department of Health and other agencies, both statutory and voluntary, concerned with welfare of older persons.

Behind all referrals are older persons and, in many cases, their families, needing help and support. Some referrals are relatively minor in nature requiring minimal support or advice to resolve a worrying situation. Others require a much more intensive assessment and action plan on the part of our social workers and the staff and agencies with whom they work collaboratively. It is this work that is crucial to the safety and protection of those older persons who are at risk.

In order to try to outline, in real terms, some of the stories behind the statistics a number of case examples have been included in this year's publication.

The HSE Elder Abuse Service received over 2,590 referrals of alleged cases of elder abuse in 2014. Of these psychological abuse was the most frequently reported form of abuse at 29%, followed by financial abuse (21%), self-neglect (21%), neglect (15%) and physical abuse (12%).

The service is not just a reactive one. Over the years there has also been considerable work done in increasing awareness of elder abuse, how it presents and, most importantly, how it can be tackled.

The HSE's funding of the National Centre for the Protection of Older People continued in 2014 and considerable work has been accomplished to further our knowledge base and understanding of this difficult subject. In addition to research projects and academic reviews, the NCPOP's work in 2014 also focused on the empowerment of older people to enable them to take action to better protect themselves from mistreatment. For example the **Keep Control Campaign** was launched in December. This campaign was developed by older people for older people. It provides information and resources to empower older people to protect their right to be free from financial abuse and bullying.

In December 2014, the HSE published **Safeguarding Vulnerable Persons at Risk of Abuse – National Policy and Procedures**. This new national policy on the protection of vulnerable adults from abuse has been developed by the HSE's Social Care Division (responsible for the provision of services for older persons and persons with a disability). This new policy applies to all HSE and HSE funded services and builds on, and incorporates, existing policies in HSE Disability and Elder Abuse services and on those in a range of other Disability Service providers.

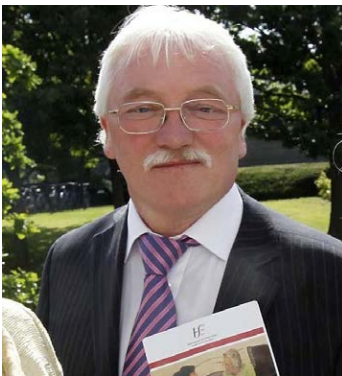
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The HSE is committed to safeguarding vulnerable persons from abuse and a key priority for 2014 was to publish one policy spanning both older persons and disability services. ***‘Safeguarding Vulnerable Persons at Risk of Abuse- National Policy and Procedures’*** now provides one overarching policy to which all agencies will subscribe and implement ensuring;

- A consistent approach to protecting vulnerable people from abuse and neglect
- All services have a publicly declared ‘No Tolerance’ approach to any form of abuse
- A culture which supports this ethos

As work commences to implement this policy in 2015, there will inevitably be changes in the structures of the elder abuse service. The service will be strengthened by the establishment of Safeguarding and Protection Teams in each Community Healthcare Organisation and there will be clear procedures to follow where concerns arise relating to vulnerable persons. Through this evolving service every effort will be made to uphold the rights of vulnerable persons to live full and meaningful lives in safe and supportive environments.

Everyone deserves to live a life free from abuse.



Frank Murphy
Chair, National Elder Abuse Steering Committee 2014

TABLE OF CONTENTS

The HSE Elder Abuse Service	5
<i>National Elder Abuse Steering Committee</i>	<i>5</i>
<i>Dedicated Officers for the Protection of Older People</i>	<i>7</i>
<i>Senior Case Workers for the Protection of Older People.....</i>	<i>7</i>
HSE Elder Abuse Developments.....	7
Media and Public Awareness	7
<i>Open your Eyes: Protect Yourself from Elder Abuse</i>	<i>8</i>
<i>Elder Abuse Service Document 2013</i>	<i>8</i>
<i>World Elder Abuse Awareness Day Conference- UCD</i>	<i>8</i>
<i>World Elder Abuse Awareness Day Local Activities</i>	<i>10</i>
<i>Elder Abuse Section – HSE Website</i>	<i>12</i>
<i>HSE Info Line.....</i>	<i>12</i>
Training.....	13
<i>2014 Training Figures</i>	<i>14</i>
<i>HSE LanD.....</i>	<i>18</i>
<i>Conferences/Seminars</i>	<i>19</i>
<i>Policy and Procedures.....</i>	<i>21</i>
<i>Revision of Referral and Data Collection Forms.....</i>	<i>21</i>
National Centre Protection of Older People.....	22
Introduction.....	22
Constitution and Governance	22
Programme of Research 2011 to 2014.....	24
Dissemination and Outreach	33
Elder Abuse General Information.....	39
Elder Abuse Definition and Types of Abuse.....	39
How Big is the Problem?	40
Case Examples	41
Elder Abuse Referrals 2014	44
Summary of Total Referrals 2014	45
Summary of Referrals with a Person Causing Concern 2014	46
Self Neglect Referrals 2014.....	58
Cumulative Elder Abuse Data 2010 to 2014.....	59
References	70
Appendices	71
Elder Abuse Documentation	72
World Elder Abuse Awareness Day Conference Programme.....	79
NCPOP Conference Papers and Publications.....	80

The HSE Elder Abuse Service

The HSE Elder Abuse Service was developed in line with the recommendations contained within ***Protecting Our Future: Report of the Working Group on Elder Abuse (2002)***.

National Elder Abuse Steering Committee

The National Elder Abuse Steering Committee was established in 2007 and its Terms of Reference are 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. In particular, it strives to ensure a consistent approach to implementing ***“Protecting Our Future”***. In addition, it has developed measures to ensure the gathering and compilation of significant information relative to Elder Abuse.

More specifically the Committee set objectives at its inception to:-

- Develop a training programme for Senior Case Workers and Dedicated Officers.
- Expand on the agreed dataset for use nationally.
- Ensure that appropriate work plans and targets are developed by individual Local Health Offices to support the National Service Plan.
- Ensure appropriate integration and communication between the four Area Steering Groups on Elder Abuse and the National Steering Group.
- Develop a Public Awareness Campaign in relation to Elder Abuse.
- Develop an implementation plan for the roll-out of HSE policy.
- Implement a process for the collation and analysis of emerging data and review data collection processes.
- Ensure linkage with Vulnerable Adults’ Policy.
- Develop best-practice guidelines for voluntary/private sector and for the wider public.
- Participate in the review of ***“Protecting our Future”***.
- Develop a training programme for staff.
- Ensure consistency in the dissemination and application of HSE policy and procedures in relation to Elder Abuse.
- Ensure that the learning from investigations/complaints, etc, is applied appropriately in future policy.

This Committee has a multi-agency and multi-disciplinary membership to enable it to address specific and complex issues relating to elder abuse.

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Membership of National Steering Committee on Elder Abuse 2014

Mr Frank Murphy	ISA Manager Mayo, HSE West (Chairperson)
Mr Paschal Moynihan	Specialist Older Persons Services, HSE West
Ms Brenda Hannon	Specialist Older Persons Services, HSE DML
Ms Roisin Maguire	Specialist Older Persons Services, HSE DNE
Ms Bridget McDaid	Dedicated Officer for the Protection of Older People, HSE West
Ms Sarah Mahon	Dedicated Officer for the Protection of Older People, HSE DML
Mr Eamonn McCarthy	Dedicated Officer for the Protection of Older People, HSE South
Mr Frank McHugh	Senior Case Worker, HSE DML
Ms Jacinta Brennan	Senior Case Worker, HSE South
Mr Seamus Egan	Senior Case Worker, HSE West
Ms Maura Seabrooke	Senior Case Worker, HSE DML
Ms Marguerite Clancy	Senior Research & Information Officer, HSE West
Ms Mags Kerlin	CNM Psychiatry of Later Life, HSE West
Ms Anne Boland	Director of Public Health Nursing, HSE West
Mr Tony Flynn	COSC National Office for the Prevention of Domestic, Sexual and Gender-Based Violence
Mr Declan Daly	Inspector, An Garda Síochána
Ms Miriam McGuinness	Manager Older People Services, HSE West
Ms Mo Flynn	Chief Executive Officer Our Lady's Hospice Harold's Cross
Ms Amanda Casey	Principal Social Worker, Mater Hospital
Dr Maria Moran	Consultant Psychiatrist in Psychiatry of Old Age, HSE
Mr John Farrelly	Head of Older Persons Programme, HIQA
Ms Margaret McMenamin	Mental Health Services, HSE
Ms Mary Saunderson	Services for Older People, Department of Health
Ms Tina Leonard	Head of Advocacy & Public Affairs, Alzheimer Society of Ireland
Administrative Support	Ms Michelle Egan, HSE West

Dedicated Officers for the Protection of Older People

The Dedicated Officers for the Protection of Older People have been responsible for the development, implementation and evaluation of the HSE's response to elder abuse and support the work of the National Elder Abuse Steering Committee. During 2014, there were three Dedicated Officers for the Protection of Older People working in HSE South, HSE Dublin Mid-Leinster and HSE West. These roles may change following the introduction of the ***Safeguarding Vulnerable Persons at Risk of Abuse' – National Policy and Procedures***.

Senior Case Workers for the Protection of Older People

Senior Case Workers for the Protection of Older People (SCWs) have responsibility for the assessment and management of cases of suspected abuse referred to the HSE. SCWs also participate in the design and development of awareness raising and training modules on the issue of elder abuse and the delivery of those modules, as appropriate, to relevant stakeholders. In areas where the post is vacant, the General Manager organises onward referral to an appropriate service for assessment. With the implementation of the ***Safeguarding Vulnerable Persons at Risk of Abuse' – National Policy and Procedures*** and the development of Safeguarding and Protection Teams the roles and responsibilities of SCWs may change.

HSE Elder Abuse Developments

Media and Public Awareness

Raising public awareness of elder abuse has always been a significant focus of the service. This work has concentrated on highlighting the issue of elder abuse, helping people to understand what it is, how it may present and publicising that help and support is available and how to access such help and support. National and international research continues to stress the importance of increasing awareness of elder abuse in order to tackle it. Many older people who are suffering at present may not identify their difficulty as elder abuse. Many abusers do not see their actions as elder abuse. By bringing this issue out into the open and encouraging dialogue, older people are informed that elder abuse is not acceptable, that it is not their fault and there is help available. Raising public awareness of the problem of elder abuse is vital if this problem is to be overcome.

OPEN YOUR EYES

Open your Eyes; Protect Yourself from Elder Abuse



2014 saw the publication of an online resource entitled **“Open Your Eyes; Protect Yourself from Elder Abuse”**. This online booklet was developed by the HSE elder abuse service in collaboration with other agencies. The resource outlines practical steps that can be taken by older people to protect themselves from abuse. Advance planning for future health, financial and care needs as well as practical actions to keep safe and linked to the community are all included. Planning for future health is important in order to maximise quality of life as well as to reduce risks, especially from abuse and exploitation.

The booklet, **“Open Your Eyes; Protect Yourself from Elder Abuse”** is available online and can be viewed and downloaded from the HSE website, www.hse.ie/go/elderabuse

Open Your Eyes, HSE Elder Abuse Service Document 2013

The Elder Abuse Service 2013 document was published in September 2014. The document details the work of the elder abuse service and the main achievements during the year.



In addition, the publication of this document provides the opportunity for reporting on patterns of elder abuse referrals in Ireland. This particular section of the document provides an overview of the referrals received – profiles of the clients referred, some information about living arrangements and circumstances surrounding the referrals, details on the abuse being alleged including profiles of alleged abusers. The document also presents information on the interventions and supports that are offered to assist people in these difficult circumstances. This allows a greater understating of the complexities involved in responding to these cases.

A summary of the main work of the National Centre for the Protection of Older People during 2013 was also included.

The launch of the 2013 document generated a significant amount of media interest which is helpful in raising awareness of the issue of elder abuse and the availability of a service. A number of radio and print interviews were responded to coinciding with the launch of the document.

World Elder Abuse Awareness Day Conference - UCD

World Elder Abuse Awareness Day (WEAAD) is an international awareness day established by the United Nations to raise awareness of elder abuse. This day is held each year on 15th June. A conference was held on Thursday 12th June 2014 in University College Dublin to mark World Elder Abuse Awareness Day. This conference was organised jointly by the HSE, the National Centre for the Protection of Older People (NCPOP) and the International Network for the Prevention of Elder Abuse (INPEA).

This conference provides the opportunity for professionals, voluntary and community groups and the general public, to come together to share knowledge, broaden their understanding and to learn about developments in addressing and preventing elder abuse.

Further details on the World Elder Abuse Awareness Day Conference are included in the National Centre for the Protection of Older People section of this document.

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Delegates at the WEAAD Conference 2014



Mr Frank Murphy, HSE; Anne Marie McMahon, Chief Superintendent An Garda Síochána; Dr Martin McNamara, Dean of Nursing and Head of School, UCD Nursing, Midwifery and Health Systems; Professor Andrew Deeks, President, UCD; Professor Simon Biggs, Professor of Gerontology and Social Policy, University of Melbourne, Australia; Lord Mayor of Cork, Cllr Mary Shields; Dr Amanda Phelan, NCPOP.



Dr Anne O'Loughlin, HSE; Garda, Ms Bridget McDaid, HSE; Mr Eamonn McCarthy, HSE; Ms Sarah Mahon, HSE; Professor Simon Biggs; Ms Kathleen Lynch TD, Minister of State, Department of Health and Department of Justice, Equality and Defence with responsibility for Disability, Older People, Equality and Mental Health; Professor Andrew Deeks, President, UCD; Professor Gerard Fealy, NCPOP; Ms Marguerite Clancy, HSE; Dr Amanda Phelan, NCPOP; Anne Marie McMahon, An Garda Síochána; Dr Martin McNamara, Dean of Nursing and Head of School, UCD Nursing, Midwifery and Health Systems; Dr Attracta Lafferty, NCPOP.



Dr Anne O'Loughlin, Dr Amanda Phelan, Professor Simon Biggs, Anne Marie McMahon, An Garda Síochána Ms Kathleen Lynch TD, Dr Gerard Fealy, Dr Attracta Lafferty, Mr Frank Murphy.



Dr Amanda Phelan, Lord Mayor of Dublin Christy Burke, Dr Gerard Fealy, Ms Pauline Ducray, HSE.

World Elder Abuse Awareness Day - Local Activities

In addition to the National Conference in UCD, WEAAD was also marked around the country by local events.

A Workshop on “Legal and Professional Responsibility in the Protection of Older and Vulnerable People” was held in Letterkenny, Co Donegal. This event was organised by the Adult Social Work Service, in partnership with the Centre for Nursing & Midwifery Education. The workshop included input from Mr James Finn (Registrar of Ward of Court) and Ms Ann Beggs (Senior Social Work Practitioner working with adults with learning disabilities). Over 60 healthcare staff participated in the event which included discussions on the process of Ward of Court applications, power of attorney and assisted decision making. There was also a specific focus on the development of positive risk taking which underpins good professional practice.

Training events were also held with various groups around the country to coincide with WEAAD. Elder Abuse training sessions were delivered to Home Help staff in Galway, student nurses in Connolly Hospital and staff of a voluntary housing association in Dublin North West. In addition, information sessions were held with clients, families and professionals associated with the Alzheimer’s Café, The Glasshouse, Sligo.

In Limerick, a seminar was organised by Limerick Seniors Forum in partnership with the HSE, An Garda Síochána and the NCPOP. Various community and older persons groups were represented with over 30 attendees. A presentation by Dr Amanda Phelan, NCPOP, was followed by a panel discussion and questions and answer session in an open forum. Much dialogue on the topic was generated with a particular focus on local demands and responses.

Many hospitals and health centres hosted public information stands where elder abuse information was made available to both the public and staff informing them on how to recognise and report suspected abuse. Information leaflets and purple WEAAD ribbons were distributed and there were opportunities for people to discuss issues and concerns and seek advice.

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Venues of elder abuse public information stands marking World Elder Abuse Awareness Day

Letterkenny General Hospital
Sligo Regional Hospital
Mayo General Hospital
University Hospital Galway
Limerick Regional Hospital
Nenagh Health Centre, Co Tipperary

St Vincent's University Hospital, Dun Laoghaire
HSE Community Care Services, Tivoli Road, Dun Laoghaire
St Joseph's Day care and Nursing Home, St John of God's, Crinken, Co Dublin



Paddy Rooney, General Manager Letterkenny General Hospital, Eilish Crawford-Quaile, Social Worker, Seamus McGarvey, SCW, Mary Kelly, Health Promotion Officer.



Tom Carlin and Nicola Flynn, St Vincent's University Hospital, Dun Laoghaire



WEAAD purple ribbon



At Limerick Seniors Forum WEAAD event: Mr Paschal Moynihan, HSE; Superintendent Daniel Keane; Dr. Amanda Phelan, NCPOP; Ms Christina Porretta, Limerick Seniors Forum and Bridget McDaid, HSE

Advertising and Publicity

Though there was no specific funding for a radio or advertising campaign in 2014, the elder abuse service responded to many interview requests from national and local radio and print media. The issue of elder abuse got significant coverage at key time points, most notably when the 2013 Elder Abuse Service document was launched and for World Elder Abuse Awareness Day in June.

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HSE Website - Elder Abuse Section

The HSE website hosts a dedicated section that provides information and resources on elder abuse. The section contains important information on elder abuse; what it is, recognising it and information on how to access help and support. The contact details for the Senior Case Workers for the Protection of Older People are listed in addition to the HSE Information line contact details. The website also provides access to relevant HSE policies as well as to other information resources. Weblinks are also provided to external agencies that provide support to older people.

The website continues to be an important source of information on elder abuse and had over 31,606 visits in 2014- an average of 2,600 each month. Unique page views during the year were 23,420. The month of September saw the greatest number of site visits with over 3,100 and the day with the largest number of visits (236) was 1st September, coinciding with the launch of the 2013 HSE Elder Abuse Service document.

To access the elder abuse section of the HSE website visit: <http://www.hse.ie/go/elderabuse>

HSE Infoline

The HSE Infoline provides information on health services, entitlements, or how to access HSE health or social services locally. The Infoline can provide callers with the details of HSE staff in local areas that can assist with elder abuse concerns or refer those concerns to the relevant Senior Case Worker for the Protection of Older People.

In 2014, the HSE Infoline received a total of 286 calls relating to elder abuse. This compares to 334 calls in 2013 and 358 in 2012. The nature of the calls were mostly enquiries for contact details for Senior Case Workers and requests for elder abuse information leaflets. All elder abuse publications and educational materials feature the HSE Infoline details.

**The HSE Infoline is available from 8am to 8pm, Monday to Saturday.
Callsave 1850 24 1850.**

Training

In addition to carrying out planned and scheduled training throughout the year, the HSE responded to many requests for training and awareness raising. Training is provided across a range of sectors and disciplines. A number of standardised courses are available:

- **Recognising and Responding to Elder Abuse in Residential Care Settings**
- **Train the Trainer in Recognising and Responding to Elder Abuse in Residential Care Settings**
- **Level 1 Elder Abuse Awareness Raising Workshop**
- **Elder Abuse Training for Managers**

Recognising and Responding to Elder Abuse in Residential Care Settings

This course utilises the HSE Elder Abuse Training DVD and Workbook specifically for residential care settings. The objectives of this half day training course are to

- Increase knowledge and understanding of what elder abuse is.
- Help staff identify care practices that might lead to or contribute to elder abuse.
- Help staff to recognise elder abuse.
- Explain the actions that need to be taken if it is suspected elder abuse could be taking place.

Train the Trainer -Recognising and Responding to Elder Abuse in Residential Care Settings

The aim of these workshops is to train lead people within the nursing home sector who in turn deliver this elder abuse training within their own organisation/ nursing home. 'Train the trainer' instruction is of vital importance in supporting staff in the use of the DVD and ensuring that elder abuse training is of a consistent standard.

Aims & objectives of Elder Abuse Train The Trainer Workshops (For Residential Care Settings).

By the end of the training session participants will have:

- A clear understanding of the course content as set out in the DVD and workbook 'Responding to Elder Abuse in Residential Care Settings'.
- Worked through the training DVD and workbook and facilitated group discussion around key issues.
- Discussed how best to organise and deliver training within their own nursing home / organisation.
- Identified key policies and guidance relevant to elder abuse.
- Clarified and agreed procedures for record keeping (training records).

Level 1 Elder Abuse Awareness Raising Workshop

Level 1 Elder Abuse Workshop is a half day (3 hours) basic level training workshop aimed at those working within health and social care services for older persons, in particular, HSE Staff from community, acute and mental health services and voluntary agencies providing services for older persons. This training has also been provided to older persons' representative groups and advocacy groups, carers' organisations and Local Authority staff.

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Aim

The aim of this half day workshop is to increase participants' awareness and knowledge of elder abuse and ensure they are in a better position to recognise and report concerns.

Objectives

By the end of the workshop participants will have:

- Discussed and defined what is meant by the term 'elder abuse'.
- Received information on the scale of the problem in Ireland and an overview of elder abuse referrals received by the HSE.
- Examined the different types of elder abuse and indicators of each.
- A better understanding of how to recognise when elder abuse may be taking place.
- Received the HSE policy '*Responding to Allegations of Elder Abuse*' and discussed their own responsibilities under this policy.
- Considered the underlying principles within which all elder abuse responses should be framed.
- A clear understanding of how and where to report concerns of elder abuse.

Elder Abuse Training for Managers

This course, specifically for managers who have already completed a basic elder abuse awareness course, is broken into three sections:-

- Theory and discussion on risk assessment in elder abuse
- Steps to take on receiving an allegation of abuse
- Use of assessment tools in protecting vulnerable clients

Case studies are used to aid learning in a practical manner. Managers and staff responsibilities towards protecting vulnerable clients are discussed.

2014 Training Figures

The training figures presented here represent training courses provided by the HSE Elder Abuse service directly, in addition to those delivered by participants on the Train the Trainer programmes run by the elder abuse service. All participants on the Train the Trainer programme are asked to feedback to the Dedicated Officer for the Protection of Older People to enable an evaluation of the impact and effectiveness of those sessions. This takes the form of completing a standardised feedback sheet on each session delivered and ensures inclusion of those figures in the reporting of training activity annually.

In 2014, **7,196** individuals attended an elder abuse training programme/awareness raising workshop. Since the establishment of the service in 2007, there have been almost 44,000 attendees on elder abuse training/awareness sessions.

As demonstrated in Figure 1, the distribution of attendees from across HSE areas varied from 16% in HSE West to 31% in HSE South. Figure 2 depicts the distribution of training attendees more locally.

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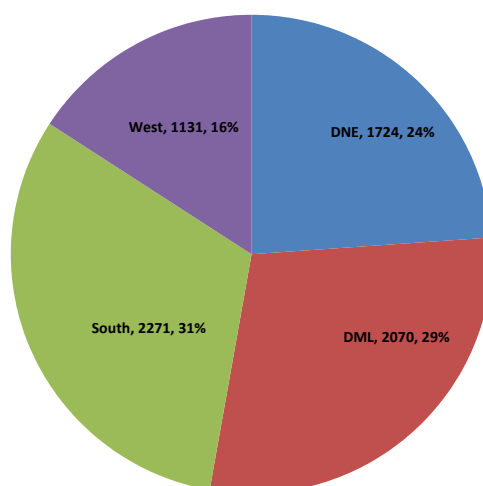


Figure 1: Training attendees by Area

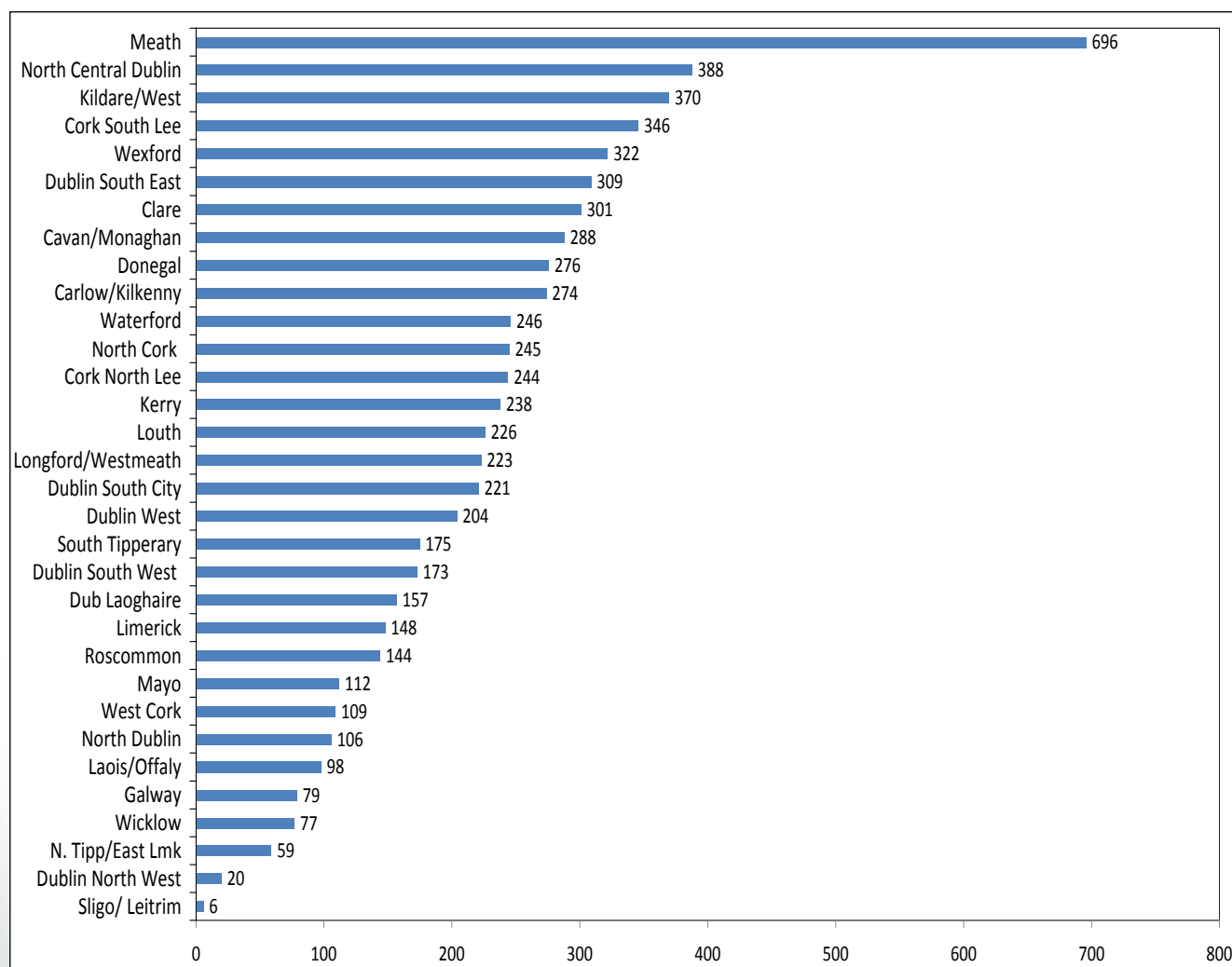


Figure 2: Training attendees by Local Health Office (LHO)

Nearly half of all training attendees work in the HSE (44%) with the next biggest sector represented being the private sector at 42%. Table 1.

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Table 1: Training attendees by Job Sector

Job Sector	
HSE Employee	44%
Private Sector	42%
Statutory Sector	2%
Community Sector	3%
Voluntary Sector	7%
Other	2%

Analysis of job title of attendees is provided in Figure 3. The biggest staff group represented are support workers (care assistants, nurses aides, home helps, home care workers) at 47% followed by nursing staff at 24%. This is very similar to patterns found in previous years. There is some variation regionally (Figure 4).

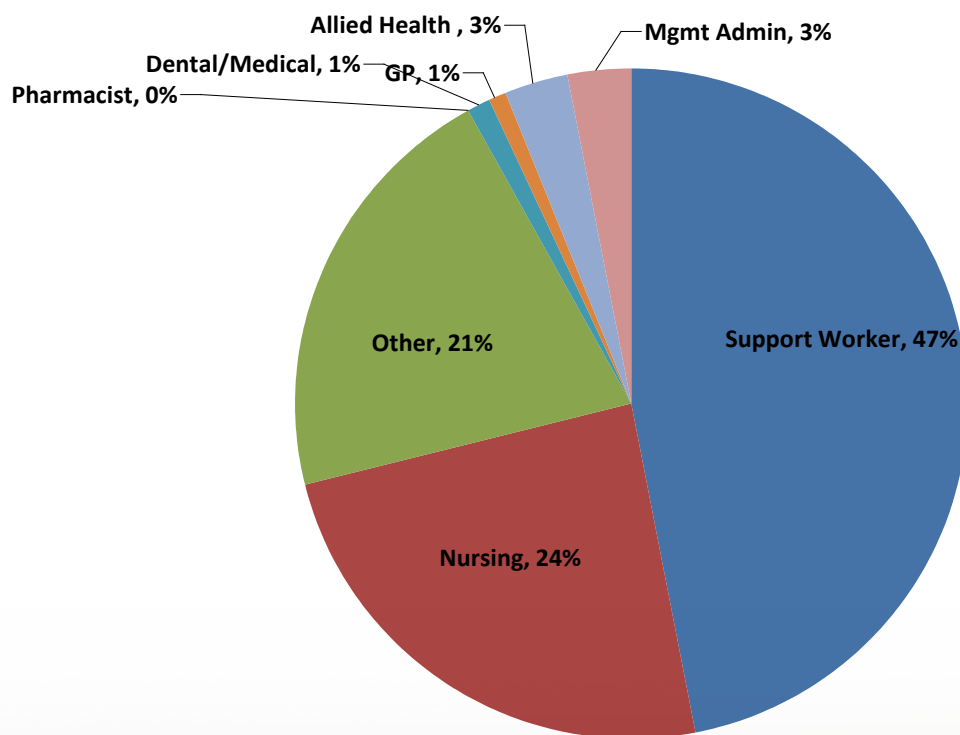


Figure 3: Training Attendees by Job Description

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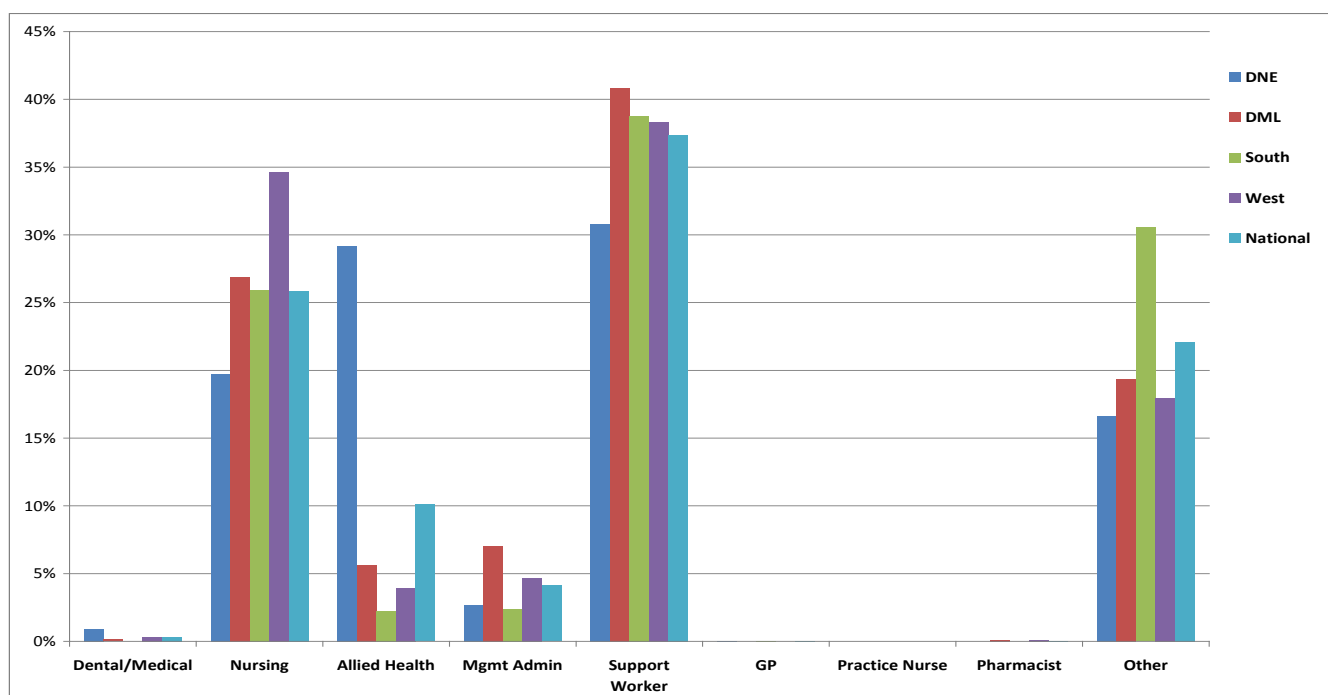


Figure 4: Breakdown of Attendees by Job Description Across HSE Areas

There is variation across the HSE areas in terms of who delivers this training (Table 2). In earlier years the majority of training was delivered directly by HSE elder abuse staff but there has been an increase in the numbers being trained by other HSE staff and other agencies, e.g., private nursing homes, voluntary agencies. This is attributable to the cascade effect of elder abuse ‘Train the Trainer’ training where the elder abuse service has trained others to deliver training and report back to the elder abuse service. This is particularly evident in the residential sector.

Table 2: Proportion of Training Delivered by HSE/Non HSE and Elder Abuse/Non elder abuse staff across HSE areas

	HSE	Non HSE	Elder abuse	Non Elder Abuse
West	75.4%	24.6%	76.5%	23.5%
DNE	42.3%	57.7%	0.2%	99.8%
DML	47.5%	52.5%	40.6%	59.4%
South	47.6%	52.4%	12.2%	87.8%

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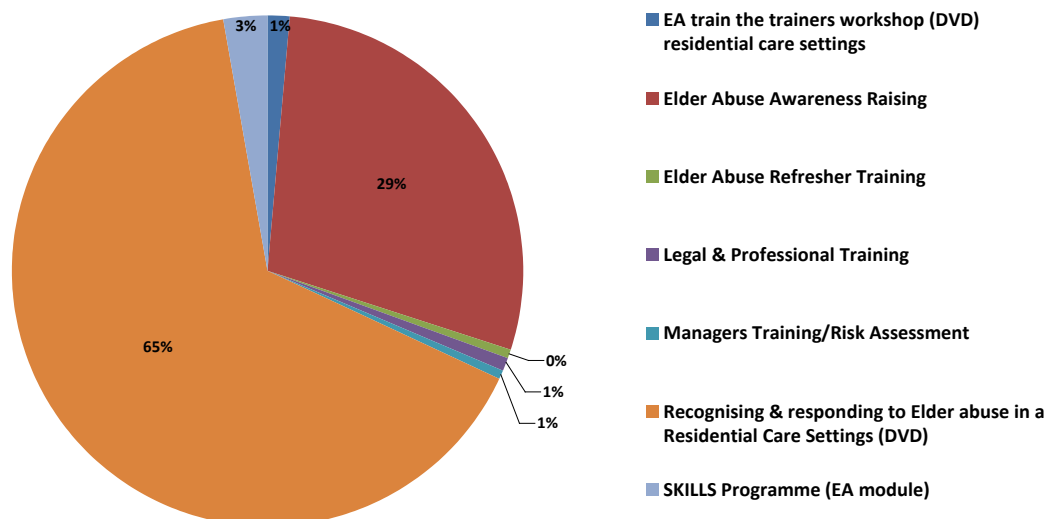


Figure 5: Breakdown of elder abuse courses delivered

There is some variation across the country in terms of courses delivered (Figure 6). Train the trainer sessions are delivered in HSE West and HSE DML. All areas deliver general awareness raising sessions and 'recognising and responding to elder abuse in residential care settings'. Elder abuse inputs into the SKILLS programme are primarily delivered in HSE South.

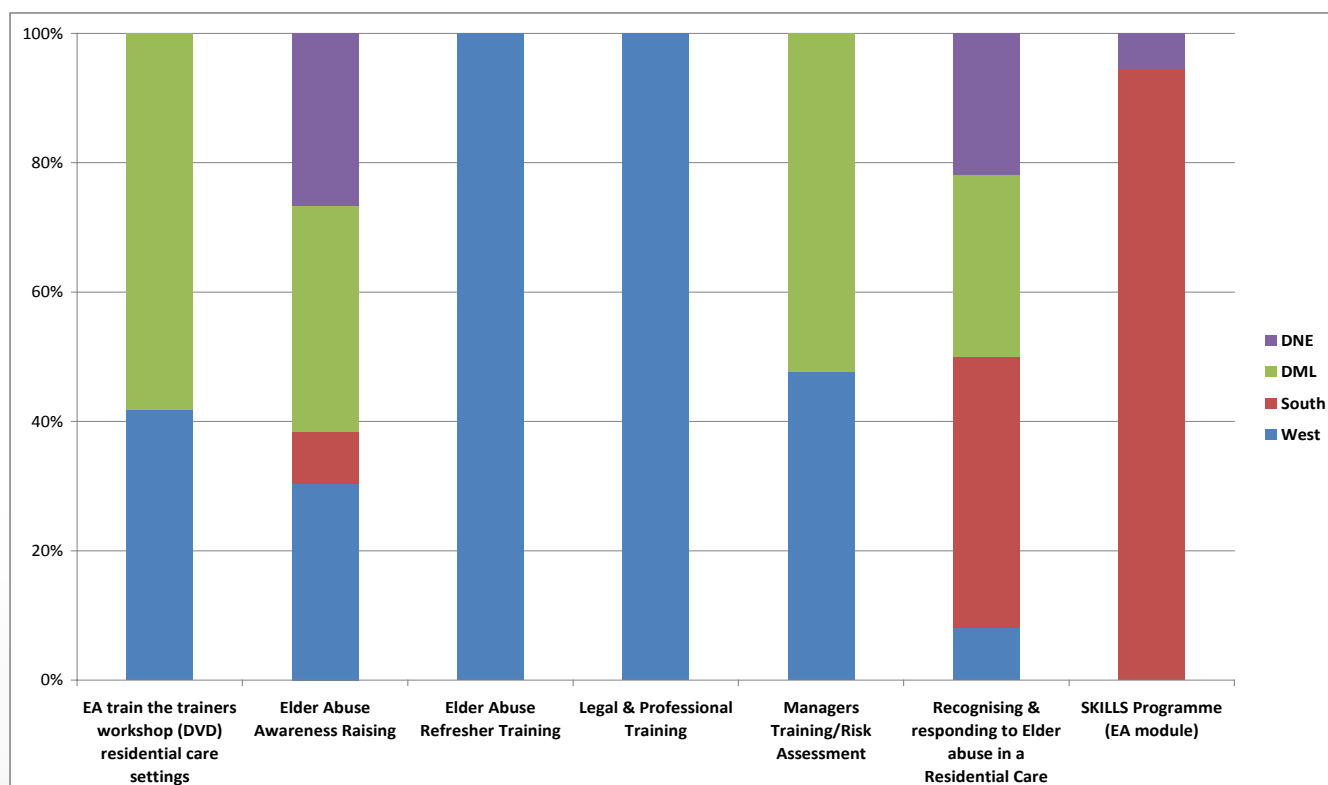


Figure 6: Elder Abuse courses delivered by HSE area

HSE LanD

Work continued in 2014 towards the development of an online elder abuse training programme to increase accessibility to elder abuse training for all staff. This work will now be reviewed in light of the launch of the new HSE Policy, ***Safeguarding Vulnerable Persons at Risk of Abuse – National Policy and Procedures***.

Conferences/Seminars

The elder abuse service was invited to participate and contribute to a number of European conferences during 2014.

Joint Council of Europe/European Commission DG Employment/AGE Platform, Brussels



A HSE elder abuse service representative (Sarah Mahon, Dedicated Officer for the Protection of Older People, HSE Dublin Mid-Leinster) was invited to participate in a seminar in Brussels entitled **Human rights for Older Persons in Europe – Who cares?**. The seminar, held on 23rd June, was organised by the Joint Council of Europe/European Commission DG Employment/AGE Platform. The event aimed to raise awareness and understanding among policymakers, civil society and other relevant stakeholders of the changing political and legal framework in this area and to discuss how best to protect older persons from abuse through a rights-based approach to long-term care.

The seminar focused on two key initiatives that have enhanced Europe's interest in older persons' human rights and the situation of older people in need of long-term care: the recent Council of Europe (CoE) recommendation on the promotion of human rights of older persons and the upcoming Social Protection Committee (SPC) report on long-term care. The objective of this seminar was to act as a catalyst for the adoption and implementation of effective measures that will reconcile human rights with the social investment approach.

The seminar examined the role of different stakeholders in the implementation of the presented instruments, as well as other ways to improve the rights of older people on the ground, in particular by addressing the following questions:

- What does the right to long-term care include and how far is it covered under the current policy and legal framework? How can it be effectively protected in practice at national and European level?
- What is the innovation of the CoE recommendation and the SPC report in the existing legal and policy framework?
- What are the main protection gaps that the CoE and the EU are attempting to fill and is their current action sufficient?
- How can older persons, service-providers and policymakers (at European and national level) use these two instruments? How can member states implement them?
- What are the next steps and the challenges regarding their implementation? What remains to be done to improve the implementation of such instruments?
- How can the cooperation between human rights actors and the 'care' sector be improved? Are there other important initiatives at the local, national, regional and international level which already have developed such cooperation?

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IMSERSO conference, Madrid



A HSE elder abuse service representative (Bridget McDaid, Dedicated Officer for the Protection of Older People, HSE West) was invited to present at an International conference in Madrid. The conference was organised by IMSERSO, (Spanish National Institute for Older Persons and Social Services), in the frame of the annual Training Program for Professionals in the field. The Conference “*Key aspects in relation to prevention of abuse of older women*” took place in Madrid on 18/20 November 2014.

The Conference objectives were to:

- Specify the causes and characteristics of abuse and violence against older women.
- Identify mechanisms to detect these situations and develop necessary measures.
- Define the role of public and private administrations and professionals in the prevention and treatment of situations of gender discrimination in older women.

The Irish contribution to this conference addressed:

- Recent developments of the elder abuse service in Ireland.
- Profile of reported elder abuse in Ireland with specific emphasis on older women.
- The role of the Senior Case Worker for the Protection of Older People.

The Conference was attended by professionals in health and social fields, lawyers, police officers, psychologists, journalists, volunteers and the general public.

Supporting quality integrated care: Policy and practice at local, regional and national levels



Eurodiaconia, in association with AGE and EuroHealthNet organised a conference on integrated care. This took place in Brussels, at the EU Committee of the Regions, in November 2014. A joint meeting of two EU task forces, Healthy Ageing and Dignified Ageing took place. The HSE were represented on the Dignified Ageing Task force by Sarah Mahon, Dedicated Officer for the Protection of Older People, HSE Dublin Mid Leinster.

THERE IS NO EXCUSE FOR ELDER ABUSE

AGE Platform Europe (AGE) is a European network of around 160 organisations made up of and working for people aged 50+, directly representing over 40 million older people in the EU. AGE works to voice and promote the rights of the 150 million inhabitants aged 50+ in the European Union and to raise awareness of the issues that concern them most.

AGE advocates that our rights do not change as we grow older by addressing the increasing risk of discrimination, exclusion, abuse and threats to dignity that older persons face in European societies. AGE was involved in drafting the Council of Europe Recommendation on the Promotion of Human Rights of Older Persons and is taking part in the discussions regarding a strengthened protection of older persons' rights at the UN level.

The joint meeting, held on 19 November, presented the opportunity to discuss different issues in relation to health and long-term care issues. It provided for exchange about the new European Commission and its priorities, as well as discussion about the AGE Strategic Plan 2015-2017.

Policy and Procedures

Revision of Referral and Data Collection Forms

There were some minor amendments made to the Referral Form to Senior Case Worker for the Protection of Older People, and the forms for collection of statistics in relation to the service, to make them more efficient.

This process began in November 2014 and involved consultation with SCWs about the proposed changes. There were additions to the forms including recording client interventions as well as types of neglect that could be reported on.

The revision process was completed before the end of the year and the revised documents were approved for use by the National Steering Committee for the Protection of Older People. At the end of 2014 the revised documents were circulated to all SCWs for use from January 2015 (Appendix 1).

National Centre for the Protection of Older People



Introduction

The National Centre for the Protection of Older People (NCPOP) in UCD was established in 2009 and since then has produced extensive research on elder abuse.

This section summarises the research and dissemination activities of the NCPOP for the reporting period 1st October 2013 to 31st December 2014. It provides an overview of the Centre's constitution and governance, followed by an outline of the programme of research for 2011–2014 and the dissemination events and activities engaged in by the Centre for the reporting period.

Constitution and Governance

Governance structures

The Health Service Executive, as funders, is mandated with the responsibility to oversee the work of the NCPOP, its research and the dissemination and knowledge exchange activities. The HSE Steering/ Management Group met with the NCPOP on several occasions throughout the reporting period to receive updates and progress reports. The group met in March, May, July, August and September 2014. These meetings involved formal presentations of the work of the Centre, including its research projects and associated dissemination and outreach activities.

Board of Directors

The National Centre for the Protection of Older People is an approved academic centre of University College Dublin and, in this regard, reports to the Academic Council of the University. A Board of Directors, comprising senior academic staff, oversees the work of Centre with reference to its status as an approved academic centre. The Board members are: Professor Gerard Fealy (Chair), Dr Amanda Phelan, Professor Denis Cusack, Dr Martin McNamara, Professor Cecily Kelleher, Dr Anne O'Loughlin, Professor Suzanne Quin and Professor Tony Fahey. The Board assumes overall responsibility for the governance of the Centre and is responsible for ensuring that the Centre engages in high quality scientific research. The Board held meetings in March and May 2014.

The Centre Director is Professor Gerard Fealy and the Co-Director is Dr Amanda Phelan. Three full-time staff members are employed, as follows: an Associate Centre Director, a Research Assistant and a Research Administrator. A postdoctoral researcher was also employed for the period May 2012 to June 2014 to support the research activities of the Centre.

International Advisory Panel

The research team at the NCPOP is supported by a panel of international advisors who provide advice and support on different aspects of the research projects being undertaken at the NCPOP. This panel comprises: Professor Simon Biggs, School of Social and Political Science, University of Melbourne; Professor Karl Pillemer, Cornell Institute for Translational Research on Ageing, Cornell University; Professor Jill Manthorpe, King's College London; Dr Claudia Cooper, University College London; and Ms Bridget Penhale, University of East Anglia. The team consults regularly with these and other international scholars and researchers in the field of ageing research and the protection of older people. A day-long international advisory meeting was held with Professor Simon Biggs in June 2014.

User Group

The NCPOP User Group is a stakeholder group to which the NCPOP team reports and from which it receives advice and commentary on its research and dissemination activities. The User Group consists of older people, older people's advocates and representatives from older people's support organisations. In addition to a number of individual self-advocates, User Group members include Care Alliance Ireland, Health Information and Quality Authority, Third Age Foundation and the Department of Social Protection. The NCPOP met with the User Group on three occasions, these took place in November 2013, April 2014 and September 2014.

Programme of Research 2011–2014

Introduction

The Centre's Programme of Research for 2011–2014 included four major research studies and three desktop reviews. Of these, four research studies were launched in the reporting period. A summary is provided for each of these projects together with a status update.

The Elder Abuse Suspicion Index (EASI): A pilot study to test its reliability in an Irish Context

Aim and objectives

The overall aim of this study was to examine the reliability of the EASI tool in the Irish setting. The objectives of the study were to:

- Refine the EASI tool for use in the Irish context
- Develop Irish protocols and related documents for use of the screening tool
- Provide training for selected healthcare professionals using the EASI tool in this study
- Pilot the EASI tool with selected healthcare professionals
- Correlate EASI results with confirmed cases of elder abuse by senior case workers (SCW) or social workers (SW)
- Make amendments to EASI protocols as required.

Methods

This mixed methods study comprised two phases. The first phase involved the assessment of the face validity of the EASI tool. Surveys with healthcare professionals and cognitive interviews with older people were conducted. Based on the findings from this phase of the study, minor adjustments to the EASI tool were made. The second phase involved piloting the amended EASI tool among healthcare practitioners. The tool was piloted at 44 healthcare sites. Trained healthcare professionals conducted the assessments (n=716). The majority of these were nurses (57%, n=412).

Results

Sample

In total, 791 older people agreed to participate in the study. Following attrition and cognitive testing, 716 EASI screenings were conducted and included in the final sample. The majority of respondents were women (67%, n=473), with men comprising one third of the sample (33%, n=233). Over half were aged 80 years or older (55%, n=388) with the remaining 45 per cent (n=321) aged between 65 and 79 years. The majority of older people were unaccompanied when the screening was administered (96.2%, n=677).

Results of EASI screening

A suspicion of elder abuse was indicated for just over one tenth of the sample (11%, n=79). Of this number, over half were aged between 65 and 79 (52.6%, n=41) with the remainder aged 80 years and older (47.4%, n=37). More than half of those for whom a suspicion was raised were female (59%, n=46), as compared to approximately two fifths who were male (41%, n=32). A small number of those

THERE IS NO EXCUSE FOR ELDER ABUSE

for whom a suspicion of abuse was raised were accompanied during the screening compared to those who were not, at 2.6% (n=2) and 97.4% (n=76), respectively. Statistical analysis revealed that neither age nor gender was associated with the outcome of the EASI assessment.

Of the 79 people for whom a suspicion of elder abuse was raised using the EASI tool, 52 of the completed EASI assessments contained written comments which identified a perpetrator(s). Most suspicions of abuse were raised in respect of family members. Findings indicated that older people who were reliant on people for daily activities were more likely to raise a suspicion of abuse on the EASI than those who were not reliant, at 13% (n=51) and 9% (n=28), respectively. However, this relationship was not statistically significant. Of those who screened positive for a suspicion of elder abuse (11%, n=79), just under a quarter (24.1%, n=19) were referred on to a senior case worker or social worker, indicating that over three quarters (75.9%, n=60) were not referred. The evidence from assessors' descriptions indicated potential barriers to onward referral. These included reluctance on the part of the older person to take up the offer of referral where a partner or close family member was involved, fear of reprisal from the abuser, or fear of financial hardship.

In order to establish the reliability of the EASI, it was necessary to determine its positive predictive value. This involved a measure of the proportion of the sample that screened positive for suspicion of elder abuse. A suspicion of elder abuse was indicated for just over one tenth of the sample (11%, n=79). However, just 13 of those cases were reviewed by a senior case worker or social worker. Ten cases out of the 13 (76.9%) were substantiated for abuse, and data analysis did not provide any evidence indicating a positive predictive value lower than 70 per cent. Thus, there was no evidence indicating that the EASI does not demonstrate adequate positive predictive value to support its implementation in the Irish setting. However, in order to demonstrate adequate evidence, at 5 per cent significance level, that the EASI tool demonstrates at least 70 per cent positive predictive value, a larger number of cases is required.

Conclusions

The EASI screening tool may have a positive predictive value in an Irish context and, therefore, should be considered by healthcare professionals when conducting health and/or social assessments with eligible older people. The particular needs of older people as service users require further investigation as part of service sector development, in order to ensure service provision is equitable and socially inclusive. The barriers that prevent older people from accepting onward referral or support services also warrant further investigation. Assessor commentaries were also indicative of a tendency on the part of older people to normalise abusive behaviour. This warrants further research. Finally, the commentaries assessor identified issues with personal security and intimidation in relation to financial abuse and points to the need to further develop empowerment programmes and interventions for older people.

Status

The study report was launched as part of the NCPOP seminar series on 5th December 2014. A full report is available to download from www.ncpop.ie

The Older Adult Financial Exploitation Measure (OAFEM): A pilot study to test its appropriateness in an Irish Context

Aim and objectives

The overall aim of the study was to examine the appropriateness of the OAFEM for use in an Irish setting. The objectives of the study were to:

- Engage in refining the OAFEM for use in the Irish setting.
- Develop Irish protocols and related documents for use of the OAFEM.
- Provide training for Senior Case Workers for the Protection of Older People (SCWs) and Social Workers (SWs) in using the OAFEM.
- Pilot the OAFEM with SCW/SWs.
- Make amendments to the OAFEM protocols as required.
- Produce a final report and recommendations.

Methods

The study involved three phases. Phase 1 was concerned with refining and developing the OAFEM tool to ensure its suitability in an Irish context, in terms of comprehension and cultural appropriateness. A survey was conducted among senior case workers to elicit their views on the content and presentation of the OAFEM. Interviews with older people were also conducted to examine item comprehension and to elicit potential response error. A review of the survey and interview response resulted in minor adjustments being made to the OAFEM. Protocols were also developed for the administration of the OAFEM and practitioners received training in its use. Phase 2 involved piloting the OAFEM tool with HSE senior case workers and social workers to establish its appropriateness in the Irish context. Phase 3 comprised an evaluation with senior case workers and social workers, in order to ascertain their experience of using the OAFEM, including its practical use in uncovering financial abuse through positive screens.

Results

Sample

In total, 62 older clients consented to participate in the study. Seven of these did not pass the cognitive test, leaving 55 eligible participants. Three of these later withdrew their consent during the study; thus the final sample consisted of 52 older people. The majority of the final sample was female (58.8%), with just over half (51%) aged 65–79 years and half (49%) aged 80 and older.

Results of OAFEM screening

Financial exploitation was indicated for two fifths of the sample (40.4%, n=21). Over a quarter (26.9%, n=14) reported an experience of not having been paid back money that was borrowed from them. This was followed by an experience that someone had considered themselves entitled to use their money for him/herself (19.2%, n=10), that someone had demanded money from them (19.2%,

THERE IS NO EXCUSE FOR ELDER ABUSE

n=10), and had used their money without it benefiting the older person (17.3%, n=9). All the other items on the OAFEM received positive scores confirming that methods of perpetration of financial exploitation vary. A quarter of those who responded 'yes' on the OAFEM scored positive on just one OAFEM item (n=5), while over half indicated five or more manifestations of financial abuse (n=10), indicating the multifaceted nature of financial abuse.

In total, 22 responses were received from the evaluation survey, representing a response rate of 81 per cent. Over two thirds of respondents (68.2%, n=15) completed at least one OAFEM. Seven respondents did not complete an OAFEM and their reasons for this varied from client refusal or ineligibility to participate to personal incapacity to participate in the study due to workload. For those who completed at least one OAFEM, over half (n=8) reported that it took over half an hour to administer. Six respondents reported that the tool did not aid identification of potential financial abuse while eight reported that the tool was slightly or somewhat useful in this regard. Just one person reported finding the tool very useful for this purpose. There was a mixed response with regard to whether respondents would use the tool in their everyday practice with three respondents stating that they would never use it, five responding that they would seldom use it and four respondents stating that they would use it frequently in selected cases. Several criticisms of and barriers to administering the tool were noted. Comments made in relation to the tool itself were that it was over long and complicated.

Conclusions

The results suggest that there are many manifestations of financial abuse of older people. Thus, the OAFEM has the potential to identify multiple discrete manifestations of financial abuse. In highlighting the types of financial abuse, the OAFEM also has the potential to identify priorities for the subsequent investigation that may ensue and to direct any immediate activities to prevent further financial loss and possible recuperation of funds. The results also indicate that the length of the tool is a significant barrier to its use among senior case workers and social workers and further refinement is necessary before the OAFEM could become an acceptable tool in the Irish practice context. The post study statistical analysis supports the potential for the OAFEM to be used in a more targeted way, which could reduce the number of items to be administered. A shorter version would mean that a 'no' response to all of the first six questions on the OAFEM would not require the remaining 19 questions to be administered. Overall, the results indicate that the standard assessment is still a very important element of comprehensive geriatric assessment and that the OAFEM, with refinement, may provide an important support to enhance such assessment.

Status

The study report was launched as part of the NCPOP seminar series on December 5th 2014. A full report is available to download from www.ncpop.ie

Family Carers of Older People: Results of a National Survey of Stress, Conflict and Coping

Aims and objectives

The overall aim of the study was to examine carers' experience of stress, conflict and coping when caring for an older person. The objectives of the study were to:

- Examine the nature and type of care provided by family carers to older people
- Measure carer burden among family carers who provide care to an older family member
- Measure the extent to which family carers experience conflict in the caregiving relationship
- Measure the extent to which family carers engage in potentially harmful behaviours towards older family members
- Identify factors associated with potentially harmful behaviours engaged in by family carers
- Examine family carers' experiences of support and coping in their role as caregiver.

Methods

The study design involved a cross-sectional national postal survey of family carers in receipt of a carer's allowance for care provided to a person aged 65 years and older. The survey was conducted using an anonymous self-completion questionnaire measuring stress, conflict and coping. The questionnaire consisted of the following instruments: the Center for Epidemiologic Studies Depression Scale; the Zarit Burden Interview; a modified version of the Conflict Tactics Scale; a modified version of the Activities of Daily Living (ADL) scale from the Older Americans Resources and Services (OARS) assessment instrument; and the positive value and quality of support subscales of the Carers of Older People in Europe (COPE) Index. A total of 2,311 carers completed and returned questionnaires, yielding a 58 per cent response rate.

Findings

Profile of carers

Family carers in the sample were aged between 19 and 92 years, with a mean age of 57 years. Almost half of the carers were in the 46 to 64 years age category (48%) and a third was aged 65 years and older. The majority of carers were female (72%) and lived with the care-recipient. The vast majority of carers were white Irish (95%), married or in a civil partnership (63%) and had no other dependants (62%). Over half of the carers (52%) were adult children of the older care recipient and almost a third were carers (31%). Almost half of the carers (48%) provided care for more than 80 hours a week.

The majority of carers described their health as good or very good (69%), although a substantial proportion (44%) was at risk of developing clinical depression. While approximately one third of carers reported that they experienced moderate to severe or severe burden, in general, carers reported that they found caregiving to be a positive experience. The majority (85%) reported that they felt that they 'often or always' coped well as a caregiver and over three quarters (79%) indicated that they 'often or always' found caregiving worthwhile. More than two-fifths of carers (43%) reported that they never or only sometimes felt supported in their caregiving role and the same proportion (43%) reported that they never or only sometimes felt appreciated as a caregiver.

Profile of care recipients

The majority of carers (59%) provided care to an older female care recipient. Care recipients were aged 65 and 103 years, with a mean age of 80 years; the largest group of care recipients (40%) was in the age category 75 to 84 years. Just over a fifth of carers provided care to a person with dementia. Carers indicated that the care recipients had moderate to high levels of dependency and upward on one fifth of the care recipients had a diagnosis of dementia (22%).

Mistreatment experienced by carers

More than half of carers (56%) experienced some form of mistreatment by their care recipient in the previous three months and the same proportion (56%) experienced some form of psychological mistreatment. A small proportion (13%) reported being physically mistreated by their care recipient in the previous three months.

Potentially-harmful behaviours engaged in by carers

Over a third of carers (37%) reported engaging in potentially-harmful behaviour in the previous three months, with 17 per cent reporting that they did so at least sometimes. Thirty-six per cent of carers reported that they engaged in potentially-harmful psychological behaviours in the previous three months, and 17 per cent engaged in these behaviours at least sometimes in the previous three months. Fewer than one tenth (8%) of carers reported that they engaged in potentially harmful physical behaviours towards the care recipient at least sometimes in the previous three months. Verbal abuse was the most commonly-reported form of abuse engaged in by carers.

Factors associated with potentially-harmful behaviours

Carer factors associated with potentially-harmful behaviours included: living with the care recipient, being ≥ 65 years, being male, having higher levels of depressive symptoms and poor health, being non-Irish, from a professional/managerial class, living in an urban setting and experiencing higher levels of burden). Caregiving factors associated with potentially-harmful behaviours included: perceived poor quality of the caregiving relationship, having a spousal relationship with the care recipient, a longer duration of care and a high number of weekly hours of caregiving, providing high levels of care, experiencing caregiving as less valued, and perceived inadequacy of social and professional support. Care recipient factors associated with potentially-harmful behaviours included a dementia diagnosis, being an older care recipient (64 to 74 years) and having higher dependency levels.

Conclusions

Carer burden, being a male carer and having a poor perception of the quality of the carer-care recipient relationship were the strongest predictors of potentially-harmful behaviours. Preventive intervention efforts need to focus on alleviating carer stress through the provision of support services, respite services and financial assistance. Routine screening of both the carer and care recipient is necessary to identify carers at risk of engaging in abusive behaviours. Family carers should be supported in having their own physical and mental health assessed, so that they are best able to cope with the challenges of caregiving. Furthermore, efforts need to be directed at promoting a healthy relationship between the family carer and the older care recipient. In doing so, cases of potentially-harmful carer behaviour may be prevented from escalating into more serious cases of elder abuse.

Status

The study report was launched as part of the World Elder Abuse Awareness Day (WEAAD) conference on June 12 2014. A full report is available to download from www.ncpop.ie

Preventing Elder Abuse through Empowerment: The *Keep Control* Campaign

Aims and objectives

The overall aim of this initiative was to develop an empowerment intervention for the prevention of financial abuse. The objectives were to:

- Develop a conceptual definition of later life empowerment from the perspective of older people as well as professionals who work with or represent older people in the community
- To design an intervention which would empower older people to protect themselves against financial abuse

Methods

This study employed a participatory action research design and was guided by principles of authentic participation and collaboration with older people in the design and development of an intervention. Phase 1 consisted of focus groups with professional advocates and representatives of older people (n=8); volunteer peer-advocates and representatives of older people (n=9); senior case workers (n=3); public health nurses (n=3); and home help co-ordinators (n=3). Secondary analysis was undertaken of interview data from nine older people who had experienced elder abuse. Phase 2 involved the design and development of an intervention to enable older people to protect themselves from financial abuse. The intervention was developed by the Older People's Empowerment Network (OPEN), a group comprising five representatives from older people's advocacy groups in Ireland and two members of the NCPOP team. The work of the OPEN group was also guided by the expertise from Patricia Richard-Clarke, Former Law Reform Commissioner; Michael Colloty, MABS; Paschal Moynihan, HSE; Sarah Mahon, HSE; Mary Condell, Solicitors for the Elderly; and the AIB branch at UCD.

Results

The OPEN group developed the *Keep Control* campaign, a multimedia educational campaign involving an information resource pack and a dedicated website (www.keepcontrol.ie) designed to empower older people to safeguard their finances and to protect themselves from financial exploitation. The resources include a DVD, information booklet, budget planner, window sticker, flyer, door hanger, a Garda calling card and a poster. The information booklet provides information on making a will; enduring powers of attorney; joint accounts and authorising signatures; making decisions at critical life events; and protecting oneself on the doorstep. The dedicated website provides online access to these resources, as well as links to other online resources aimed at informing older people about how they can protect themselves from financial exploitation.

Status

The Minister of State with Responsibility for Older People, Ms Kathleen Lynch, launched the *Keep Control* campaign at the Ashling Hotel, Dublin on 11 December 2014.

An Evaluation of the HSE National Training Programme in Preventing Elder Abuse

Aims and Objectives

The overall aim of this study was to evaluate the HSE elder abuse training programme to establish the programme's suitability and sustainability as a method of staff continuing professional development in relation to their role in recognising and preventing elder abuse in their place of work. The objectives of the study were to:

- To determine whether the training materials and resources are valid and fit for purpose
- To explore the experiences of the trainers
- To measure the effectiveness of the training in terms of improving participants knowledge and ability to recognise elder abuse.

Methods

The study design identified three key areas as critical to the evaluation, namely the materials and planning; the trainer experiences; and the trainee outcomes, in terms of knowledge and ability to recognise elder abuse. The design involved a mixed method, data triangulation approach incorporating documentary review of training materials, semi-structured interviews with trainers and an experimental evaluation design involving trainees.

A review of the individual training materials, including DVDs and supporting materials, was undertaken and a simple rating instrument was employed that provided a standardised guide with which to assess the materials objectively. Trainer experiences were examined using semi structured interviews among those who provided and/or coordinated elder abuse training. A total of 13 interviews were carried out either in person or, where necessary, by telephone interview. Each interview was conducted on the basis of a simple topic guide, which addressed aspects of the training, including planning and logistics, supports and trainee engagement.

In order to measure the effectiveness of a HSE community-care setting training programme, 35 home care assistants employed by the HSE were recruited to the study. Participants' knowledge and ability to recognise elder abuse were measured using the Caregiver Scenario Questionnaire (CSQ). The questionnaire was administered before and after delivery of the HSE training intervention and participant scores were computed. A within- and between-group experimental design was also employed to measure the effectiveness of training within residential-care and, to that end, 141 nursing students were recruited to the study. All students completed two pre-intervention questionnaires, the Knowledge and Management of Abuse (KAMA) questionnaire and the Caregiver Scenario Questionnaire (CSQ), which measured, respectively, knowledge of elder abuse and ability to recognise abuse. The students were then assigned to a control group and an intervention group. The intervention group received the standardised training intervention, while the control group was provided with a journal article, which described the role of nurses in the recognition and management of elder mistreatment. Both groups completed the CSQ and KAMA after the intervention was delivered to the control group and the scores were computed.

Findings

Training materials and trainer experiences

The evaluation of the training materials concluded that they were fit for purpose and of a good quality. The interviews with those who coordinated and facilitated the training programme yielded rich data. The trainers spoke of the how the training programme had developed to meet HIQA quality standards and this had, in turn, driven high demand for training from a variety of organisations, including the HSE itself. The participants identified barriers to the effective delivery of training, including reduced staffing levels that impacted on trainee attendance, limited training resources and trainers' own workload demands. Training was more effective when trainers brought their own direct experience of managing elder abuse cases to their teaching. Trainers also spoke about their pedagogical approaches, which included taking account of trainee needs and striking a balance between being flexible and maintaining a standardised approach. Trainers considered the training materials to be helpful when delivering training, but noted that there was a risk of trainee information overload and a disproportionate emphasis on abusive and neglectful nursing practices in residential care within the materials. Trainers also spoke of the need for alternative content for returning trainees and the need to consider CPD credits as a way of assuring a more standardised approach to the training.

Trainee outcomes

The before-and-after study among the 35 home care assistants found that the training intervention was effective in increasing participants' abilities to recognise abusive and potentially abusive caregiving strategies. However, over half of the trainees failed to recognise acts of neglect as abusive following training and approximately half did not identify hiding tablets in an older person's food as abusive. The findings of the within-and-between-group experimental design among nursing students indicated that the training intervention was effective in improving recognition of abusive care strategies. However, student KAMA scores were low prior to the training and there was no significant improvement in students' knowledge and management of potentially-abusive situations in a residential care settings following the training intervention.

Conclusions and recommendations

Based on the evidence from the evaluation a number of recommendations were made. The use of an accreditation framework could resolve the tension between flexibility and standardisation in training delivery. The Assisted Decision-Making (Capacity) Bill could be used to inform training content so as to address difficulties in identifying some abusive care strategies that the evaluation highlighted. Training should be tailored for staff grades to accommodate different learning need, but not at the expense of interdisciplinary and collaborative learning. Given the low baseline KAMA scores of students, higher education institutions should review training content relating to managing and responding to elder abuse. Targeted training would address challenge of training fatigue among training returnees. In addition, there is a need to focus on the relationship between recognition and management of elder abuse within residential care settings. The DVD tool should remain as a key part of the HSE training programme and the train-the-trainer model of delivery should be maintained.

Status

Findings from the study were presented at an event in UCD on September 12 2014. A full report is available to download from www.ncpop.ie

Desktop Reviews

At the time of reporting, two desktop reviews were being completed and are summarised here.

Development of a Risk-Management Framework in Residential Care Settings for Older People

Aim

The overall aim of this review is to develop a risk-management framework for the prevention of abuse in residential care settings for older people and to develop best-practice guidelines in the prevention of abuse.

An Ecological Review of Elder Abuse Interventions

Aims and objectives

The aim of this review is to synthesise and critically appraise published studies and research related to interventions and protective practice in the field of elder abuse.

DISSEMINATION AND OUTREACH

Introduction

The Centre hosted a number of dissemination events and engaged in various outreach activities. The Centre hosted four public seminars and it co-hosted the annual World Elder Abuse Awareness Day (WEAAD) conference with the HSE and INPEA. The NCPOP website continued to be updated and the *NCPOP Newsletter* was circulated widely. The research projects completed were published as printed documents and as PDF documents on the Centre's website and Centre staff continued to present at national and international conferences and in the academic press.

Report launches

Throughout the year, the Centre launched several reports. On 12th September 2014, Professor Gerard Fealy and Dr. Deirdre O'Donnell presented the findings from the study *An Evaluation of the HSE National Training Programme in Preventing Elder Abuse* at a launch at UCD. The presentations were attended by HSE representatives including the Dedicated Officers and the Senior Case Workers for the Protection of Older People.

OPEN YOUR EYES



Professor Gerard Fealy, NCPOP; Ms Carmel Downes, NCPOP; Dr Declan Patton, UCD; Dr Deirdre O'Donnell, NCPOP; Dr Tom O'Connor, UCD.



Ms Carmel Downes, NCPOP; Ms Bridget McDaid, HSE; Dr Deirdre O'Donnell, NCPOP; Mr Paschal Moynihan, HSE; Professor Gerald Fealy, NCPOP; Mr Frank Murphy, HSE; Dr Amanda Phelan, NCPOP.

The report entitled *Family Carers of Older People: Results of a National Survey of Stress, Conflict and Coping* was launched as part of WEAAD conference and Dr Attracta Lafferty presented the findings.

THERE IS NO EXCUSE FOR ELDER ABUSE

On 5 December 2014 the Centre launched two studies *The Elder Abuse Suspicion Index: A pilot study to test its reliability in an Irish Context* and *The Older Adult Financial Exploitation Measure: A pilot study to test its appropriateness in an Irish Context*. Dr Amanda Phelan presented findings from the two studies.



Ms Pauline Ducray, HSE; Ms Brenda Hannon, HSE; Dr Amanda Phelan, NCPOP and Professor Gerard Fealy, NCPOP.

On 11 December 2014, the Centre, in association with the HSE launched the *Keep Control* campaign at Dublin's Ashling Hotel. Professor Mark Rogers, Registrar and Deputy President of UCD delivered the welcome and Ms Kathleen Lynch TD, Minister of State with Responsibility for Disability, Older People, Equality and Mental Health, officially launched the campaign. Professor of Gerontology, Professor Mary Gilhooly from Brunel University London gave a keynote address entitled *Tackling Elder Financial Abuse* and Dr Deirdre O'Donnell, accompanied by the members of the Older People's Empowerment Network (OPEN) presented the *Keep Control* campaign. The *Keep Control* materials and resources that were designed and developed by the OPEN group were also showcased and Mr Paschal Moynihan, Specialist for Older Persons' Services, delivered the HSE response to the campaign. The event was attended by over 200 older people, family carers, individuals from advocacy organisations, health and social care staff and legal and financial representatives.

OPEN YOUR EYES



Delegates at the launch of the Keep Control Campaign



Dr Amanda Phelan, NCPOP; Professor Gerard Fealy, NCPOP; Professor Mary Gilhooly, Brunel University, London; Ms Kathleen Lynch TD, Minister of State; Professor Mark Rodgers, UCD; Dr Deirdre O'Donnell, NCPOP and Dr Attracta Lafferty, NCPOP .



Carmel Downes and Dr Deirdre O'Donnell (NCPOP) with Open group members Ms Mary McCarthy, Mr Patrick A. Sheehan, Ms Niamh Walker, Ms Thelma Doran and Mr Niall Tierney.



NCPOP staff with Open group members



Ms Kathleen Lynch TD, Minister of State, Department of Health and Department of Justice, Equality and Defence with responsibility for Disability, Older People, Equality and Mental Health.

All NCPOP reports, together with the speakers' presentations and PowerPoint slides are available to download from www.ncpop.ie

World Elder Abuse Awareness Day (WEAAD) Conference, 2014

The Centre in partnership with the HSE and the International Network for the Prevention of Elder Abuse (INPEA) co-hosted its fifth annual World Elder Abuse Awareness Day (WEAAD) conference on 12 June 2014. The conference attracted over 220 attendees representing several sectors and disciplines, as well as family carers and older people.

Professor Andrew Deeks, President of UCD gave the opening remarks and Minister Kathleen Lynch TD, Minister of State with responsibility for Disability, Older People, Equality and Mental Health delivered the opening address. The keynote speaker was Professor Simon Biggs, Professor of Gerontology and Social Policy, University of Melbourne, Australia, who focused on the relationship between elder abuse, ageism and human rights. Other speakers on the day also included Dr Attracta Lafferty, NCPOP, Ms Emer Boyle, Head of Legal and Policy Advice, Office of the Commissioner for Older People for Northern Ireland; Dr Anne O'Loughlin, Principal Social Worker for the Protection of Older People, HSE; Mr Frank Murphy, Chair of the National Elder Abuse Steering Committee, HSE; and Dr Amanda Phelan, Co-Director of NCPOP and INPEA representative

As part of the conference proceedings, the Lord Mayor of Dublin and Cork, the Chief Superintendent of An Garda Síochána and the Dean of Nursing at UCD signed the INPEA Declaration against Elder Abuse. The conference also had a number of exhibition stands from organisations including the HSE, NCPOP, Third Age, The Carers Association, Caring for Carers, Alzheimer's Society, Age Action, Respond, Garda Síochána, Muintir na Tíre and COSC. See full conference programme in Appendix 2.

Seminar Series 2013–2014

The NCPOP, UCD hosted four seminars during the year. The seminars were attended by family carers, older people, researchers, academics, advocates of older people and professionals from the health, social care and legal and financial sectors. The seminars were recorded and uploaded together with the PowerPoint presentations and are available to view and download from www.ncpop.ie The speakers and seminar titles are summarised in Table 4.1.

Table 4.1: NCPOP seminar series 2013–2014

Date	Seminar title	Speaker
November 2013	'Older Women and Sexual Violence in Ireland: Evidence from the Rape Crisis Centre'	Dr Stacey Scriver , School of Political Science and Sociology at NUI Galway
June 2014	'Age Friendly Workplaces'	Professor Simon Biggs , Professor of Gerontology and Social Policy, University of Melbourne
September 2014	'Intimate Partner Violence and Older women: Recent Findings and Future Challenges'	Ms Bridget Penhale , Reader, University of East Anglia
December 2014	'Screening for Elder Abuse'	Dr Amanda Phelan , Co-Director, NCPOP, UCD

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NCPOP website and newsletter

The NCPOP website is updated regularly with news and events, seminar information, presentation recordings, books, education and training resources, journal articles, media articles and NCPOP research reports. In June 2014, the NCPOP website received its largest number of visits since the Centre was established in October 2008. The website had almost 27,500 visits during the reporting period with an average of almost 2,300 each month. The number of unique visitors remained constant at 60 per cent of all visits.

The NCPOP Summer 2014 Newsletter was circulated to the NCPOP mailing list of almost 1,800 members and was distributed at WEAAD 2014.

Conference papers and publications

The research undertaken by NCPOP has been presented at several conferences and seminars and has been published in peer-reviewed journals. See Appendix 3 for details.

Elder Abuse – General Information

Elder abuse is defined within *Protecting our Future, Report of the Working Group on Elder Abuse*, (2002) 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.”

In Ireland, the term elder abuse refers to abuse of people over 65 years of age.

Types of Elder Abuse:

Elder abuse can occur in many forms and may be the result of deliberate intent, negligence or ignorance. A person may experience more than one form of abuse at a time. Types of elder mistreatment include:

Physical Abuse

Physical abuse has been defined as the non-accidental infliction of physical force that results in a bodily injury, pain or impairment. Physical abuse may include hitting, slapping, pushing, kicking, misuse of medication and inappropriate restraint.

Psychological Abuse

Psychological or emotional abuse may include the persistent use of threats, humiliation, bullying, intimidation, isolation, swearing and other verbal conduct that results in mental or physical distress.

Financial Abuse

Financial or material abuse has been defined as the unauthorised and improper use of funds, property or any resources of an older person. This may include theft, coercion, fraud, misuse of power of attorney, and also not contributing to household costs where this was previously agreed.

Sexual Abuse

Sexual abuse refers to any sexual acts to which an older person has not or could not consent, including talking to or touching in a sexual way.

Neglect

Neglect refers to the repeated deprivation of assistance needed by an older person for important activities of daily living. This may include ignoring or refusing to help with physical care needs, failing to provide access to appropriate health services, or withholding necessities such as adequate nutrition and heating.

Discriminatory Abuse

Discriminatory abuse may include racism, ageism, discrimination based on disability, other forms of harassment, slur or similar treatment.

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Institutional Abuse

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.

How big is the problem?

International studies estimate the prevalence of abuse in the community at between 1% to 5% of the population aged 65 years and older.

A report by the NCPOP, *Abuse and Neglect of Older People in Ireland* (2010), provided the first national prevalence study on the extent of elder abuse and neglect amongst community-dwelling older people.

The overall prevalence of elder abuse and neglect in the previous 12 months was 2.2%. This suggests that over 10,000 people over the age of 65 years experience mistreatment in a 12 month period in the Republic of Ireland.

Financial abuse was the most common type reported at 1.3%, followed by psychological abuse (1.2%), physical abuse (0.5%), neglect (0.3%) and sexual abuse (0.05%).

When this is broadened out to quantify the number of older people experiencing abuse in the community since turning 65 years of age this increases to 4%.

The HSE Elder Abuse Service received over 2,590 referrals of alleged cases of elder abuse in 2014. In 2014, psychological abuse was the most frequently reported form of abuse at 29%, followed by financial abuse (21%), self-neglect (21%), neglect (15%) physical abuse (12%), sexual abuse (1%) and discrimination (1%).

Case Examples

Senior Case Workers, (SCW), on receiving a referral, begin their assessment with the presumption that the older person about whom a concern has arisen has mental capacity. This means that they have the right and capability to make decisions about how they want to live, even if others do not agree with their decisions. Upholding the older persons' right to self determination can involve risk for the older person and very often the SCWs job is to work with the older person to minimise this risk while respecting their wishes.

When a SCW receives a referral, the first person they would usually speak to is the person bringing the concern to light. They will confirm the referral details already received and ascertain if the older person's consent for the referral was sought. Even at this very early stage, an assessment of risk is made as some more serious cases will require immediate protective measures to ensure the safety of the older person. The next person the SCW would speak to would usually be the older person. This may be by way of phone call or home visit or a visit in some venue outside the home. This is guided by the preference of the older person who may be accompanied by a trusted friend or relative.

During the SCW's assessment and intervention, the focus is always on 1) ensuring the safety of the older person; 2) promoting the rights, dignity and wellbeing of the older person and 3) creating or re-building support systems for the older person.

The following examples provide some insight in to the type of situations that SCWs routinely deal with. Names and some details have been changed to protect clients' anonymity.

Case Example: Jack

Jack was referred to his local SCW by the nursing home in which he had been residing.

The Director of Nursing phoned the SCW to express concern that Jack wants to go home. The SCW established that there were no immediate concerns for Jack's safety but that he was making a complaint of elder abuse and was consenting to the referral. A visit to see Jack in the Nursing Home was arranged.

Jack is a 78 year old gentleman. He is a widower and uses a wheelchair. Written reports indicated he had dementia with significant cognitive impairment.

Jack disclosed to the SCW that his family had him admitted to the nursing home for what was supposed to be one week respite while they went on holidays but that they have since expressed safety concerns about him coming home and living alone. Jack wants to return home and feels capable of living alone with support.

The SCW referred Jack to a geriatrician for a capacity assessment given his dementia diagnosis. The geriatrician carried out a functional assessment over a period and following this advised that Jack was able to make decisions for himself and should be allowed to go home which was his very clear wish.

The SCW met with the family to discuss Jack's return home. They were initially not happy about this

OPEN YOUR EYES

prospect and had concerns for their father's safety.

The SCW involved the family in the planning of Jack's discharge and the planning of supports to aid his safety and comfort at home. An occupational therapist and physiotherapist were consulted. A package of in-home and community supports were put in place. There was a combination of HSE home help service, private home help service, family and neighbour support daily as well as day care once a week. These supports assisted Jack to return to independent living and fulfil his wish of living at home.

Jack's relationship with his adult children has improved greatly. His son visits daily to make his tea, a neighbour calls in a few times a week and his granddaughter takes him to her house for lunch each Sunday. He attends day care once a week so that he can have a bath to relax in as he only has a shower at home. He regularly goes to the pub with a friend and he attended a few hurling matches last year with his son.

There are risks to Jack living alone and he is aware of them. His family worry about him in case of fire or break-ins. Jack is very happy to be back at home and is aware of the risks. His family understand his rights and choices. Though they continue to be concerned for his safety, they are beginning to recognise and accept his right to make his own choices and live with a certain amount of risk.

Case Example: Mary & Frank

Mary and Frank are a married couple, both in their eighties, who live together with their adult son David.

Mary and Frank's two other adult children have made a referral to the SCW expressing concerns for Mary and Frank's safety and report aggressive behaviour on the part of their brother David. Mary and Frank have consented to the referral and a home visit is quickly arranged. With reports of alleged aggressive behaviour including physical abuse there is some urgency to this.

The SCW met with Mary and Frank and the adult children who made the referral on their behalf. Mary and Frank both have minor medical issues for which they attend their GP. There are no concerns regarding diminished capacity. They both have the ability to make decisions for themselves.

David, their son, has a history of aggressive and criminal behaviour and is currently attending probation and welfare services.

Mary and Frank's other children have expressed concern for their parents, reporting that:

David is allegedly often very agitated, aggressive and physically violent towards his parents, other family members and the public. David is in receipt of a Social Welfare Payment. He does not give his parents any money towards his upkeep. He often seeks additional money from them to supplement his income.

Mary and Frank are frightened of their son David. They want him to receive help to address his behaviour but say they do not want to take legal action against their son.

The SCW convened a family meeting with Mary and Frank and the supportive members of their family. All options were discussed from asking David to leave the family home to taking legal action compelling him to leave. Given the history of physical abuse and the fear Mary and Frank felt they decided to take legal action. The SCW supported and accompanied the couple in making a statement to An Garda Síochána in relation to the alleged physical and emotional abuse. The couple decided that they did not want to pursue a criminal

THERE IS NO EXCUSE FOR ELDER ABUSE

prosecution of their son but decided to seek an Interim Barring Order and subsequently a Barring Order in respect of their son. An Interim Barring Order is a short, “emergency” order pending a fuller hearing of the case. A Barring Order is a court order directing that a named person - David in this case - leave the place where the applicant(s) resides - Mary and Frank’s home in this case - and not re-enter it except with the permission of the court. A person breaching a Barring Order can be arrested and prosecuted by An Garda Síochána for the breach of the Barring Order.

Mary and Frank’s GP and Public Health Nurse were kept informed throughout this process.

The Barring Order was issued for a six month period. When it expired, the couple decided not to renew it and to allow their son, David, back into the house at that stage. In the meantime, David had meaningful engagement with probation and welfare services and was focused on not returning to the negative behaviour that prompted the referral. He showed genuine remorse for his behaviour and understanding of the difficult position his parents had been in.

Mary and Frank informed the SCW that they were satisfied they no longer required support. The SCW advised the couple that they could re-contact the service at any time in the future if the situation changed.

Case Example: Margaret

Margaret is in her late 80s and living in a residential unit for older people. Margaret is assessed as having the capacity to make decisions for herself.

The residential unit experienced problems with maintenance payments in respect of Margaret. With Margaret’s consent they ordered bank statements. These showed significant withdrawals of which Margaret was unaware, amounting to €10,000 over a 12 month period. Margaret had no expenses except her continuing care fees. She did not routinely receive bank statements in the residential unit. They were posted to her home address where Julie, her niece, resided. Margaret was unaware of the withdrawals from her accounts.

It emerged that Margaret’s niece Julie had access to Margaret’s credit union and bank accounts. Julie was responsible for paying Margaret’s continuing care fees but Margaret reported that these additional withdrawals were unauthorised and their purpose unexplained. Staff contacted the SCW in the area for advice.

The bank was informed of the concerns and a bank representative met Margaret to discuss the issue. Following advice, Margaret consented and signed necessary forms to stop Julie’s access to her accounts. Standing orders were set up to pay the continuing care fees.

The Credit Union advised Margaret that she might wish to reconsider the Credit Union Nomination Form she had completed in the past, as it nominated Julie to receive money direct from Margaret’s Credit Union Account in the event of Margaret’s death.

The abuse was stopped and measures put in place to prevent any further financial abuse. The matter was also referred to An Garda Síochána and legal options explored. Margaret took up the offer of counselling and support from the SCW to help her deal with the emotional effects this abuse had on her.

Elder Abuse Referrals 2014

In this section, elder abuse referrals will be dealt with under the following headings

1. Summary of Total Referrals 2014
2. Summary of Referrals with a Person Causing Concern 2014 (i.e. excluding cases of self neglect)
3. Self Neglect Referrals 2014
4. Cumulative Elder Abuse Data for 2010-2014

The format of this report pertains to the 2014 data year, therefore the data will be presented in terms of the four HSE regions as they existed at that time, namely HSE Dublin Mid Leinster (DML), HSE Dublin North East (DNE), HSE South (South) and HSE West (West). Furthermore, as the service was originally developed around the Local Health Office (LHO) structure, the five year data will be presented on an LHO basis. This will inform the newly established Community Healthcare Organisations.

Methodology of Data Collection

The process for elder abuse referrals is such that all alleged or suspected elder abuse cases made to the Senior Case Workers for the Protection of Older People (SCWs) are recorded on a '*Record of Initial Referral - Form 5*' (see appendix 1). At this time point a unique identifying number is assigned to each referral to allow it to be tracked through the service while maintaining anonymity. All Forms 5 are forwarded to the Dedicated Officers for the Protection of Older People for validation, coding and inputting into MS Excel. Leading on from this a formal 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 1).

Within the Excel document summary tables are automatically generated which provide key statistics both at Local Health Office, administrative area and national level. These tables include the number of referrals; the gender of alleged abused; types of alleged abuses; status of referrals; outcome of the referrals; places of residence of the alleged victims and location of abuse. In addition, on a quarterly basis, the following performance indicators are returned to the Department of Health:

1. Total number of referrals by region.
2. Percentage breakdown on the four main alleged abuse categories (physical, psychological, financial and neglect) by region.
3. Total number of active cases by region.
4. Percentage of cases formally reviewed within the six month timeframe by region.

It is important to be mindful that this database is live with cases updated on a continuous basis. The data is classified according to the year of referral. There can be a marginal difference in figures that are presented in the HSE Performance Reports and the position reported within this document. This is due to late or revised submissions made from the SCWs. There can be many factors that can account for these delays, such as non replacement of SCW during leave periods and unfilled posts.

In the following sections, the full sample size is reflected as an N value. This value varies depending on the availability of data. As the database is continuously updating it is vital that, within reports such as this, the most up-to-date position is reflected.

THERE IS NO EXCUSE FOR ELDER ABUSE

1. Summary of Total Referrals 2014

In 2014, there were a total of 2,592 referrals made to the elder abuse service which is an increase of 5% on referrals from 2013. This represents the largest number of referrals received in any year since the service was established. On a regional level, there was growth evident in three of the four regions most notably in DML, with an increase of 28% in referrals. There was a 12% increase in DNE; 6% in the West while the South showed a decrease of 1%.

The majority of referrals related to older females with most cases alleging just one abuse type. Where cases involved more than one abuse type it was most likely to be psychological abuse. Figure 8 provides an overall profile of all cases by alleged abuse type. 21% of all cases related to self neglect and these will be addressed in a separate section while the remainder, which included a person causing concern, will be discussed next.

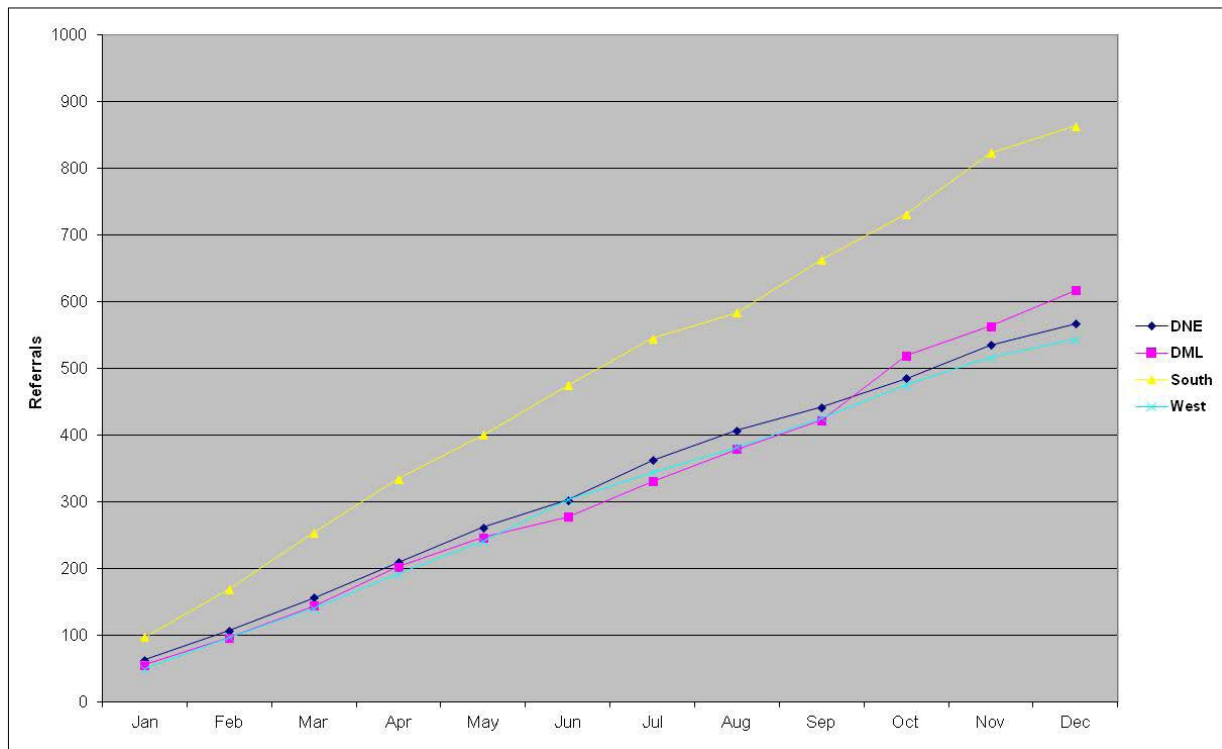


Figure 7: Cumulative Profile of Referred Cases by HSE Area in 2014

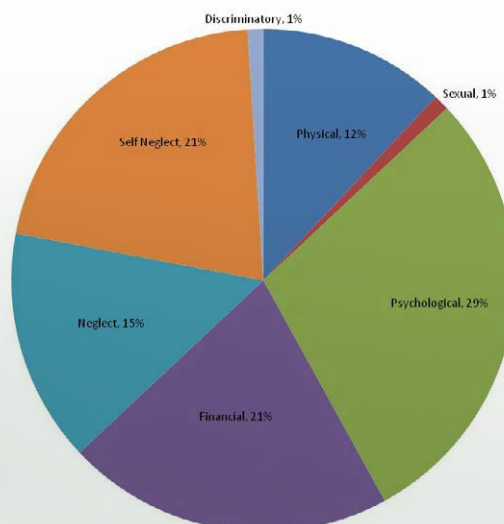


Figure 8: Profile of Alleged Abuse Categories 2014 Inclusive of all Referred Cases

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2. Summary of Referrals with a Person Causing Concern 2014

Age & Gender

There were 1,961 cases referred in 2014 that had an alleged person causing concern. Of these there were 89 referrals that had a self-neglect component along with another abuse type which are included in the analysis.

In total, 66% of referrals related to females and, of these, the majority were in the over 80s age category (54%). Applying the referral rates/1000 population across all HSE areas, the referral rate is between three and a half and four times greater in the over 80's when compared to the 65-79 year age category. HSE DNE continues to have the largest referral rate/ 1,000 population over 65 and has an ongoing trend towards representing the oldest cohort of referrals.

Table 7: 2014 Referrals with Person Causing Concern- Age by Referral Rate /1000 Population by HSE Area

Total Over 65 Years				65-79 Years			80+ Years		
	Pop.	No. of Referrals	Rate/1,000 Population	Pop.	No. of Referrals	Rate/1,000 Population	Pop.	No. of Referrals	Rate/1,000 population
DNE	107225	461	4.30	82214	221	2.69	25011	240	9.60
DML	141521	464	3.28	107646	210	1.95	33875	254	7.50
South	146189	533	3.65	111609	238	2.13	34580	295	8.53
West	140458	356	2.53	105395	153	1.45	35063	203	5.79
National	535393	1814	3.39	406864	822	2.02	128529	992	7.72

****Of 1,961 referrals-missing data=99 cases, revising total to 1,862, of which 48 were clients under 65 years, leaving a balance of 1814 cases for those aged 65+ years.**

Re-Referral Rate

From time to time cases are re-referred into the service following a case closure. The procedure for management of these cases is such that if cases are re-referred within a month of case closure, the previous case is reopened. Any additional information pertaining to the case is updated and the review process continues until case closure. If cases are re-referred beyond this one month period it is recorded as a new case. However, the database does record that a previous case existed. The number of re-referrals into the service that resulted in a new case being opened is illustrated in figure 10. While figure 10 illustrates the proportion of cases per LHO that were re-referred, this shows that the majority of LHOs have re-referral rates under 20% with West Cork and South Lee have the highest rates at 40% and 33% respectively.

THERE IS NO EXCUSE FOR ELDER ABUSE

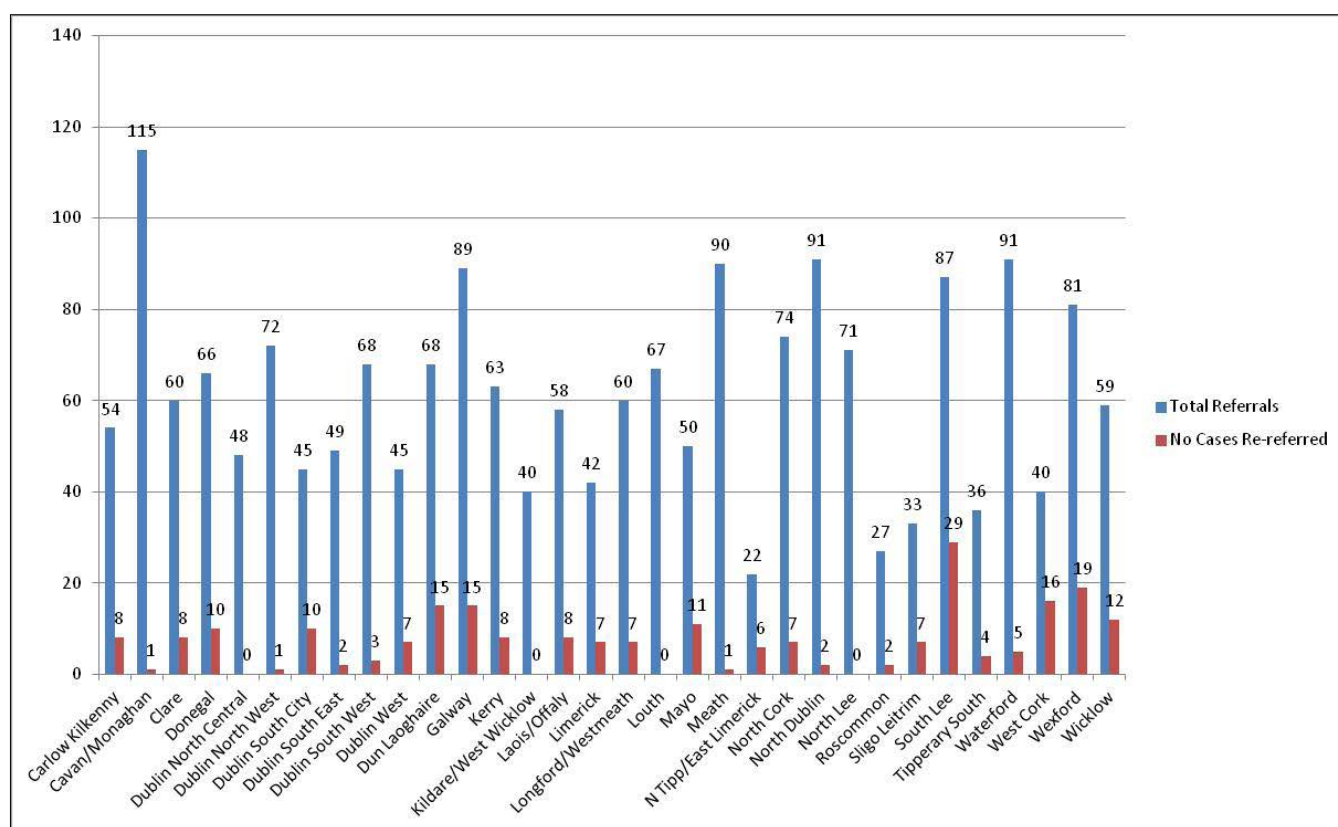


Figure 9 Number of Referrals and Re-referrals /LHO for 2014

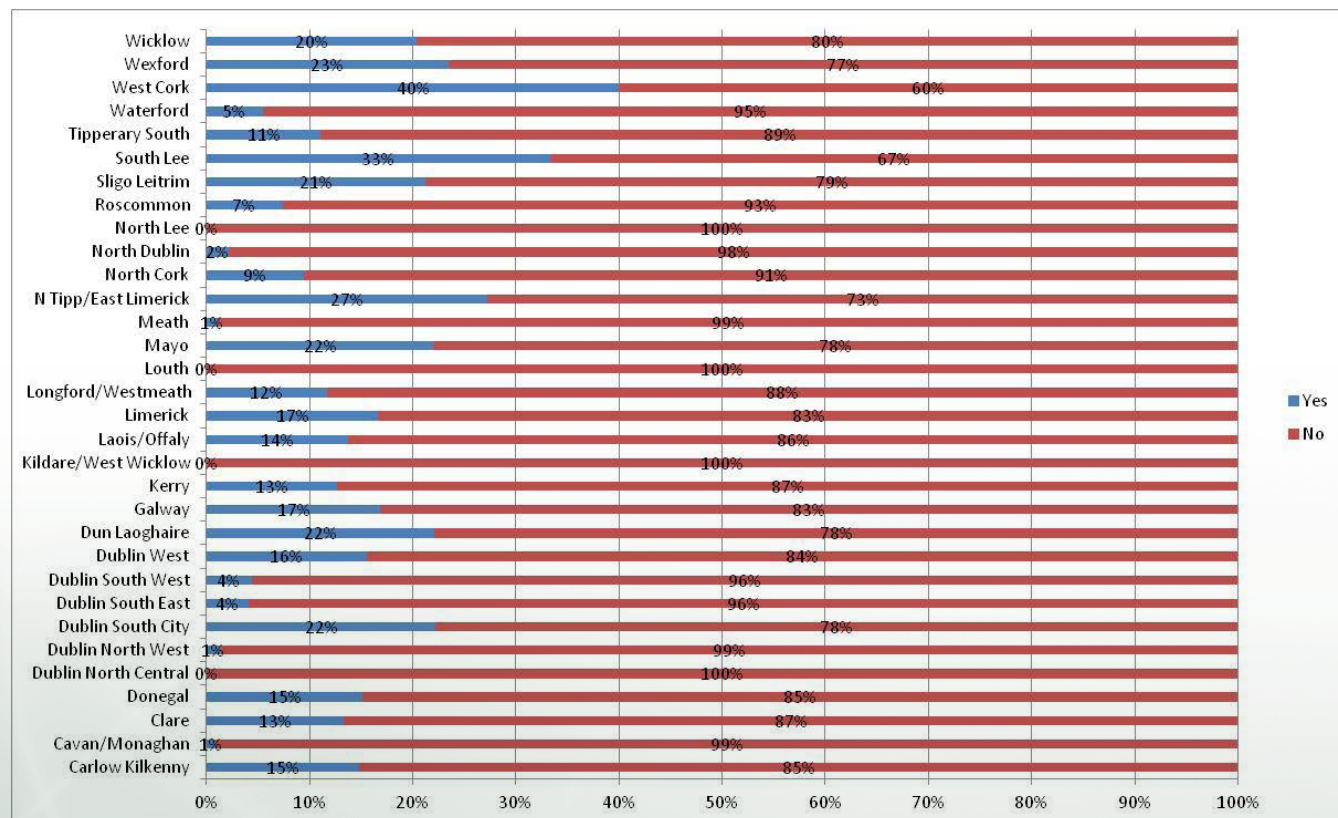


Figure 10 Percentage of Cases Re-referred into the Service by LHO 2014

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Referral Characteristics

This section will contrast where the referral came from against where the concern first originated. The measure of where the concern first originated was introduced in 2013 to provide more context of the nature of the referral process.

In 2014 the national profile indicates that the Public Health Nursing Service continues to be the main referral source despite a 4% drop from 2013 to (29%), followed by hospital (14%) and family (13%) (See figure 12). Comparison across all HSE Areas indicates that referrals from the PHN service continue to be more dominant in the HSE South (34%). Self referrals are highest in HSE DML (9%), while hospital and GP referral are highest in HSE West (Figure 11).

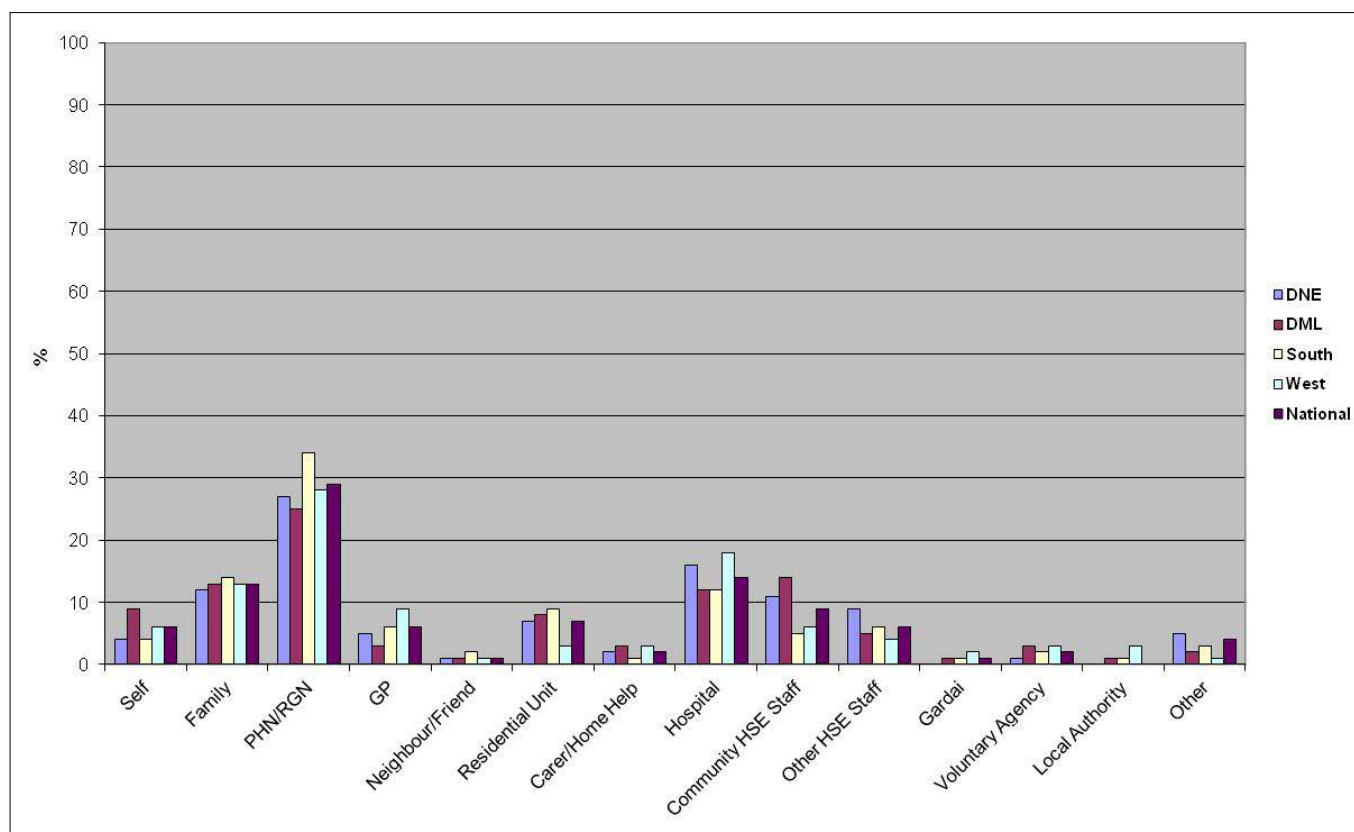


Figure 11: Profile of Referral Source Nationally and by HSE Area 2014

There was a significant increase in the number of concerns that first originated from older people themselves, from 19% in 2013 to 26% in 2014. See Figure 13. One in five go on to refer into the service themselves with the remainder more likely to engage with and result in a referral from a PHN (21%), hospital (15%), HSE community staff (9%) and GP (7%). This provides more context to the nature of the referral pathway. Note that no gender differentiation, either in relation to the referral source or the origin of concern, was evident.

Subcategory analysis found that when referrals originated from the client there was an increased likelihood of them being substantiated across all HSE Areas and a decreased likelihood of them being “confirmed non abuse”.

THERE IS NO EXCUSE FOR ELDER ABUSE

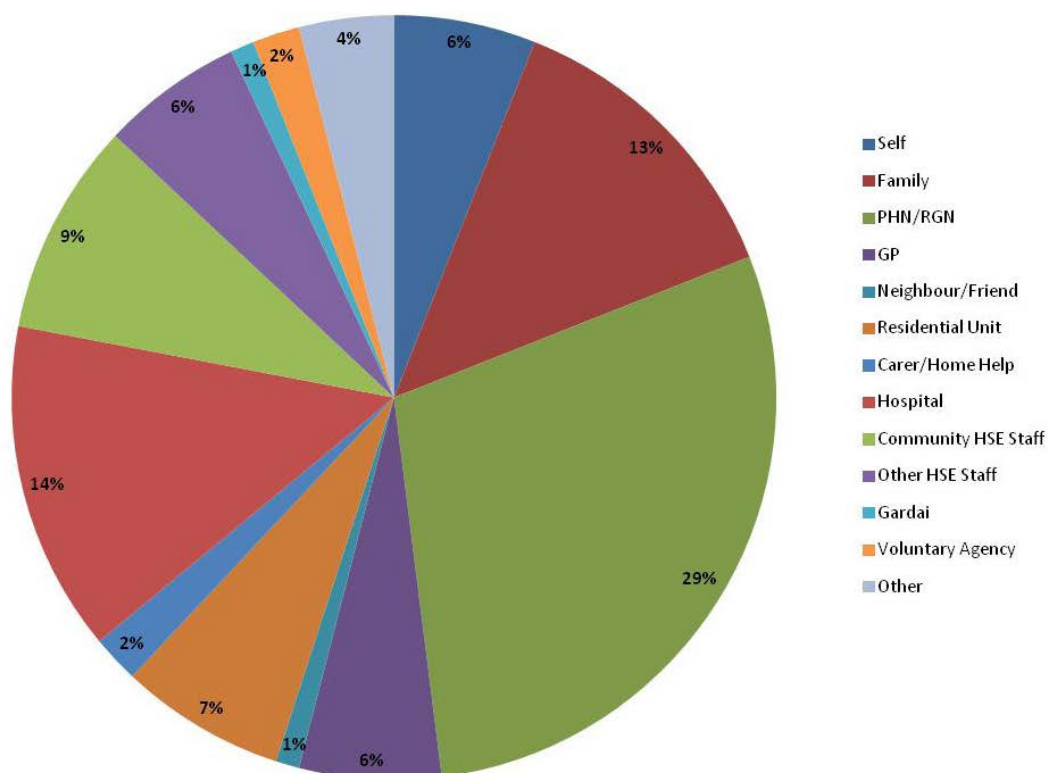


Figure 12 National Profile of Referral Source

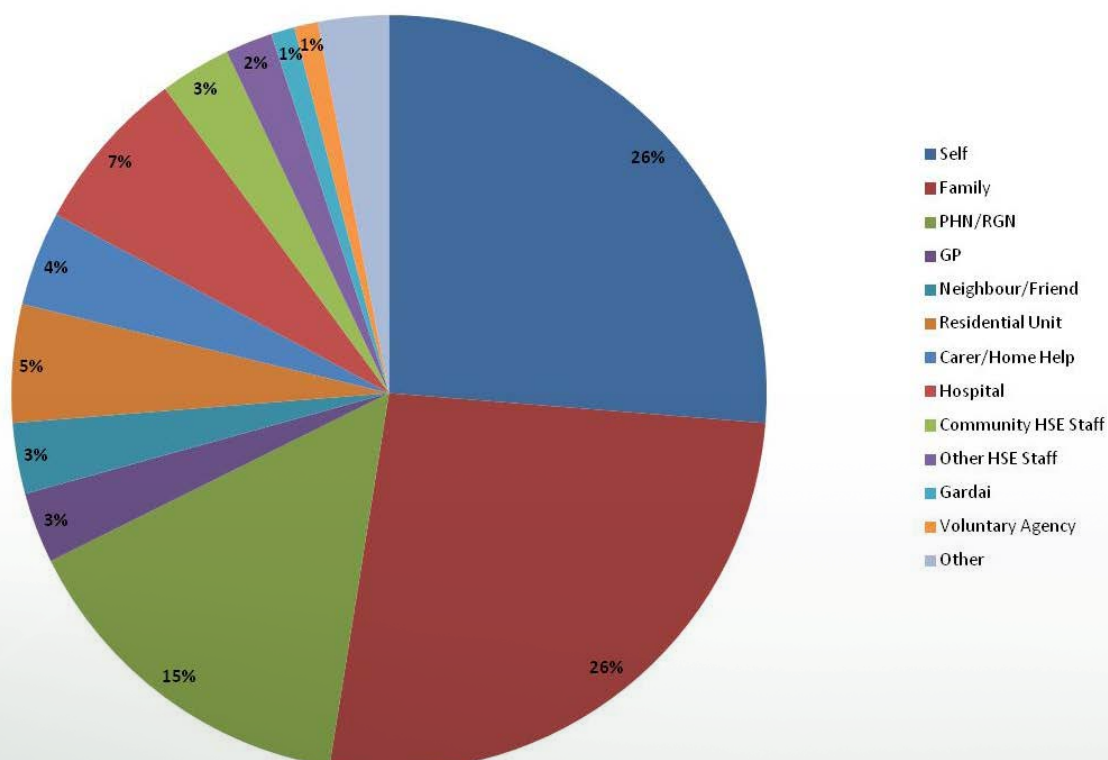


Figure 13 National Profile of Origin of Concern

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For the clients referred in 2014, there were 2,733 abuses alleged. Psychological abuse represents 35% of alleged abuse, financial abuse 26%, neglect 19% and physical abuse 15%. (Figure 14)

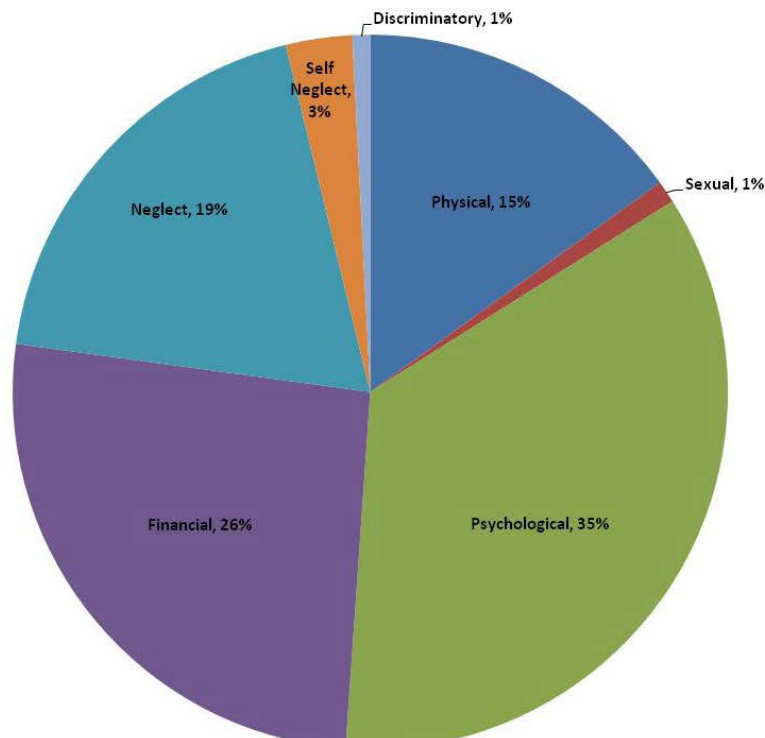


Figure 14: National Profile of Abuse Categories for Referrals with a Person Causing Concern 2014

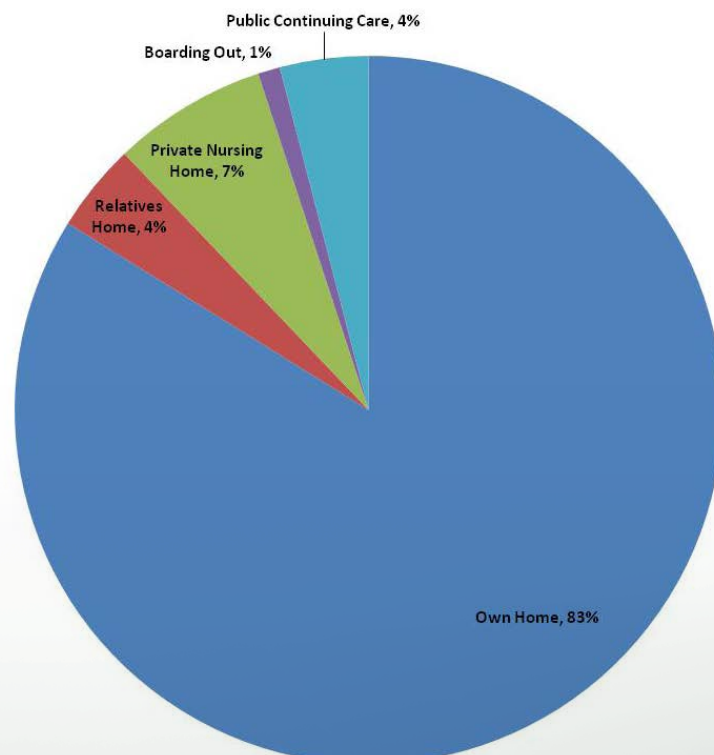


Figure 15: National Breakdown of Place of Residence for Clients with a Person Causing Concern 2014

THERE IS NO EXCUSE FOR ELDER ABUSE

There was place of residence data for 1,959 cases which indicated that 83% resided at home, 7% in a private nursing home, 4% in a relative's home and a further 4% in public continuing care (Figure 15). In total, 95% of cases alleged that the abuse occurred in their primary place of residence.

Characteristics of Person Causing Concern

As has been characteristic of previous years, the alleged perpetrators are adult children in 49% of cases, partner/husband wife (19%) and "other relative" (15%). Additionally there were 5% of cases classified as "other", when further explored these predominantly related to Landlord/Lodger related concerns which was evident for both male and female clients. (Figure 16)

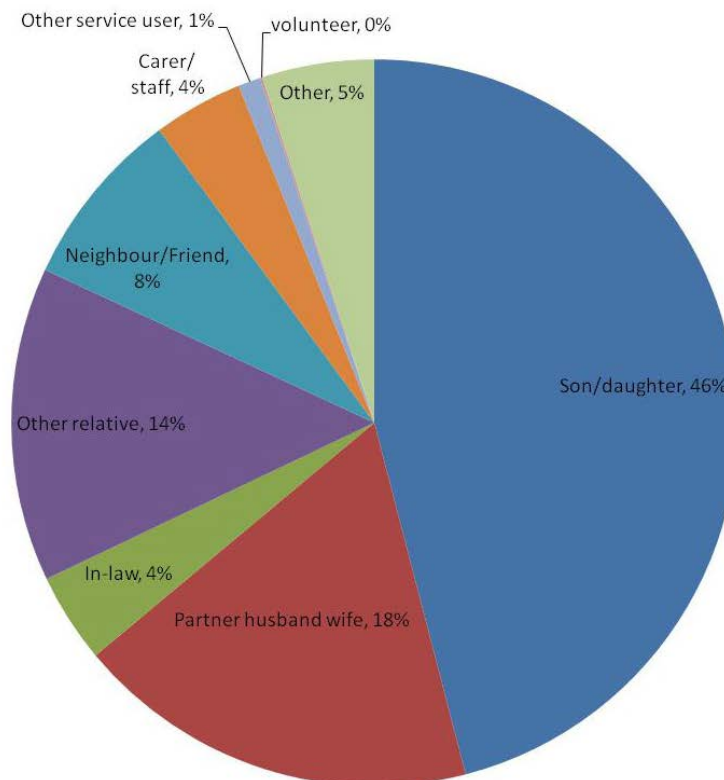


Figure 16: National Profile of Alleged Person Causing Concern 2014 (total response=1984)

Status & Outcome of Cases

Of the 1,961 referrals in 2014, there was information on the status of the case on 1,958 cases. Of these, 761 (39%) remained open at year end, (see table 8). This is consistent with case closure rate in 2013. The average case length was three months with 67% of cases closed within six months. The highest proportion of open cases was in HSE DML (46%) and lowest in HSE South (30%). The case closure rate has been consistent year on year. In total, 1,379 cases were reviewed by the end of the data year, reflecting a 70% formal review rate. This is a indication of the responsiveness of the service as the majority of the remaining cases would not be due their six month follow-up until 2015. At this time point, 32% of cases were found to be substantiated (an increase of 5% from 2013). Three regions HSE DML, DNE and West illustrate consistent substantiation rates with HSE South significantly lower at 24% (see table 9).

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Table 8: National and Area Summary of Referral Status-2014 Referrals with a Person Causing Concern

	DNE		DML		South		West		National	
	No. of Referrals	%	No. of Referrals	%	No. of Referrals	%	No. of Referrals	%	No. of Referrals	%
Open	175	36	227	46	179	30	180	46	761	39
Closed	308	64	265	54	417	70	207	54	1197	61
Total	483	100%	492	100%	596	100%	387	100%	1958	100%

Table 9: National and Area Summary of Outcome of Cases-2014 Referrals with a Person Causing Concern

	DNE		DML		South		West		National	
	No. of Referrals	%	No. of Referrals	%	No. of Referrals	%	No. of Referrals	%	No. of Referrals	%
Substantiated	127	36%	109	35%	109	24%	92	35%	437	32%
Confirmed non abuse	110	32%	80	25%	99	22%	66	25%	355	26%
Inconclusive	112	32%	124	40%	247	54%	104	40%	587	42%
Total	349	100%	313	100%	455	100%	262	100%	1379	100%

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

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

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

Substantiated Cases

Of the 437 substantiated cases in 2014, 74% related to one abuse type with a further 23% relating to two abuse types. Figure 17 illustrates the main abuse types substantiated: psychological (263 cases) 46%, physical (122 cases) 21%, financial (100 cases) 18% and neglect 13% (76 cases).

Further analysis of perpetrators in terms of their gender, relationship to the client and living status is further explored in Figures 18-20. Note that substantiated sexual and discriminatory abuses are omitted from these figures, given the low number of cases. Adult children were the main perpetrators for all abuse types- ranging from 62% in cases of neglect to 49% in financial abuse. Partners are a significant perpetrator of physical abuse, psychological abuse and neglect. Neighbours/friends had greatest involvement in cases of financial abuse. Perpetrators are most likely to be males acting alone (See figure 19). The client and perpetrator were most likely to live together in situations of physical abuse, psychological abuse and neglect. (See figure 20).

For substantiated cases, there was a positive outcome in that 59% of abuse has ceased following the intervention of the elder abuse service, in 31% of cases the abuse had lessened and in 10% of cases there was no change in the abuse experienced.

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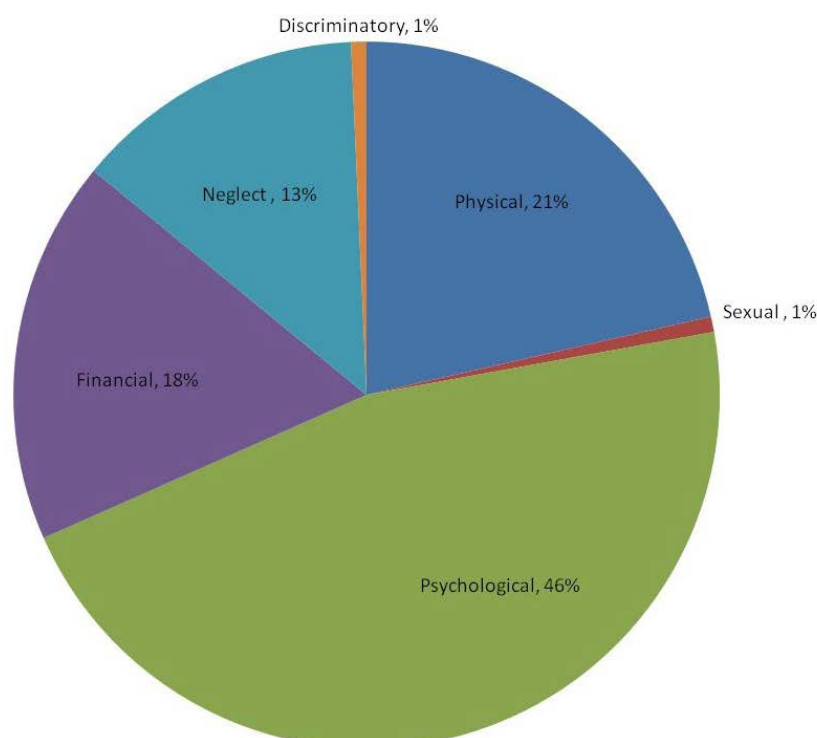


Figure 17 Substantiated Cases by Confirmed Abuse Categories 2014

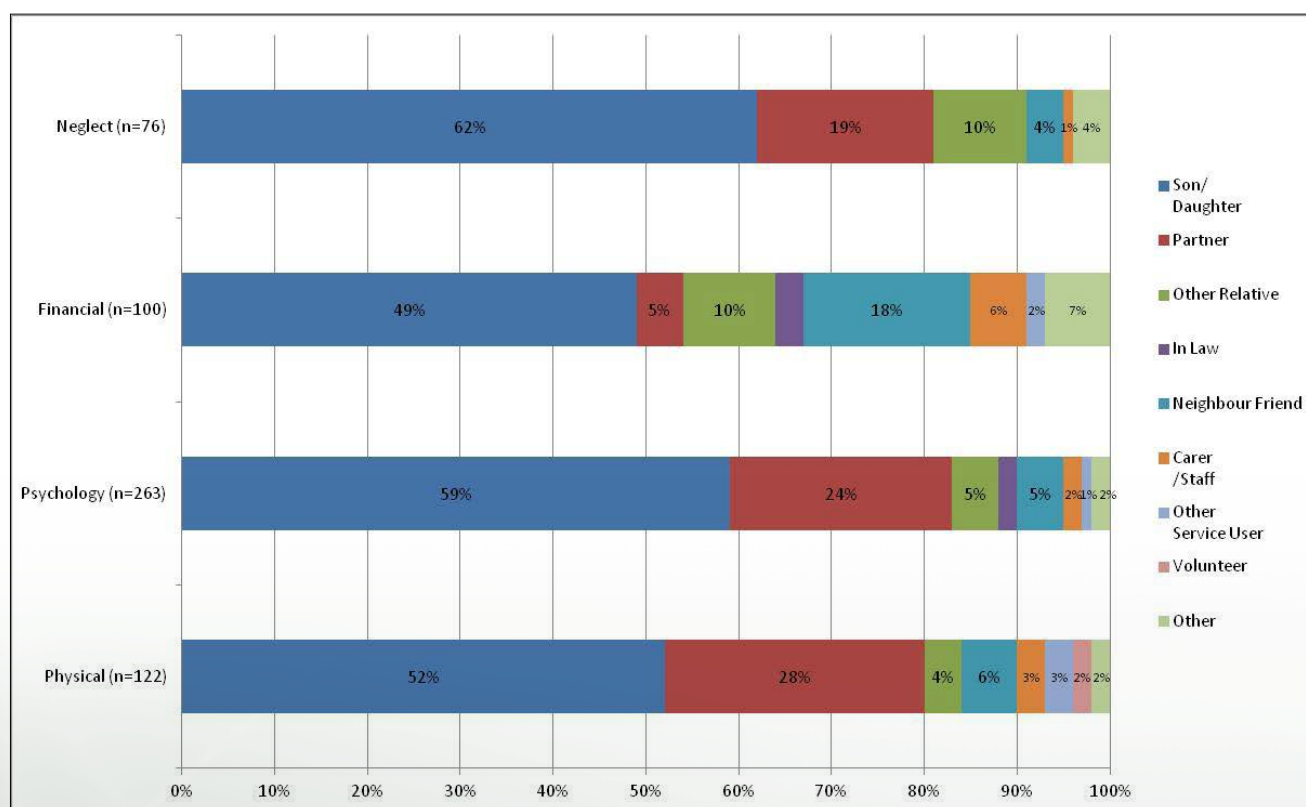


Figure 18 Profile of Perpetrators by Substantiated Abuse Categories 2014

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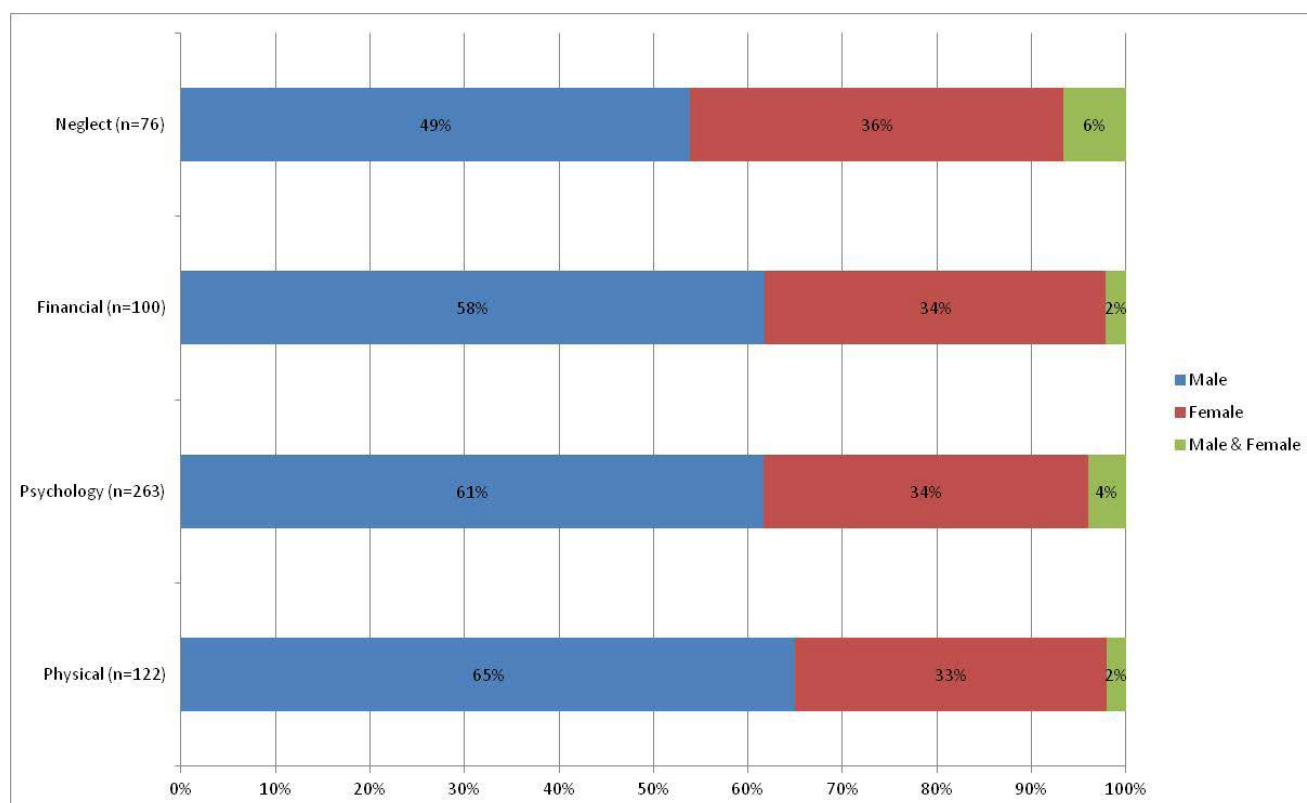


Figure 19 Gender of Perpetrator by Substantiated Abuse Categories 2014

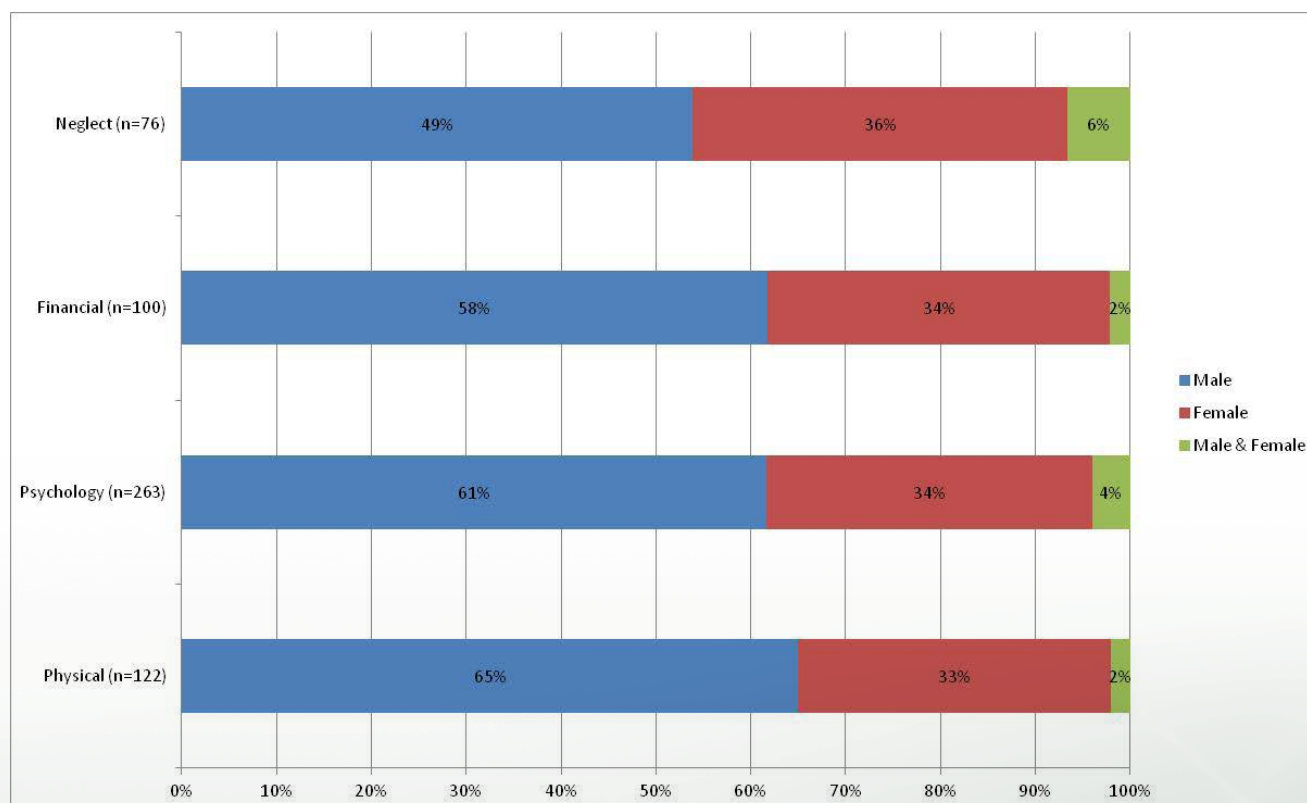


Figure 20: Perpetrator Living with Client by Substantiated Abuse Categories 2014

An Garda Síochána & Legal Involvement

In 2014, there was a legal consultation made in 364 cases which equates to 6% of all cases. However only 144 10% of these resulted in legal action. The most common legal actions related to power of attorney and protection orders.

In 2014, 310 cases were reported to An Garda Síochána.

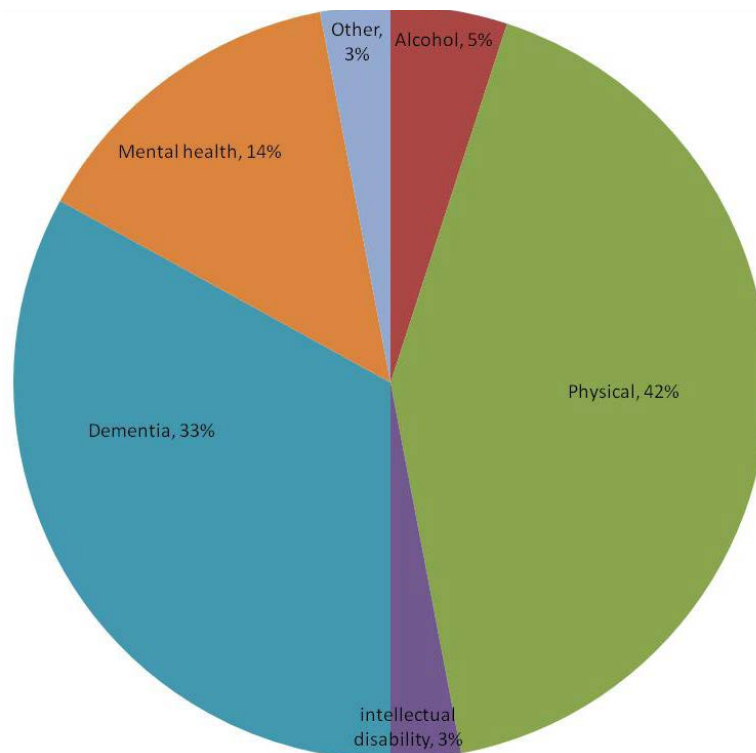


Figure 21: National Profile of Health Issues for the Client 2014

Issues and Interventions for Client

In 2014, 64% of clients were deemed to have a health issue (n=886). Physical health issues and dementia were the most commonly reported client health concerns. (See figure 21)

The benefits of the service are measured in the interventions provided and the effect they have on the older person's quality of life, (See Figure 22). Clients are generally open to receiving help with only 10% of those reviewed refusing an intervention offered. Given that in many cases the abuse generally involves close family members and the client wishes to preserve this relationship, the importance of counselling, support, conflict mediation and advocacy cannot be underestimated in bringing a positive outcome to the situation. Additionally, in situations where carer stress can be a factor, the provision of day care and respite services can serve to support the carer in their role. Long term residential care was an outcome in 8% of cases, this represented 205 clients, 70% of whom were over 80 years. For these clients, other health issues would have existed that led to a decision to go to long term care.

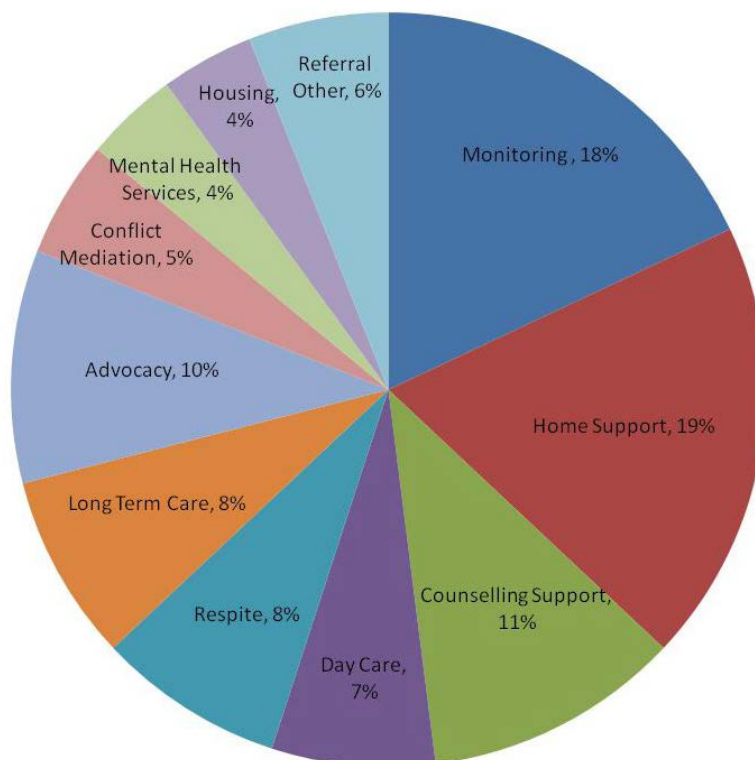


Figure 22: National Profile of Services Offered to Clients

Issues and Interventions for the Person Causing Concern

In 2014, 496 alleged perpetrators had a health issue (512 recorded issues) with mental health and alcohol issues together with carer stress, (classified under the “Other” Category) being the main types identified, (See Figure 23). These issues are only reflected in 35% of the cases reviewed. Subcategory analysis found that health issues for perpetrators were documented for 84% of cases where the perpetrator was a close family member, i.e., son daughter or partner/husband/wife. Thus, where the relationship to the perpetrator is more distant, the SCW may not have the same contact with the perpetrator to ascertain if health issues exist.

Interventions offered to the person causing concern were primarily support and addiction services.

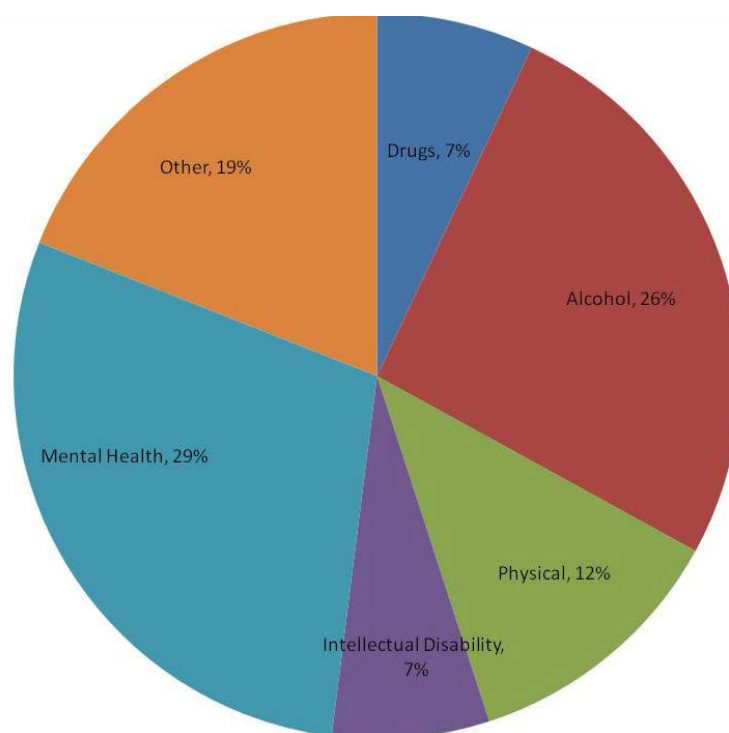


Figure 23: National Profile on Issues for the Person Causing Concern (512 responses)

Medical Consultation/Assessment

In 813 cases, a medical assessment was carried out which equates to 59% of the elder abuse referrals. These assessments were primarily conducted by GP (52%), Geriatrician (29%), and Mental Health Physician (13%). In the process of the elder abuse assessment and protection plan the SCWs engage with a range of professionals. Table 10 provides a summary of the professional involvement which primarily relates to PHN and GP involvement.

Table 10: Profile of Professional Services Consulted with During Assessment

Professionals	N	%	Professionals	N	%
PHN	914	30%	Physiotherapist	60	2%
GP	495	16%	Home Carer	191	6%
Geriatrician	136	5%	Local Authority	47	1%
Mental Heath	188	6%	Probation & Welfare	2	0%
Nursing Home	230	8%	An Garda Siochána	140	5%
Medical/Primary Care SW	218	7%	Solicitor	73	2%
Occupational Therapist	120	4%	Other	235	8%

OPEN YOUR EYES

3. Self Neglect Referrals 2014

There were 631 referrals relating to self neglect in 2014. The highest proportion was in HSE South (n=266), representing 42% of the total cases referred, followed by HSE West (n=154:24%), DML (n=125:20%) and DNE (n=86;14%) . The propensity of these cases to be re-referred into the service averaged at 11%. In contrast to elder abuse referrals, cases that are related to self neglect only have a much greater proportion of male client, accounting for 55% of the total group. Additionally there was a greater proportion of younger males referred to the service. (see table 11)

Nationally, 53% of referrals came from the PHN service with hospital staff representing 15%. When the origin of the concern is examined, the PHN service remains high at 43% followed by family 13%.

Table 11 Self Neglect Referrals by Gender Age Breakdown 2014

Age	Males		Females	
	n	%	n	%
<65 years	18	5%	6	2%
65-69	58	17%	30	11%
70-74	74	22%	37	13%
75-79	59	18%	57	20%
80-84	57	17%	72	26%
85-89	46	14%	48	17%
90+	20	6%	29	10%

- Almost exclusively clients in the self neglect category lived at home (94%) with the balance residing in sheltered housing and nursing homes.
- In total, 66% of clients availed of a service, a further 23% were offered but declined. Home support and monitoring and long term care were the main interventions provided.
- 66% of these clients had a documented health issue mainly physical 35%, dementia 26%, alcohol 17%, and mental health 16%

THERE IS NO EXCUSE FOR ELDER ABUSE

4. Cumulative Elder Abuse Data for 2010-2014

The following section will look at key measures over a five year period. Analysis in this section will be on a former LHO basis which will serve to provide more specific information for the newly formed Community Healthcare Organisation structures within the HSE. In total, there have been 12,152 referrals made to the elder abuse service in the past five years. Figure 24 illustrates the number of referrals managed by each LHO over the five year period- this ranges from a high in North Lee of 859 to a low in Kildare West/Wicklow of 72 referrals to date.

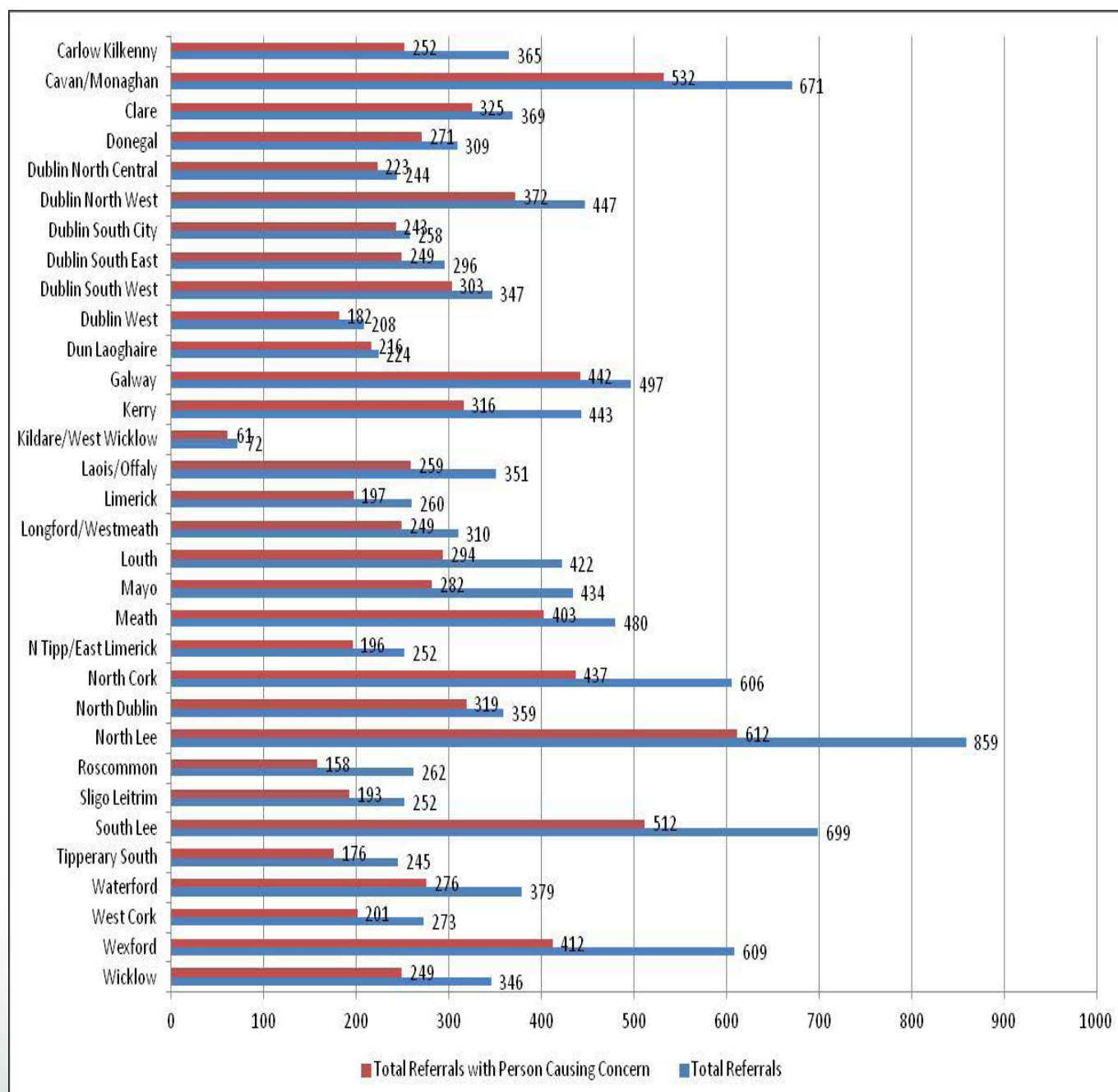


Figure 24 Total Number of Referrals by LHO 2010-2014

While the elder abuse service was established to deal primarily with cases where another person was causing concern, extreme self neglect has formed a component of the caseload to a greater or lesser extent across the LHOs. As illustrated in Figure 25 when five year data is collated self neglect referrals account for a significant proportion of cases in Roscommon, Mayo and Wexford and the lowest proportion in Dun Laoghaire, Dublin South City and Dublin North Central.

OPEN YOUR EYES

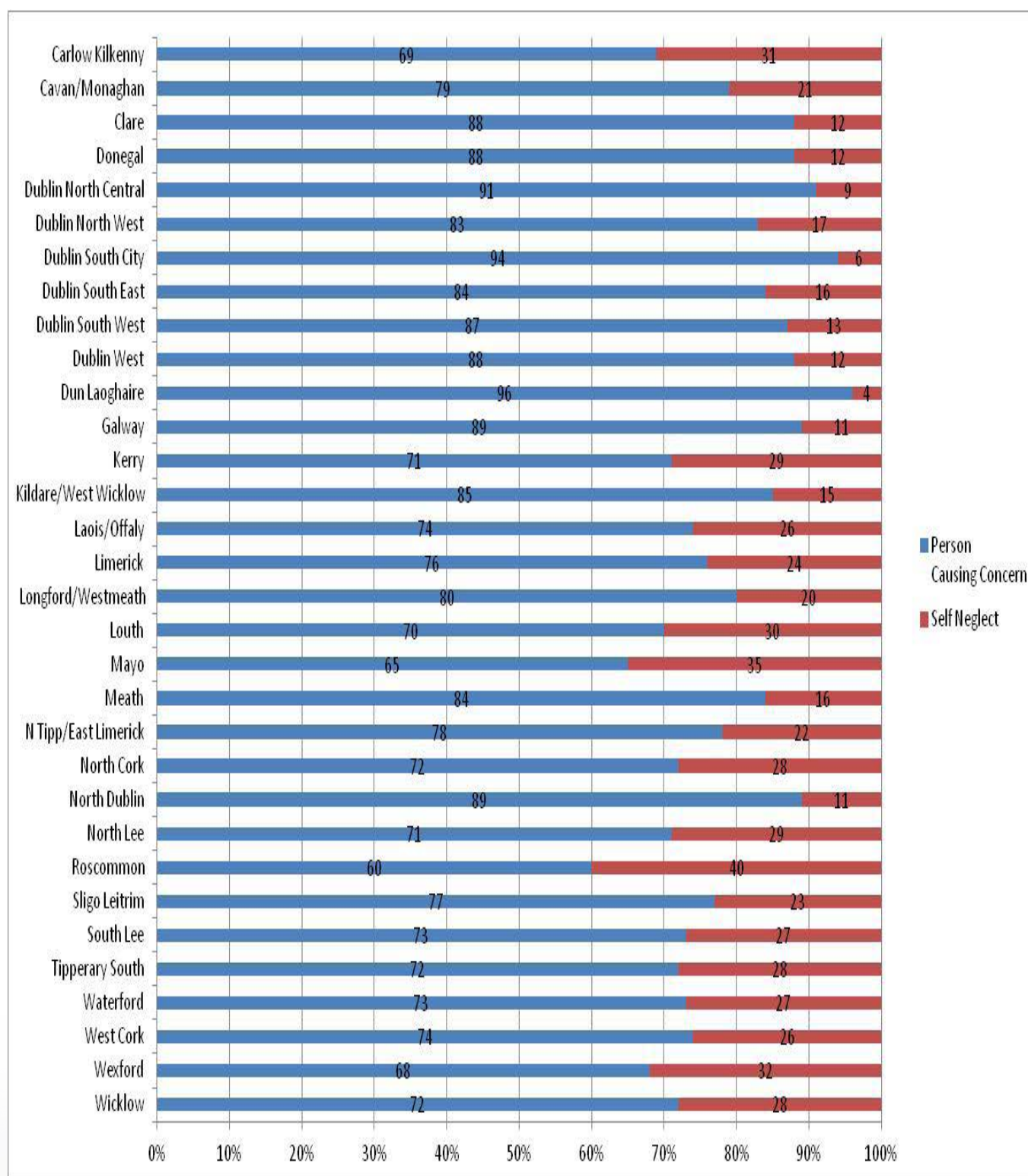


Figure 25: Classification of Total Referrals-With a Person Causing Concern Versus Self Neglect by LHO 2010-2014

In order to get an accurate reflection on the total number of individuals that have been in contact with the service, the re-referrals need to be accounted for to reduce the likelihood of double counting. The majority of LHOs have re-referral rates of $\leq 10\%$. However, there are some areas with much more significant re-referral rates such as West Cork 32%, South Lee 29% and Dublin South City 25%. When referrals with a person causing concern are viewed independently, (See Figure 27). The re-referral rate remains relatively constant with the maximum change of three percentage points in any one LHO.

THERE IS NO EXCUSE FOR ELDER ABUSE

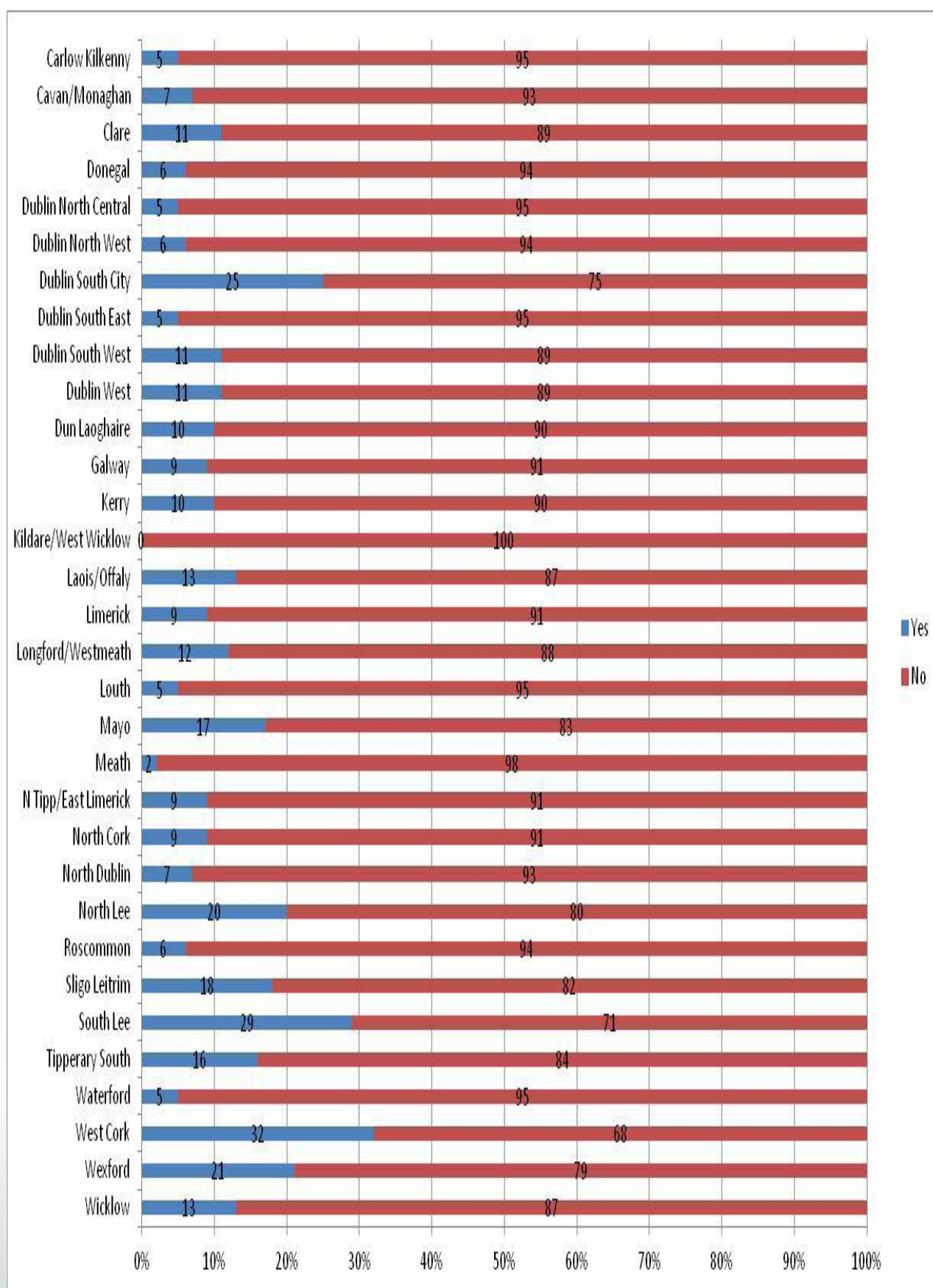


Figure 26: Previous Referral to the Service by LHO 2010-2014 (All Cases)

OPEN YOUR EYES

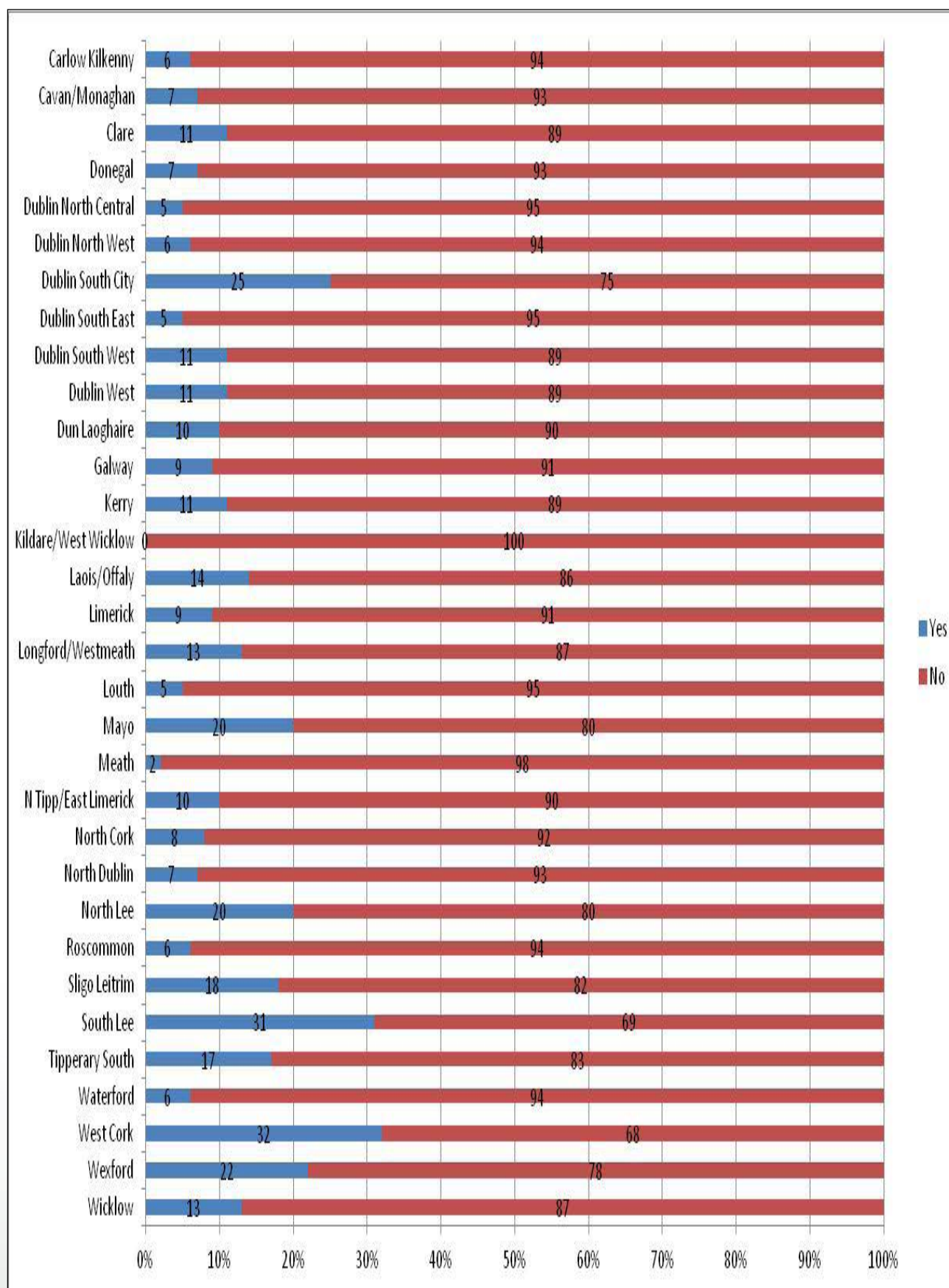


Figure 27: Previous Referral to the Service by LHO 2010-2014 (Cases with a Person Causing Concern)

THERE IS NO EXCUSE FOR ELDER ABUSE

In total, there have been 2,845 cases of substantiated abuse over the last five years which represents a national substantiation rate of 33%. As outlined in the 2014 statistics (see table 9) this can vary considerably between regions.

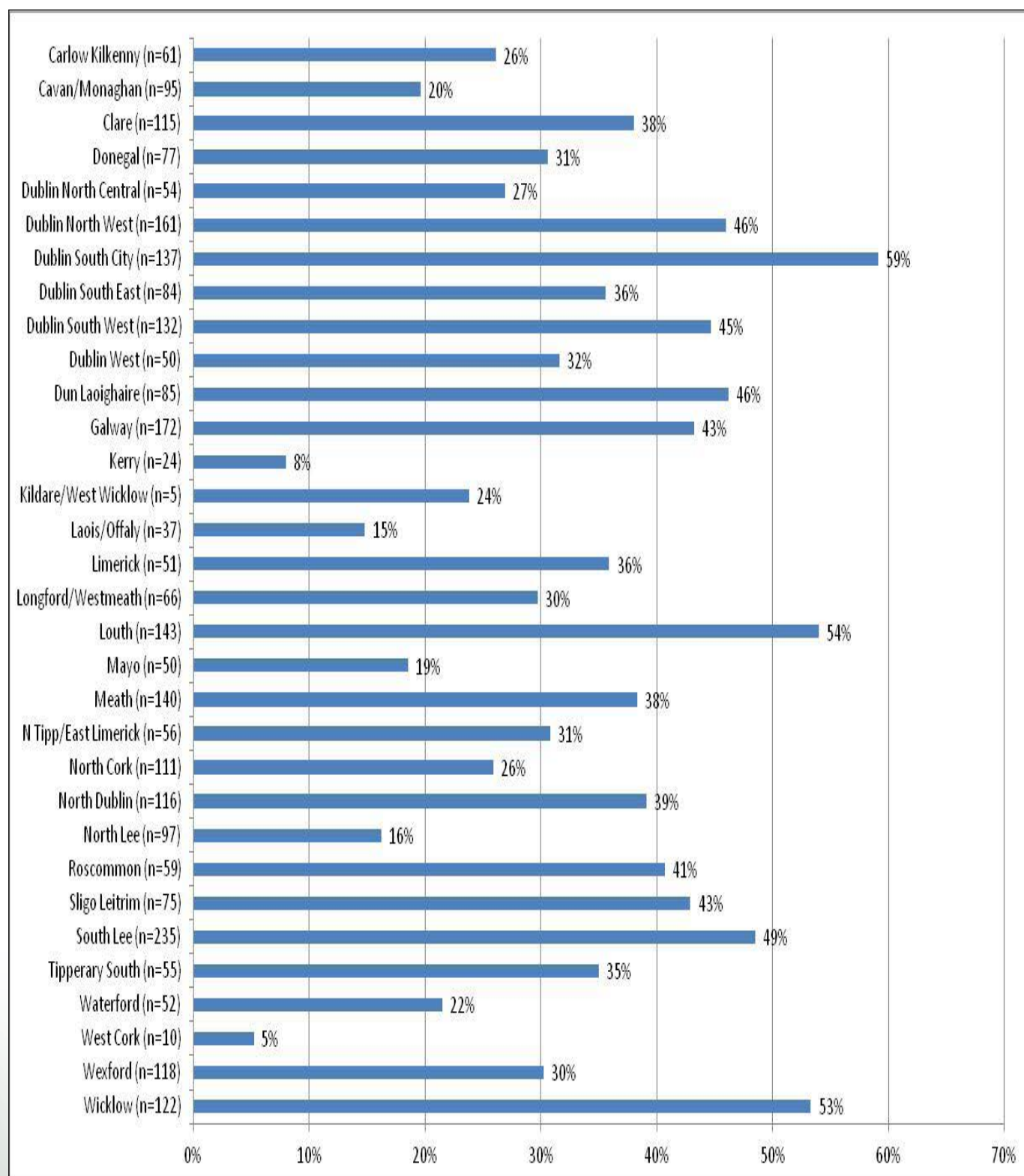


Figure 28: Number and Percentage of Cases Substantiated by former LHO 2010-2014

OPEN YOUR EYES

Relative to the 2,845 clients whose cases were substantiated there were 3,674 substantiated abuse categories confirmed. These are represented graphically in figure 29. Psychological abuse was the most common abuse to be confirmed (45%) followed by financial (20%), physical (18%) and neglect (15%). This is further explored by former LHO in figure 30.

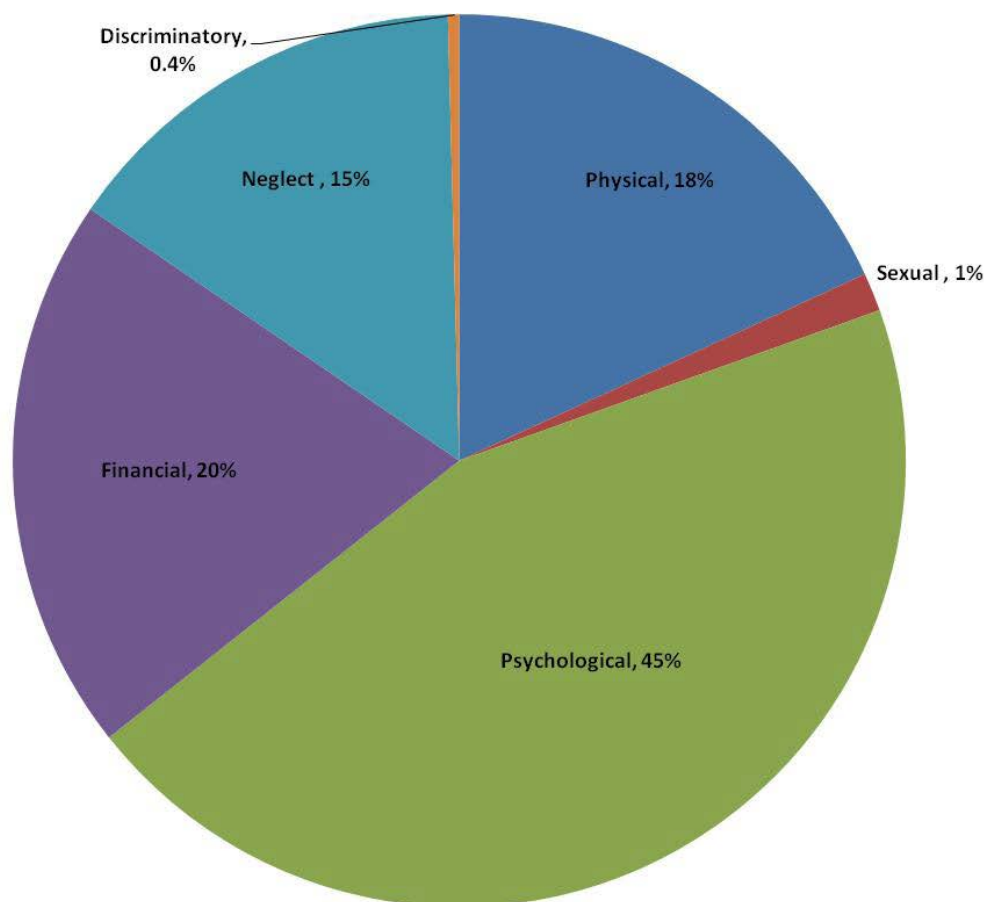
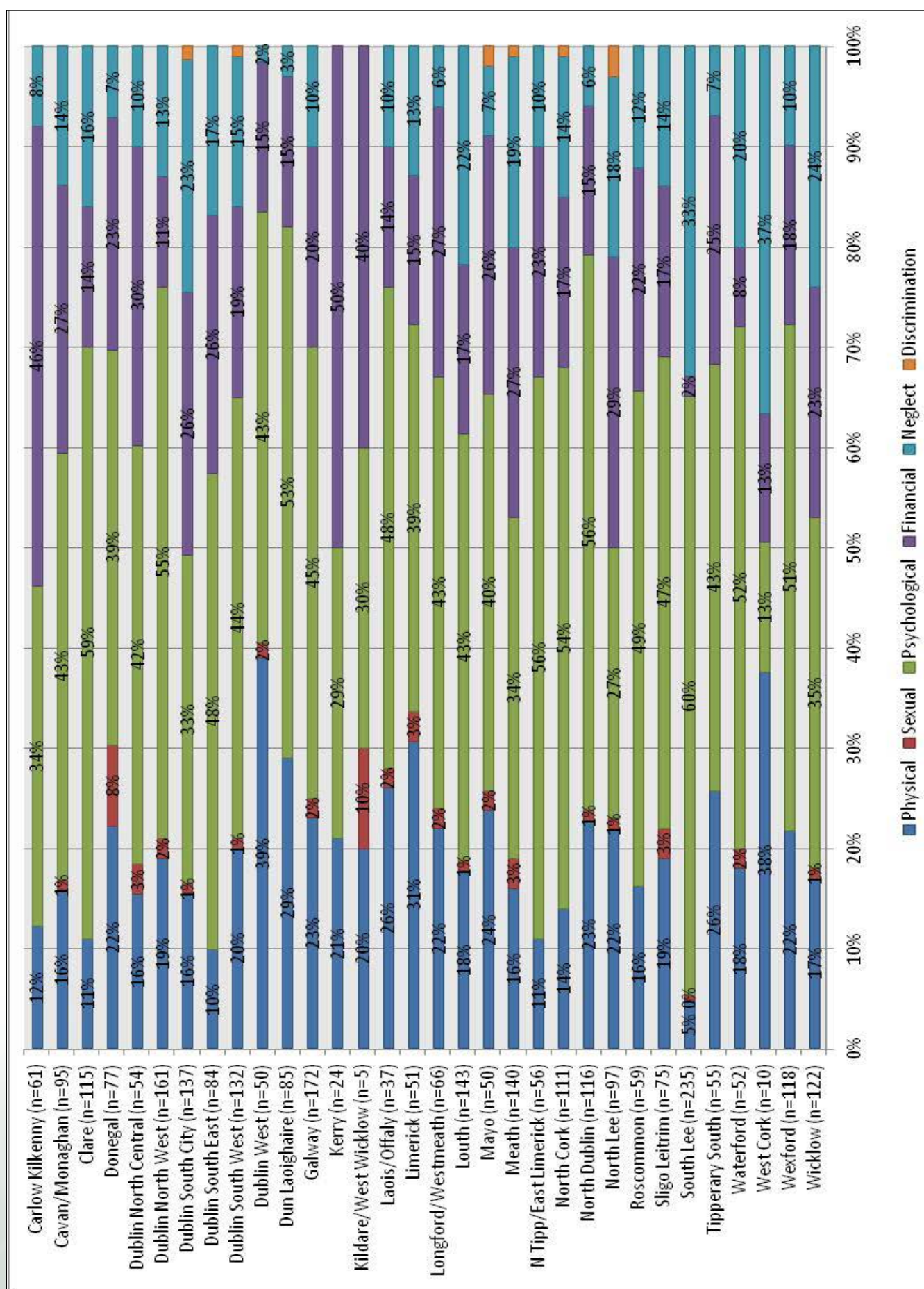


Figure 29: National Profile of Substantiated Cases 2010-2014



OPEN YOUR EYES

Since 2013 the dataset has captured not only the abuse type substantiated but the nature of that abuse, developed from categorisations provided in the *Abuse and Neglect of Older People in Ireland: Report on the National Study of Elder Abuse and Neglect*. Figure 31-34 provides a breakdown for the manner in which physical, psychological financial and neglect manifests. Due to the small number of cases for sexual and discriminatory abuses these are not graphically represented.

Classification of the perpetrator, gender of the perpetrator and whether the perpetrator is residing with the client relative to each abuse category is available and presented in figures 35-37

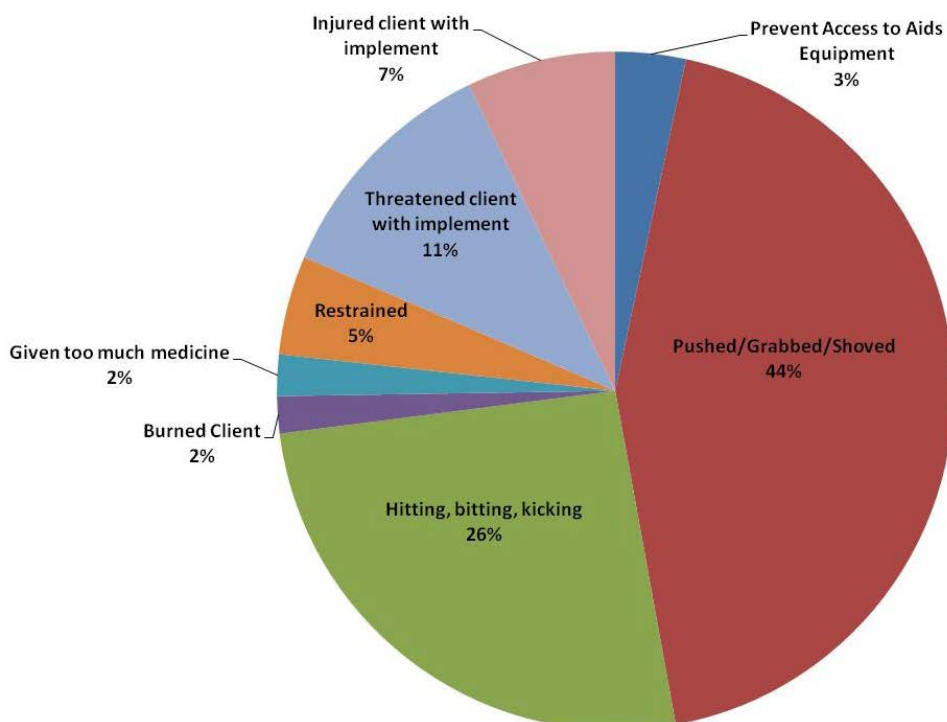


Figure 31 Substantiated Physical Abuse Categorised by Type (n=266)

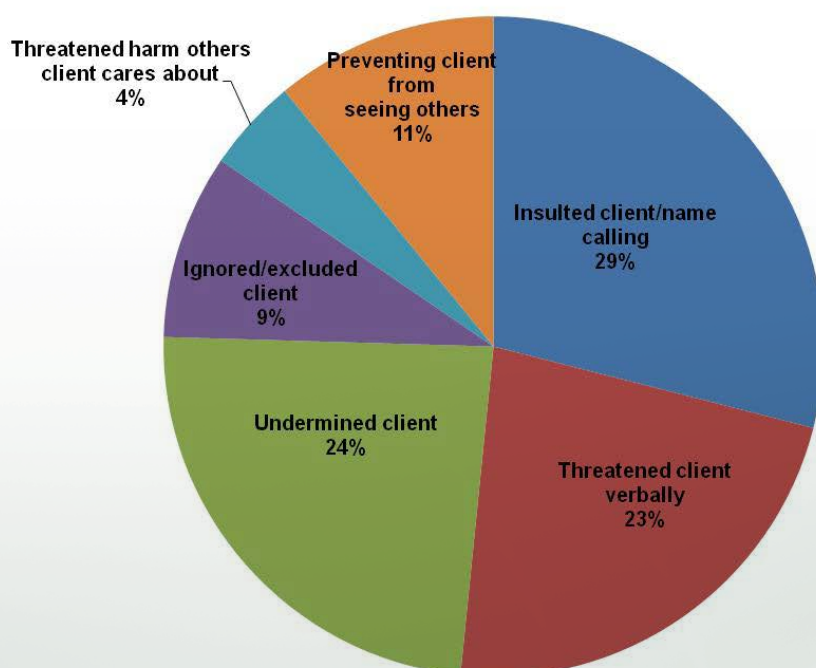


Figure 32 Substantiated Psychological Abuse Categorised by Type (n=584)

THERE IS NO EXCUSE FOR ELDER ABUSE

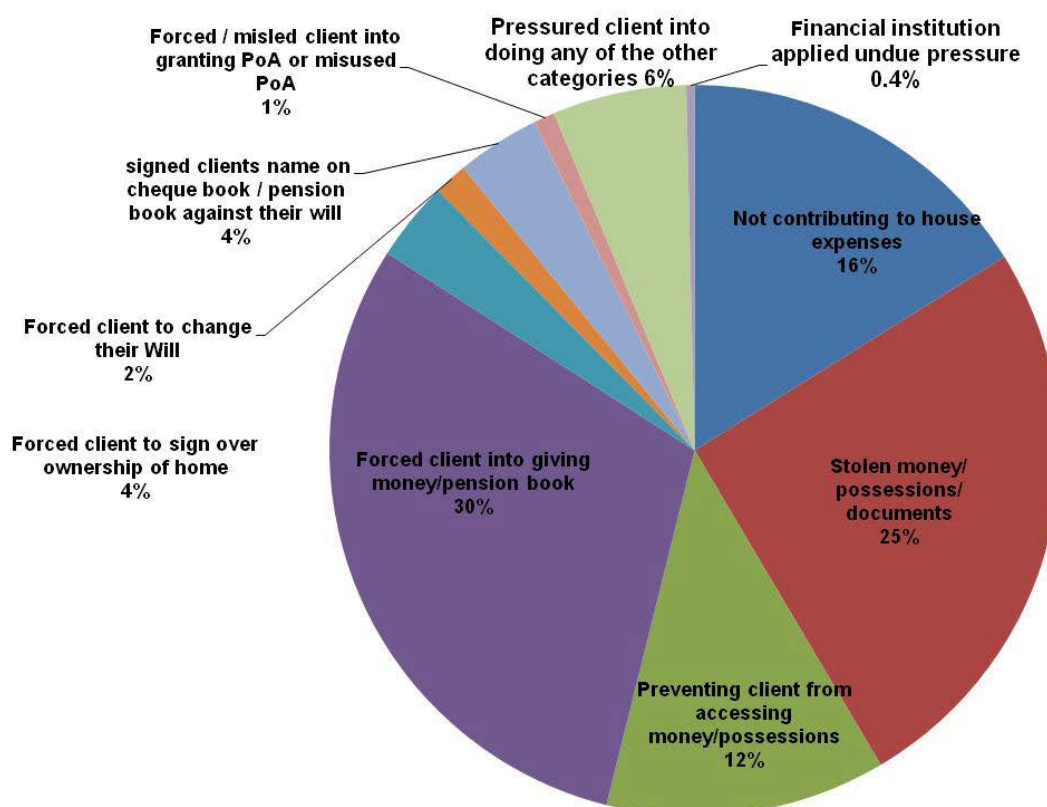


Figure 33 Substantiated Financial Abuse Categorised by Type (n=247)

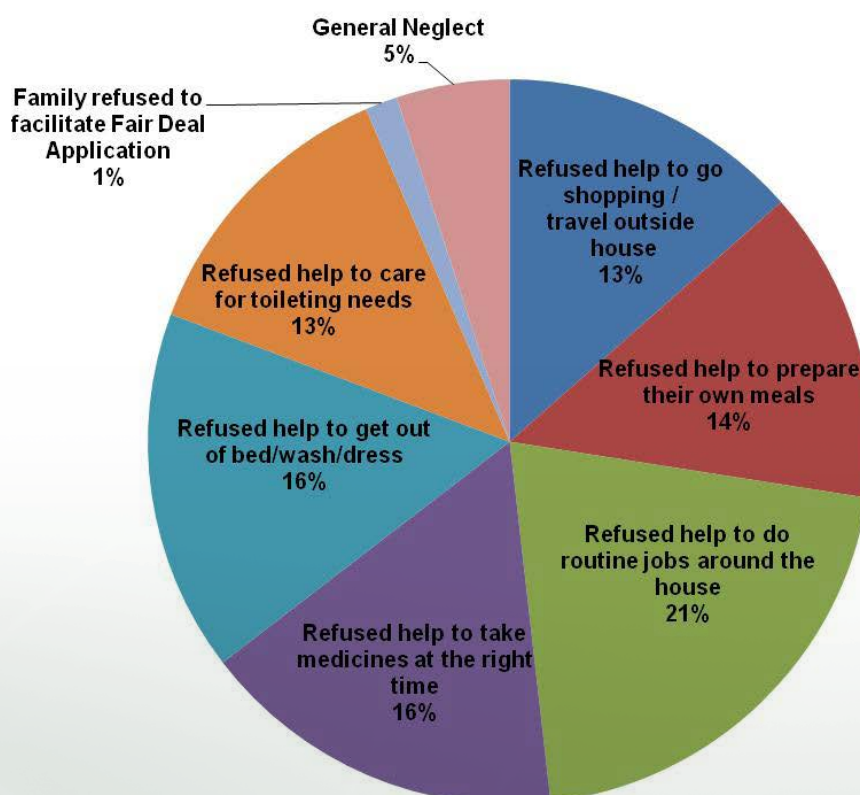


Figure 34 Substantiated Neglect Abuse Categorised by Type (n=185)

OPEN YOUR EYES

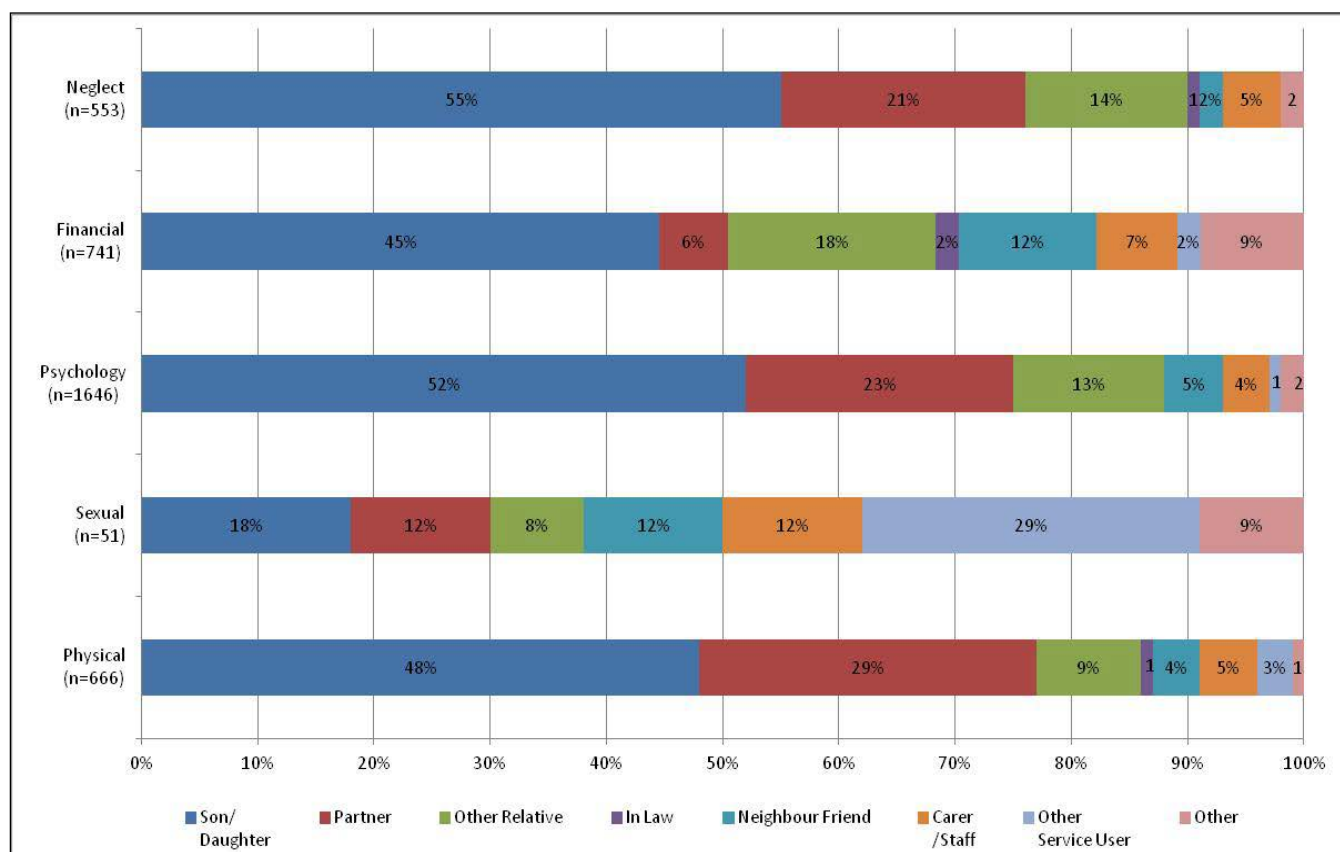


Figure 35 Profile of Perpetrators by Abuse Type 2010-2014

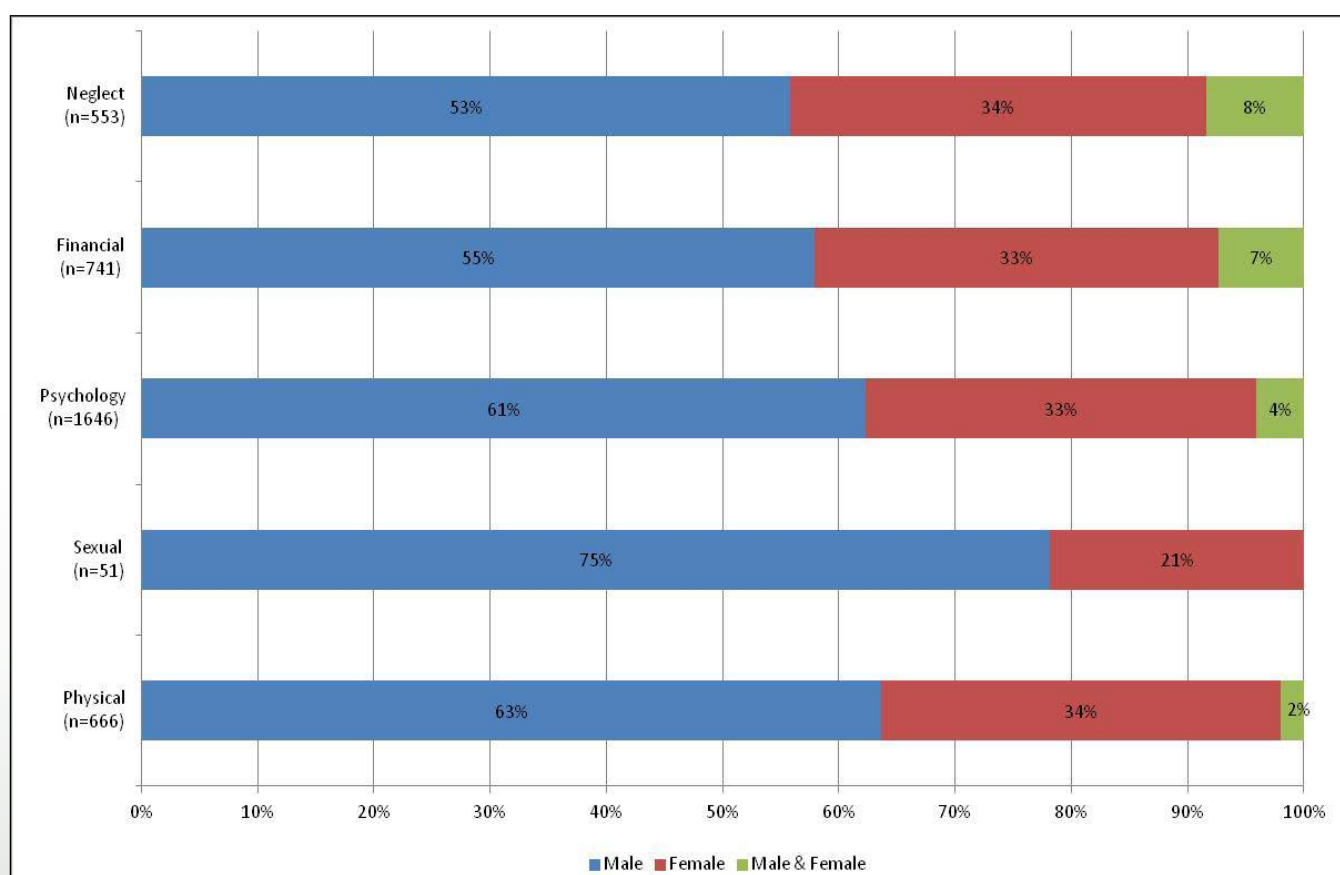


Figure 36 Gender of the Perpetrator by Substantiated Abuse Type 2010-2014

THERE IS NO EXCUSE FOR ELDER ABUSE

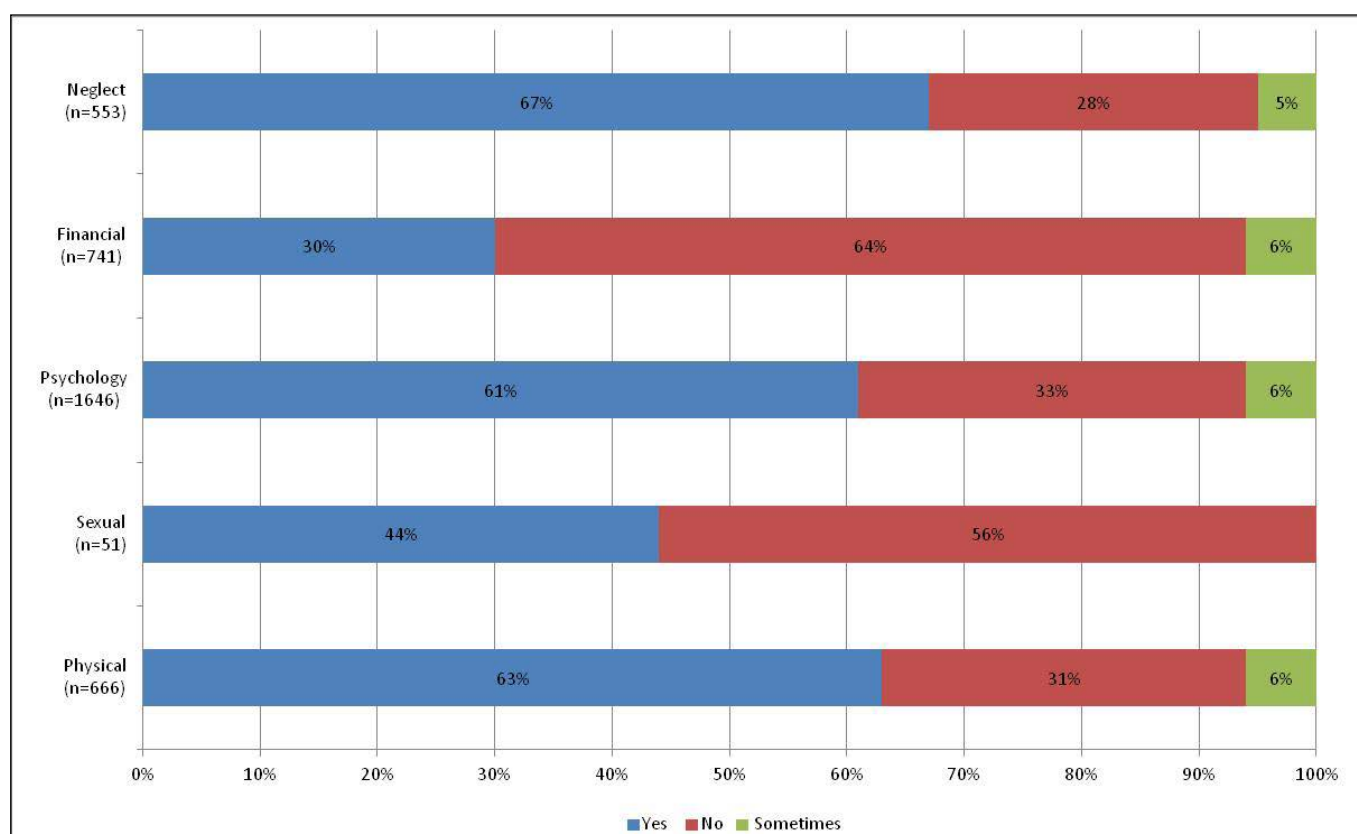


Figure 37: Perpetrator Living with Client by Substantiated Abuse Type 2010-2014

OPEN YOUR EYES

References

Department of Health and Children (2002) Report of the Working Group on Elder Abuse- Protecting Our Future

Health Service Executive (2014) Safeguarding Vulnerable Persons at Risk of Abuse, National Policy and Procedures

Health Service Executive (2014) Guidance for the support of staff of the HSE Service for Protection of Older People who are subject of a complaint under Your Service Your Say

Naughton, C., Drennan, J., Treacy, M.P, Lafferty, A., Lyons, I., Phelan, A., Quin, S., O'Loughlin, A., Delaney, L. (2010) Abuse and Neglect of Older People in Ireland: Report on the National Study of Elder Abuse and Neglect. National Centre for the Protection of Older People, University College Dublin

Appendices

Appendix 1 Elder Abuse Documentation



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Local Health Office
XXXXXXX
XXXXXXX
XXXXXXX
XXXXXXX

Persons 65 years 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/Mobile: _____	
Does anyone live with client: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, who?: _____	
Medical history (if known by referrer): _____ _____	
Is client aware this referral is being made? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is client happy to be contacted at home? Yes <input type="checkbox"/> No <input type="checkbox"/>	
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:	
<i>Please include Name and Contact Details:</i> _____ _____	
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"/> (extra sheet overleaf should be completed if this category is ticked)	
Details of Alleged Abuse (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 <input type="checkbox"/> No <input type="checkbox"/>	
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)	

Presence of Indicators of Extreme Self-Neglect

Client Name:

DOB:

Area / Domain	Evidence of Severe / Serious Neglect	Yes	No
Personal Appearance	Matted, dirty hair		
	Long untrimmed dirty nails		
	Multiple or severe pressure ulcers		
	Other injuries		
	Very soiled clothing		
	Multiple insect infestation		
	Other:		
Functional Status	Impaired cognition		
	Delusional state		
	Unable to call for help		
	Unable to respond to emergencies		
	Other:		
Medical Needs	Untreated conditions		
	No documentation of health care provider		
	Appears ill or in pain		
	Complains of pain or discomfort		
	Other:		
Poorly Maintained Environment	Severe structural damage e.g. leaking roof, broken walls		
	Dilapidated dwelling – broken / missing windows, doors		
	Human / animal waste indoors		
	Rotting food indoors		
	Pungent / unpleasant odour		
	Significant evidence of rubbish/litter indoors		
	Clutter – difficult to move around		
	Multiple uncared for pets		
	Problems with electricity, water, telephone		
	Other:		
Nutrition	Significantly under- or overweight		
	Food storage, expiry dates and food preparation		
	Availability of food groups in diet		
Social	Lack of use of social support networks		
	Social Disengagement		

(Amended from Dyer et al. 2006)

Completed by:

Date



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

FORM 5: Senior Case Worker's Record of Initial Referral (2015)

Local Health Office: _____ Date Referred: _____

Client Referral No.: _____ Any Previous Client Referral No.: _____

Date of 1st Response: _____

1. Gender: Male ☐ Female ☐

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

3. Who referred to SCW? (tick one option)

Self ☐ Family ☐ PHN/Community RGN ☐ GP ☐ Neighbour/Friend ☐ Residential Unit ☐

Carer/Home Help ☐ Hospital Staff ☐ HSE Community / PCCC staff ☐ Other HSE Staff ☐ Gardaí ☐

Voluntary Agencies ☐ Local Authority ☐ Other ☐ (please specify) _____

4. Where did concern first originate? (tick one option)

Self ☐ Family ☐ PHN/Community RGN ☐ GP ☐ Neighbour/Friend ☐ Residential Unit ☐

Carer/Home Help ☐ Hospital Staff ☐ HSE Community / PCCC staff ☐ Other HSE Staff ☐ Gardaí ☐

Voluntary Agencies ☐ Local Authority ☐ Other ☐ (please specify) _____

5. Reason for Referral (tick as many alleged abuse types as apply)

Physical Abuse ☐ Sexual Abuse ☐ Psychological Abuse ☐ Financial / Material Abuse ☐

Neglect / Acts of Omission ☐ Extreme Self-neglect ☐ Discrimination ☐

6. Primary Place of Residence (tick one option)

Own Home ☐ Relatives Home ☐ Private Nursing Home ☐ Boarding Out / Sheltered Accommodation ☐

Public Continuing Care (e.g. HSE CNU / Welfare Home) ☐ Other ☐ (please specify) _____

7. Location where Alleged Abuse took Place (tick one option)

Place of Residence as Above ☐ Day Care ☐ Unknown ☐ Other ☐ (please specify) _____

If the allegation of abuse relates to the environment, practices or systems of work within an organisation where there is no one individual / group of individuals causing concern, please tick here ☐ and skip Qs 8-11. Qs 8-11 should also be skipped in cases where extreme self-neglect is the only reason for referral.

8. Number of Persons Allegedly Causing Concern _____

9. Gender of Person(s) Allegedly Causing Concern (please state number for each gender) Male _____ Female _____

10. Person Alleged Causing Concern (tick as many as apply)

Son/Daughter ☐ Partner/Spouse ☐ In-Law ☐ Other Relative ☐ Neighbour/Friend ☐ Carer/Staff ☐

Other Service User ☐ Volunteer ☐ Other ☐ (please specify) _____

11. Is Person(s) Allegedly Causing Concern Living with the Older Person? (tick one option)

Yes ☐ No ☐ Sometimes ☐ Don't Know ☐

12. Have you Consulted with the Gardaí?

Yes ☐ No ☐

13. Referral to Gardaí?

Yes ☐ No ☐ If yes, by whom: _____

Signed: _____ SCW Protection for Older People

Date: _____

Date Received by Dedicated Officer: _____

THERE IS NO EXCUSE FOR ELDER ABUSE

FORM 6: Senior Case Worker's Follow-Up Record of Initial Referral (2015)



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Local Health Office: _____ Date Referred: _____

Client Referral No.: _____ Any Previous Client Referral No.: _____

1. Status of Case (a) Ongoing ☐ Closed ☐ Client Deceased ☐ Person Allegedly Causing Concern Deceased ☐

2. Status of Assessment (b) Allegation Substantiated ☐ Confirmed Non-Abuse ☐ Inconclusive ☐

3. If allegation has been substantiated, complete the details in the box provided below (use one row for each abuse type and / or perpetrator)

Type of abuse substantiated *State 1 per row*	Relationship to client of person against whom abuse has been substantiated *State 1 per row*	Gender of perpetrator	Is perpetrator living with client	Detail of abuse substantiated (include as many as apply)
Physical; Financial / material; Sexual; Neglect / Acts of omission; Psychological; Discriminatory	Son/Daughter; Spouse/Partner; In-Law; Other relative; Neighbour / friend; Carer /Staff; Other Service User; Volunteer; Other (please specify)	Male or Female	Yes; No; Sometimes	see notes for coding
e.g. Physical	Son	Male	Yes	11, 16
e.g. Extreme self-neglect	n/a	n/a	n/a	n/a

Note on Qs 1-16. For first form 6 on each client please answer all questions. For second and subsequent form 6s on each client please update Qs 1-16 with any new information / changes only since the previous form 6 was completed. If no changes please leave blank.

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

5. Legal Action Recommended to Client? Yes ☐ No ☐

6. Legal Action Taken? Yes ☐ No ☐

If yes: Ward of Court ☐ Domestic Violence Act ☐ Nursing Home Regulations / Act ☐ Other Civil Legal Action ☐

Mental Health Legislation ☐ Criminal Proceedings ☐ PoA / EPoA ☐ Other ☐ (please specify) _____

7. Service Offered to Client Referred Yes ☐ No ☐ Service Offered but Declined ☐

8. Indicate Client Interventions that have been put in place * not restricted to SCW interventions* (tick as many as apply)

Monitoring ☐ Home Support Services ☐ Counselling/Support ☐ Day Care ☐ Respite Care ☐ Long-Term Care ☐ Advocacy ☐

Mediation ☐ Mental Health Services ☐ Housing Support ☐ Place of Safety ☐ Referred Other Service ☐ (specify) _____

9. Any Actions Taken Re: Person Allegedly Causing Concern (tick as many as apply) Garda Action ☐ Support Offered ☐

Disciplinary Action ☐ Service Offered but Declined ☐ Referred Other Service (please specify) _____

10. Suspected / Possible Issues for Person Allegedly Causing Concern (tick as many as apply)

Drug ☐ Alcohol ☐ Physical ☐ Intellectual Disability ☐ Mental Health ☐ Other ☐ (please specify) _____

11. Suspected / Possible Issues for Client (tick as many as apply)

Drug ☐ Alcohol ☐ Physical ☐ Intellectual Disability ☐ Dementia ☐ Mental Health ☐ Other ☐ (please specify) _____

12. Case Meetings Held? Yes ☐ No ☐ If yes, please state total number since case was opened: _____

13. Case Conference Held? Yes ☐ No ☐ If yes, please state total number since case was opened: _____

14. Family Meetings Held? Yes ☐ No ☐ If yes, please state total number since case was opened: _____

15. Medical Assessment of Client? Yes ☐ No ☐

If yes: GP ☐ Geriatrician ☐ Mental Health Physician ☐ Other ☐ (please specify) _____

16. Professionals / Services Consulted with during SCW Assessment PHN ☐ GP ☐ Geriatrician ☐ Mental Health ☐

Nursing Home ☐ Medical/Primary Care Social Worker ☐ Occupational Therapist ☐ Physiotherapist ☐ Home Carer ☐ Local Authority ☐

Probation and Welfare ☐ Gardai ☐ Solicitor ☐ Other ☐ (please specify) _____

17. Case outcome (to be completed on case closure of substantiated cases only)

The abuse is ongoing ☐ the abuse has lessened ☐ the abuse has stopped ☐

Signed: _____ SCW Protection for Older People Date: _____

Date case closed (if applicable): _____ Date Received by Dedicated Officer: _____



2015 Explanatory notes for forms 5 and 6. Record of Referral to Elder Abuse Service

Form 5

This form should be completed by Senior Case Workers for Protection of Older People (SCW), or any other HSE staff member assigned to assess an allegation or concern of elder abuse, at the time of the referral or as soon as possible thereafter. The form should be forwarded to the Dedicated Officer in your area. Each form 5 and client referral number will provide a record of a concern of elder abuse and will relate to an individual client. No client or alleged abuser names, addresses or other identifying information should be included on this form.

Local Health Office	-
Date referred	State the date this referral was made to the SCW/otherwise
Client Referral Number	LHO code followed by year and number referral Eg Galway, 2013 / 2 nd referral to that SCW during that year. = G13/02 Each client should get a separate referral number & record of referral -even couples. See attached sheet for LHO codes. Staff other than SCWs (for non SCW referrals) must contact the Dedicated Officer to be assigned a Client Referral Number.
Any previous client referral number.	A client could have more than one referral over time. Please note any previous referral number on forms 5&6. If a case is closed and the client is re-referred within 1 month of case closure a new referral number should not be generated but rather the previous referral re-opened and reported upon.
Date of 1st Response	"1st response is any action taken as a follow-up/intervention in relation to a initial elder abuse referral. This can include contact pertaining to a referral made (either by telephone contact or home/office visits) either directly with the client or indirectly by contacting alleged perpetrator, or anyone within the client's network of support. It can also be indirectly by contacting other professionals involved and/or the referring agent, as part of the information gathering stage. This is up to and including a full risk assessment/care plan."
1. Gender	-
2. Age:	-
3. Who referred:	If more than one referrer please note the first one to make this referral
4. Where did concern first originate	Who first brought this concern to light? (e.g. home-help raised concern with PHN who then made referral)
5. Reason for referral:	If more than one reason please tick all those that apply.
6. Primary place of Residence	Note <u>primary</u> place of residence of client - 'own home' to include rented accommodation or local authority housing. - If living in what was previously their own house but which now belongs to relative tick 'relatives home'.
7. Location of where alleged abuse took place	If more than one location – please state the <u>primary</u> location where alleged abuse took place
Special note on Q 8-10	Institutional abuse / systems of work or practice causing concern, can be coded for here. Tick the relevant box if there is no one person/persons causing concern and skip Q.s 8-10
8. Number of persons allegedly causing concern	State the number
9. Gender of person allegedly causing concern	State number for each gender
10 Person allegedly causing concern	Tick as many as apply
11. Is person allegedly causing concern living with the older person?	If more than one person allegedly causing concern – indicate if <u>any</u> of them are living with the older person
12. Consultation with Gardai	Please tick 'yes' if the Gardai have been contacted <u>by you</u> (letter, by phone, in person) during the assessment e.g. for background information.
12. Have the Gardai been notified of this concern	Tick 'yes' if a complaint/report/notification is made to Garda Síochána about the alleged abuse even if you have <u>not made this report</u> . If 'yes' state who made this report to an Garda Síochána
Signature & date	State when the form was completed. This may be different to the actual date of referral at the top of the page
Date received by DO	<i>For completion by DO</i>

THERE IS NO EXCUSE FOR ELDER ABUSE



2015 Explanatory notes for forms 5 and 6.

Record of Referral to Elder Abuse Service

Form 6

This form should be completed by SCWs, or any other HSE staff member assigned to assess an allegation or concern of elder abuse on case closure or at the request of the Dedicated Officer (every 6 months after initial referral until case closure).

No client or alleged abuser names, addresses or other identifying information should be included on this form.

Local Health Office	As for form 5	
Date referred	As for form 5	
Client Referral Number	As for form 5	
Any previous client referral number.	As for form 5	
1. Status of Case (a)	Tick 1 option	
2. Status of Assessment (b)	Tick 1 option – Allegation substantiated = based on the information available to the professional he/she has formed the opinion that there is sufficient evidence/indicators to believe that the client has been abused OR Confirmed non abuse = based on the information available to the professional, he/she has formed the opinion that the abuse has NOT taken place. OR Inconclusive = He/she has found insufficient evidence/indicators to form a professional opinion as to whether the client has been abused or not	
3. If allegation has been substantiated above	Only to be completed for substantiated cases <ul style="list-style-type: none"> Only complete this for abuse that has been substantiated. Only complete this for the person(s) against whom the allegation has been substantiated. If more than one type of abuse has been substantiated please use a separate row for each If abuse is substantiated against more than one person causing concern please use a separate row for each Detail of abuse substantiated: enter all relevant codes for substantiated abuse (attached) 	
Special note on Qs 1-17	<ul style="list-style-type: none"> If this is the 1st form 6 completed for this client please answer all questions If this is a 2nd or subsequent form 6 for this client please only update Q.s 1-17 with new information – otherwise leave blank 	
4. Notification/referral to Gardaí	As for form 5	
5. Legal action recommended	Tick 'yes' if you have recommended any legal action to the client - even if it did not lead to legal action.	
6. Legal action taken:	Indicate if formal legal action was taken in this case and specify what action. Tick all that apply.	
7. Services offered to client referred	-	
8. Client interventions	-These may include interventions by the Senior Case Worker or other staff or agencies. <u>Advocacy</u> = intervening on behalf of, or in conjunction with a client, to negotiate a service, facility, entitlement, benefit or outcome. <u>Mediation</u> = intervening on behalf of or in conjunction with a client with the aim of clarifying/ameliorating or resolving an issue/conflict or dispute.	
9. Any actions taken re: person allegedly causing concern	-	
10. Suspected / possible issues for person allegedly causing concern	A definitive diagnosis IS NOT necessary. These are issues which it is suspected may possibly exist for the person allegedly causing concern.	
11. Suspected / possible issues for client	as for above	
12. Case Meeting	A formal multi –disciplinary meeting of professionals. <u>Not to include phone calls</u>	Q12-14 State the number of meetings held in total since this referral opened
13. Case conference held	A Case Conference is a formal professional meeting of staff involved with the client, and may also involve the older person and / or their family members. A Case Conference will have a Chair, and agreed actions will be minuted. If yes - indicate number of case conferences held.	
14. Family Meeting	A face-to-face meeting held with family members to address relevant issues or difficulties and discuss concerns directly with families. If yes - indicate number of family meetings held.	
15. Medical assessment of client	Please tick yes if there has been a medical assessment of the client during your assessment of this case. Tick those medical professionals who assessed the client.	
16. Professionals / services consulted with	Tick all consulted with (incl. phone calls) during SCW assessment / intervention	
17. Case outcome	on case closure of substantiated cases only	
Signature & date	Date form 6 was completed.	
Date case closed (where applicable)		

Coding for Substantiated Abuse: Form 6



PHYSICAL	Code
Removed or prevented the client's access to equipment such as hearing aids, walking aids	11
Pushed, grabbed or shoved the client	12
Attempted to or succeeded in hitting, biting or kicking the client	13
Burned or scalded the client	14
Given the client drugs or too much medicine to control them or make them sleepy	15
Restrained the client in any way e.g. locked them in a room, tied them in a chair	16
Threatened the client with an implement	17
Injured the client with an implement	18

SEXUAL	
Talked to the client in a sexual way that they felt uncomfortable with	21
Exposed the client to pornographic images against their wishes	22
Tried to touch the client in a sexual way they did not like/against their will	23
Touched the client in a sexual way they did not like/against their will	24
Forced the client or tried to force the client to have sexual intercourse against their will	25

PSYCHOLOGICAL	
Insulted the client, called him/her names or swore at him/her	31
Threatened the client verbally	32
Undermined or belittled the client	33
Repeatedly ignored or excluded the client	34
Threatened to harm others that the client cares about	35
Prevented the client from seeing others that they care about or care for them e.g. family / professionals	36

FINANCIAL	
Not contributing to household expenses such as rent or food against the clients wishes	41
Stolen money/possessions or documents	42
Deliberately prevented client from accessing money/possessions/property/land or documents	43
Forced or misled the client into giving them money/ possessions/ or pension book against their will	44
Forced or misled the client to sign over ownership of their home or property against their will	45
Forced or misled the client to change their Will (Last Will and Testament).	46
Signed the client's name on cheque/pension book or other financial documents against their will	47
Forced or misled the client into granting a power of attorney or had power of attorney misused.	48
Tried/pressured the client (but not succeeded) in doing any of the above to (steal money, property, change legal documents, pension book)	49
A financial institution (bank/insurance company) has applied undue pressure on the client to buy products	410

NEGLECT

Where the client needs assistance with the tasks (a-f) below has the client been repeatedly refused it:-

a) To go shopping for food/clothes or travel outside the home	51
b) To prepare their own meals or eat	52
c) To do routine jobs around the house and move about the house	53
d) To take medicines in the right doses at the right time	54
e) To get out of bed/wash/dress themselves	55
f) To care for toileting needs	56
g) family / relevant others refusal to facilitate Fair Deal application or healthcare support required by the client	57
h) General Neglect of the client (other than those categories specified above)	58

DISCRIMINATION

The client has been the subject of discrimination	61
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Revised 2015

Appendix 2: World Elder Abuse Awareness Day Conference Programme






World Elder Abuse Awareness Day Conference Thursday, June 12th 2014

World Elder Abuse Awareness Day was established by the International Network for the Prevention of Elder Abuse (INPEA) in 2006 and ratified by the United Nations in 2011. The day, held annually in June, serves as a call to action to individuals, organisations and communities to raise awareness of abuse, neglect and exploitation of older people. On **Thursday, June 12th 2014**, the National Centre for the Protection of Older People (NCPOP), University College Dublin, in collaboration with the Health Service Executive (HSE) and the International Network for the Prevention of Elder Abuse (INPEA) will host a national conference to mark **World Elder Abuse Awareness Day**. The conference will take place in the **Health Sciences Centre, University College Dublin**.

RSVP to ncpop@ucd.ie or telephone +353 (0)1 716 6467 by Friday, June 6th 2014

The signing of the INPEA Proclamation by the Lord Mayor of Dublin will take place at 9am. The Assistant Garda Commissioner and the Dean of Nursing and Head of the UCD School of Nursing, Midwifery and Health Systems will sign the INPEA Declaration at 10am.

SESSION ONE	<p>Chair: Ms Sarah Mahon, Dedicated Officer for the Protection of Older People, HSE DML</p> <p>9.00 – 10.30 Registration and Refreshments</p> <p>10.30 – 10.35 Opening Remarks Professor Andrew J Deeks, President of UCD</p> <p>10.35 – 11.00 Opening Address Ms Kathleen Lynch TD, Minister of State, Department of Health and Department of Justice, Equality and Defence with responsibility for Disability, Older People, Equality and Mental Health</p> <p>11.00 – 11.30 Policy and Practice in Elder Abuse: A Northern Ireland Perspective Ms Emer Boyle, Head of Legal and Policy Advice, Office of the Commissioner for Older People for Northern Ireland</p> <p>11.30 – 12.00 Witnessing Elder Mistreatment in Nursing Homes: Exploring the Decision-Making Process of Staff who Remain Silent Dr Anne O'Loughlin, Principal Social Worker for the Protection of Older People, HSE</p> <p>12.00 – 12.15 Questions and Answers</p> <p>12.15 – 13.00 Lunch</p>
SESSION TWO	<p>Chair: Professor Gerard Fealy, Director, National Centre for the Protection of Older People, UCD</p> <p>13.00 – 13.10 Launch of 'Family Carers of Older People: Results of a National Survey of Stress, Conflict and Coping' report Introduction by Mr Frank Murphy, Chair of the National Elder Abuse Steering Committee, HSE</p> <p>13.10 – 14.00 Family Carers of Older People: Results of a National Survey of Stress, Conflict and Coping Dr Attracta Lafferty, Associate Centre Director, National Centre for the Protection of Older People, UCD</p> <p>14.00 – 15.00 Keynote Address: The Relationship between Elder Abuse, Ageism and Human Rights Professor Simon Biggs, Professor of Gerontology and Social Policy, University of Melbourne, Australia</p> <p>15.00 – 15.15 Questions and Answers</p> <p>15.15 – 15.30 Closing Remarks Dr Amanda Phelan, Co-Director NCPop and INPEA Representative</p>

RSVP to ncpop@ucd.ie or telephone +353 (0)1 716 6467 by Friday, June 6th 2014

Appendix 3: NCPOP Conference Papers and Publications

The NCPOP is an Approved Academic Centre of UCD and is required to engage in dissemination and knowledge exchange with the academic community nationally and internationally. The research undertaken by NCPOP has been presented at several conferences and seminars and has been published in peer-reviewed journals, as follows:

Publications

Naughton, C., Drennan, J., Lafferty, A. (2014). Older people's perceptions of the term elder abuse and characteristics associated with a lower level of awareness. *Journal of Elder Abuse and Neglect* 26 (3), 300–318. (DOI:10.1080/08946566.2013.867242)

O'Donnell, D., Treacy, M.P, Fealy, G., Lyons, I. Lafferty, A. (2014). The case management approach to protecting older people from abuse and mistreatment: Lessons from the Irish experience *British Journal of Social Work* (DOI: 10.1093/bjsw/bcu027)

Conference papers

Fealy, G., O'Donnell, D., O'Connor, T., Patton, D., Downes, C. (2015). Evaluation of a National Training Programme in Recognising and Responding to Elder Abuse The International Association of Gerontology and Geriatrics European Region (IAGG-ER) 8th Congress, Dublin, 23-26 April 2015.

Lafferty, A., Fealy, G., Downes, C. Drennan, J. (2015). Factors associated with potentially harmful behaviours engaged in by family carers of older people. *The International Association of Gerontology and Geriatrics European Region (IAGG-ER) 8th Congress*, Dublin, 23-26 April 2015.

Phelan A., Fealy G., Downes C., Donnelly N.A.(2015). Results from a Pilot Study to Assess the Appropriateness of the Older Adult Financial Exploitation Measure (OAFEM). *The International Association of Gerontology and Geriatrics European Region (IAGG-ER) 8th Congress*, Dublin, 23-26 April 2015.

Phelan A., Fealy G., Downes C., Donnelly N.A. (2015). Piloting the Elder Abuse Screening Index (EASI) *The International Association of Gerontology and Geriatrics European Region (IAGG-ER) 8th Congress*, Dublin, 23-26 April 2015.

Phelan, A. (2015). Elder Abuse research from Ireland: The work of the NCPOP, May, *NICE conference*, Toronto, Canada.

Phelan, A. (2015). Elder abuse: Developments in Ireland. *INPEA conference*, April, Dublin.

Phelan, A. (2015). Elder abuse research in Ireland: The work of the NCPOP. *EU COST meeting*, April, Dublin.

Lafferty, A., Fealy, G, Downes, C., Drennan, J. (2014). Carers' experiences of stress, conflict and coping when caring for an older relative: Results of a national survey *The 43rd Annual Conference of the British Society of Gerontology*, University of Southampton, 1-3rd September.

Lafferty, A., Fealy, G., Downes, C., Drennan, J. (2014). Carer burden and potentially harmful behaviours engaged in by carers of older people: Results of a national survey *The Irish Gerontological Society Annual and Scientific Meeting*, Radisson Blu Hotel, Galway, 10-11 October.

Phelan A., Fealy G. (2013). Turning research into practice: A case study of the National Centre for the Protection of Older People in Ireland *International Federation on Ageing*, Istanbul, 4-6 Oct.

Downes C., Fealy G., Phelan A., Donnelly N. (2013). Elder Abuse of People with Dementia: A Review,

International Federation on Ageing, Istanbul, 4-6 Oct.

O'Donnell, D., Fealy, G., Downes, C. (2013). Developing an empowerment intervention for the protection of older people from abuse *42nd Annual Conference British Society of Gerontology*, University of Oxford, September 2013

The NCPOP will also be represented at an exhibition stand at the upcoming *International Association of Gerontology and Geriatrics European Region (IAGG-ER) 8th Congress*, which will take place in the Convention Centre, Dublin, 23-26 April 2015.

Presentations

Phelan A. (2014). *Elder abuse*. PAUL, Limerick, June 9th.

O'Donnell, D. (2014). Preventing elder abuse through empowerment. *Grundtvig European Elder Abuse Project*. 25th June.

Lafferty, A. (2014). Older people's experiences of mistreatment and abuse. *Grundtvig European Elder Abuse Project*. 25th June.

Phelan A. (2015). *Contextualizing elder abuse in Ireland: The work of the National Centre for the Protection of Older People' Elder Abuse Seminars*, Marymount, Cork.

Media reports

Lafferty, A. (2014). *Elder abuse linked to depressed carers*. Irish Times, 1 July. (<http://www.irishtimes.com/life-and-style/health-family/elder-abuse-linked-to-depressed-carers-1.1826121>)

Phelan, A. (2014). Financial abuse much higher than previously envisaged. Irish Medical Times, 18 December. (<http://www.imt.ie/news/latest-news/2014/12/financial-abuse-much-higher-previously-envisaged.html>)

OPEN YOUR EYES



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

HSE Information Line

1850 24 1850

Website

www.hse.ie/go/elderabuse