



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Implementing

'PROTECTING OUR FUTURE'

- a programme to raise awareness of elder abuse among healthcare staff



Raising awareness **AMONG HEALTHCARE STAFF**

This supplement is for all staff who work for the Health Service Executive (HSE). It outlines the HSE's Elder Abuse Policy - Responding to Allegations of Elder Abuse.

It is important that everyone who works for the HSE is aware of the Policy as all staff have a role in protecting older people.

'Protecting Our Future', a Working Group Report on Elder Abuse, recommended that a public awareness programme be undertaken to "raise awareness of elder abuse among the general public in Ireland". It also recommended that the introduction of policy and procedures be accompanied by a publicity and promotion campaign for healthcare staff.

Work has been completed on the production of a DVD for staff in relation to Elder Abuse. The DVD will raise awareness and will be available in HSE locations that provide services for older people. The DVD will be formally launched in June 2008.

"Protecting Our Future" also recommended the establishment of a National Centre "which combines both practitioner and academic knowledge relevant to elder abuse to meet educational needs, as well as developing a programme of research to support and underpin policy and best practice and service provision". A tender process has been undertaken in order to establish this National Centre and work is ongoing to progress this.

Most Local Health Offices have now appointed Senior Case Workers (Elder Abuse). They are focused on safeguarding the well-being of clients and, in collaboration with the older person and their families, determining what supports and interventions may be needed. Safety plans are drawn up in collaboration with the multidisciplinary

team involved, and may include liaison with voluntary and statutory agencies as appropriate.

Examples of interventions include increased monitoring of the client in the community, increasing home support, providing counselling and, less often, respite and admission to long-term care.

In addition to the appointment of Senior Case Workers, Dedicated Officers for Elder Abuse have been appointed in the HSE Areas of Dublin Mid-Leinster, South and West. The Dedicated Officers are responsible for development, implementation and evaluation of the HSE's response to elder abuse and work within the framework of existing policies including, 'Protecting our Future', 'Trust and Care' and legislation.

The HSE has established an information databank in relation to referrals of alleged cases of Elder Abuse. This information will be a valuable indicator of the extent of the problem in Ireland and will inform future planning for services for older people.

A National Steering Committee on Elder Abuse, and Area Steering Committees, have been established to oversee and ensure a nationally consistent approach in the provision of Elder Abuse services by the HSE.

I would ask that you read our Elder Abuse Policy carefully so that, if required, you will be in a position to play your part in protecting our older population.

Frank Murphy, Chairperson, National Steering Committee on Elder Abuse

**All staff are asked to play their part in
protecting older people**

Responding to Allegations of ELDER ABUSE

POLICY STATEMENT

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

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

BACKGROUND

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

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

(Pg 18, 2.3)

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

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



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

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

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

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

This Policy will be reviewed in 2009.

INTRODUCTION

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

UNDERLYING PRINCIPLES

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

1. Act in a way that supports the rights of the individual to lead an independent life based on self-determination.
2. Recognise people who are unable to make their own decisions and/or to protect themselves, their assets and their bodily integrity, and ensure adequate protection for them.
3. Recognise that the right to self-determination can involve risk and ensure that such risk is recognised and understood by all concerned and is minimised whenever possible.
4. Although intervention may, in some cases, compromise the individual older person's right to independence and choice, the principle of "least restrictive alternative" should apply at all times.
5. Ensure that the law and statutory requirements are known and used appropriately so that older people receive the protection of the law and access to the judicial process.

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



DEFINITION AND CATEGORIES OF ELDER ABUSE

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

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

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

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

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

PHYSICAL ABUSE

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

SEXUAL ABUSE

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

PSYCHOLOGICAL ABUSE

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

FINANCIAL OR MATERIAL ABUSE

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

NEGLECT AND ACTS OF OMISSION

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

DISCRIMINATORY ABUSE

This includes racism, ageism, sexism, and other forms of harassment, slurs or similar treatment.

All reports of abuse should be taken seriously and all health care workers have a responsibility to inform their Line Manager

ROLES AND RESPONSIBILITIES

LINE MANAGERS

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

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

This may involve:

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

PROCEDURE

REPORTING A CONCERN - INFORM LINE MANAGER

All reports of abuse should be taken seriously and all health care workers have a responsibility to inform their Line Manager; therefore any incident of abuse or suspected incident of abuse, or ongoing abusive situations should be reported to the Line Manager immediately.

If it is believed that the older person is at immediate risk of serious abuse, action may be required. In such circumstance the Gardai should be contacted immediately.

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

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

LINE MANAGER

On receiving the report the Line Manager must establish whether the older person is at immediate and serious risk, and ensure where possible that protective measures are put in place. In such circumstances the Gardai should be contacted immediately. Having established that there may be a serious concern the General Manager/Administrator/Hospital Manager should be informed. The Line Manager will undertake or make arrangements as appropriate for the concerns to be investigated.

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

SENIOR CASE WORKER FOR ELDER ABUSE

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

The referring service will continue to be involved where necessary and may be required to participate in the investigation or the ongoing monitoring of the case.

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

SELF NEGLECT

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

ANONYMOUS ALLEGATIONS

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

(See Flow Chart Below)

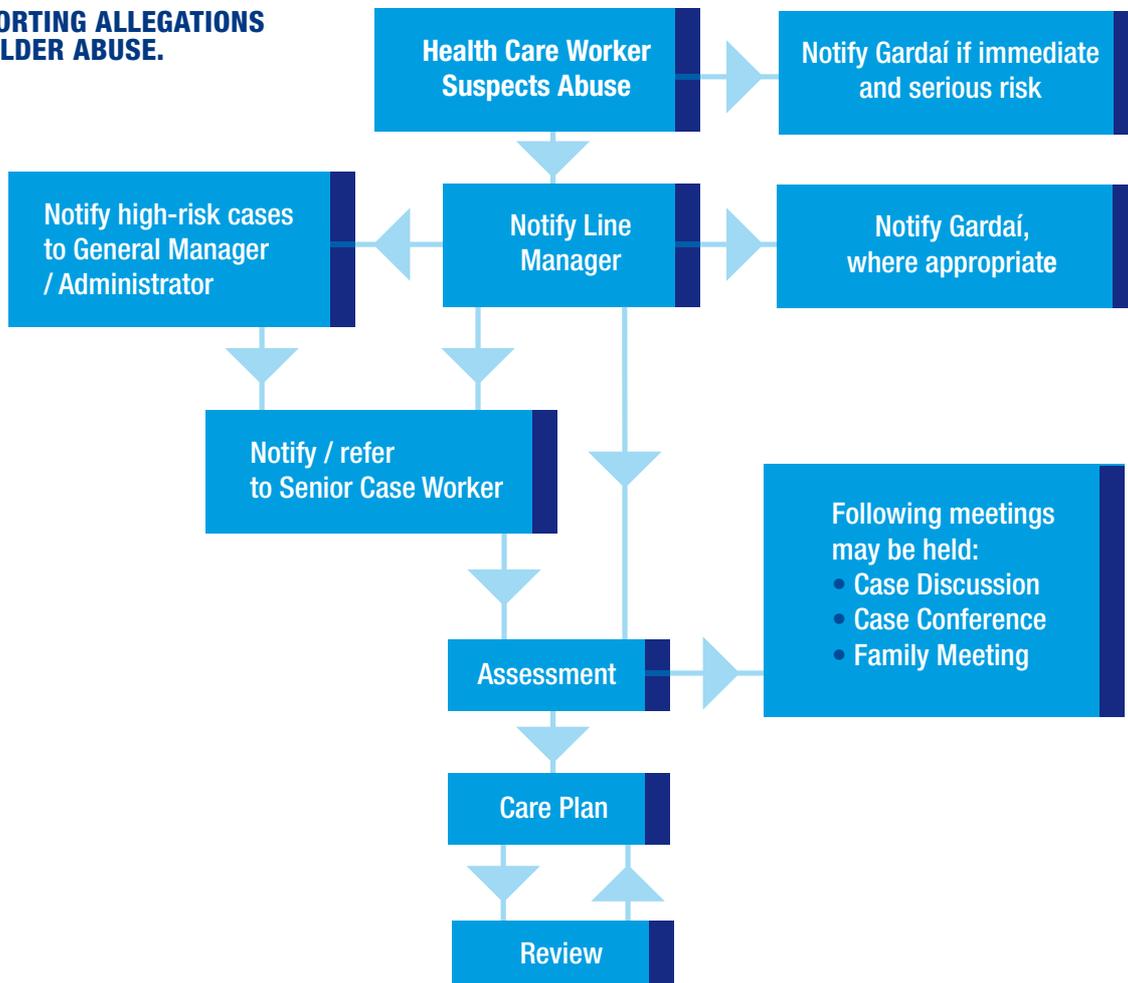
ALLEGATIONS OF ELDER ABUSE AND OTHER RELEVANT POLICIES

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

ALLEGED ABUSE BY AN EMPLOYEE OF THE HSE

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

REPORTING ALLEGATIONS OF ELDER ABUSE.



ALLEGED ABUSE BY STAFF IN A PRIVATE OR VOLUNTARY NURSING HOME

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

ALLEGED ABUSE BY STAFF IN ANOTHER ORGANISATION

(e.g. voluntary day care, meals on wheels, etc)

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

COMPLAINTS PROCEDURES

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

INCIDENT REPORTING SYSTEM

Allegations of abuse may arise in the context of a critical incident report; therefore local procedures should reflect the appropriate action to be taken.

Elder Abuse allegations may arise in a range of other contexts, for example, older people who are boarded out. Local procedures should detail appropriate actions to be taken.

WORKING WITH THE AN GARDA SIOCHÁNA

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

REFUSING ASSISTANCE/PROTECTION MEASURES

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

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

THE LAW AND THE PROTECTION OF AN OLDER PERSON

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

RECORD KEEPING

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

CONFIDENTIALITY

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



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