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

Report prepared by PA Consulting
July 2009
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Executive Summary

Protecting Our Future: Report of the Working Group on Elder Abuse (DOHC, 2002) was a seminal document setting out a framework and programme of work in relation to elder abuse. Prior to Protecting Our Future, the issue of elder abuse had not been explicitly articulated as a priority of health and social policy. The report included recommendations in 13 wide-ranging areas: the link to wider policy; policy on elder abuse; staff structure; legislation; impaired capacity; carers; awareness, education and training; financial abuse; advocacy; implementation; research and education; reporting abuse. It also recommended that progress in implementing Protecting Our Future should be reviewed.

The Department of Health and Children requested that the National Council on Ageing and Older People (NCAOP) facilitate the review, on the basis of terms of reference agreed with the Elder Abuse National implementation Group (EANIG). This report presents the findings of the review and recommendations arising from these.

Progress achieved

This review found that there has been significant progress in implementing recommendations of Protecting Our Future. Areas where progress was most evident included:

- The establishment of dedicated elder abuse structures to oversee implementation and development of the HSE policy Responding to Allegations of Elder Abuse;
- Strengthening the legal framework as recommended in Protecting Our Future;
- The roll-out of initiatives to raise awareness of elder abuse;
- Education and training of professionals working particularly within the HSE;
- The development of an effective database on incidences of abuse by the HSE;
- Setting the foundations for developing advocacy supports;
- Wider policy developments on dementia and development of a carers framework although considerable additional progress is required;
- Establishment of the National Centre for the Protection of Older People which will play key role in linking policy, practice and research.

Progress has been most evident and pronounced in the health sector. The dedicated elder abuse structures are predominantly located in the health service and these have been central in driving progress. The role of the Elder Abuse National Implementation Group (EANIG) in establishing these structures was highlighted during the review as being critical, particularly in relation to the drive and commitment demonstrated by its Chairman.
However, it has been more difficult to advance recommendations requiring a multi-agency approach e.g. financial abuse, education and training for professionals working with older people across a range of sectors, and agreement of protocols for referring incidences of elder abuse between agencies. A key question considered in developing recommendations was how to stimulate effective inter-agency working across all relevant organisations. In considering this question, we drew on experience of implementing the children’s protection framework while recognising that there are important distinctions between protection of children and older people.

**Effectiveness of dedicated elder abuse structures**

The establishment of dedicated implementation structures has been critical in driving the roll-out and operation of *Protecting Our Future* recommendations. EANIG and the HSE National Elder Abuse Steering Committee have played crucial roles in facilitating and driving implementation. However, as indicated in chapter 2, cross-agency working and connecting with the wider health agenda have been particular challenges.

The review has identified some constraints limiting the effectiveness of the current structures to position recommendations in the wider health and social policy sphere:

- Governance arrangements need to be simplified and strengthened to ensure that accountability, responsibility and authority for implementing elder abuse measures are clear within the HSE and across other agencies. The respective roles of EANIG, the HSE National Elder Abuse Steering Committee and the Office for Older People need to be clarified. The role of Area Steering Groups in terms of inter-agency working should be strengthened, acknowledging the critical role of Dedicated Elder Abuse Officers (DEAOs) in driving their programme of work. Overall responsibility for elder abuse needs to be positioned at the most senior level within the HSE.

- The strategy/policy development role is under-developed. *Protecting Our Future* set the blueprint but the question is who continues to drive strategy and policy to meet emerging trends? While the basic tenets of *Protecting Our Future* are sound, it needs to be refreshed constantly.

- Operational delivery of recommendations is working well in relation to the dedicated elder abuse structures but gaps were identified in how they connect to wider health policy and inter-agency working. Structures need to facilitate better integration at a number of levels:
  - Integration of dedicated structures particularly of Senior Case Workers (SCWs) across the HSE services to improve service delivery. SCWs play a key role and should be fully integrated within the PCCC structures. In addition, arrangements are not currently in place for professional supervision of many SCWs, and this is a major cause of concern from both individual and system perspectives. In addition, national protocols and policies are required to ensure consistency of approach at local level.
  - Integration of dedicated structures to wider development of HSE services for older people. The HSE has an extensive agenda in developing services for older people. Some stakeholders consulted suggested that these services as not as well-developed as they should be and that this is an important constraint in connecting the dedicated structures with wider services for older people.
  - Integration of delivery across all organisations involved in delivering recommendations to ensure that elder abuse policies and protocols are receiving appropriate priority and resources.
- Performance-based accountability through effective performance management systems is emerging and the new HSE database is a critical step forward. However, this should be extended to other organisations and should incorporate performance indicators.

Important progress has been achieved but these constraints need to be addressed if elder abuse is to be fully located in the mainstream health and social policy arena.

**Data on elder abuse**

Prior to 2008, there was very little data on the incidence of elder abuse. With the establishment of the dedicated elder abuse structures, this data gap has now been addressed in relation to cases of elder abuse reported to the HSE. Analysis of the data has indicated that:

- The volume of elder abuse referrals is increasing but varies across the country. The review found that referral rates increase as the dedicated elder abuse structures mature. Variations tend to arise because of differing work practices rather than case complexity;
- Psychological abuse is the most common form of alleged abuse followed by financial abuse and neglect. In 36% of cases, there is more than one form of abuse;
- Over 80% of cases referred related to people living at home;
- The alleged abuser generally has a close relationship with the victim, with son/daughter the most common, followed by partner/spouse and other relatives. In most cases they act alone. Of the cases that were followed up, 30% had possible/suspected health issues;
- There are a large number of referral paths; the majority of referrals are received from PHNs.

Counselling, monitoring and home support are the supports provided most frequently, but these vary by HSE area;

The HSE database provides an important foundation both for enhancing our understanding of elder abuse in Ireland and for developing a performance framework to monitor trends, practices and inform future policy. While the HSE is one of the primary agencies involved in addressing elder abuse, there are others and data in these organisations is not being consistently gathered and analysed. This will need to be addressed if a more holistic and system-wide approach is to be achieved that is person-centred.

**Recommendations**

This review highlighted areas of significant progress since the publication of *Protecting Our Future*. However, it also identified a number of areas requiring additional focus.

With regard to areas in *Protecting Our Future* that require accelerated progress, the review recommends:

- Strengthening the governance structure and 'whole system' working through increased agency working and protocols underpinning it;
- Developing strategy on an ongoing basis and in particular connecting to the wider health and social policy agenda;
- Strengthening operational delivery;
− Developing the performance management framework, both within the HSE and with other agencies;
− Accelerating progress in education and training, particularly in relation to expanding the curricula of undergraduate, postgraduate and Continuing Professional Development programmes.
− Extending current prevention and awareness programmes;
− Strengthening the legal framework including specific recommendations on the draft Mental Capacity Bill;
− Strengthening arrangements for supporting and regulating carers.

With regard to emerging areas, the review considered the areas of financial abuse, institutional abuse, the relevance of the concept of vulnerable adults to elder abuse, and self-neglect. It concluded that the two areas requiring most attention are financial abuse and institutional abuse.

The area of self-neglect is a contentious one as unless an individual is assessed to have impaired capacity they are entitled to lead their lives as they see fit. Addressing self-neglect is therefore about ensuring that people have access to appropriate services if they wish to avail of them.

The question of positioning elder abuse within a vulnerable adults framework raises significant implications for the HSE operationally. However, the review acknowledges that some organisations, notably HIQA, are adopting the vulnerable adult model. The review recommends that this be kept under review by the Office for Older People and the HSE particularly in the context of developing the Positive Ageing Strategy.

The review recommends that the area of financial abuse should be progressed as a matter of urgency and that a working group should be set up specifically to advance recommendations in this area. It makes recommendations aimed at individuals and their families, financial institutions and regulation framework.

The review also identifies a range of policy and organisational developments that are potentially significant in addressing emerging needs. Two areas stand out as being particularly important: the inspection framework introduced for all residential care facilities on 1 July 2009 and the imminent restructuring of service delivery in the HSE. The new inspection framework for residential care facilities should address an important area of concern in relation to elder abuse. However, it needs to connect with the dedicated elder structures particularly in relation to the performance framework. The review makes a number of recommendations to ensure that these connections are in place.
1 Introduction

This chapter sets out the context, purpose and approach to this review of the recommendations of *Protecting Our Future: Report of the Working Group on Elder Abuse*.

1.1 Putting elder abuse on the health and social policy agenda

Prior to 2002, elder abuse in Ireland was not fully recognised as a problem that warranted special action, policies and frameworks. Many professionals working with older people had voiced concerns about its prevalence but the question of elder abuse had not been explicitly articulated as a priority of health and social policy.

This changed with the establishment of a working group in 1999 to advise the Minister for Health and Children on what was required to deal effectively and sensitively with the issue of elder abuse. The working group was set up in response to a recommendation made by the National Council of Ageing and Older People in its report *Abuse, Neglect and Mistreatment of Older People: An Exploratory Study* (O’Loughlin and Duggan, 1998). The working group, which included representatives from a cross-section of relevant agencies in the public, community and voluntary sectors embarked on a two year programme of work to develop its recommendations. As part of its work programme, it piloted draft policies, procedures and guidelines in two health board areas. These pilot programmes were then evaluated and the results incorporated in *Protecting Our Future: Report of the Working Group on Elder Abuse* which was published in 2002. This was a seminal policy document setting out a framework and programme of work in relation to elder abuse. It represented the first critical step in acknowledging and addressing growing concerns about the prevalence of elder abuse in Ireland.

*Protecting Our Future* defined elder abuse as:

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

It identified six forms of abuse:

1. Physical;
2. Sexual;
3. Psychological;
4. Financial or material;
5. Neglect and action of omission;

It should be noted that the report deliberately excluded self-neglect from its definition of abuse as self-neglect was not included in the working group’s terms of reference.
### 1.2 Overview of recommendations

The recommendations in *Protecting Our Future* can be clustered in 13 key areas as summarised in Table 1.1.

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<th>Area</th>
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<td><strong>1. Link to wider policy context</strong></td>
<td>Policy on elder abuse to be put in wider context of health and social care services for older people, in particular <em>The Years Ahead</em> and <em>Quality and Fairness</em>. <em>Protecting Our Future</em> underlined the need for a holistic approach to preventing elder abuse.</td>
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<td><strong>2. Policy</strong></td>
<td>Clear policy on elder abuse to be formulated and implemented at all levels of governance within the health, social and protection services with 3 goals: an appropriate staff structure; good practice; and appropriate and ongoing training for all those working with older people. Overall aim is to promote and sustain a multi-disciplinary, holistic approach to elder abuse. To be developed in collaboration with health board legal departments, An Garda Síochána, local authorities and other public, private and voluntary organisations, and, where possible, with representatives of older people. Each health board to develop strategy to implement policy recommendations.</td>
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<td><strong>3. Staff structure</strong></td>
<td>A dedicated implementation structure to be put in place comprising: steering group for each health board area; half-time dedicated health board officer with responsibility for elder abuse in each health board area; a senior case worker for each community care area; secretarial support. <em>Protecting Our Future</em> identified terms of reference and composition for each layer. Development of clear pathways for dealing with allegations of elder abuse. Dedicated annual budget of c.€4.25m.</td>
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| **4. Legislation** | Legislation needed to:  
  - Underpin entitlement to core community care services;  
  - Provide for Garda access where consent may not be available;  
  - Provide legal support to protect vulnerable people through Ward of Court system, the Lunacy Regulations and the Enduring Power of Attorney system;  
  - Protect older people with impaired mental capacity;  
  - Protect public and health/social care workers who report elder abuse in good faith;  
  - Extend Social Service Inspectorate to all community and residential services to older people. |
| **5. Impaired capacity** | Urgent implementation of *An Action Plan for Dementia*. |
| **6. Carers** | Adequate support and provision of services for all carers. |
| **7. Awareness, education and training** | Public awareness campaign to raise awareness of elder abuse. Introduction of policy and procedures to be accompanied by a nationwide publicity and promotion campaign for people working in health and social care of older |
The explicit intention of Protecting Our Future was that elder abuse would be placed in the wider context of health and social care services for older people. While its recommendations were specific to the issue of elder abuse, it clearly located these in a wider policy and institutional context. The wider health and social care policy landscape has changed fundamentally since 2002 in particular in relation to health service delivery. The Health Service Executive (HSE), established in 2005, replaced the 10 Health Board areas with a new, four-region structure. It also embarked on a transformation programme of primary care, which included re-organising the delivery of primary care services.

### 1.3 The scale of elder abuse in Ireland

While there has been international research on the prevalence and incidence of elder abuse, there has been little primary research in Ireland to date. International research shows that the incidence of elder abuse can vary between 1% and 5%, with one of the leading studies putting the incidence in the USA at 1.6%. The National Incidence Abuse Study in the US also concluded that for every case reported and substantiated, there are more than five that are not reported.
By applying international incidence rates of elder abuse to the Irish population, it suggests that the incidence in Ireland may vary between 4,670 and 24,350 (or 7,707 if we apply the US incidence rate of 1.6%).¹ The HSE has established a database that gives important information for 2007 and 2008 on the profile and nature of reported abuse which is adding to our understanding of it (see chapter 4). Data collated by the HSE on reported cases of elder abuse shows that 927 cases were reported in 2007 and 1,840 in 2008 - almost double of the figure for 2007. Comparing reported cases of abuse in Ireland and international research suggests that these figures represent an under-reporting of elder abuse. The dedicated structures on elder abuse are still relatively new (they have been in place since 2007), and this may well explain the comparatively low reporting.

With an ageing population in Ireland, it is clearly important from a policy perspective to establish incidence rates in the Irish context. The over 65 population was 467,900 in 2006 or 11% of the total population (CSO, 2007). This compares with an EU average of 16.8%. Projected population growth indicates that those aged 65 and over will increase from 467,900 to 1.43 million by 2041; almost treble the current level. In addition, the CSO is projecting that the number of people over 85 will constitute a larger proportion of the over 65 age group than is currently the case from 10% to 18% by 2041. Figure 1.1 illustrates the projected growth in the number of older people and provides a breakdown by age cohorts.

**Figure 1.1 Projected growth in older population, 2006 - 2041**

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¹ The National Elder Abuse Incidence Study, 2008, prepared for the US Department of Health and Human Sciences by the National Centre on Elder Abuse.
1.4 Terms of reference

As indicated in Section 1.2, one of the specific recommendations of Protecting Our Future was that a formal review of progress in implementation should be conducted in 2007. The Department of Health and Children requested that the National Council on Ageing and Older People (NCAOP) facilitate the review on the basis of terms of reference agreed with the Elder Abuse National implementation Group (EANIG). The terms of reference were as follows:

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

1.5 Review methodology

The approach to the review involved extensive consultation and detailed review of existing databases on elder abuse. There were five specific phases:

- Phase 1 involved development of the detailed plan for reviewing the recommendations;
- Phase 2 involved consultation with national stakeholders (see appendix A) and detailed review of policy documentation on the implementation process;
- Phase 3 focused on the regional and local levels. It involved detailed consultation with key players in the implementation process: Area Steering Groups; DEAOs; SCWs; and the HSE National Elder Abuse Steering Committee. It also included workshops with SCWs and one to one consultations. This phase also involved analysis of data on the incidence and management of elder abuse;
- Phase 4 involved detailed analysis and development of findings together with options for the future;
- Phase 5 involved drafting of the final report including.

The NCAOP established a Steering Group to oversee the review which met on seven occasions. The Steering Group comprised of representatives of the Department of Health and Children, the HSE, the Health Information and Quality Authority (HIQA), the Irish Association of Older People and the NCAOP. It commenced in December 2008 and was concluded in June 2009.
1.6 Structure of this report

This report outlines the findings, conclusions and recommendations of the review team. The report is structured as follows:

- Chapter 2 examines progress in implementing Protecting Our Future recommendations relating to key policy areas;
- Chapter 3 reviews progress in implementing dedicated structures and staffing to support implementation;
- Chapter 4 reviews data to date on the reported incidence of elder abuse;
- Chapter 5 identifies key emerging areas to be addressed in the future;
- Chapter 6 outlines principal recommendations.
2 Progress in implementing recommendations

This chapter examines progress in implementing recommendations relating to key areas in Protecting Our Future. Progress is reviewed under each area. A number of the recommendations relate to the establishment of dedicated structures - these are examined in chapter 3.

2.1 Link to wider policy context

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‘Positioning’ elder abuse in the context of wider health and social policy was a key objective of Protecting Our Future. The successful implementation of this objective requires collaboration and partnership working by a range of agencies including the Department of Health and Children, the HSE, An Garda Síochána, the Department of Social and Family Affairs, the Law Reform Commission, the IBF, Cosc and the Irish College of General Practitioners. However, the review found that this cross-agency working was particularly challenging to address for a number of reasons.

- Connecting with the wider health agenda has been a significant challenge. The health service landscape has been undergoing a significant programme of change since the publication of Protecting Our Future. This is particularly evident in relation to changed regional structures and the delivery of Primary, Continuing and Community Care (PCCC) services, including provision of services for older people. In relation to regional structures, the 10 health boards were replaced by four regions when the HSE was established. PCCC services are being streamlined to provide a more integrated health and social care system across a broad span of services including services for older people. There were mixed views by stakeholders consulted on whether services are sufficiently well developed at this point to facilitate effective linkages between the dedicated elder abuse structures set up under Protecting Our Future (see chapter 3) and wider health and social care services for older people. For some stakeholders, the dedicated structures have not been able to connect into a well-established and effective health service delivery framework for older people in order to facilitate easy and speedy access to services such as referral for acute assessment, respite beds, and assessment of mental capacity. Others would contest this and suggest that while there are local arrangements that hinder integration, older persons services are well developed.
Stakeholders noted that the HSE has also had to manage other significant policy developments in relation to older people, notably preparation for implementing the Nursing Homes Support Scheme (A Fair Deal). The HSE therefore has a demanding, implementation agenda in addition to Protecting Our Future. These are important constraints on a more holistic approach to preventing and dealing with elder abuse.

- Securing effective inter-agency engagement to prioritise elder abuse has also been challenging. Agencies other than the HSE are also involved in the dedicated elder abuse and implementation structures, EANIG, the HSE national steering committee and area steering groups\(^2\) giving them a formal 'voice' in implementation. However, the review found that this has been insufficient to ensure that elder abuse is accorded the priority anticipated in Protecting Our Future by those agencies. This has been most evident in the absence of protocols guiding inter-agency working to ensure streamlined referral paths for older people. There has been strong evidence of individual commitment in the area of elder abuse, however, this has not necessarily translated into organisational commitment. The HSE National Steering Committee has identified a list of protocols required. It is at an advanced stage of agreeing a protocol with An Garda Síochána and is also in discussion with the IBF. Due to the intricate nature of inter-agency working, however, developing inter-agency protocols can be a slow process. There were a number of perspectives offered during the review on how to strengthen inter-agency engagement on elder abuse.

Firstly some stakeholders expressed the view that the lack of formal Government approval for Protecting Our Future was a constraint limiting effective cross-agency engagement. This was a strongly held view by some stakeholders although for others it was less convincing. EANIG for example argues that a number of areas cannot be progressed - notably financial abuse and the inclusion of elder abuse as a core element in undergraduate and post-graduate programmes - without the adoption of Protecting Our Future in its totality as Government policy (EANIG Annual Report, 2006/2007). This was also echoed in consultations with EANIG members.

Secondly, the view was expressed that as elder abuse was not specifically underpinned by legislation, agencies have discretion on the priority they give to elder abuse. Comparisons were routinely offered by stakeholders within the area of child protection, which has a legislative base and is underpinned by inter-agency protocols. There are significant differences between the abuse of children and elder abuse. Nevertheless the experience in relation to child protection highlights the need to consider what structural incentives/disincentives should be put in place to encourage wider agency adoption of the approach recommended in Protecting Our Future.

\(^2\) See chapter 3 for details of the national structures on implementing Protecting Our Future.
Since publication of Protecting Our Future, the policy context has evolved reflecting the increased government priority attaching to older people. The establishment of the Office for Older People in the Department of Health and Children provides an institutional locus for inter-agency collaboration that was missing previously. The Office of the Minister for Children and Youth Affairs has already provided a positive model for coordinating children's services as recognised by the OECD (OECD, 2008). In addition, the Office for Older People is now preparing a Positive Ageing Strategy, which will provide the strategic framework for all policy relating to older people. These developments represent new opportunities to position elder abuse in a more holistic context.

There is still scope for agencies to work more closely together. In particular, there is a need for closer links between the HSE and An Garda Síochána in relation to detecting and addressing elder abuse. The review found that there was a degree of confusion about the roles of the various organisations involved in addressing issues of elder abuse in Ireland, with a need identified to map the respective roles and ensure that no duplication is apparent. Work in implementing Protecting Our Future must also be joined up with the work of new bodies, such as Cosc, with strong potential synergies identified, particularly in the area of data collection on cases of elder abuse.

### 2.2 Legislation

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<td></td>
<td>▪ Extend Social Service Inspectorate to all community and residential services to older people.</td>
</tr>
</tbody>
</table>

The review found some concern among stakeholders at all levels at the degree to which Protecting Our Future had been enshrined in Government policy and legislation. The resulting lack of accountability meant that there was no onus on organisations, particularly in areas relating to financial or legal abuse which involved parties outside the public sector, to implement or take action on specific recommendations. As a consequence progress has been somewhat ad hoc, relying on the voluntary commitment of individual organisations.

In recent years there has been evidence of legislative responses that addresses needs identified in Protecting Our Future. In summary, the review found the following:
The Health Act 2007 places the Social Services Inspectorate (SSI) within HIQA on a statutory basis as the Office of the Chief Inspector of Social Services. Its role has been expanded to include the inspection and registration of residential services in the public, private and voluntary sectors for older people. In March 2009, the Department of Health and Children and HIQA published the *National Quality Standards for Residential Care Setting for Older People in Ireland*. Protection is one of seven areas addressed and two specific standards on protection and resident's finances (standards 8 and 9) are included. Standard 8 includes a requirement for a policy on preventing, detecting and responding to abuse and also on ‘whistle blowing’; outlines responsibility of the ‘person-in-charge to ensure safety of residents; and requires induction and on-going training. Standard 9 outlines specific requirements to safeguard each resident's finances. Regulations underpinning the standards have been developed for introduction on 1 July 2009. From that date, the SSI will begin the independent inspection for all residential services for older people.

The Health Act 2007 also includes protection for public and health/social care workers who report elder abuse in good faith. Under section 55B of the Health Act (Part 9A) employees can make protected disclosures in good faith to an authorised person where they have reasonable grounds for believing that the health or welfare of patients, clients or the public may be put at risk, or where there is waste of public funds or legal obligations are not being met. The legislation provides statutory protection for health service employees from penalisation where they make a protected disclosure according to procedures set down by their employer. In addition, the Health Act 2004 (sections 45-55) provides for complaints by people who are receiving services from the HSE or a service provider if they consider that the service does not accord with sound and fair administrative practice and if it adversely affects them.

There has been no new legislation conferring power on An Garda Síochána to investigate alleged abuse without consent. However, the current legislation provides scope for such an investigation although it is not widely used for this purpose. Section 10 of the Criminal Justice (Miscellaneous Provisions) Act 1999 as amended by section 6 of the Criminal Justice Act, 2006, allows a sergeant to obtain a search warrant for evidence in relation to an arrestable offence. This allows Gardaí, if necessary, to enter by force any dwelling within one week and to search it and any persons found at that place. It is most likely to be used in the case of assault rather than other forms of abuse.

The Department of Health and Children strategy ‘A Vision for Change’ underlined the commitment to addressing the mental health needs of older people. *A Vision for Change* sets out Government policy and makes recommendations on the mental health needs of people in later life. These recommendations are now being progressed by the HSE with the establishment of a dedicated *Vision for Change* project manager and implementation plan.

The Law Reform Commission undertook significant work on legal aspects of elder abuse, firstly in a consultation paper issued in May 2005 and a subsequent report published in December 2006, *Vulnerable Adults and the Law*. The Commission has focused in particular on three issues:

- the need for a functional approach to assessing mental capacity;
- the creation of an Office of Public Guardian;
- the establishment of a non-judicial Guardianship Board.
With regard to protecting older people with impaired mental capacity, the major legislative development was the publication of the Scheme of Mental Capacity Bill in September 2008. The purpose of this proposed legislation is to reform the current laws on legal capacity, the Ward of Court system and the Enduring Powers of Attorney system. The proposed legislation responds to two of the three key concerns identified by the Law Reform Commission, making provisions for a functional approach to mental capacity with a time- and issue-specific assessment of a person’s decision-making ability, and for the establishment of an Office of Public Guardian with an education role and which offers whistleblower protection.

Stakeholders expressed some concerns in relation to the absence of a non-judicial Guardianship Board in the Scheme. Such a Board was viewed as being critical in providing a means of addressing elder abuse outside the court system. A Guardianship Board could facilitate a multi-disciplinary approach to resolution of cases of elder abuse, bringing health and social care professionals together with legal and financial expertise to ensure that all relevant factors in a case are properly understood. It would allow cases to progress in a less formal environment, with cases also allowed to be heard in private rather than in a public arena, which may discourage reporting of abuse. The approach would also closer reflect the needs of the individual rather than prescribed and complex legal procedures and as such could allow cases to progress in a more timely fashion.

Concerns were also expressed about the way in which the court system handles issues relating to property and related financial abuse. The jurisdiction of the court is tied to the value of the property over which the dispute has arisen and this has the effect of a ‘class system’ in that wealthier individuals have access to a higher court for resolution of an issue even though transactions for those in lower income groups could have a much more severe effect on the individual.

Protecting Our Future also recommended that legislation be enacted to establish older people’s entitlement to core community care services following assessment of need including services such as home help, home care, therapy services, day care and respite services. This has not been achieved to date but work is continuing on a new legislative framework to provide for clear statutory provisions on eligibility and entitlement for health and personal social services.

### 2.3 Awareness, education and training

<table>
<thead>
<tr>
<th>Area</th>
<th>Overview of recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awareness, education and training</td>
<td>Public awareness campaign to raise awareness of elder abuse.</td>
</tr>
<tr>
<td></td>
<td>Introduction of policy and procedures to be accompanied by a nationwide publicity and promotion campaign for people working in health and social care of older people.</td>
</tr>
<tr>
<td></td>
<td>Induction and training for senior staff and service providers before the implementation of policy and procedures.</td>
</tr>
<tr>
<td></td>
<td>Expand curricula of professional training courses and continuing professional development for health and social care workers and people in legal and financial services to include elder abuse.</td>
</tr>
</tbody>
</table>
Protecting Our Future identified these three areas as key to preventing elder abuse. The recommendations in Protecting Our Future are far-reaching and ambitious particularly in their application beyond the health service. The review found that there has been progress in all three areas.

2.3.1 Public awareness

During 2008, the HSE National Steering Committee coordinated a public awareness campaign involving a number of agencies and which culminated in newspaper and radio adverts in November and December 2008. The Steering Committee established a subgroup and consulted with a large number of organisations/agencies ranging from Government Departments to professional groups, as well as statutory and voluntary agencies.

In order to inform the design of its public awareness campaign, the HSE commissioned research by Ogilvy/Millward Brown on awareness and understanding of elder abuse. This research found that the general public have a poor understanding of what elder abuse means. 29% identified it as abuse of older people in general while 13% said they did not know what it was at all (Figure 2.2).

Figure 2.2 Understanding of elder abuse

<table>
<thead>
<tr>
<th>Q. Can you tell me what, in your opinion, is meant by the term Elder Abuse?</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abuse of older people (general)</td>
<td>29%</td>
</tr>
<tr>
<td>Neglect/not looking after/taking care of them properly</td>
<td>19%</td>
</tr>
<tr>
<td>Physical abuse/attacks/violence</td>
<td>14%</td>
</tr>
<tr>
<td>Emotional/mental abuse</td>
<td>9%</td>
</tr>
<tr>
<td>Abuse in nursing homes</td>
<td>9%</td>
</tr>
<tr>
<td>Abuse/neglect by family</td>
<td>8%</td>
</tr>
<tr>
<td>Lack of respect/courtesy/rudeness</td>
<td>8%</td>
</tr>
<tr>
<td>Taking advantage of older people</td>
<td>6%</td>
</tr>
<tr>
<td>Lack of services/state support for elderly</td>
<td>5%</td>
</tr>
<tr>
<td>Verbal abuse</td>
<td>4%</td>
</tr>
<tr>
<td>Stealing/financial abuse</td>
<td>3%</td>
</tr>
<tr>
<td>Ageism</td>
<td>3%</td>
</tr>
<tr>
<td>Lack of respect from young people</td>
<td>2%</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>1%</td>
</tr>
<tr>
<td>Other</td>
<td>3%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>13%</td>
</tr>
</tbody>
</table>

When questioned further on types of abuse, Respondents most frequently identified physical abuse and neglect, followed by psychological/mental abuse and financial abuse. 14% said they could not identify any of the types of elder abuse. These results highlight the lack of understanding of elder abuse in the general population and the lack of awareness of the various abuse types (Figure 2.3).
In relation to reporting of elder abuse, respondents identified a range of points of access for referrals of elder abuse. As Figure 2.4 illustrates An Garda Síochána feature prominently as a ‘first port of call’ followed by the health and social services. The research raises some important questions both in relation to the concept and understanding of elder abuse by the public and the span of referral paths. The dominance of An Garda Síochána as a referral path could indicate the association of abuse by the public with physical abuse rather than the full span of abuse identified in Protecting Our Future. It also starkly underlines the importance of cross-agency working to ensure smooth referral paths. Both underline the importance of awareness programmes to highlight the different dimensions of abuse and the need for effective inter-agency working.

On this basis of this research, the HSE’s public awareness campaign was pitched at people aged 50 and over, and it was decided that the primary focus would be on financial abuse, reflecting the growing concern about this form of abuse. The radio and media campaign was launched in 2008 and, in tandem with this, many of the agencies assisted in distributing over 580,000 awareness leaflets. The HSE also participated in a number of other initiatives/programmes:

- Cosc (the National Office for the Prevention of Domestic, Sexual and Gender-Based Violence) has a key role to play in preventing domestic, sexual and gender-based violence. While its remit does not explicitly cover older people, it launched an awareness campaign in January 2009 which also highlighted issues around abuse. The HSE collaborated with Cosc to ensure that their respective campaigns complemented each other.

- Together with the Equality Authority and the NCAOP, the HSE has collaborated on ‘Say No to Ageism’ Week which raises awareness of a range of issues including elder abuse. In 2008, the HSE in partnership with the Irish National Health Promoting Hospitals Network, targeted actions in the acute hospital sector;
Two conferences were held by the HSE to mark World Elder Abuse Awareness day in Galway and Cork. These were complemented by newspaper, radio and television interviews by SCWs and DEAOs at local and national levels.

Figure 2.4 Elder abuse referrals - general public awareness of the referral points

<table>
<thead>
<tr>
<th>Q. Who, if anyone, would you contact if you thought that an older person you knew was being abused in some way?</th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Garda</td>
<td>63</td>
<td></td>
</tr>
<tr>
<td>HSE/Health Services/Department of Health</td>
<td>31</td>
<td></td>
</tr>
<tr>
<td>Social worker</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>Friend/family member of the older person</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>GP/family doctor</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Other health professional</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Parish priest, priest, other religious</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Home help, carers association</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Would not contact anyone one of my business</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>St Vincent De Paul</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Local TD, politician</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Local community services</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>I would try to help, intervene myself to stop the abuse</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>I would try to find out what organisations can help people in this situation</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Contact Samaritans, other charity organisations</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Age action</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Don't know</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

2.3.2 Protocols and procedures

In 2005, the HSE established an Elder Abuse Implementation Group to implement recommendations of Protecting Our Future. This Group developed the HSE policy Responding to Allegations of Elder Abuse, which set out policy and general principles for responding to and managing allegations of elder abuse. As well as reiterating the definition of elder abuse, it outlines key roles and responsibilities and procedures to follow for reporting allegations of elder abuse within the HSE. The policy is due to be reviewed in 2009. In addition, the HSE has also taken the following initiatives in relation to protocols and procedures:

- The HSE National Steering Committee set up four working groups (awareness raising and media; communication; training; and policy, procedures, protocols and guidelines) to progress initiatives. The last of these has been involved in drafting protocols and procedures which when implemented will bring more coherence to the implementation process. These protocols apply both to HSE and cross-agency working.

- The HSE produced a DVD for health and social care staff on elder abuse in residential care facilities to promote good practice in the prevention of elder abuse. This has been positively received by stakeholders.

- There have also been a range of local initiatives through the dedicated elder abuse structures to highlight awareness of elder abuse.
2.3.3 Professional education and training

The review identified a number of initiatives and areas of progress in relation to education and training:

- The HSE organised training on elder abuse for 4,184 health and social care staff in 2007 and 6,062 staff in 2008. This included both HSE staff, and staff working in voluntary agencies, with external service providers and in nursing homes. The training was positively received by the stakeholders consulted but they also identified the need for further follow-up training.

- The Law Society has set up an elder abuse group and this is developing education and continuing professional development for members on identifying and dealing with elder abuse. The Society has also developed guidelines on areas of relevance to elder abuse in the form of practice notes for all solicitors. To date, notes relating to administration of estates, drafting wills for older clients, and joint bank accounts have been produced.

- The HSE has draft guidelines on the prevention of harm to vulnerable service users of the Irish health system which will apply to people in the care environment or within care provision relationships. These guidelines were developed in response to the recommendations of the Commission on Patient Safety and Quality Assurance, which was established in 2007, to develop clear and practical recommendations to ensure quality and safety of care for patients. The Commission's report, *Building a Culture of Patient Safety*, includes 134 recommendations spanning across almost every area of the health service. The most significant recommendation is the introduction of a licensing system for all health services, whether they are delivered publicly or privately. The report also includes policies and procedures in relation to patient care which are relevant to elder abuse.

While the review has identified important initiatives and areas of progress, there are still significant areas in relation to professional education and training requiring attention. Incorporating elder abuse into CPD and undergraduate programmes of professional bodies for the health, social, education, legal and financial sectors is a challenge and progress has been slow. EANIG undertook a survey of organisations responsible for the professional development of health professionals in 2007/2008. Some professional bodies reported that elder abuse is already sufficiently covered in their curriculum either through their general programme and/or through case studies in elder abuse e.g. An Bord Altranais and the Royal College of Physicians. Others indicated that there is no specific reference to elder abuse but they would consider incorporating it into the curriculum if they were given guidance e.g. the Royal College of Surgeons. Other professional bodies reported that they are reviewing their curricula and will include reference to elder abuse.

From consultation during the review with health professionals working in the area of elder abuse, there was a clear sense that current undergraduate programmes are too general and should be more focused. It was noted, for example, by a number of stakeholders that some GPs seem unclear on the distinction between mental health and mental capacity. More training is therefore required to address identified gaps particularly through CPD for GPs.

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3 An Bord Altranais has just published professional guidance for nurses working with older people which includes a competency framework and specific indicators on elder abuse.
Progress in including elder abuse in training and education programmes for non-health professionals working with older people has been particularly challenging. Elder abuse is not covered in An Garda Síochána training programmes, although steps are being taken to address this through Garda probation programmes. There are some local initiatives to address awareness of elder abuse by individual Gardai but a system-wide approach has not yet been developed. The situation in relation to training on elder abuse is in contrast with education/training on child abuse which is covered.

Equally, elder abuse is not substantially covered in the educational programmes for the legal or financial professions at either undergraduate or postgraduate level. The Law Society has taken steps to incorporate elder abuse into its programmes and the Institute of Bankers, the professional body for bankers, is also willing to incorporate elder abuse as appropriate in its curriculum. Engaging with professional bodies to influence their CPD and undergraduate programmes is a key priority and from consultations with them as part of this review they are amenable to adjusting their curricula with appropriate guidance.

### 2.4 Financial abuse

<table>
<thead>
<tr>
<th>Area</th>
<th>Overview of recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial abuse</td>
<td>Develop national and regional education and awareness programmes - targeted at older people and professionals in health, social services, finance and legal services.</td>
</tr>
<tr>
<td></td>
<td>Department of Social and Family Affairs to compile and implement financial planning schemes for ‘at risk’ older people through MABS.</td>
</tr>
<tr>
<td></td>
<td>IBF to set up system for banks to contact a named person or public guardian if suspicions of financial abuse.</td>
</tr>
</tbody>
</table>

Implementing the recommendations of *Protecting Our Future* on financial abuse has been slowest to progress. Data on reported cases of abuse to the HSE indicate that financial abuse accounts for 16% of reported cases, however there is a strong perception among stakeholders that it is significantly under-reported. The area of financial abuse has been an ongoing concern for EANIG, for the dedicated elder abuse structures, and it was consistently raised as a priority during the consultation process. It is a particularly intricate area to address and the consultation process identified a number of reasons for this:

- Firstly, it is a complex form of abuse with many different dimensions including abuse of an older person’s personal finances, material abuse, and mis-selling of financial products (see Figure 5.1). *Protecting Our Future* defined financial or material abuse as including theft, fraud, exploitation, pressure in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property.
Secondly, it is very difficult to detect and to address financial abuse. Professionals working in the area indicated that there are higher tolerance levels than might be expected of financial abuse because individuals felt dependent to varying degrees on the alleged ‘perpetrator’ - perhaps because they may be a ‘carer’. Older people can therefore be reluctant to progress any complaints. Research by the UK Centre for Policy indicates that over 50% of financial abuse is perpetrated by adult children with almost 70% perpetrated by a family member (UK Centre for Policy, 2008).

Thirdly, successfully tackling financial abuse requires active engagement by a wide range of organisations in the statutory and non-statutory sectors including financial institutions and their representative bodies. As already identified, cross-agency collaboration has not been as effective as the dedicated elder abuse structures in progressing recommendations of Protecting Our Future. Responsibility is dispersed across a number of organisations with a lack of ownership for progressing recommendations. The area of financial abuse is arguably the most intricate and complex cross-agency dimension of Protecting Our Future.

The review has identified a number of additional areas to address in relation to financial abuse:

- A key finding from consultation with SCWs is that they are constrained in their ability to take action if they are suspicious about cases of financial abuse. SCWs do not currently have access to financial expertise to help them to deal with cases referred. In relation to reported financial abuse, they do not have the power to seek information from financial institutions to investigate the alleged abuse or to agree appropriate interventions to address it.

- No system to provide banks with permission to contact a named person (or the Public Guardian) if there is suspicion of financial abuse relating to an older person has as yet been set up. The provision in the Scheme of Mental Capacity Bill published in September 2008 for a Public Guardian may take on this role;

- Stakeholders identified the increased vulnerability of older people to financial abuse in line with the appreciation of their assets. The significant appreciation in the value of houses has placed more pressure on individuals to transfer assets to family members and has increased the extent to which older people are viewed as ‘target’ clients by financial institutions and financial advisors. Key areas where financial abuse can be evident include wills, gifts, and joint bank accounts.
2.4.1 National and regional education and awareness programme on financial abuse

In September 2007, the Department of Health and Children and EANIG convened a round table of key practitioners across all relevant agencies to consider the area of financial abuse and the principles that might underpin an education and awareness programme. It found that the development of a global education and awareness programme was not a priority at that time, and that given the diversity of issues involved, global approaches may not be the optimum way to address financial abuse. Participants at the roundtable also noted that any such approaches could not be successful until structures were in place within individual organisations to combat financial abuse. The key therefore was to identify potential solutions to financial abuse before engaging in either global or targeted education and awareness programmes.

Financial institutions have a particularly important role to play in detecting and preventing financial abuse. However, it has been a difficult area for financial institutions and their industry body (the IBF) to engage with, partly due to the perception that commercial exploitation (i.e. inappropriate selling of financial products to older people) is a factor in the area of financial abuse. This was consistently raised by stakeholders as an area of concern. Annual Reports of the Financial Services Ombudsman for 2006 and 2007 raised issues about the provision of inappropriate investment advice and products to older people, as well as unusual patterns of withdrawals and account monitoring. Its 2008 annual report cited two cases where financial institutions failed in their duty of care to older people.

There have been significant developments of the consumer protection and financial regulatory legislative framework since 2002 and these have curbed the incidence of mis-selling. The Financial Regulator was set up in 2003 to regulate firms providing financial services and to help consumers make informed decisions about their personal finances. The Regulator has issued a Consumer Protection Code and produced a number of publications to assist older people. This means that there are protections in place for all consumers including older people.

\[4\] Colm Rapple, *Round table discussion on the financial abuse of older people*, Department of Health and Children, October 2007

\[5\] Equity Release - Using Your Home to get a Cash Sum and Savings and Investments made easy.
In terms of solutions to financial abuse, it is important to distinguish between what the financial system can detect and individuals can detect. In relation to money laundering, for example, financial institutions have identified fraudulent patterns that, if detected, trigger a response e.g. if dormant accounts are being emptied, banks will pursue. If patterns are identified that could signal financial abuse, systems could be put in place to trigger a response. Otherwise, it is up to individuals to be vigilant and identify any potential abuses. However, there is no guidance for staff on detecting and addressing financial abuse. The appropriate response will differ depending on whether it requires a system response or whether it is human detection. Banks therefore have scope to agree guidance for staff in detecting and reporting financial abuse and system ‘triggers’. Many stakeholders consulted argued that financial institutions need to be more stringent in asking for justification for particular actions, especially in establishing and operating joint accounts with an older person. They should also incorporate approaches from other jurisdictions such as New Zealand where elder abuse training is part of the induction training programmes for frontline staff, including role-playing activities that help new employees to recognise indications of financial abuse.

2.4.2 Financial planning schemes planned by MABS for 'at risk' older people

MABS provides a financial and budgeting service mainly for social welfare clients through its network of 53 centres throughout the country. Since 2004, MABS has also worked on behalf of clients of the Residential Institutions Redress Board providing generic information and support services. This has exposed them more directly to the area of financial abuse. While financial abuse can happen to people of all ages, MABS experience is that older people are more vulnerable.

MABS has developed significant expertise in dealing with risks of financial abuse and a model exists that could be replicated to deal with abuse on a wider scale. In this regard, MABS has examined the potential to introduce a Financial Abuse Intervention Service, primarily but not exclusively aimed at older people. Using their experience, they have proposed an approach consisting of a small team initially to deal with enquiries, investigations and awareness/community education. The work of such a team would involve:

- Working with clients - in line with its existing service model, MABS would liaise with An Garda Síochána, the HSE and the Financial Regulator/financial Ombudsman on behalf of individual clients;
- Developing awareness of financial abuse through community education to support groups, older people’s organisations, the general public and the media, and publishing information leaflets;
- Providing training in financial abuse to HSE staff, An Garda Síochána, local authority social workers, MABS staff, financial institutions staff, and staff in the Department of Social and Family Affairs;
- Collating data from current case work and reporting on key issues relevant to financial abuse.
This proposed service may have potential value as a tool for addressing financial abuse. Certainly there would seem to be scope to more fully utilise the skills of MABS in addressing issues faced by older people across Ireland. Although MABS were involved in the roundtable on financial abuse, any further involvement on a more practical level has been limited. There has been no coordinated programme of activity to deliver financial planning schemes to ‘at risk’ older people as envisaged in Protecting Our Future. Nevertheless there is still strong recognition by most people consulted that financial abuse is a serious problem for older people and is one of the most ‘hidden’ forms of elder abuse. In this regard there should be closer links between organisations with experience of detecting financial abuse, such as MABS, and the health professionals who may struggle to identify the indicators of such abuse.

2.5 Advocacy

<table>
<thead>
<tr>
<th>Area</th>
<th>Overview of recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocacy</td>
<td>Department of Social and Family Affairs to facilitate access to advocacy service for older people in long-term residential care to enable them to protect their assets</td>
</tr>
</tbody>
</table>

The Citizens Information Board (CIB) is the national agency for the provision of information, advice and advocacy on social and public services. Under the Citizens Information Board Act (2007), the CIB was given responsibility for developing a national advocacy service for people with a disability. Under this legislative remit, the CIB funds 46 voluntary/community advocacy projects, some of which are involved with older people in community and residential settings. These projects are currently being reviewed by the CIB and the final report is due at the end of 2009.

An Advocacy Training Programme for Volunteers Working with and for Older People in Residential Care Facilities is being piloted by the National College of Ireland (NCI). The training programme was developed in partnership with the HSE, Age Action Ireland, Volunteers Centre Ireland and with strong involvement from the National Advocacy Programme Alliance. The NCI plans to run eight courses as a pilot phase and to train 200 advocates with an initial intake of 25.

The review also notes that the HSE and the CIB are currently developing a national framework for the development of advocacy services.

2.6 Carers

<table>
<thead>
<tr>
<th>Area</th>
<th>Overview of recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carers</td>
<td>Adequate support and provision of services for all carers</td>
</tr>
</tbody>
</table>

2006 Census figures suggest that c. 161,000 people identify themselves as carers. Based on available data from the Department of Social and Family Affairs for 2008, there are approximately 45,818 full-time carers in Ireland; with 43,569 in receipt of Carer’s Allowance and a further 2,249 in receipt of Carer’s Benefit. An additional Respite Care Grant was received by almost 51,000 carers. These payments from the DSFA are part of a suite of health and social care services provided to carers.
The National Action Plan on Social Inclusion 2007-2016 acknowledges that ‘informal and family carers play a very valuable role in our society particularly in enabling older people and people with disabilities to remain in their own homes for as long as possible’ (Government of Ireland, 2007). Towards 2016 included a specific commitment to develop a national carer’s strategy. An interdepartmental working group was established to develop a strategy but publication has been deferred because of difficulties in developing significant plans in the current economic circumstances.

New health service initiatives since the early 2000’s evidence a recognition of the role of carers. Home Help and Respite services are now part of mainstream HSE services. A primary focus of Home Care Packages introduced in 2006 is to support the carer in continuing to care through a mix of respite provision and access to home personal care. Approximately 8,000 households benefit from these packages at any one time. The evidence is clear that these supports to carers have increased. Home care packages are currently being reviewed by the Department of Health and Children and separately by the NESF. In addition, the Law Reform Commission is currently preparing a consultation paper on contracts of care in the home, which will be published at the end of July 2009.

The assessment of need and dependency for home help services takes account of the service recipient’s support and care profile, but the carer needs are not explicitly assessed.

As older people with increasing levels of dependency are supported in their homes through a mix of HSE, DSFA and carer support, support to carers to alleviate carer stress is viewed as an increasingly important tool in the prevention of elder abuse. Through the enhanced and additional services outlined above, it is clear support to carers has increased. Without greater consensus on the definition of a carer and improved data on the number providing care rather than just those in receipt of financial support, it is difficult to ascertain whether this level of support provided is sufficient.

### 2.7 Impaired capacity

<table>
<thead>
<tr>
<th>Area</th>
<th>Overview of recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impaired capacity</td>
<td>Urgent implementation of Action Plan for Dementia</td>
</tr>
</tbody>
</table>

The Action Plan for Dementia (O’Shea and O’Reilly, 1999) reinforced the need for a social model of dementia that is focused on care of the dementia patient in the community. It emphasised the need for the development of coordinated, multi-layered and well-resourced services, which are responsive to the individual needs of people with dementia and of those who care for them. While the 2001 Health Strategy, Quality and Fairness: A Health System for You (DOHC, 2001) generally accepted the Action Plan and committed to its implementation over a seven year period, stakeholders considered that the implementation of this policy has largely not been progressed.

The HSE has convened a working group on residential services for the person with dementia. The Department of Health and Children will commence a scoping exercise on developing a dementia policy in July 2009.
2.8 Research and education

<table>
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<th>Area</th>
<th>Overview of recommendations</th>
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<tr>
<td>Research and education</td>
<td>Establish and fund a National Centre to combine both practitioner and academic knowledge on elder abuse in relation to education and research. <em>Protecting Our Future</em> identified 8 specific topics to be covered by the National Centre.</td>
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The principal recommendation was to establish a National Centre for the Protection of Older People. The Centre was set up in UCD in October 2008 following a competitive tendering process and represents collaboration between the School of Nursing, Midwifery and Health Systems, the School of Applied Social Science, the School of Public Health and Population Science, the School of Medicine and Medical Science, and the UCD Geary Institute. While the Centre was commissioned by the HSE, its mandate is explicitly to advance research and education on elder abuse in the wider social context and not solely the HSE context. The Centre focuses on three main areas of activity:

- Research is a key role of the Centre and it is required to develop substantive research on elder abuse in Ireland. Its programme of research is to determine the prevalence of elder abuse in Ireland, its prevention and management, and abuse of older people in the community and residential facilities. The research programme of the Centre is being guided by the topics identified in *Protecting Our Future*;

- With regard to education, the Centre will advise on and evaluate the development of elder abuse induction and training programmes for health and other professionals. It is currently establishing a Masters Programme dealing with the older person which will be available from September 2009. One of the modules will be focused on the assessment of risk. The Centre has also set up a dedicated website to be an educational resource for all professionals working in the area of elder abuse (www.ncpop.ie);

- The programme of research is ultimately designed to influence development of policy and practice for everybody working with older people who may be in a position to detect and/or address abuse.

The Centre is still in its infancy and so it is premature to assess progress. Its establishment, however, is an important achievement and should make an important future contribution to research, education and policy development. Its success will depend on how relevant it becomes to people working in the field of elder abuse in terms of enhancing their understanding of elder abuse and appropriate interventions. The centre will need to explicitly bridge policy, practice and research. At a minimum its programme of work needs to be influenced by trends emerging from HSE data on reported elder abuse cases and how these are being managed. Even though the centre's work is driven by the Request for Tender documentation that established it, it must demonstrate the capacity to respond to emerging needs on elder abuse and trends from the HSE database. These should influence the selection of priority areas of focus e.g. financial abuse, counselling.

At this early stage, the Centre’s success in terms of what it does will largely depend on how it works. Its approach has been collaborative at a number of levels:
- It has set up a ‘users group’ comprising organisations working with older people including the legal profession and An Garda Síochána;
- It works closely with the National Disability Authority (NDA) which is currently conducting research on the incidence and nature of abuse of people with a disability. Given that one third of people with a disability are aged 65 years and over, there are important overlaps between the work of the Centre and the NDA. The Centre is represented on the NDA’s expert advisory committee and has made an informal agreement with the NDA to include a disability dimension to its work;
- The HSE National Steering Group is represented on the Board of the Centre and is currently involved in finalising its research programme.

However, the governance structure of the Centre will also be critical in determining its future impact. The current and emerging governance structure was not clear to some of the key stakeholders consulted, although this may be principally because it is still such a new Centre. There are also some gaps in representation on the Centre’s governance structure e.g. neither the Department of Health and Children nor the Office for Older People are represented. Given their role in developing policy and strategy this is a potentially important omission that should be addressed. The critical challenge is to ensure that the linkages between policy, practice and research are fully exploited. This means that the Centre will have to interact closely with policy makers and practitioners to ensure that its research agenda contributes to understanding and practice.

2.9 Summary and conclusion

This review has found that there has been significant progress in implementing the recommendations of Protecting Our Future. Areas where progress was most evident included:

- Strengthening the legal framework as recommended;
- Rolling out of initiatives to raise awareness of elder abuse based on market research. This research also underscores the scale of the challenge in building awareness on elder abuse;
- Education and training of professionals working particularly within the HSE;
- Establishing of the National Centre for the Protection of Older People which will play key role in promoting research to inform future policy and in linking research to policy and practice in relation to elder abuse;
- Setting foundations for putting developing advocacy supports;
- Wider policy developments on dementia and development of a carers framework although these are both areas where considerable additional progress is required.

Progress has been most evident and pronounced in the health sector. The dedicated structures to report and manage elder abuse are predominantly located in the health service and these have been central in driving progress. The review found that progress has been least evident in relation to financial abuse.
The positioning of elder abuse in the context of wider health and social policy was a key objective of Protecting Our Future. However, this has been more difficult to progress and represents one of the bigger challenges for the future. It will be particularly critical in preventing, detecting and addressing financial abuse and developing education and training programmes for all professionals working with older people.
3 Implementation structure

This chapter reviews the dedicated elder abuse implementation structure proposed in Protecting Our Future. It looks at what has been achieved and reviews its effectiveness in relation to four principal 'tests':

- governance,
- development of strategy,
- operational delivery of services,
- and performance management.

3.1 Establishment of dedicated elder abuse structures

A defining feature of Protecting Our Future was the establishment of dedicated structures to support the implementation of the recommendations. While these dedicated structures have been critical in implementing the recommendations on elder abuse, this review clearly underlines the importance of multi-disciplinary, cross-agency and holistic approach to elder abuse.

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<th>Overview of recommendations</th>
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<td><strong>2. Policy</strong>&lt;br&gt;Clear policy on elder abuse to be formulated and implemented at all levels of governance within the health, social and protection services with 3 goals: an appropriate staff structure; good practice; and appropriate and ongoing training for all those working with older people. Overall aim is to promote and sustain a multi-disciplinary, holistic approach to elder abuse. To be developed in collaboration with health board legal departments, An Garda Síochána, local authorities and other public, private and voluntary organisations, and, where possible, with representatives of older people. Each health board to develop strategy to implement policy recommendations.</td>
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<td><strong>3. Staff structure</strong>&lt;br&gt;A dedicated implementation structure to be put in place comprising: steering group for each health board area; half-time dedicated health board officer with responsibility for elder abuse in each health board area; a senior case worker for each community care area; secretarial support. Protecting Our Future identified terms of reference and composition for each layer. Development of clear pathways for dealing with allegations of elder abuse. Dedicated annual budget of c.€4.25m</td>
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<tr>
<td><strong>10. Implementation</strong>&lt;br&gt;Department of Health and Children to establish a National Implementation Group to guide the implementation of the report recommendations.</td>
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This review has found that the recommendations on dedicated elder abuse structures have been substantively achieved with some variations from the detail outlined in *Protecting Our Future*. The principal variations in the current implementation structure from the recommendations in *Protecting Our Future* relate to:

- Reporting arrangements - *Protecting Our Future* had envisaged that SCWs would report to DEAOs. There are a range of reporting relationships across the country with some reporting to local health management structures and others to Principal Social Workers. None currently report to DEAOs.
- Secretarial support - most SCWs do not have secretarial support as recommended in *Protecting Our Future*.

These variations were due in part to the lapse of time between the recommendations, their implementation and the evolving health structures that occurred in the interim. EANIG played a key role in setting up the dedicated structures but it took almost 5 years for the new structures to be put in place. During that time the health delivery structure had changed dramatically and there was a radical PCCC transformation programme underway. It was unrealistic to expect that the dedicated elder abuse structures could be implemented in their entirety as originally set out in the report. The review therefore concludes that the dedicated elder abuse structures have been substantially put in place.

*Protecting Our Future* also recommended that elder abuse initiatives should be located in mainstream services for older people. This has been much more difficult to put in place effectively because of limitations in the provision of services for older people.

An overview of the dedicated elder abuse implementation structure is presented in Figure 3.2. Key features of the institutional arrangements for delivering recommendations, including accountability arrangements, are outlined in the following sections together with progress achieved.

**Figure 3.2**
3.1.1 Elder Abuse National Implementation Group (EANIG)

EANIG was established in 2003 with a remit to oversee implementation of Protecting Our Future. Its terms of reference are to 'plan, advise on and monitor, the implementation, on a phased and consistent basis, of the recommendations contained in Protecting Our Future, having regard to the experience gained in the earlier pilot projects'. EANIG is a multi disciplinary group with representatives drawn from key agencies working with older people and is chaired by Professor Desmond O'Neill. It has 17 members; 6 of whom are from the HSE. EANIG has been an active advocate and watchdog, producing annual reports to the Minister for Health and Children, and has been widely recognised as having played a key role in establishing the HSE dedicated structures on elder abuse. Its composition and wide-ranging membership, and the personal commitment by individual members, in particular the Chairman, were identified by stakeholders as key strengths of the current implementation structure. However, this wide-ranging membership has not been able to secure the scale of inter-agency working envisaged and required by Protecting Our Future.

3.1.2 The HSE National Elder Abuse Steering Committee and Area Steering Groups

In October 2007 the HSE set up a National Elder Abuse Steering Committee, and four Area Steering Groups with multi-agency representation. Prior to this, in 2005 the HSE had set up an Implementation Group to progress implementation of the recommendations in Protecting Our Future. This Group was responsible for developing the HSE's staff policy Responding to Allegations of Elder Abuse, which was approved by the HSE in 2007 and which is due to be reviewed in 2009. The Health Boards that existed before the establishment of the HSE also set up elder abuse steering groups which had progressed the development of policies and procedures on how to manage elder abuse as well as training and awareness of staff.

The HSE National Elder Abuse Steering Committee was set up 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 (HSE, 2009). This is a multi disciplinary and multi-agency committee with 4 sub-groups dealing with awareness raising and media; communication; training; and policy, procedures, protocols and guidelines. It has 23 members of whom 19 are HSE staff; the other 4 members are from An Garda Síochána, the Law Society, the Alzheimer Society of Ireland and Our Lady's Hospice. While the Committee’s membership includes a number of agencies other than the HSE, it does not include the full span of agencies with a role in implementing Protecting Our Future’s recommendations e.g. Department of Social and Family Affairs, and representatives from the financial sector.

The four Area Steering Groups also include representation from a number of agencies. Total membership ranges from 17 to 24 members; the level of non-HSE representation varies between 6 and 7. Non-HSE representatives include representatives from An Garda Síochána, the legal profession, the Department of Social and Family Affairs, community and voluntary organisations representing older people, the Alzheimers Society of Ireland and the Carers Association (see Appendix B).
The National Elder Abuse Steering Committee has played a key role in shaping detailed implementation and through its annual programme of work oversees development of:

- Training and education programmes for SCWs, DEAOs and other HSE personnel;
- National policies and protocols aimed at ensuring a consistent approach to implementation. The National Committee has prioritised the following areas which it will progress in 2009;
  - Working with An Garda Síochána
  - Procedures to follow when clients decline assistance
  - Legal protections in the context of elder abuse
  - Record-keeping
  - Confidentiality
  - Guidance on what constitutes ‘exceptional circumstances’ in cases of self neglect
- Public awareness campaigns;
- The dataset on reported incidences of elder abuse to the HSE;
- Workplans by individual Local Health Offices (LHOs);
- The National Centre for the Protection of Older People;
- Communications between Area Steering Groups and the National Steering Committee.

In February 2009, the National Elder Abuse Steering Committee published its annual report on service developments in 2008, which gave a comprehensive overview of key activities and initiatives in relation to elder abuse.

3.1.3 Staffing

*Protecting Our Future* recommended the appointment of DEAOs and SCWs, and these posts have been substantially established over the past 2 years:

- 3 of the recommended 4 DEAOs are in place (1 DEAO for each HSE region i.e. in HSE South, West and Dublin Mid-Leinster). A DEAO still has to be appointed in Dublin North East.
- 27 SCWs are in place across the country. All of these are social workers.
- The DEAOs play a central role in connecting the national and regional structures with the local operational level. Their role involves:
  - Contributing to the design and development of elder abuse policies at national and local level. In this regard, they have played a central role in designing and delivering training for HSE and other staff;
  - Liaising with HSE staff, management and other appropriate agencies to help them to develop policies and practices;
  - Evaluating the HSE’s response to elder abuse policy.

The SCW is the principal operational role for delivering elder abuse services and involves 5 dimensions:

- Their *case management role* involves working with the ‘alleged victim’, their family and the ‘alleged abuser’;
Their coordination role involves multidisciplinary team working within the HSE and with other agencies involved in elder abuse;

Their referral role involves dealing with referrals and queries from the HSE and other agencies;

Their administration role involves keeping case files and reporting on their status;

Their awareness and training role.

Figure 3.3 Key dimensions of the SCW role

The precise nature of the SCW’s role varies significantly between LHO areas, reflecting how social work services and older person's services are delivered and also the caseload/referrals. The balance between these five dimensions will therefore varies between SCWs.

3.1.4 Office for Older People

The Office for Older People was established in January 2008. While it was not included as a specific recommendation in *Protecting Our Future*, its establishment underlines the Government priority to older people. While the Office is located in the Department of Health and Children, its remit is wider than health and includes coordinating the responses of all agencies to ensure that the needs of older people are prioritised. The Office is currently developing a strategic framework on positive ageing which will provide the overarching framework for delivery of all services to older people.

The Office has overall responsibility for strategy and policy relating to elder abuse while individual Departments/agencies are responsible for implementing the recommendations on elder abuse within their remit. The existing coordinating and implementing structures are well established at this point and up to now the Office has not had a major profile in relation to elder abuse.
3.2 Assessing effectiveness of current structures

While this review concludes that the recommendations have been substantially implemented the question is whether they have been effective. In order to assess effectiveness of the structures, we have applied four key criteria.6

- Clarity and adequacy of governance arrangements - is it clear where authority, responsibility and coordination lies for delivering elder abuse recommendations?
- Capacity to develop strategy and policy - do current structures have the capacity to develop strategy on the basis of emerging trends and performance?
- Managing operational delivery of recommendations - how efficiently and effectively are services to prevent, detect and address elder abuse delivered?
- Monitoring and evaluating performance - do current structures have the capacity to monitor, evaluate, and adjust policy and delivery?

In the following sections we outline key findings in relation to the effectiveness of current structures for each ‘test’. In addition to the dedicated structures, we have also considered elder abuse in the context of mainstream health services and inter-agency collaboration.

3.3 Governance

There are many different definitions of governance but for the purpose of this review it has been defined as the ‘formal and informal arrangements that determine how public decisions are made and how public actions are carried out as problems, actors and times change’ (OECD, 2008). At the heart of this definition is the concept of accountability, i.e. who is ultimately responsible for implementing policy. Governance should also be defined more comprehensively to include the three other dimensions of effectiveness set out in the following sections. In addition, it must be considered from the perspective of:

- The dedicated structures on elder abuse;
- The HSE’s wider services for older people;
- Inter-agency delivery of services.

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6 Based on the criteria developed by the Department of the Taoiseach to review organisational performance.
From the governance perspective, this review of implementation structures found that:

- Lines of accountability are clear in relation to the dedicated elder abuse structures but less clear in relation to wider access to health services for older people and for inter-agency services. Dedicated elder abuse structures are predominantly based in the HSE although some other agencies are represented on the HSE National Steering Committee and the Area Steering Groups. The HSE has a nominated coordinator at Local Health Manager level who has responsibility for implementing Protecting Our Future recommendations. This is mainly a national coordinating role without operational management control. So while the role has responsibility for implementing recommendations, it does not have operational responsibility for delivering services in relation to elder abuse. This constrains the full implementation of the recommendations and the integration of the dedicated structures with the operational delivery of wider health services for older people.

- Overlap in relation to the national level structures is causing some confusion. There are two national committees (EANIG and the HSE National Elder Abuse Steering Committee) and their terms of reference indicate that both have responsibility for driving implementation. EANIG predates the HSE and its National Steering Committee and played a critical role in delivering the dedicated structures. Both committees are multidisciplinary and multi-agency, although the National Steering Committee is predominantly focused on implementation within the HSE.

- Governance structures are complicated in relation to elder abuse and wider health services for older people. Protecting Our Future highlights the importance of linking elder abuse to wider policy on older people. This connection with health and other policy areas is where governance and accountability is at its weakest. In relation to the HSE and its wider health services for older people, there are many layers to decision-making and operational delivery which complicate interaction with the dedicated elder abuse structures and obscure points of decision. Elder abuse crosses responsibility for primary and community care, residential care and acute care services. Detection and intervention may involve all three strands and how they are collectively delivered to focus on the needs of the older person is critical. The HSE Governance Group on Older People coordinates the HSE delivery of primary, community and continuing care services for older people. Three members of the National Steering Committee participate in the Governance Group which is chaired by the Assistant National Director, PCCC, HSE South who also has national responsibility for older people and social inclusion. The Governance Group has an extensive agenda and it is the critical link between the dedicated elder abuse structures and HSE management. Ensuring that elder abuse features as appropriate in the delivery of primary and community care, residential care, and acute services is most important. This is where governance and accountability is most obscure.

- Governance structures are least developed on inter-agency delivery of recommendations. In relation to inter-agency implementation, it is difficult to determine where accountability lies. EANIG and the HSE National Elder Abuse Steering Committee include representatives of other agencies and both committees seek to influence the priorities of other agencies. However, they do not have sufficient authority to ensure that other organisations are prioritising elder abuse in their strategic and business plans.
Ultimately the Office for Older People is accountable for implementation of the recommendations. However, its precise role and how implementation structures report to it need to be clarified in the context of Protecting Our Future. The Office was established after the other coordinating structures were put in place and it has had a relatively low profile in relation to elder abuse. The time may now be opportune to connect it more explicitly with elder abuse in the context of strategy, performance accountability and inter-agency working.

### 3.4 Strategy and policy development

An important criterion for assessing the effectiveness of organisational structures is how direction is being provided. Protecting Our Future set out the direction and has been the strategic blueprint for the past 7 years. The implementation of its recommendations has been the main focus over the past 18 months. The current implementation structure is therefore strongly oriented towards operationalising these recommendations.

However, the question is whether the current structures have the capacity to renew, revisit and refresh broad direction in line with emerging trends? The current national structures are predominantly operationally focused and do not have a remit to develop and renew strategy or policy. Ultimately, it is the function of the Office for Older People to lead development of strategy and policy. The Office is now developing a Positive Ageing Strategy, which will provide the new strategic framework for elder abuse. In addition, there are three other developments that can contribute significantly to future strategy and policy development:

- The establishment of the National Centre for the Protection of Older People should make a major contribution to understanding the prevalence and nature of elder abuse in Ireland. Up to now there has been an absence of in-depth research on the prevalence and incidence of elder abuse in Ireland to inform policymakers. Policy-makers have had to rely primarily on international experience, although that is changing as data of elder abuse referrals becomes available through the HSE's database. The Centre should play a critical role in linking policy, practice and research, ensuring that policy and practice are clearly informed and guided by evidence-based approaches. This raises critical questions about the positioning of the Centre, its governance and the capacity of key agencies with responsibility for elder abuse to influence its programme;

- The development of the HSE database means that for the first time there is reliable data on incidences of elder abuse and their case management. The reports from this database will provide crucial feedback for professionals working at local level and also to policymakers in terms of emerging policy. However, there is an urgent need to develop indicators that measure performance and the Centre is well-positioned to assist in this role. The HSE database also needs to be expanded to include data from other agencies to ensure that it fully captures the complexity of elder abuse, particularly data from An Garda Síochána, nursing home inspections, and allegations under Trust in Care provisions. This will require clear agreement on information-sharing both within the HSE and with other agencies.

- An Garda Síochána is currently developing a strategy on elder abuse. Given their critical role in the protection framework, it is critical that this strategy reflects and shapes the Positive Ageing Strategy.
While these developments have the potential to shape future strategy and policy, this will only happen if there are clear structures in place with responsibility in this regard. This is currently beyond the remit of the key agencies involved in delivering recommendations on elder abuse.

3.5 Operational delivery

With the establishment of the dedicated elder abuse structures, the priority has been to 'operationalise' recommendations at all levels. As already indicated, the HSE National Elder Abuse Steering Committee has played a key role in shaping detailed implementation through its programme of work.

In reviewing effectiveness, it is important to consider the role of the dedicated elder abuse structures, how they connect with wider delivery of HSE services for older people, and operational delivery across other agencies.

3.5.1 Operational delivery within the HSE

Operational delivery is strongest within the HSE and particularly with regard to the dedicated elder abuse structures. To be fully effective however, these services must be integrated into the wider operational delivery of services for older people. This means better connecting the dedicated elder abuse structures with mainstream delivery of services for older people in primary and community care, acute services and residential care. This integration is essential if people working in the area are to have access to support services for older people, such as referral for acute assessment, respite beds, assessment of mental capacity and acute medical assessment. This review found that, while the operational delivery is becoming well-established, there are still important challenges in relation to how the dedicated elder abuse structure engage with the primary community and continuing care framework and wider support services. Consultation with consultants in geriatric medicine indicated that this was partly because services for older people are not sufficiently developed to facilitate quick and easy access to the full range of services such as assessment of mental capacity, residential care and respite facilities. The delivery of PCCC services has also been undergoing change which has complicated the integration process. The lack of integration can also be attributed to the multiple decision points required in relation to primary, community and continuing care.

A clear finding from this review is that SCWs and DEAOs have been central to operationalising Protecting Our Future's recommendations. However, this review also identified a number of barriers constraining operational delivery:

- The SCW role is not fully integrated with other HSE services for older people across the four HSE regions. This means that many SCWs operate in isolation from other services for older people and lack protocol-based access to medical and other services. There are exceptions and some SCWs are an integral part of the Primary Care Teams and networks. How SCWs engage with other social work and psychiatric services, multidisciplinary teams involved in delivering primary care for older people, and medical structures (acute hospitals, geriatricians) is a key challenge. Access to psychiatric services for older people can be particularly important in relation to cases of self-neglect and assessment of mental capacity. The under developed nature of services for older people in the HSE constrains the ability of the SCWs to connect more widely in the HSE. In addition, the lack of ring-fenced funding for respite and emergency beds means that it can be difficult for SCWs to source alternative accommodation for older people in dangerous situations.
Multiple decision points in relation to support services for older people can obscure operational delivery. The delivery and configuration of services for older people is complex and involves primary and community care, residential care and acute services. This complexity can make it difficult for staff working on elder abuse cases to interact with these services. Decision-making is multi layered and it is difficult to point to single decision points. This should be addressed following the forthcoming HSE re-organisation. In the interim, it places constraints on operational delivery.

The absence of agreed HSE protocols and policies to guide case management and engagement with other agencies is contributing to inconsistencies in ways of working at local level. The HSE has developed its staff policy on Responding to Allegations of Elder Abuse. However, the consultation process for this review found that the current approach to case management is driven largely by the personal commitment and effectiveness of SCW networks. The HSE National Elder Abuse Steering Committee, through its sub-group on policies and procedures, is at an advanced stage in developing additional protocols and procedures. In addition, it has agreed a single job description for SCWs. This has been tailored by some local managers to reflect local needs.

All of the SCWs are social workers but most do not have professional supervision arrangements. Indeed, this review identified only five instances where SCWs are supervised by a senior social worker. This has implications both for the management of reported cases and for individual SCWs. Not having the facility to discuss and get a second opinion on intricate cases may mean that SCWs are more reluctant to close cases, thus causing delays in case management. It also curtails the opportunity for CPD on best practice in elder abuse. In this regard, establishment of the Health and Social Care Professionals Council (HSCPC), means that some form of professional supervision will be required to meet CPD obligations. It is also important to distinguish between line management and professional supervision. A range of line management arrangements exist across the country. In most cases, SCWs are not line managed by social workers. This should not create a problem so long as there are arrangements in place for professional supervision.

While most posts have been filled there are still some that have not and in addition some SCW roles have been added on to other roles. It should be noted that Protecting Our Future had envisaged that SCWs would be allocated secretarial/administrative support which has not consistently happened.

Linkages with other agencies e.g. An Garda Síochána, DSFA, An Post and financial institution) are under-developed. SCWs are represented on the HSE National Elder Abuse Steering Committee and two of the Area Steering Groups but many feel disconnected and isolated from these structures. In addition, they have difficulty in accessing expert resources to review individual cases e.g. access to legal support or financial expertise where there may be multiple forms of abuse.

The SCW role is pivotal to engagement at an operational level with other parts of the HSE and other agencies. However, the above constraints limit the overall effectiveness of the services they deliver. There is still a lack of awareness of their role across the HSE and other agencies. Many SCWs also considered that the title of SCW is not helpful. It conjures associations with a more legalistic interpretation of their role; there was no consensus, however, on what it should be.
3.5.2 Role of national and regional structures in service delivery

Both the National Elder Abuse Committee and Area Steering Groups play a key role in developing and communicating workplans to guide implementation of consistent policies/procedures, awareness, training and education and communication across the dedicated elder abuse structures. This review found that groups are at different stages of development with two Area Steering Groups still in the early phase of development. The consultation process identified two factors which had a significant impact on the effectiveness of the Area Steering Groups. The first was the role of the DEAO and the second was the HSE travel embargo. The role of the DEAO is critical to organising and driving the work of the Area Steering Groups. Two of the DEAOs were appointed during the first recruitment round while the third was appointed in 2008. One region still does not have a DEAO. The meetings and work of all the Groups is also affected by the current HSE travel embargo, which does not allow them to have face-to-face meetings.

The review also found the following:

- All of the Area Steering Groups include representatives from other organisations. The total membership ranges from 24 to 14 and the proportion of HSE to non-HSE staff ranges from 50% - 75%. While the Groups have formal representation from other agencies, their contribution can vary depending on the personal commitment of representatives;

- One of the constraints identified by stakeholders was the large area covered by the Area Steering Groups. Their current 'reach' makes it difficult for the regional Groups to engage fully with other agencies whose regional remit does not coincide with the Area Steering Group structure.

3.5.3 Service delivery in other agencies

This review has found that progress is slowest and most challenging in those areas outside the health sector. A number of factors have been proposed for this including:

- Elder abuse does not have as robust a legal framework as child protection where there is a clear framework and associated protocols. This means that organisations have more latitude in how they fulfil their commitments under Protecting Our Future;

- Organisations have significant discretion on the resources and priority they attach to elder abuse. Unless elder abuse is prioritised by a particular agency, there is no requirement on agencies to allocate sufficient resources and to prioritise it. EANIG and the HSE National Elder Abuse Steering Committee both include cross-agency representation but effectiveness depends on the level of representation and the personal commitment of individuals.

This review suggests that approaches to operationalising Protecting Our Future across agencies tend to depend on the commitment of key individuals rather than more formal processes and protocols. The absence of protocols means that there is a lack of consistency in operationalising services. Consultation with Area Steering Groups indicates that there are initiatives across the country by individual agencies but that these are not being applied with the consistency required. For example, at present there are no protocols governing referrals between An Garda Síochána and the SCWs. The HSE National Elder Abuse Steering Committee is at an advanced stage in finalising protocols which should enhance interaction. Funding
Protecting Our Future recommended a dedicated budget of €4.25 million per year for the provision of staff and services as well as for the National Centre for the Protection of Older People. The following dedicated funding has been allocated:

- Between 2003-2005, approximately €2.5m additional funding was allocated to the elder abuse programme for revenue costs associated with SCWs. Recruitment was delayed because of the cap on the employment ceiling;
- €2 million additional funding was allocated as part of Budget 2006. This completed the funding requirements necessary to implement the full range of recommendations contained in Protecting Our Future. This funding was split evenly over 2006 and 2007. An additional €0.3m was secured in 2008 for the development of a public awareness campaign bringing the total funding to approximately €4.8 million per annum.

In addition, a total of €1,037,472 has been allocated to the National Centre for the Protection of Older People for the period from October 2008 to October 2011.

3.6 Performance and evaluation

Performance-based accountability is a defining feature of effective organisational arrangements. This requires an effective performance management framework including performance indicators and information management system. Depending on the scale and complexity of the policy area, this can range from a very simple to a highly sophisticated system.

The OECD report on public sector modernisation (OECD, 2008) and the subsequent report of the Task Force on Integrating Public Services (Government of Ireland, 2008) both highlight the need for effective, outcome-based performance management systems. Performance-based accountability will greatly help in putting the needs of the older person at the centre of the system and facilitate inter-agency working.

The key elements of an effective performance framework are now being put in place. The HSE has established its database to monitor and evaluate trends in relation to elder abuse. Data was first compiled for 2007 and the database was developed for them in 2008. This will allow the HSE to use 2008 as a baseline for monitoring trends in relation to elder abuse referrals. It means that data on performance in managing elder abuse is now available for the first time, and this represents a major step forward in understanding activity in relation to elder abuse. However, two further elements are required:

- Given the 'maturing' delivery structure, it is essential that performance indicators are now developed so that they can be used by all layers and across agencies to monitor performance. This has been identified by EANIG itself as an important gap in the performance management framework. The Centre for the Protection of Older People could potentially have a role in developing the performance framework.
- The HSE database should comprehensively cover all aspects relevant to elder abuse including data on allegations of abuse in the residential care sector reported to HIQA, allegations of abuse in the acute sector, and also data from other statutory and non-statutory agencies, such as An Garda Síochána.
3.7 Summary and conclusion

The establishment of the dedicated elder abuse implementation structures has been critical in driving the roll-out and operation of Protecting Our Future recommendations. EANIG, the HSE National Elder Abuse Steering Committee and the Area Steering Groups have played crucial roles in facilitating and driving implementation - EANIG was particularly critical in establishing the dedicated structures while the National Elder Abuse Steering Committee and the Area Steering Groups have played important roles in coordinating approach and communications.

However, as indicated in chapter 2, progress has not been as successful either in relation to how Protecting Our Future connects with wider HSE services for older people to cross-agency working.

The review has identified some important constraints that limit the effectiveness of the current structures to position recommendations in the wider health and social policy sphere:

- **Governance arrangements** should be simplified and strengthened to clarify responsibility and accountability for achieving recommendations both within the HSE and across other agencies. The respective roles of EANIG, the HSE National Elder Abuse Steering Committee and the Office for Older People must be clarified.

- **The strategy/policy development role** is under-developed. Protecting Our Future set the blueprint but who should drive strategy and policy to meet emerging trends? While the fundamentals of the existing recommendations remain valid, the strategy needs constant refreshing. In addition, the connection between research, practice and policy should be deliberately factored into the approach on elder abuse and the Centre for the Protection of Older People has a key role to play here.

- **Operational delivery** of recommendations is working well in relation to the dedicated elder abuse structures but the review identified important gaps in how the structures connect to wider health services for older people and inter-agency working. Structures need to facilitate better integration at a number of levels:
  - Greater integration of dedicated elder abuse structures with PCCC services across the HSE services is required to improve service delivery. SCWs play a key operating role in relation to elder abuse but many feel that they are not sufficiently connected either to other SCWs, DEAOs or to wider HSE services for older people. Arrangements for professional supervision of SCWs are limited and this is a cause of concern from an individual and system perspective. In addition, national protocols and policies are required to ensure consistency of approach at local level.
  - Greater integration of dedicated elder abuse structures with wider development of HSE services for older people. Elder abuse cuts across primary and community care, residential care and acute services. The delivery of these services is complex and difficult to navigate with multiple decision points required to access appropriate services.
  - Integration of delivery across all organisations involved in delivering the recommendations of Protecting Our Future to ensure that elder abuse policies and protocols are receiving appropriate priority and resources.
● Performance-based accountability through effective performance management systems is key and the new HSE database is a critical step forward. The HSE database must be comprehensive and include data on all services relevant to elder abuse cases, as well as data on case management in other agencies. There is also an urgent need to agree performance indicators on elder abuse across all agencies and to allocate responsibility for evaluating them.

● Developing the database on incidences of elder abuse being reported to the HSE. This review finds that important progress has been achieved but these constraints must be addressed if elder abuse is to be fully located in the mainstream health and social policy arena.
4 Incidence of elder abuse

This chapter reviews data in relation to the reporting of elder abuse within the HSE. It looks at the overall figures for 2007 and 2008; the profile of the alleged victim and abuser, and the nature of the abuse; the referral path - what happens when a case is reported; the support services provided; and the outcomes identified. This analysis was used to inform the conclusions and recommendations of the review. The HSE provided data and analysis in support of the review and this chapter builds on the report, Elder Abuse Service Developments 2008.

4.1 Emerging data

Processes to collect statistics on elder abuse across the HSE were first implemented in 2007. Comprehensive data collection templates and processes were rolled out in 2008. The 2008 data provides a rich dataset to analyse the volume and type of referrals, the profile of alleged victims and abusers, and the process for referral management by HSE area. The available data does not facilitate trend analysis as it covers only 2007 and 2008 but provides a platform to do so in the future.

The review points to substantial progress in gathering and collating data across the HSE. However, data from other organisations involved in the field of elder abuse is more fragmented and not as comprehensive. Figure 4.1 highlights the number of agencies involved in the area and the potential referral paths. An Garda Síochána, for example, deal with elder abuse related complaints and crimes but cannot report on incidence rates as their system does not have an elder abuse marker. Likewise most data from nursing home inspections and Trust in Care related cases is not included in the dataset. Data must be collated and analysed across all agencies to understand fully referral paths and outcomes for all alleged incidences of elder abuse.

In addition, as the data collection template is recent, the ‘Other’ category in some sets of analyses can be quite substantial. The HSE are monitoring the detail of returns classified as ‘Other’ and using this information to further refine the data collection e.g. through revisions to the data collection forms.
4.2 The profile of elder abuse referrals

4.2.1 Elder abuse referrals

The volume of elder abuse referrals is increasing and varies across the country. There were 1,840 elder abuse referrals to the HSE in 2008. This is almost double the volume of referrals in 2007 (927). While 2007 data does not reflect a full calendar year of reporting, the data nonetheless shows a significant increase. There were 2,479 citations of alleged abuse in total, as some referrals include more than one type of abuse.

There is significant variation in referral volumes by HSE area. Relating the referral volumes to the population shows that the referral rate ranges from 1.92 to 5.55 per 1,000 people over 65 years of age. This analysis confirms that the variance is not due to HSE area population size or demographic profile. Rather, stakeholder consultation indicates that referral rates increase as the dedicated elder abuse structures mature. Further, variations in practice at local level account for some of the difference e.g. 18.6% of referrals in HSE South are repeat referrals, where cases are closed and then reopened.
Psychological abuse is the most common form of alleged abuse cited (26%), followed by neglect (19%) and financial abuse (16%).

The data also supports concerns raised during the consultation process in relation to alleged self-neglect and financial abuse. Self-neglect was cited in 20% of all referrals while financial abuse was cited in 16% of cases. When referrals citing self-neglect only are removed, the profile of alleged abuse types remains the same i.e. psychological, neglect, financial and physical abuse remain the most common abuse types. In the remainder of this chapter, referrals solely citing self-neglect only are excluded. The analysis presented relates to referrals with an alleged abuser.

Many referrals related to more than one type of alleged abuse, underlining just how complex cases of elder abuse tend to be. In 35.8% of referrals, more than one type of abuse was alleged. Where two or more types were reported, the most frequent combination of alleged abuse was psychological and financial (19.9%). Where three or more types were reported, the most frequent combinations were psychological, financial and neglect (23.5%), followed by psychological, financial and physical (21.4%). This analysis confirms stakeholder views that there is often a psychological element to financial abuse, e.g. the application of pressure to secure transfer of assets.
4.2.2 Profile of the alleged victim

Most alleged victims of elder abuse are females living in their own homes.

These two characteristics (female, living at home) were quite consistent across referrals in 2008. The paragraphs below provide some further detail on age, sex, place of residence and location of alleged abuse and highlight exceptions to the typical profile.

The alleged victim of abuse was female in 67% of total referrals. 44% of alleged victims were aged 80 years or older. The age profile was noticeably older than this for neglect (52.4% aged 80 or older) and younger for alleged sexual abuse (20.1%) and discriminatory abuse (14.3%).

The majority of cases relate to older people living in their own home (82%). In the vast majority of cases (94%), the alleged abuse took place where the older person lived.

4.2.3 Profile of the alleged abuser

In most cases, the alleged abuser and victim have a close relationship and co-habit.

The alleged abuser is, typically, close to victim; in most cases their partner or a member of their family. The most common relationships to the alleged victim are son/daughter (43%), partner/spouse (17%) and other relative (12%).

As might be expected given the closeness of the relationship, in over half of cases the alleged abuser and alleged victim live together. In 53% of referrals the alleged abuser is living with the older person. This is, however, lower in cases of sexual abuse (42.9%), financial abuse (31.8%) and discriminatory abuse (20%). In the majority of cases the alleged abuser acted alone (83%).
A Follow-up Record of Initial Referral was completed in 792 cases. This captures the outcome of the case, provides detail regarding the alleged abuser and also the support provided to both the alleged victim and abuser. The data from these forms shows that 233 alleged abusers (30%) were identified by the SCW as having at least one possible/suspected health issue. Mental health and alcohol issues are the most common representing 35% and 29% of responses respectively. Completed Follow-up Record of Initial Referral forms are not available in all cases, as they are completed at either the point of case closure or when the case has been live for 6 months. Further, it is part of the role of the DEAO to follow-up with SCWs where forms are outstanding. The absence of a DEAO in HSE Dublin North East contributed to a lower rate of completion in this area.

4.3 The referral management process

4.3.1 Referral source

The majority of elder abuse case referrals are received from Public Health Nurses. The Public Health Nurse (PHN) is the most common source of referral (33.5%). The extent to which the PHN is the initial referrer, rather than referred to by others because of their presence in the community, is unclear. This varies for alleged sexual abuse, for which hospitals are the most common referral source (30.6%). Hospitals, HSE staff and family are other common sources of referral. Based on the available case length information, the majority of cases that closed took 6 months or less to resolve (88%), with 23% closed within one month.

The referral data shows limited Garda and legal involvement. The data shows that An Garda Síochána and legal services were involved in just a small number of cases. There was consultation with An Garda Síochána in 11% of cases where a follow up was recorded. This was higher in instances of alleged sexual abuse (34.8%) and alleged physical abuse (20%), and lower in instances of neglect (9.7%) and discriminatory abuse (5.9%). In 7% of followed up cases, the HSE formally referred the case to An Garda Síochána. This was higher for alleged sexual abuse (21.7%) than for any other type. In some cases, the alleged victim chose not to have Garda involvement.

Nationally, only 40 cases involved some level of legal consultation (5%). Legal consultation was most common in instances of alleged financial abuse, which accounted for 15 of these 40 cases. Only 17 cases proceeded to some level of legal action (2%).
4.3.2 Provision of support services

In the majority of cases, support services were provided to the older person. The support varied by HSE area and abuse type.

Supports provided included counselling, home support, residential care and respite care. Supports vary according to on the needs and context of the older person and the type of abuse alleged.

Nationally, support was provided in 72% of cases, ranging from 85% in HSE Dublin North East to 63% in HSE South. Counselling emerged as the main type of intervention provided (24.7%) followed by monitoring (19.3%) and home support (17.8%). The support provided to alleged victims also differs by HSE area:

- Support in the form of residential care admission ranged from 5.3% (HSE Dublin Mid Leinster) to 18.4% (HSE South);
- Provision of counselling services ranged from 17.6% (HSE West) to 40.2% (HSE Dublin Mid Leinster);
- Home support ranged from 11.2% (HSE Dublin Mid Leinster) to 29.4% (HSE West).

The support provided also varied by alleged abuse type. For example, care admission averaged 12.9% but increased to over 17% in cases of financial abuse and neglect.

Overall, this analysis suggests that the two key factors determining the support offered to the older person are the type of abuse alleged and the services at the disposal of the HSE in each area.
4.4 Elder abuse referral outcomes

The outcome of elder abuse referrals varies by HSE area.

Closed elder abuse cases are categorised as substantiated, not substantiated or inconclusive. The definitions applied by the HSE are as follows:

- An allegation substantiated where a professional assessment has concluded that the client has been abused;
- An allegation is not substantiated where a professional assessment has concluded that the abuse has NOT taken place.
- An allegation deemed inconclusive is where it has not been possible to either prove or disprove the allegation.

The data shows that the proportion of cases closed varies substantially by HSE area. Further, the outcome of the case, i.e. whether it is substantiated or not, varies by area. This suggests variance in HSE area practice regarding case closure and also variance in the interpretation of the case outcome classifications. This variance is likely to reduce as data collection, review and discussion is increasing part of the HSE approach to managing and monitoring elder abuse. The paragraphs below provide some of the detailed data underpinning this analysis:

- A national average of 54% of cases opened in 2008 remain open but this varies from 40% in HSE South to 82% in HSE West. Of the 2007 cases, 83% were closed at the time of the review;
- Analysis of the 2008 cases that were closed at the time of the review (46%) breaks down as follows: Allegation substantiated: 23%; allegation not substantiated: 31%; inconclusive: 47%. The proportion of cases deemed inconclusive ranged from 34% (HSE Dublin North East) to 58% (HSE Dublin Mid Leinster). Stakeholder engagement indicated that this may be due to work practices rather than case complexity and possibly a lack of understanding of the levels of proof required for substantiated cases. This variation may reduce as SCWs review their data and discuss practice across HSE areas;
  
  The most common action taken in relation to the alleged abuser was the offer of support (48%), followed by referral to another service (18%) and action by An Garda Síochána (13%). Other services included day care, primary care and mental health services. Support was refused by 17% of those to whom it was offered.

4.5 Summary and conclusion

Prior to 2008, there was very little data on the incidence of elder abuse. With the establishment of the dedicated elder abuse structures, this data gap has now been addressed in relation to cases of elder abuse reported to the HSE. Analysis of the data indicates that:

- The volume of elder abuse referrals is increasing but varies across the country. The review found that referral rates increase as the dedicated elder abuse structures mature. Variations tend to be because of differing work practices rather than case complexity;
- Psychological abuse is the most common form of alleged abuse followed by financial and neglect. In 36% of cases, there is more than one form of abuse;
- Over 80% of cases referred related to people living at home;
- The alleged victim of abuse was female in 67% of total cases;
- 44% of alleged victims of abuse are aged 80 years and over;
- The alleged abuser generally has a close relationship with the victim, with son/daughter the most common, followed by partner/spouse and other relatives. In most cases they act alone. Of the cases that were followed up, 30% had possible/suspected health issues;
- There are a large number of referral paths; the majority of referrals are received from PHNs. Counselling, monitoring and home support are the supports provided most frequently but these vary by HSE area.

The HSE database provides an important foundation both for enhancing our understanding of elder abuse in Ireland and for developing a performance framework to monitor trends, practices and inform future policy. While the HSE is one of the primary agencies involved in addressing elder abuse, there are others and data from these organisations is not being consistently gathered and analysed. This will need to be addressed if a more holistic and system-wide approach to elder abuse is to be achieved.
5 Future priorities

This chapter outlines key areas that need to be strengthened to prevent and deal with incidences of elder abuse. It draws on findings from the consultations, highlighting areas of current and future concern.

5.1 Key themes emerging from the review

Based on the detailed analysis of progress and discussion with stakeholders, we have identified the following key areas that need to be strengthened in the current implementation framework to prevent and address elder abuse:

- Accelerating progress on recommendations identified in *Protecting Our Future* notably:
  - Strengthening the connection with wider health policy for older people
  - Strengthening the connection with wider social policy and engagement with other agencies
  - Prevention and awareness
  - Additional training for ‘front-line’ staff interacting with older people
  - Developing professional educational programmes to include elder abuse
  - Bridging the information gap to increase understanding of elder abuse in Ireland
  - Strengthening dedicated elder abuse structures;

- The terms of reference for this review identified a number of emerging areas of concern to be investigated as part of the review. These included:
  - Financial abuse
  - Institutional abuse
  - Self-neglect
  - Whether elder abuse should be positioned within a vulnerable adults framework

In the following sections we highlight key areas requiring future action under both. It should be emphasised that there are overlaps between each of these areas.

In addition, this chapter outlines new developments in terms of institutional changes and emerging policies and strategies that are relevant in developing recommendations.

5.2 Potential learning from 'Children First'

A key theme from the consultation process was that the experience with *Children First* - the framework for protecting children - potentially offers lessons in the area of elder abuse. However, the consultation process also highlighted critical distinctions between child protection and protection of older people against abuse; the most important being the concept of dependence and independence. In the case of older people, unless they have been assessed to have impaired capacity, they are independent and this has to be taken into account in the context of any protective framework.
The key features of the child protection framework highlighted by stakeholders were:

- There is a structure to support national, regional and local cross-agency working, and as a result these agencies interface well with each other both vertically and horizontally. The Office of the Minister for Children and Youth Affairs is drawn from a number of lead Government Departments and its Minister of State is a 'super junior' Minister with the right to sit at Cabinet and with delegated functions in relation to implementing agencies;

- There are cross-agency protocols around the referral, management and follow-up of child abuse cases. For example, every Garda station has a resource folder outlining relevant protocols and referral procedures to the various agencies. Such systems do not exist in relation to elder abuse;

- There is a strong legislative framework allowing An Garda Síochána access to at-risk children. This is perceived as working very well on the ground in promoting communication and cross-agency working across the main implementing agencies;

- There are strong data collection structures in the area of child abuse. The HSE has developed an effective database on elder abuse. This is still in its infancy but offers potential as a valuable performance management system within the HSE. However, data collection across agencies is not coherent or coordinated and to date has been highly fragmented;

- All stakeholders highlighted the distinctions between protection frameworks for older people and children. In addition, they recognised that the child protection framework poses implementation challenges. However, these features of the child protection framework offer some indicators on key areas to consider in strengthening the protection framework for older people.

5.3 Areas requiring accelerated progress

Based on the assessment of progress outlined in chapter 2, the following dimensions of Protecting Our Future need to be accelerated.

**Strengthening the connection with wider health policy for older people:**

This involves integration of dedicated elder abuse services with the PCCC framework, acute services, and with wider support services for older people, including psychiatric assessment. The HSE is currently reconfiguring its management and delivery structures for delivering key services and this will be critical in terms of future integration with elder abuse strategies and structures. At this point, the shape of the new structures is not fully known. However, it is important that once this becomes clearer the implications for integration with dedicated elder abuse services are fully considered. Integration also requires accelerated development of services for older people e.g. assessment paths, access to respite, and assessment of mental capacity.
Strengthening the connection with wider social policy and engagement with other agencies:

This has been one of the most difficult areas to progress. It requires collaboration and engagement with multiple agencies and ensuring that elder abuse prevention, detection and management are operationalised within these. This includes developing clear referral paths and inter-agency protocols for victims of elder abuse across all agencies. The development of the Positive Ageing Strategy should provide an important strategic context for positioning elder abuse in a wider policy and institutional context. However, a key question is how to stimulate and encourage more successful inter-agency working across statutory and non-statutory agencies; are there particular initiatives required to stimulate more effective inter-agency working based perhaps on lessons from the child protection framework?

Prevention and awareness is a key challenge:

Research conducted by the HSE highlights the significant information deficit in public awareness of elder abuse. The ultimate objective is to prevent elder abuse and to raise awareness among members of the public and key professionals interacting with older people on the potential risk factors.

Additional training for front-line staff interacting with older people:

The HSE has already provided training for its own staff and for staff interacting with older people in voluntary and community organisations. This now needs to be supplemented by additional training for these staff as well as training for front-line staff working in other agencies, notably An Garda Síochána, finance professionals and solicitors. The HSE has proposed that training using a Children First approach should be considered (HSE, 2008). An immediate requirement, for example, is to provide training for SCWs and DEAOs on the level of proof required to substantiate cases of abuse. The review found some inconsistency in the level of proof required when considering whether an allegation is substantiated, unsubstantiated or inconclusive.

Including elder abuse in the professional formation programmes of health professionals and other professionals working with older people:

This is an extensive agenda and requires engaging with a wide range of professional bodies to ensure that their undergraduate and postgraduate curricula incorporate elder abuse. Given the formalities associated with accreditation, this could be a lengthy and time-consuming process that will require careful, deliberate engagement with identified organisations. EANIG has already taken steps to map what is currently available at undergraduate and postgraduate level.

Bridging the information gap to increase our understanding of elder abuse in Ireland:

The new Centre for the Protection of Older People marks a significant departure. However, it is crucial that its research and education agenda are developed in partnership with key strategic and operational bodies, including the Office for Older People, to ensure that it reflects and influences strategic priorities. As already emphasised, it needs to be positioned so that it bridges research, practice and policy.
Strengthening current dedicated structures on elder abuse:

Chapter 3 identified key constraints in the current delivery mechanisms that need to be addressed, particularly in relation to governance, strategy development, operations and performance management. Developing consistency in how elder abuse is detected and addressed across all agencies is critical and this requires clear protocols and referral paths. Initiatives to strengthen dedicated structures and overall accountability for elder abuse will need to be in line with the Government's modernisation programme including performance-based accountability.

5.4 Emerging areas

5.4.1 Financial abuse

Concerns around the prevalence of financial abuse were consistently raised by people working with older people as their primary concern and has been an ongoing concern of EANIG. There are no definitive figures to support the assertion of high levels of financial abuse in Ireland but it is widely believed to be a pervasive problem by professionals working in the area. Research in the UK suggests that between 0.5 and 2.5% of all older people living at home have experienced financial abuse but it is acknowledged that this is likely to be under-reported (Help the Aged, 2008). Data produced by the HSE shows that financial abuse is the second most common form of abuse reported (16% of total cases). In addition, the Senior Helpline manages c.10,000 calls per year and financial abuse is a key area of concern.

As discussed in Section 2.4, health professionals consulted suggest that many older people are tolerant of some level of financial abuse because of the dependent relationship with the alleged abuser. As already indicated, financial abuse is a particularly intricate area in terms of detection and this is compounded by the large number of organisations with a remit in preventing, detecting and addressing financial abuse. The absence of prevalence data on financial abuse can also make it more difficult to engage with and convince relevant institutions/agencies of the need for action.

Financial abuse can take many forms (Help the Aged, 2008):

- Abuse of the personal finances of an elderly person
  - e.g. theft, misappropriation of money, funds secured under duress (threat of violence/emotional abuse/withholding of care etc), overcharging for services, funds secured under false pretences;

- Material abuse
  - e.g. exerting undue influence to give away assets or gifts, misuse of an older person’s assets;

- Institutional
  - e.g. selling inappropriate financial products, culture and practices that may not respect the rights of the older person, undue pressure on the older person to accept lower cost/lower quality services.

This profile of financial abuse suggests that steps to address financial abuse are required at a number of levels.
At individual/family level

The key requirements identified were the need for older people to have access to independent financial advice and independent legal advice. These are critical in providing financial security through effective planning to older people and also to advising on the potential transfer of assets. Evidence from the UK suggests that nearly 70% of financial abuse is perpetrated by a family member - with 50% by a son or daughter (Help the Aged, 2008). This underlines the importance of focusing on the individual and their family. In many cases, families may be unaware that their actions could be construed as abuse. The fact that they may ultimately inherit a family asset can mean that they act as though they are already in receipt of the asset. In addition, consultation with professionals suggested that assets are being transferred because of the perception that the State has a duty of care to look after the individual and that family assets should not be used to fund care. Actions are therefore required in a number of areas:

- The Law Reform Commission, through its Group on Elder Abuse, has been advocating the requirement for separate legal advice for transfer of assets within families to protect the interests of older people;
- MABS are planning to introduce a Financial Abuse Intervention Services which will also target older people;
- Training and education for all professionals working with older people in detecting and addressing financial abuse. Health professionals, through their contact with older people, are particularly well positioned to detect potential abuse or undue pressure by families to transfer assets. This is a highly specialised area requiring specialist training.

At financial institution level

The role of financial institutions in detecting financial abuse and raising awareness was widely acknowledged. This role has a number of aspects:

- Identifying system 'triggers' to signal unusual financial transactions on individual accounts. There is some precedent for this type of initiative, for example, in relation to money laundering. However, it would require very careful scoping and definition to ensure that it was sufficiently targeted;
- Supporting individuals working in financial institutions to identify and address instances of financial abuse. This would mean incorporating training on elder abuse into professional education programmes for people working in financial services. Elder abuse is not explicitly covered in the curricula at present, but there is scope to include it particularly through education programmes provided by the Institute of Bankers. There are obligatory, accredited education programmes in particular the QFA (Qualified Financial Advisor) qualifications that could be expanded to include input on financial abuse;
- Eliminating the incidence of mis-selling of financial products. The recent consumer protection legislation and regulatory institutions have strengthened the framework to limit the incidence of mis-selling. There is still an enduring sense by many stakeholders that older people are vulnerable to mis-selling. All complaints received by the industry in relation to inappropriate selling are channelled to the Financial Services Ombudsman;
The Department of Social and Family Affairs has a role in relation to potential financial abuse where agents of pensions are appointed. An agent of pension is nominated by an older person to collect their pension on their behalf. To set up an agent of pension, the older person signs a form nominating the agent and this is processed by the Department of Social and Family Affairs. While there is no evidence that this is a significant issue, and with more payments being made electronically, the need for agents of pension is declining. SCWs suggested that there was scope to tighten procedures in this area.

Role of regulators

IFSRA has a key role to play in preventing and detecting financial abuse. In addition, financial institutions now have a consumer protection code through IFSRA. This is currently being reviewed and offers a potential lever in relation to specific provisions on financial abuse. Financial institutions are highly compliant in implementing codes – but they apply them strictly to the letter. Using codes as a lever therefore needs careful scoping.

The context for engaging with financial institutions has changed dramatically since publication of Protecting Our Future, particularly over the past 12 months. Financial institutions now have Corporate Social Responsibility (CSR) obligations arising from the Government's guarantee scheme. This requires them to report to the Department of Finance on:

- Payment strategies (electronic);
- Social finance foundation – start-up supports for new business;
- Financial inclusion – access for individuals to financial produces
- Financial education.

These new reporting requirements offer potential leverage to the Government through the Department of Finance on financial social inclusion.

5.4.2 Abuse in residential care and acute settings

Institution abuse can occur in nursing homes, acute hospitals and any other in-patient settings. It was not included in the terms of reference for Protecting Our Future but has been consistently raised by EANIG and stakeholders consulted during this review as an important concern. Currently there is no Irish data to indicate the potential prevalence of abuse in residential settings. Leas Cross highlighted the vulnerability of older people in residential settings. The HSE database indicates that 6% of referrals relate to private nursing homes, 4% relate to public continuing care facilities and 2% to the ‘Other’ category which includes acute hospitals. It should be noted that these referrals do not relate to allegations of abuse by staff in these facilities. Further analysis shows that referrals from private nursing homes relate mainly to suspicions of financial abuse.
Residential care settings

There are 440 residential care homes in Ireland with 18,500 beds provided through privately run facilities and almost 10,000 beds operated by the HSE. Older people in residential facilities are a particularly vulnerable group, with the majority in the medium to high dependency category, one third diagnosed with dementia and an average length of stay of 4 years. The approach to inspection and regulation of these facilities has been fragmented in the past.

Part of the role of the SCW is to liaise with the Nursing Home Inspection team in its investigation of complaints relating to private nursing homes. The scale and nature of this liaison varies. Some SCWs are involved in developing their elder abuse policies and also receive referrals from them in regard to allegations of elder abuse. The SCWs are aware of the work being done by inspection teams and in some areas have liaised directly with them and have followed up on referrals from them.

In addition to Protecting Our Future, the policy framework Trust in Care applies to abuse in public nursing homes and acute facilities. Trust in Care outlines the procedures and process to be followed if an alleged abuser is a member of HSE staff. Some nursing homes make a referral to the SCW to work with the alleged victim and represent them in the investigation process. There was a view by some stakeholders that both Protecting Our Future and Trust in Care should be combined with similar referral, case management and reporting structures. Trust in Care is referred to in the HSE Staff policy on Responding to Allegations of Elder Abuse, but the process for investigating allegations differs from the process that applies to cases progressed by the SCWs. Data referring to both should be collated and reported through the HSE elder abuse database.

Since the publication of Protecting Our Future, there have been significant developments affecting the delivery of residential care. The establishment of HIQA under the Health Act 2007 and the expansion of the role of the Social Services Inspectorate have underlined the priority to improving care in residential settings. HIQA is responsible for standard setting, performance management, inspection and regulation of designated long-term residential care facilities across the public, private and voluntary sectors. This represents a significant change in the inspection framework governing residential settings.

Although HIQA is a comparatively young organisation, it is already seen as having made significant progress in the area. The development of the National Quality Standards for Residential Care Settings for Older People in Ireland (HIQA, 2009) is a particularly important development and central to changing existing practices. The Regulations giving effect to the Standards came into effect on 1 July 2009 and dedicated inspection teams have been recruited. While recognising the positive developments, the consultation process identified a number of issues in relation to the National Standards:

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7 Survey commissioned by Nursing Homes Ireland.
8 Section 23 and 26 of the Nursing Home (Care and Welfare) Regulations 1993
9 Unpublished data from one region on allegations of abuse brought under the Trust in Care provisions are very low. However, data is not readily available across the HSE.
The role of the nursing home inspection teams and how they would link in with the dedicated elder abuse structures require clarification. It is unclear to the SCWs how the inspection teams will impact on their role and this requires clear guidance. According to the National Standards (Standard 8) all residential care settings must have an elder abuse policy and procedures in place. In the event of an incident or allegation, it is the responsibility of the service provider to fully and promptly investigate it in accordance with the policy and procedure. HIQA must also be informed in writing of all allegations. The Chief Inspector of Social Services can apply sanctions relating to the registration of residential homes if it is dissatisfied with how reported allegations are managed. A protocol has been developed between HIQA and the HSE to provide guidance in relation to the Standards.

Questions were also raised in relation to how nursing home inspection teams, SCWs and PCCC teams will formally work together to prevent, detect and address instances of abuse. Nursing home inspection teams will not have an investigative function. However, as part of their inspection function they will be able to inspect policies and procedures in relation to elder abuse and management of allegations. Any service improvements identified can be included in action plans. In addition, inspection reports will provide insights to the SCWs and PCCC on prevention approaches in residential care settings. HIQA and the HSE should also explore the scope for a protocol to report allegations of abuse within residential care settings so that the full scale of alleged abuse is recorded in the HSE elder abuse database.

The capacity of people in residential care to report institutional abuse was also raised during the consultation. The concept of advocacy is still relatively new in the provision of health and social care services and consequently underdeveloped. This review found that there are initiatives being developed to professionalise advocacy. An Advocacy Training Programme for Volunteers Working with and for Older People in Residential Care Facilities has been developed by the National College of Ireland (NCI). The training programme was developed in partnership the HSE, Age Action Ireland, Volunteers Centre Ireland with strong involvement from the National Advocacy Programme Alliance. The NCI has plans to run eight courses as a pilot phase and to train 200 advocates with an initial intake of 25. This should contribute to the development of advocacy and support services for people in residential care to report abuse.

HIQA is charged with carrying out inspections in all residential setting in the public, private and voluntary sector. This expanded inspection coupled with the new National Standards means that there will now be an inspection framework in place that should minimise the risk of abuse in residential care settings. However, it will be important that this new inspection framework connects with the dedicated elder abuse structure, particularly in terms of the reporting and performance framework.
Abuse in acute settings

Arising from the report of the Commission on Patient Safety and Quality Assurance, there have been important initiatives to develop an inspection framework governing the acute sector. The report of the Commission, *Building a Culture of Patient Safety*, includes 134 recommendations spanning almost every aspect of the health service. The most significant recommendation is the introduction of a licensing system for all health services whether they are delivered publicly or privately. The report also includes policies and procedures in relation to patient care which are relevant to elder abuse.\(^{10}\)

Legislation is currently being enacted to give effect to the provisions of the Commission on Patient Safety and Quality Assurance report. HIQA is developing standards that will initially apply to acute hospitals in the public sector and will apply to acute hospitals in the private sector once legislation has been enacted. At this stage, it is not intended that the standards will include guidelines for the prevention and detection of elder abuse. However, this should be reconsidered to explicitly include specific guidelines on elder abuse.

5.4.3 **Vulnerable adults**

One of the questions raised during the review was whether elder abuse would be better positioned under the wider umbrella of vulnerable adults protection framework. The HSE definition of a vulnerable adult is:

*A person who is defined as a vulnerable adult is any person aged 18 years or over who:*

- *Is or may be in need of services (e.g. day, residential, respite or outreach) by reason of disability, age or illness;*
- *Is or may be unable to take care of himself/herself or unable to protect himself/herself against harm or serious exploitation;*
- *These include those who are currently receiving services.*

The possibility of positioning elder abuse within a wider vulnerable adults framework evoked mixed responses ranging from strong advocates of the concept to those with significant misgivings. For those advocating this approach, locating elder abuse within a vulnerable adults framework would help to mainstream the service. The main concerns raised were about the complexity of the area and the specialist skills needed to detect and deal with elder abuse.

It was widely recognised that locating elder abuse within a wider vulnerable adults framework would raise significant capacity issues for the health service. However, the review notes that HIQA is moving towards adopting a vulnerable adults model as it considers it to be more robust. This should be closely monitored by the Office for Older People and the HSE to allow future potential for the model to be applied more widely in relation to elder abuse.

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*[^10]: The review notes that inadequate hydration has been identified by the UK National Patient Safety Agency (NPSA) as a patient safety issue which can be a common problem in hospitals. The NPSA has issued guidance notes in relation to nutrition and hydration of patients and collects adverse event data in relation to these.*
5.4.4 Self-neglect

The area of self-neglect is a contentious and intricate area that was explicitly not included in Protecting Our Future. Self-neglect was cited as the main type of abuse in 20% of cases reported to the HSE (chapter 4) and it was also consistently highlighted by stakeholders during this review as an area of concern. Research indicates that self-neglect is medically significant and associated with higher levels of morbidity and mortality. The literature offers many definitions but in its essence it has 2 dimensions:

- The ability to care for one’s own basic health and welfare needs;
- The ability and willingness to access potentially remediating services.\(^{11}\)

Of central importance to the discussion of self-neglect is the concept of competence or capacity of the individual, i.e. do they have the capacity to assess their own situation and to make decisions relating to their own health and well-being. Interventions in potential situations of self-neglect have to recognise the rights of older people. There was a clear view emanating from consultant geriatricians and others working in the area that older people should be allowed to live in the way that they wish. If an older person who is cognitively intact, decides to live life in a certain way and has refused interventions, his/her decision must be respected. In addition, people working with older people identified that those most at risk of self-neglect are people who are socially isolated and who live alone. Better social structures and support networks at community level have the potential to prevent social isolation and possible self-neglect.

In response to the intricate challenges posed in detecting and addressing self-neglect, the HSE’s National Elder Abuse Steering Committee set up a sub-group on self-neglect in 2008. Its terms of reference were to develop guidelines for SCWs in detecting and addressing cases of self-neglect and applying the HSE policy on elder abuse if required (HSE, 2009). The report of the sub-group looked at self-neglect in the context of elder abuse, definitions of self-neglect, manifestations of self-neglect and guidelines on the detection of self-neglect. The sub-group underlined the importance of a multidisciplinary approach to the assessment process, as well as the lack of reliable methods to detect cases and rate their severity.

Balancing the rights of older people to live life as they choose against the requirement to protect them if they have diminished mental capacity is a key challenge and requires actions at a number of levels:

- Clear protocols and supports to health professionals and people working with older people on how to identify symptoms of self-neglect and how to address them. A decision to propose multidisciplinary intervention may be the most important medical intervention;
- Clear and speedy referral paths to assess diminished capacity and its causes. If an older person is deemed to have diminished capacity its cause needs to be determined with appropriate management.
- Awareness and prevention measures aimed at individuals, their families and communities;

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\(^{11}\) Adapted from the American Medical News, Assessing Self-neglect in older patients and the Journal of the American Geriatrics Society, vol. 54, issue 5.
Better cross-agency working to ensure cross-referral of cases and potential areas of concern. In addition to health professionals, for example, An Garda Síochána are also particularly well-positioned to identify potential cases of self-neglect and to refer onwards;

Training and education for people working with older people to assist them to identify symptoms and appropriate interventions.

5.5 Legislative framework

As set out in section 5.2, a consistent theme that arose during the review was comparison with the child protection framework. There are important distinctions between child abuse and elder abuse mainly in relation to the dependent status of children and the deeming of adults independent unless assessed with impaired capacity. However, most stakeholders suggested that there were important lessons to be learned from *Children First* that could be applied to protection of older people. A critical factor is the legislative framework that allows An Garda Síochána access to at-risk children. While some stakeholders identified Section 10 of the Criminal Justice Act 1997 (as amended by the Criminal Justice Act 2006) as offering a legislative basis for some Garda intervention, there is uncertainty and a lack of clarity on how these provisions can be interpreted.

The review also identified issues in relation to mental capacity, which is complex in terms of diagnosis and the impacts of a diagnosis. Legislation is currently being drafted to address some of the issues associated with mental capacity but there are mixed views on how adequate the proposed legislation is. The review identified three key areas of concern in relation to the legislation:

- The adoption of functional approach to assessing mental capacity with a time and issue-specific assessment of a person's decision-making ability;
- The creation of a Public Guardian - the draft Scheme of the Mental Capacity Bill provides for an education role and protection for whistleblowers. This will oversee people with Powers of Attorney and guardians but not other *de facto* and informal decision-making roles;
- The establishment of a Guardianship Board.

The draft Scheme of the Mental Capacity Bill published in September 2008 makes some provision in relation to the first two areas but does not make any provisions on the establishment of a Guardianship Board. Many stakeholders suggest that the Board is required to provide a means of addressing elder abuse outside the court system as it would:

- have multi-disciplinary composition;
- be a less formal environment;
- be based on the needs of a particular case;
- allow cases to be heard in private;
- allow cases to be progressed in a more timely fashion.

The consultation process also raised more wide-ranging questions in relation to the entitlement of older people to community care services and the potential to introduce legislation governing abuse of older people.
5.6 Developments relevant to elder abuse

This review has identified a number of important developments that must be considered in developing the recommendations that follow in chapter 6. These can broadly be categorised into institutional and policy developments.

5.6.1 Institutional developments

- At national level, a new Advisory Council will be established to replace the NCAOP. Its role and remit have yet to be finalised.
- The Cabinet Committee on Social Inclusion is an important forum for stimulating inter-agency collaboration on cross-cutting issues. It is complemented by the Senior Officials Group on Social Inclusion, which provides an opportunity at official level to forge better inter-agency working on elder abuse. However, it does not extend to private organisations that may be critical to addressing elder abuse, such as financial institutions.
- Within the HSE there are significant changes that should strengthen delivery of services for older people:
  - Important changes are imminent in reconfiguring the delivery of services in the HSE. There will be three new Directorates: Director of Operations, Planning and Evaluation, and Client Programmes;
  - Development of the PCCC system and the primary care networks may present opportunities for dedicated elder abuse services to integrate more fully. It still raises questions about how they should connect to the acute and residential care services. At this point the precise nature of PCCC delivery structures is not known;
  - The HSE plans to re-deploy administrative staff. This may present opportunities to deploy administrative staff to support SCWs.

5.6.2 Policy developments

- The introduction of National Quality Standards on Residential Care Settings for Older People which will introduce a new inspection framework for all residential care facilities. The Standards include specific standards in relation to elder and financial abuse (Standards 8 and 9).

- Implementation of the Leas Cross Commission recommendations on institutional abuse. The final report was published in June 2009.

- The Department of Health and Children is developing a new framework, including:
  - The Positive Ageing Strategy which will be a comprehensive framework within which elder abuse will be located;
  - Implementing the report of the Commission on Patient Safety and Quality Assurance. Legislation is being prepared to give effect to the central recommendation on licensing both public and private healthcare providers. HIQA has already commenced work on standards for acute hospitals in the public acute hospital sector. Once legislation has been enacted these standards will also apply to the private acute sector. HIQA will be holding a public consultation process on the standards and it is anticipated that they will address issues relating to the prevention and detection of elder abuse;
  - Scoping a dementia strategy.
At a system level, there are important developments in relation to the public sector modernisation programme that are relevant to the delivery of all services, particularly cross-cutting services. The OECD report and the subsequent report of the Task Force on Transforming Public Services both underlined the importance of:

- Citizen-centred delivery of services;
- Focusing on outcomes rather than inputs and outputs;
- Developing performance-based accountability with performance frameworks emphasising outcomes;
- Networking to deliver inter-agency services;
- Streamlining service provision and considering scope for shared services where possible.

This is the backdrop against which all recommendations must be considered.

5.7 Summary and conclusion

This review identified significant areas of progress since the publication of *Protecting Our Future*. However, it also identified a number of areas requiring additional focus. These can broadly be categorised as:

- Areas in *Protecting Our Future* requiring accelerated progress:
  - ‘whole system’ working through increased agency working and protocols underpinning it;
  - connecting to the wider health and social policy agenda;
  - strengthening the current dedicated elder abuse structures to improve their operational effectiveness;
  - education and training;
  - prevention and awareness;
  - strengthening the legal framework.

- Emerging areas that need a significantly stronger focus. The review considered the areas of financial abuse, institutional abuse, repositioning elder abuse within a vulnerable adults framework, and self-neglect. It concluded that the two areas requiring most attention are financial abuse and institutional abuse.

The area of self-neglect is a contentious one as unless the person is assessed to have impaired capacity they are entitled to lead their lives as they see fit. Addressing self-neglect is therefore about ensuring that people have access to appropriate services if they wish to avail of them. The question of positioning elder abuse within a vulnerable adults framework could potentially undermine the focus on elder abuse rather than strengthening it.
The review also identified a range of policy and organisational developments that are potentially significant in addressing emerging needs. Two areas stand out as being particularly important: the inspection framework introduced for all residential care facilities from 1 July 2009 and the imminent restructuring of service delivery in the HSE. The new inspection framework for residential care facilities should address an important outstanding area of concern in relation to elder abuse. However, it needs to connect with the dedicated elder abuse structures particularly in relation to the performance framework. In addition, the new HSE structures should strengthen the governance and operational framework on elder abuse.
6 Recommendations

Chapter 5 outlined three priorities for protecting older people. In this chapter we outline recommendations for addressing these priorities.

6.1 Principles

Chapter 5 identified three priorities for protecting older people:

- Strengthen existing institutional arrangements;
- Accelerate progress in relation to existing recommendations in Protecting Our Future
- Address emerging areas of concern particularly in relation to financial abuse and elder abuse in residential and acute care settings.

Based on the findings from this review, and discussion with the Steering Group, we identified four high level principles to guide the development of recommendations. The four principles are to ensure that:

1. The needs of older people are at the centre of all measures to prevent and address elder abuse. This person-centred approach is in line with the Government's modernisation programme putting citizens at the centre of service delivery as well as the HSE agenda for a more integrated health and social care system.

2. The protection of older people is firmly positioned as the responsibility of all those who interact with them. This essentially involves a 'joined-up' approach to the protection of older people. It means that collaboration between agencies must be strengthened to provide confidence and assurance that the needs of older people are addressed, wherever they happen to first come in contact with services. Closer collaboration is particularly required in relation to financial abuse.

3. The nature and complexity of elder abuse is fully understood and communicated. The true extent and nature of elder abuse is not fully understood in the Irish context. The risk and mitigating factors need to be fully understood to raise awareness within society.

4. Older people have access to a full range of health services in different settings. Access to these services could prevent certain types of abuse, identify symptoms of abuse early, and ensure that older people experiencing abuse can be referred to appropriate services. Older people need access to the right services at the right time.

In developing recommendations grounded in these principles we have been mindful of existing and proposed policy and institutional developments that will affect the protection of older people (chapter 5). The guiding principle has been to frame recommendations in the context of these developments and thereby to minimise additional cost. A number of agencies and organisations in the public, private, community and voluntary sectors have key roles to play in protecting older people. Throughout the recommendations they are simply referred to as agencies or organisations. Where recommendations explicitly refer to particular sectors, these are highlighted.
6.2 Strengthening existing institutional arrangements

The overall objective is to strengthen the connection with wider social and health policy through enhanced arrangements to prevent and address elder abuse. This means clarifying structures for inter-agency working to protect older people and locating the elder abuse area more firmly within the new integrated structures being proposed within the HSE. The specific recommendations are designed to improve governance, strategy, operational delivery and performance-based accountability. An overview of the effect of the structures is provided in Figure 6.1.

Figure 6.1 Overview of proposed governance structure

6.2.1 Enhancing governance

The overall objective is to enhance governance both within the health sector and on an inter-agency basis to ensure that accountability, responsibility and authority for implementing measures to prevent and address elder abuse are clear.

National level

- The Office for Older People has the strategic responsibility for all issues relating to older people and is accountable to Government through the Minister for Older People and the Minister for Health and Children. The review recognises that the Office and the Department of Health and Children do not have an operational role but have a significant oversight role. In addition, the Minister for Older People is a member of the Cabinet Committee on Social Inclusion. That Committee’s mandate to address problems with a cross-departmental or inter-agency dimension provides the opportunity to highlight the need for an integrated approach to tackling elder abuse. This review recommends that the Cabinet Committee be kept informed of progress and that any difficulties or issues arising in relation to the prevention and detection of elder abuse at a cross-departmental level are brought to the Committee’s attention.

- Discontinue EANIG which has substantially achieved its remit. Its operational role should be taken over by a substantially strengthened HSE National Elder Abuse Steering Committee.
- Strengthen central oversight arrangements at national level. This review clearly identified the importance of central oversight arrangements at national level. The establishment of the Office for Older People; the framework of operational plans by Government Departments to be developed under the National Positive Ageing Strategy which will clearly set out objectives relating to older people; the specific reference to the Cabinet Committee on Social Inclusion; and the intention to develop strong performance indicators, all provide a focus at central Government level on issues of elder abuse.

- Establish Working Group on Financial Abuse urgently. This review has identified the need for immediate action in relation to financial abuse. It recommends that, as an immediate priority, the Office for Older People establish a Group, with an independent expert chair, to progress the recommendations in this report relating to financial abuse. The Group should include representatives of the Office for Older People, the Department of Social and Family Affairs, the Department of Finance, the Law Society, IFSRA; An Garda Síochána, MABS and the HSE. The Group's work will be complete when the agreed systems, procedures and liaison arrangements relating to financial abuse are in place.

- Strengthen the role of the HSE National Steering Committee. This involves:
  - Expanding its inter-agency remit to include representatives from other key organisations involved in implementing the protection framework for older people such as the Department of Social and Family Affairs and Cosc;
  - Expanding its working group structure to include an appropriate role in relation to financial abuse and the resources required for SCWs to detect and address incidences of abuse;
  - Reporting routinely at agreed intervals and at least annually through the HSE to the Minister for Older People based on the revised performance framework (see 6.2.4 below).

- Designate a single point of accountability within each agency for operational delivery of older abuse measures that are appropriate to each agency. The priority agencies are the HSE (in relation to both PCCC and acute services), An Garda Síochána, the Department of Social and Family Affairs and HIQA, as well as developing liaison structures with financial institutions. The designated person for each agency should be a senior person who includes prevention and addressing elder abuse as part of their operational remit. They should have budgetary and operational responsibility for service delivery. Given the different organisational structures that apply to Departments and agencies involved in delivering services for older people, it is not possible to prescribe in detail the features of the liaison arrangements. However, we would expect that the designated person should be at senior management level and the equivalent of Principal Officer grade. In some larger organisations, there may be a number of people involved in implementing recommendations e.g. the Department of Social and Family Affairs. Nevertheless, a single point of contact should be designated.

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12 HIQA through its inspection role has a particularly important role in highlighting issues relating to the capability of the existing investigation process for health and social services.
The role of the National Centre for the Protection of Older People needs to be fully integrated into existing structures. The Centre will play a key role in linking research, practice and policy, and it is essential that it connects with all layers of the implementation structure. This works at two levels. Firstly, key agencies should be involved in the governance structure of the Centre. A notable gap at present is the absence of the Office for Older People. In addition, the Centre should be represented on key implementing structures in particular the HSE National Elder Abuse Steering Committee.

Regional and local level

The implications of the proposed new organisational structure for the HSE need to be fully considered in terms of accountability for protecting older people. Our understanding at this point is that the proposed HSE regional structure (4 regions) will have responsibility for operational delivery within their respective regions. The National Director for Integration will have overall responsibility for care groups including older people. The intention of this new structure is to streamline accountability and service provision. The main gap identified in relation to current structures is the parallel operational and accountability structures for elder abuse and for wider health services for older people. The HSE and the Office for Older People need to be confident that points of responsibility for protecting older people and for wider services are clear.

The new HSE structures are still not in place and so it is difficult to assess the implications for the protection framework for older people. We recommend that within the new service delivery structures in the HSE, the dedicated regional structures for the protection of older people should be strengthened so that:

- The regional boundaries of Area Steering Groups coincide with the new regions being set up by the HSE if they are different.
- Each Area Steering Group includes SCW representatives and representatives of the key agencies represented on the National Elder Abuse Steering Committee;
- There is a single designated liaison to the Regional Operations Director to ensure that elder abuse and operational delivery of services are fully integrated.

6.2.2 Improving strategy development

Protecting Our Future is now 7 years old. While its basic tenets are still sound, it needs to be ‘refreshed’, in particular by positioning it more firmly in a wider strategic framework for older people.

The Office for Older People is primarily responsible for driving strategy. The proposed Positive Ageing Strategy will provide the framework within which all measures to prevent and address elder abuse will be developed and implemented. The recommendations from this review should be incorporated in the new strategic framework. This new framework should also underline the importance of an integrated inter-agency approach to elder abuse. In addition we recommend that the Office for Older People should:

- Report at least annually to the Cabinet Committee on Social Inclusion;
- Convene an annual workshop with key operational agencies to review how strategy is being implemented and key adjustments required. This would enable the strategy to evolve in response to emerging developments;
− Link in with individual agencies on developments relating to their strategy, for example, An
Garda Síochána are developing a strategy on older people and abuse;
− Liaise with Cosc in developing their respective strategies on elder abuse.

- The National Centre for the Protection of Older People should actively contribute to strategy
development through its research role. This review recommends that the Centre’s role should be
clearly positioned as a centre to link policy, practice and research.
- The performance management framework should be developed to support strategy development.
The nucleus of an effective system is currently in place but this needs to be strengthened to
ensure that performance influences future policy.

6.2.3 Improving operational delivery

The key objective is to ensure that protecting older people is a priority for all agencies that interface
with older people. Within the HSE the central concern is to strengthen the link between operational
delivery of services for older people and the dedicated elder abuse structures.

Improving inter-agency working

- Assign lead responsibility in key agencies/organisations for protecting older people. These
individuals will:
  − represent organisations on inter-agency structures such as the National Steering Committee
    and Area Steering Groups;
  − oversee implementation of protocols agreed with the National Elder Abuse Steering
    Committee;
  − be responsible for maintaining databases within their organisations on incidences of elder
    abuse and liaising with the HSE on data exchange;
  − take the lead in implementing all recommendations in this report within their organisations.
- Agree and implement protocols with the HSE for referring and addressing allegations of elder
abuse. The HSE is the lead body involved in protecting older people as it interacts most frequently
with older people through its health and social care services and that it has dedicated elder abuse
structures in place. Through the National Elder Abuse Steering Committee, the HSE is already
advancing protocols with An Garda Síochána and has prioritised protocols in the following areas:
  − Legal protections in the context of legal abuse;
  − Procedures to follow when clients decline assistance;
  − Record-keeping;
  − Confidentiality;
  − Guidance on what constitutes ‘exceptional circumstances’ in cases of self-neglect’.

Protocols also need to be concluded with the Department of Social and Family Affairs, financial
institutions, and An Post (given its emerging role as a financial institution). In relation to all three,
protocols should explicitly include referral paths, information sharing and implementation
arrangements. In addition, protocols with the Department of Social and Family Affairs need to include
policies and procedures in relation to agents of pension and carers.
Measures within the HSE

The primary requirement is to develop clear linkages between the operational and coordination roles within the HSE. This is to ensure that there is a seamless interface between the dedicated elder abuse structures and wider services for older people.

- The new regional operational directors will be the key interface with the dedicated elder abuse structures. To strengthen this interface we recommend:
  - A review of decision-making and levels of authority on access to services for older people. This review identified multiple decision-points in securing access to services for older people. These need to be simplified and streamlined.
  - Strengthening protocol-based working within dedicated structures. The National Steering Committee is at an advanced stage in developing its planned protocols. We recommend that these are finalised and implemented as a matter of urgency and widely communicated. The DEAOs should take the lead in implementing them and supporting SCWs;
  - Strengthening protocol-based working with wider services for older people. This requires simplified decision-making processes and decision points;
  - Communicate the role of SCWs and DEAOs to the wider community of health professionals and others working with older people.

- All SCWs should be integrated within the new local team-based PCCC structure. There are various practices at present and it is recommended that they should be integrated at the appropriate point within PCCC.

- Develop professional supervision structures for all SCWs. The preferred option would be to arrange for Senior Social Workers to take responsibility for professional supervision of SCWs. However, this raises a number of complications and concerns which may make it unworkable. An alternative is to consider developing a peer model of professional supervision. This model would require clear structures and defined processes to be effective. The precise models can vary but they require regular meetings, clear agendas, assigned facilitators and agreed structures. Peer supervision can bring important benefits in terms of sharing practice, increased support for SCWs, consistency in standards of practice, greater understanding of roles and improved teamwork. Given current HSE travel restrictions, we recommend that alternative discussion models to supplement face-to-face meetings be actively promoted, notably through tele-conferencing, and that a working group be established to consider models of peer supervision.

- Fully resource dedicated elder abuse structures in line with the original recommendations of Protecting Our Future. This means filling outstanding vacancies in SCW and DEAO posts. Protecting Our Future recommended that SCWs report to DEAOs. We recommend either that these recommendations are implemented or that arrangements are put in place to streamline engagement with current line management structures to support operational delivery of elder abuse policies and procedures. We also recommend that the HSE considers the potential to allocate some of the staff that it is planning to deploy to provide secretarial support to SCWs in order to maintain case records and the HSE elder abuse database.

- Introduce risk assessment structures and processes in relation to the protection of older people building on the model applied to the protection framework for children, Children First.
- Extend the HSE elder abuse database to include data from all relevant HSE sources, e.g. *Trust in Care*, and inspections of residential and acute care facilities.

### 6.2.4 Developing performance-based accountability

The performance management framework needs to be developed to strengthen governance and performance-based accountability as follows:

- The Office for Older People should take the lead in developing performance indicators across all agencies. The National Centre for the Protection of Older People should be involved in advising on the composition of the performance indicators. These indicators will provide performance information at national, regional and local levels.

- The HSE elder abuse database should be expanded to include data from other agencies. In the first instance this should include data from An Garda Síochána and data from the new inspection framework on residential care.

- Monitoring and reporting arrangements based on performance indicators should be agreed between the Office for Older People and the National Steering Committee. The dedicated elder abuse structures should be responsible for monitoring performance in the HSE. In other agencies, the designated person with responsibility for elder abuse should monitor and report on performance to both their own accounting officers and to the HSE National Elder Abuse Steering Committee. Reports on performance should be included in reports from the Steering Committee to the Office for Older People and from the Office to the Cabinet Committee on Social Inclusion. In addition, Departmental/agency business and operational plans should include indicators on protecting older people. Annual output statements should include performance achieved under each indicator.

### 6.3 Accelerating progress under *Protecting Our Future*

The key areas requiring further progress are education and training, and prevention. In addition we have identified recommendations in relation to the legal framework, carers and dementia.

#### 6.3.1 Education and training

- The Office for Older People, with the HSE National Elder Abuse Steering Committee, should actively engage with professional bodies to ensure that the protection of older people is included in their undergraduate, postgraduate and CPD curricula. This means:
Devising an outline curriculum and reference sources for the key areas that should be covered in professional programmes including international research on forms of abuse, identifying symptoms, preventing abuse, addressing elder abuse, and appropriate referral paths. The key ‘targets’ should be professional bodies in the nursing, social work, legal, criminal justice, medical, and financial professions, as well as Fetac-accredited courses for Home Helps and Home Care Assistants. The outline curriculum will need to be tailored for the key professions given the forms of abuse they are likely to encounter. The Office for Older People will have a high-level, oversight role in relation to education and training. The National Centre for Protecting Older People should take a lead role in devising this outline curriculum and act as a resource to professional bodies as required. The HSE National Elder Abuse Steering Committee, working with nominated representatives across different sectors, should take the lead in liaising with professional bodies to implement the proposed curriculum. A lead contact within each professional body should be designated to liaise with the Steering Committee;

- Liaising with all professional bodies to communicate outline curriculum and implications for their specific professional qualifications.

The review also recommends that the National Steering Committee should:

- Expand its programme of training for SCWs and DEAOs to include detailed training on case work and burdens of proof required to substantiate cases, and updates on research from the National Centre for the Protection of Older People;
- Expand its programme of training to all health and allied professionals working with older people in the HSE;
- Develop a programme of training for key personnel interacting with older people in organisations other than the HSE. In the first instance this should involve training for key personnel in An Garda Síochána to complement roll-out of protocols.

6.3.2 Prevention

In order to prevent elder abuse, it is critical to have a more detailed understanding of the risk factors and prevalence of elder abuse in Ireland, and to use these understandings to inform prevention, education and training. Specific recommendations are as follows:

- The National Centre for the Protection of Older People should summarise what is known through the literature and Irish data about risk factors and how to address them. This summary should:
  - be widely distributed by the HSE to professionals working with older people, community and voluntary agencies working with older people or who are likely to come in contact with them, and dedicated information/advice centres such as the CIB.
  - inform future awareness programmes on protecting older people initiated by Cosc, the HSE, the Equality Authority, and community and voluntary organisations so that people are aware of the risk factors relating to abuse.

- The awareness raising and media sub-group of the HSE National Elder Abuse Steering Committee should collaborate closely with Cosc on prevention and public awareness campaigns.

- The HSE should develop a 3 year public awareness programme, building on its 2008 awareness campaign, and incorporating an evaluation process as appropriate.
6.3.3  The legislative framework

The draft Scheme of the Mental Capacity Bill is the next piece of major legislation relevant to elder abuse and we recommend that the observations and concerns of the Law Reform Commission be fully considered before it is enacted, particularly in relation to the establishment of a Guardianship Board. In addition, as there is evidence that the alleged abuser is typically close to the victim - in most cases their partner or family member – the report recommends that all elder abuse cases should be held in camera as this might encourage greater reporting of abuse.

The report also recommends that the Office for Older People should fully consider the best route to secure eligibility for services by older people. The Department of Health and Children is conducting an eligibility review in relation to all health services. This review recommends that the outcome of this eligibility review be given legal effect. A number of stakeholders proposed that there should be legislation to underpin the entitlements of older people to core community services as well as legislation to make elder abuse illegal. The legal framework underpinning child protection was identified throughout the review as an important strength of the child protection framework. While there are important distinctions between protection of children and older people, such legislation could strengthen the current protection framework for older people.

6.3.4  Recommendations on carers and dementia

The review notes that there are important developments in train relating to both carers and policy relating to dementia:

- Home care packages, including the support they provide to carers, are currently being independently reviewed. The findings of this review should be incorporated in policies to protect older people;
- The Department of Health and Children will be preparing a scoping document relating to dementia policy from mid-2009.

The review also notes that the draft National Carers' Strategy has not been published. Given the critical role of carers in interacting with older people and the risks associated with carer stress, this review recommends that, while it may not be possible to reactivate the strategy at this point, individual departments and agencies should review their own services for carers to see how they can be improved.
Home and community-based delivery of care services are becoming increasingly important. However, it is substantially unregulated to date but there are initiatives to address this. Given the scale and importance of carers in the lives of older people, we recommend that a more comprehensive and holistic approach to the suitability of carers and the quality of the care they provide is put in place. In particular, we recommend that the HSE and the Department of Social and Family Affairs investigate the feasibility of implementing a more holistic approach to assessing the suitability of carers and their care. The review recognises that it is important to distinguish between formalised, professional approaches to care and more informal caring arrangements that apply in many home situations. However, HSE data demonstrates that in most cases of elder abuse, the alleged abuser and the victim have a close family relationship and co-habit. In this context, it is important to investigate the scope for more rigorous assessment of the suitability of carers despite the potential implementation issues it raises.

6.4 Emerging areas of concern

The review considered four areas that emerged through consultation as key concerns: financial abuse, abuse; in residential care and acute settings; self-neglect; and incorporating protection of older people within a vulnerable adults framework. In this section we present recommendations in relation to: financial abuse; and abuse in residential care and acute settings.

In relation to self-neglect, the key requirement is for people to have access to services they require. Whether they opt to avail of those services is their choice unless they are assessed to have diminished mental capacity. Access to health and social care services for older people is a wider consideration that goes to the heart of the integrated health care agenda that is currently underway in the HSE. The review notes that the HSE has developed findings and recommendations in relation to self-neglect. This provides guidance on detecting self-neglect and how it fits with the wider HSE policy Responding to Allegations of Elder Abuse (see section 5.4.4).

In relation to the potential to incorporate protection of older people within a vulnerable adults framework, the recommendation is that this should not be considered at this point. A key finding from the review is that the elder abuse services are still not 'mature' enough to be incorporated within a wider framework without the considerable risk of diluting the service. While it has many strategic merits for the longer-term, and highlights the critical interface between disability, chronic conditions and ageing, applying a vulnerable adults framework raises considerable operational challenges for the HSE. However, the review recognises that some organisations, notably HIQA, are adopting a vulnerable adults model. We therefore recommend that this be kept under review by the Office for Older People and the HSE, particularly in the context of developing the Positive Ageing Strategy.

6.4.1 Financial abuse

This review identified financial abuse as the single most urgent area that needs to be addressed in the future. The view of professionals and others working with older people is that it is much more prevalent than the incidence figures would suggest.

The proposed Working Group on Financial Abuse with its independent chair should oversee implementation of the recommendations that follow. It will work through the Office for Older People.
In addition, the National Centre for the Protection of Older People should prioritise prevalence of financial abuse in Ireland and an understanding of the risk and mitigating factors. This can inform education, training and prevention as well as feedback from MABS.

**Individuals and their families**

Specific recommendations are as follows:

- Implement recommendations of the Law Reform Commission to introduce a requirement for separate legal advice for parties involved in the transfer of assets within families to protect the interests of older people;

- Consider the feasibility and benefits of the proposed MABS initiative to provide a financial abuse intervention service;

- Develop guidance for all professionals and groups interacting with older people to ensure that they can recognise the symptoms and triggers of financial abuse. This will particularly include the legal, financial, health and social work professions, as well as primary organisations interacting with older people. As outlined above, MABS should play a central role in developing these programmes.

**Financial institutions**

- Financial institutions should liaise with the proposed Working Group On Financial Abuse to identify potential triggers to detect unusual financial transactions that may alert people to a possible misuse. These triggers should then form the basis of discussion with financial institutions to examine scope for converting into system checks.

- Develop training and education programmes for people working in financial institutions. We recommend that:
  - The proposed Working Group on Financial Abuse should liaise with financial institutions, and their representative and professional bodies, to ensure that obligatory accredited education programmes such as the Qualified Financial Advisor programme are expanded to include financial abuse;
  - The Office for Older People should liaise directly with the training departments of the principal financial institutions to explore ways in which the symptoms and detection of elder abuse can be incorporated in the internal training programmes of financial institutions including An Post;
  - Protocols should be agreed between the HSE and financial institutions governing how SCWs should liaise with the financial institutions to address allegations or suspicions of financial abuse.

**Regulation**

- The Office for Older People should liaise with the Department of Finance to explore how new reporting requirements under the Government's banks guarantee scheme can incorporate recommendations in relation to financial abuse.

- The Department of Social and Family Affairs should develop a mechanism to regularly review 'agents of pension' to ensure that this process is not being abused by an agent.
6.4.2 Elder abuse in residential and acute care settings

There are significant developments underway in relation to the inspection framework for residential and acute care settings. The *National Quality Standards for Residential Care Settings for Older People* came into effect on 1 July 2009 and cover both public and private facilities. They include specific standards on the protection of older people and their finances (Standards 8 and 9). In addition, legislation is currently being enacted to give effect to the provisions of the Commission on Patient Safety and Quality Assurance report. HIQA is developing standards that will initially apply to acute hospitals in the public sector and will apply to acute hospitals in the private sector once legislation has been enacted. This review recommends that the standards will include guidelines for the prevention and detection of elder abuse.

In the light of these significant developments in the regulatory and inspection framework governing residential and acute care settings, this review recognises that they should provide a comprehensive framework for protecting older people in these settings. The review recommends that:

- The HSE National Elder Abuse Steering Committee liaises closely with HIQA on the development of standards to ensure that they reflect lessons from implementing measures to address elder abuse to date. The Steering Committee will also liaise with DEAOs and SCWs to ensure that the implications of the standards are reflected in internal protocols and procedures. In addition, it is recommended that:
  - The National Centre for Protecting Older People, in conjunction with the Office for Older People, should develop definitions and indicators for elder abuse in residential and acute settings;
  - Education and training for people working in residential and acute care settings should be strengthened to focus on the agreed definitions and indicators. SCWs and DEAOs should take the lead in delivering this training;
  - Linkages between SCWs and the residential and acute care settings in relation to the protection of older people should be strengthened.

- The HSE National Elder Abuse Steering Committee should liaise with HIQA to monitor implementation of the standards as they apply to the prevention and detection of elder abuse in these settings. Data on incidences of abuse within residential and acute care settings should be reported to the HSE and reflected in the elder abuse database.

- The Implementation Steering Group established to implement the report of the Commission on Patient Safety and Quality Assurance should take account of elder abuse, particularly with regard to its work on advocacy, training and adverse event reporting.

The objective is to ensure that the new inspection framework is integrated with the dedicated elder abuse structures. Once the legislation and standards have been enacted, the main focus will be to ensure that they are working effectively to protect older people. This will require close monitoring of the operation of the standards.

Finally the review notes the growing importance of home care for older people. This sector is as yet unregulated. However, there are independent reviews of home care packages currently underway which offer an important opportunity to address issues such as support for carers and Garda vetting of carers. The review recommends that the publication of these reports should coincide with the development of a regulation framework for home care settings.
Appendix A: Stakeholder Consultation

The review included an extensive consultation process at national level. The following organisations were consulted and a number made written submissions:

– Active Retirement Ireland
– Age Action Ireland
– Alzheimer Society of Ireland
– An Bord Altranais
– An Garda Síochána
– An Post
– Association of Occupational Therapy
– Consultant geriatricians (5)
– Cosc
– Dementia Services Information and Development Centre
– Department of Health and Children
– Department of Social and Family Affairs
– Elder Abuse National Implementation Group
– Financial Services Ombudsman
– Health Information and Quality Authority
– Health Service Executive
– Institute of Bankers
– Irish Association of Consultant Psychiatrists in Old Age Psychiatry
– Irish Association of Investment Managers
– Irish Association of Older People
– Irish Association of Social Workers
– Irish Bankers Federation
– Irish College of General Practitioners
– Irish Council for Social Housing
– Irish Financial Services Regulatory Authority
– Irish Payment Services Organisation
– Irish Senior Citizens Parliament
– Irish Society of Chartered Physiotherapists
– Irish Society of Physicians in Geriatric Medicine
– Law Reform Commission
– League of Credit Unions
– Local Government Management Services Board
– Money Advice and Budgeting Service
– National Centre for the Protection of Older People
– National Consumer Agency
– National Council on Ageing and Older People
– National Disability Authority
– Nursing Homes Ireland
– Office of the Ombudsman
– Older and Bolder
– Older Woman's Network
– Reach Out
– The Carers Association
– The Equality Authority
– The Law Society of Ireland
– The Pensions Board
– The Psychological Society of Ireland
– The Senior Helpline
# Appendix B: HSE Area Steering Groups

<table>
<thead>
<tr>
<th>Steering Group</th>
<th>Composition</th>
</tr>
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<tbody>
<tr>
<td>HSE South</td>
<td>HSE/health care personnel = 16. This includes 2 SCWs and 1 DEAO.</td>
</tr>
<tr>
<td>Total membership =</td>
<td>Voluntary hospital representative = 1</td>
</tr>
<tr>
<td>23</td>
<td>Cross-agency representatives:</td>
</tr>
<tr>
<td></td>
<td>– An Garda Síochána (x1)</td>
</tr>
<tr>
<td></td>
<td>– solicitor (x1)</td>
</tr>
<tr>
<td></td>
<td>– Alzheimers Society (x1)</td>
</tr>
<tr>
<td></td>
<td>– Carers Ireland (x1)</td>
</tr>
<tr>
<td></td>
<td>– DSFA (x1)</td>
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<tr>
<td></td>
<td>– private nursing home representative (x1)</td>
</tr>
<tr>
<td>HSE North East</td>
<td>HSE/health care personnel = 7</td>
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<tr>
<td>Total membership =</td>
<td>Cross-agency representatives:</td>
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<tr>
<td>14</td>
<td>– An Garda Síochána (x1)</td>
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<td>– solicitor (x1)</td>
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<td></td>
<td>– Alone (x1)</td>
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<td></td>
<td>– MABS (x2)</td>
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<td></td>
<td>– older persons network (x2)</td>
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<tr>
<td>HSE Mid-Leinster</td>
<td>HSE/health care personnel = 11. This includes 1 DEAO.</td>
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<td>Total membership =</td>
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<tr>
<td>17</td>
<td>– An Garda Síochána (x1)</td>
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<tr>
<td></td>
<td>– solicitor (x1)</td>
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<tr>
<td></td>
<td>– active retirement representative (x1)</td>
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<tr>
<td></td>
<td>– Age Action representative (x1)</td>
</tr>
<tr>
<td></td>
<td>– home care representative (x1)</td>
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<tr>
<td></td>
<td>– Nursing Homes Ireland (x1)</td>
</tr>
<tr>
<td>HSE West</td>
<td>HSE/Health care personnel = 18. This includes 2 SCWs and 1 DEAO.</td>
</tr>
<tr>
<td>Total membership =</td>
<td>Cross-agency representatives:</td>
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<td>Steering Group</td>
<td>Composition</td>
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<tr>
<td>24</td>
<td>– An Garda Síochána (x1)</td>
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<td>– solicitor (x1)</td>
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<td></td>
<td>– The Carers Association (x1)</td>
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<td></td>
<td>– Alzheimer Society (x1)</td>
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<td></td>
<td>– nursing home representative (x1)</td>
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<td>– active retirement (x1)</td>
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