



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

HSE Information Line

1850 24 1850

Website

www.hse.ie



OPEN YOUR EYES - *There is No Excuse for Elder Abuse*

HSE Elder Abuse Services 2012



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

OPEN YOUR EYES



There is No Excuse for Elder Abuse

HSE Elder Abuse
Services 2012



Table of Contents

FOREWORD	3
1.0 THE HSE ELDER ABUSE SERVICE	4
1.1 Introduction	4
1.2 Definition	4
1.3 Elder Abuse Service Structure	5
1.3.1 National Elder Abuse Steering Committee	5
1.3.2 Area Elder Abuse Steering Groups	5
1.3.3 Dedicated Officers for the Protection of Older People	5
1.3.4 Senior Case Workers for the Protection of Older People	5
2.0 HSE ELDER ABUSE WORKING GROUPS	6
2.1 Media and Public Awareness Working Group	7
2.1.1 Campaign Elements	7
2.1.2 Open Your Eyes, HSE Elder Abuse Services 2011	8
2.1.3 Say No to Ageism Campaign	8
2.1.4 'Open Your Eyes', Elder Abuse National Conference marking World Elder Abuse Awareness Day	11
2.1.5 Advertising and Publicity	15
2.1.6 HSE Website – Elder Abuse Section	15
2.1.7 The HSE Information Line	15
2.2 Policies, Procedures, Protocols and Guidelines Working Group	16
2.2.1 Responding to Allegations of Elder Abuse: HSE Elder Abuse Policy 2012	16
2.2.2 Data Collection Procedure for Elder Abuse Cases Being Dealt with by Staff other than Senior Case Workers for the Protection of Older People 2012	16
2.2.3 Revision of Elder Abuse Data Collection Forms: Form 5 Record of Initial Referral and Form 6 Follow-up on Record of Initial Referral	17
2.3 HSE Staff Awareness and Curricula Working Group	17
2.3.1 Elder Abuse Training Programmes	17
2.3.2 Elder Abuse Awareness Raising Workshops / Presentations	18
2.3.3 Training Data	19
2.3.4 Elder Abuse Trainers	21
2.3.5 Specialised Sectoral Training	23
2.4 National Financial Abuse of Older Persons Working Group	26
2.4.1 Members of the National Financial Abuse of Older Persons Working Group	27
2.4.2 Financial Abuse of Older Persons Report	27
3.0 THE NATIONAL CENTRE FOR THE PROTECTION OF OLDER PEOPLE	28
3.1 Introduction	28
3.2 Constitution and Governance	29
3.2.1 HSE/UCD Governance Structures	29
3.2.2 International Advisory Group	29
3.2.3 User Group	29
3.3 Research Projects Year Three (October 2010 – September 2011)	30
3.3.1 Completed Studies	30
3.3.2 Completed Reviews	30

3.4	Activities Year Three	30
3.4.1	Studies	30
3.4.2	Reviews	31
3.5	Older People in Residential Care Settings – Results of a National Survey of Staff-Resident Interactions and Conflicts	32
3.6	Dissemination	33
3.7	NCPOP Seminar Series 2011/2012	33
3.8	NCPOP Website Development	34
3.9	NCPOP Newsletter	34
3.10	Conference Presentations	35
4.0	ELDER ABUSE NATIONAL REFERRALS	36
4.1	Methodology of Data Collection	36
4.2	Update on 2011 Referrals	37
4.3	Total Referrals 2012	38
4.3.1	Gender/Age Classification	40
4.3.2	Reason for Referral	40
4.4	Analysis of Total Referrals 2011 Excluding Absolute Self-Neglect	43
4.4.1	Age and Gender	43
4.4.2	Referral Characteristics	43
4.4.3	Characteristics of Person Causing Concern	46
4.4.4	Status and Outcome of Cases	47
4.4.5	An Garda Síochána & Legal Involvement	49
4.4.6	Issues and Interventions for Client	50
4.4.7	Issues and Interventions for the Person Causing Concern	51
4.5	Self-Neglect	51

REFERENCES

Appendices

- Appendix 1: Membership of the National Elder Abuse Steering Committee
- Appendix 2: ‘Open Your Eyes’ Elder Abuse National Conference Programme
- Appendix 3: Membership of the Policies, Procedures, Protocols and Guidelines Working group
- Appendix 4: Elder Abuse Record of Initial Referral: Form 5
- Appendix 5: Elder Abuse Follow Up on Record of Initial Referral: Form 6
- Appendix 6: National Centre for the Protection of Older People: Studies and Reviews

FOREWORD



The HSE’s elder abuse services continued its work in 2012. This has been a particularly difficult year across the HSE with shrinking budgets and diminishing numbers of staff. Nevertheless, the number of referrals to the elder abuse service continued its upward pattern, with a total of 2,460 referrals in 2012, an increase of 7% on 2011.

The continuing increase in referrals to the service, combined with the very complex nature of the majority of the referrals, poses a significant challenge to the services and, in particular, to those dealing on a daily basis with individuals affected by abuse. I would like to acknowledge the commitment of the HSE’s Senior Case Workers and Dedicated

Officers for the Protection of Older People in continuing to provide a service to an ever-increasing number of people.

Despite the annual increases in the number of referrals, the recent prevalence report by the National Centre for the Protection of Older People would indicate that there is likely still significant under-reporting of abuse.

The HSE has continued its efforts to raise awareness of the issue of elder abuse and the behaviours and attitudes that contribute to it. Awareness raising activities have included participation in the annual *Say No to Ageism* campaign and co-hosting the annual conference to coincide with *World Elder Abuse Awareness Day*. In addition, this report on the HSE’s elder abuse service, which is published annually, serves as an awareness and education tool for healthcare professionals and those advocating for, and working and interacting with older people.

Training of staff, both within and external to the HSE has continued. In 2012, training has been provided to over 6,000 individuals. This is a substantial number, particularly in a period when there have been restrictions on travel and training. The HSE’s policy on elder abuse – *Responding to Allegations of Elder Abuse* – was revised and updated in 2012 and is available on the HSE website.

The HSE continued its funding for the National Centre for the Protection of Older People (NCPOP) in University College Dublin. The NCPOP has continued its valuable work in creating a knowledge base on the issue of elder abuse. It has carried out a large number of reviews and conducted significant research on the issue. One of the main studies it conducted in 2012 was entitled *Older People in Residential Care Settings – Results of a National Survey of Staff-Resident Interactions and Conflicts*. A number of recommendations were made as a result of this study and the National Elder Abuse Steering Committee will review these as part of its work in 2013.

In addition to the initiatives and ongoing work outlined above, the National Financial Abuse of Older Persons’ Working Group continued its work and a detailed and comprehensive report into financial abuse is almost finalised. This report is likely to be published in 2013.

As we move into 2013, we must continue our efforts to combat the issue of elder abuse despite the significant challenges that confront us. Elder abuse has far-reaching consequences for older people. If left unchecked, it can reduce the life span of an individual and, in all cases, negatively impacts on the quality of life of the victims. Elder abuse increases social isolation which, in turn, has been associated with greater levels of abuse. “Like any other form of abuse, elder abuse is a violation of human rights and a significant cause of injury, illness, lost productivity, isolation and despair” (*A Global Response to Elder Abuse and Neglect, WHO, 2008*).

I would like to acknowledge the work of all involved in the elder abuse services, particularly the Senior Case Workers, Dedicated Officers, researcher, administrative staff, the members of the National Elder Abuse Steering Committee, the members of the Area Elder Abuse Steering Groups and the NCPOP.

Frank Murphy, Chair, National Elder Abuse Steering Committee

1.0 THE HSE ELDER ABUSE SERVICE

1.1 Introduction

This is the fifth year of reporting on the activities, developments and referrals within the HSE's elder abuse service. This report tracks the efforts to progress the achievement of service goals such as increased awareness of the issue of elder abuse among a varied target audience, the development of policy documents to give structure to the service response and research to inform future service direction. In addition, analysis of referrals assists in gaining insight into the nature and type of abuse being perpetrated, where abuse occurs, characteristics of both the abused and the abuser, and the range and type of supports offered and availed of by older people.

This past year has been a challenging one for the HSE and the elder abuse service. Funding pressures have impacted on the service's ability to deliver on a range of activities and training. It is likely that these funding pressures will continue for the foreseeable future and it is important that we find creative and innovative ways to achieve our goals and objectives.

However, despite the challenges, the service continues to assist an increasing number of people and to engage, where possible, in awareness and education on elder abuse.

1.2 Definition

Elder abuse is defined 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.”

‘Protecting our Future’, Report of the Working Group on Elder Abuse, (2002)¹.

The different types of abuse, which may result from deliberate intent, neglect, thoughtlessness or ignorance were categorised in *Protecting Our Future*¹ as follows:-

- **Physical abuse**, including slapping, pushing, hitting, kicking, misuse of medication, inappropriate restraint (including physical and chemical restraint) or sanctions.
- **Sexual abuse**, including rape and sexual assault or sexual acts to which the older adult has not consented, or could not consent, or into which he or she was compelled to consent.
- **Psychological abuse**, including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.
- **Financial or material abuse**, including theft; fraud; exploitation; pressure in connection with wills, property or inheritance, or financial transactions; or the misuse or misappropriation of property, possessions or benefits.
- **Neglect and acts of omission**, including ignoring medical or physical care needs, the withholding of the necessities of life, such as medication, adequate nutrition and heating.
- **Discriminatory abuse**, including ageism, racism, sexism, that based on a person's disability, and other forms of harassment, slurs or similar treatment.

*Protecting Our Future*¹ does not include self-neglect as this was not set out in the terms of reference for the Working Group. However, since self-neglect has been the second most reported reason for referral to the HSE elder abuse service since 2008 (approx. 20% of all referrals), the HSE's National Elder Abuse Steering Committee developed a policy to guide responses to cases of extreme self-neglect. Self-neglect is defined in the policy as *“the inability or unwillingness to provide for oneself the goods and services needed to live safely and independently”*².

1.3 Elder Abuse Service Structure

The structure of the HSE's elder abuse service is largely based on the recommendations contained within *‘Protecting our Future’, Report of the Working Group on Elder Abuse (2002)*¹.

1.3.1 National Elder Abuse Steering Committee

The National Elder Abuse Steering Committee, established in 2007, oversees the HSE's elder abuse service nationally and works to ensure that the recommendations contained within *Protecting our Future*, as well as those contained within the review of that report in 2009 - *‘Protecting our Future, Review of the Recommendations of the Report of the Working Group on Elder Abuse’*³ - are implemented. The Committee has a multi-agency and multi-disciplinary membership to enable it to address specific, emerging or complex elder abuse issues sometimes outside the scope of the HSE.

1.3.2 Area Elder Abuse Steering Groups

The work of the Committee is supported at regional level by four Area Elder Abuse Steering Groups based in the four HSE administrative areas, i.e. HSE West, HSE South, HSE Dublin Mid Leinster and HSE Dublin North East. These Groups ensure local implementation of nationally agreed approaches to elder abuse and resolve any significant issues arising in their own areas or bring these to the attention of the appropriate forum. They act as a conduit for communication between local agencies, advocacy groups and the National Committee.

1.3.3 Dedicated Officers for the Protection of Older People

The workings of the National Elder Abuse Steering Committee and the Area Elder Abuse Steering Groups are supported by Dedicated Officers for the Protection of Older People. These Officers are largely responsible for policy and protocol development, training, advice and consistency in application of elder abuse policies, procedures and guidelines.

1.3.4 Senior Case Workers for Protection of Older People

Senior Case Workers for the Protection of Older People (SCWs) assess all referrals of alleged elder abuse reported to them and work in a sensitive and respectful manner in trying to resolve elder abuse issues. This may involve complex interactions with family, neighbours, friends, other healthcare staff, businesses and the legal profession.

Currently, there are 28 SCWs in post. Vacancies exist in the Local Health Offices of North Central Dublin, North Dublin, Kildare/West Wicklow and West Cork. Where there is no SCW, referrals are co-ordinated through the General Manager with onward referral to the appropriate service for follow up.

2.0 HSE Elder Abuse Working Groups

Reports consistently and universally advocate the importance of increasing elder abuse awareness and education. Indeed, many studies have proposed that awareness raising and education are the most powerful weapons in the battle against elder abuse.

The WHO European Report on Preventing Elder Maltreatment advocates that *“more resources need to be devoted to developing and implementing strategies to reduce elder maltreatment. There is some initial promising evidence in some areas, such as training and supporting professional and family caregivers and promoting positive attitudes towards older people.”* The Report further states that *“social marketing, mass media and education programmes should be used to raise awareness of the effects of maltreatment and to promote a healthy ageing approach to overcome negative stereotyping. The use of mass media might help to turn an often hidden and neglected problem into something more noticeable and less tolerable within society. Raising awareness of maltreatment and challenging negative societal attitudes towards older people are both important steps to developing effective protection against elder maltreatment.”*⁴ The report also highlights the need for a strengthened policy response.

In Ireland, the 2010 study by the NCPOP entitled *‘Abuse and Neglect of Older People in Ireland, Report on the National Study of Elder Abuse and Neglect’*⁵, indicated that a multi-agency approach is needed to produce a multifaceted response to target prevention, with a focus on resolving the mistreatment. The responsibility for responding to elder abuse is, therefore, shared across the whole of society.

The National Elder Abuse Steering Committee established a number of working groups to address specific elder abuse issues and develop strategies and interventions for prevention and response. The working groups cover:

- Media and Public Awareness
- Staff Awareness and Curricula
- Policies, Procedures, Protocols, and Guidelines
- National Financial Abuse of Older Persons

During 2012 these Groups have continued to progress work in their areas and deliver on their work plan. The activities of these Groups during 2012 are outlined below.

2.1 Media and Public Awareness Working Group

The HSE has undertaken three media and public awareness campaigns since 2008 to raise awareness and understanding of elder abuse within Irish society and to assist older people to speak out about abuse. In that time, the topic of elder abuse has been publicised through a variety of media outlets, including newspapers, television and radio.

The NCPOP report - *‘Abuse and Neglect of Older People in Ireland, Report on the National Study of Elder Abuse and Neglect’*⁵ - supports the need for increased awareness of the issue of elder abuse - *“individual and family level protection is derived from understanding. . .and being informed on the topic”* and advocates a need for emphasis on empowering the older person through education and awareness.

Referrals to the HSE’s elder abuse service have increased each year since this data has been gathered. There were 2,460 referrals received in 2012, an increase of 33% since 2008. This is evidence of the value of awareness raising efforts. However, with HSE referrals at less than one third of the suggested prevalence rate (2.2%)⁵ further efforts are required to promote prevention, expand the recognition and understanding of elder abuse and encourage reporting.

2.1.1 Campaign Elements

Several key elements designed to attract media attention, assist professional recognition and response, inform and educate the general public and specific community groups are outlined below:

- Launch of *‘Open Your Eyes, HSE Elder Abuse Services 2011’* publication.
- *Say No to Ageism Week*, May 30th – June 3rd.
- National conference to mark *World Elder Abuse Awareness Day* on June 15th in University College Dublin, in collaboration with the National Centre for the Protection of Older People (NCPOP), and the International Network for the Prevention of Elder Abuse (INPEA).

2.1.2 Open Your Eyes, HSE Elder Abuse Services 2011



The fourth HSE Elder Abuse Services document was launched in May, 2012. This report, which has been produced annually since 2008, outlines the key developments in the elder abuse service and details the efforts and advances in areas such as awareness raising and training. Particular work undertaken by working groups on behalf of the National Elder Abuse Steering Committee is also detailed. The document also highlights the work of the National Centre for the Protection of Older People and provides information on the key research studies and reports that were produced which continue to broaden our understanding of elder abuse and its nature, prevalence and effect on older people in Ireland.

◀ *'Open Your Eyes – HSE Elder Abuse Services 2011' document.*



As always, the report presents referrals of alleged elder abuse received by the elder abuse service and provides a comprehensive analysis of the data giving a greater insight into the types of abuse being alleged, where abuse is happening and the perpetrators involved. The statistics also show the outcomes of cases and the type of supports offered. Issues identified for the alleged perpetrators are also presented.

This data is integral to the provision of information on referral patterns and management of cases within the HSE. It contributes to the development of policy, service provision and public awareness.

▲ Pictured left to right are Mr. Carsten Kohl and Ms. Aisling Coffey, Senior Case Workers for the Protection of Older People, HSE

2.1.3 Say No to Ageism Campaign

Preventative steps can be taken to minimise the risk of neglect and abuse by planning for future health, care and financial needs and by staying connected to the community, but the eradication of elder abuse can only be achieved if addressed as a societal and a human rights issue. All age groups need to be engaged on this issue in order to challenge any negative perceptions of ageing and older people. It is only when society as a whole considers how it values and includes older people that a genuine shift in attitude and treatment of older people can be attained.

According to the World Health Organisation (WHO) and the International Network for the Prevention of Elder Abuse (INPEA), (*Missing Voices: View of Older Persons on Elder Abuse, 2002^a*), elder abuse is one of the most extreme forms of ageism and remains one of the least recognised forms of oppression.

Ageist practices and attitudes are manifested in relationships with older people. This can lead to situations where older people are constantly 'protected' and their thoughts interpreted. It can generate relationships with older people that can be characterised by lack of consultation, dependence, patronising behaviour, neglect and even abuse. One of the reasons why abuse is linked to ageism is that it places the victim outside categories of belonging and this places

constraints on acceptable social behaviour (*Biggs et al. 1995^a*). "Confronting ageism is central to understanding and confronting abuse" (*Biggs and Philipson, 1994^b*)

Ageism has significant effects on older people. The stereotyping of older people by language, behaviour, policies and practices affects their self-esteem, and they may start to perceive themselves in the same way that others in society see them, eroding their confidence and limiting their potential. Sadly, it also deprives society of the benefit of the skills, knowledge and experience that many older people have accumulated.

Changing public attitudes, and the attitudes of commercial and public sector bodies towards ageing, and promoting contact between older and younger generations, requires dedicated action.

The *Say No to Ageism* campaign is one measure developed to tackle ageism in Irish society. It is a collaborative initiative between the Equality Authority, the HSE and the Department of Health. The campaign, which entered its ninth year in 2012, is designed to promote and increase awareness and understanding of ageism, and of how it excludes older people from participating in, and contributing to, society.

Say No to Ageism Week was particularly significant this year as 2012 has been designated *European Year of Active Ageing and Solidarity between Generations (EY 2012)*. The overall aim for EY 2012 is to promote active ageing and to do more to mobilise the potential of the rapidly growing population in their late 50s and over, across Europe.

The aims of *Say No to Ageism Week* are aligned to those of EY 2012 in that the campaign seeks to promote positive attitudes to ageing and older people and challenge negative stereotypes and discriminatory practices that can exclude older people from society. It is a very important campaign, as unchallenged, ageism can lead to a culture where abuse is tolerated.



Say No to Ageism Week 2012 took place from 4th–8th June and was supported through funding from the European Union Programme for Employment and Social Solidarity – PROGRESS and by funding from the partners.

The campaign was formally launched on the 5th June at an event held in the Equality Authority offices by Minister of State Fergus O'Dowd TD who represents Louth, Ireland's age friendly county.

◀ Picture (L to R) Mr. Paschal Moynihan, HSE, Minister of State Fergus O'Dowd TD and Ms. Renée Dempsey, Chief Executive of the Equality Authority at the launch of *Say No to Ageism Week* 2012

Speaking at the launch, Mr. Christy Lynch, Vice Chairperson of the Equality Authority stressed that the campaign was an important opportunity to remind everyone of the consequences of ageism, both in service provision and in wider society, and that this was the time to renew the commitment to combating ageism in society.

With 2012 being *European Year of Active Ageing and Solidarity between Generations*, he emphasised the Authority's active support for the ambitions for the year on a national level. "Negative stereotyping", he said, "is a particular label that is imposed on young and older people. Stereotyping comes from ill-informed attitudes and the promotion of a flawed analysis that categorises people rather than assesses each individual on his/her merits". He added that age

is one of the nine grounds protected from discrimination in employment and in the provision of goods and services under Irish equality legislation. He noted that Ireland was the first EU country to introduce such protection.

The HSE also reaffirmed its commitment to, and support of, the week stating that the 2012 Campaign and the designation of the year as *European Year of Active Ageing and Solidarity between Generations* would provide a framework for policy development and concrete action to enable EU member states and stakeholders at all levels to develop and share innovative solutions, policies and long-term strategies related to active ageing and intergenerational solidarity. Paschal Moynihan of the HSE stressed that *“age must not be a deciding factor in how people live their lives. It is merely a number and should not be used or perceived as a barrier to enjoyment, fulfilment or participation.”*



◀ Say No to Ageism poster 2012

Say No to Ageism Week 2012 also hosted a second national seminar on age and the insurance sector entitled *Attitudes to Health and Age in Insurance Provision*.

The Insurance sector is very important as it facilitates the ongoing participation by people who wish to travel or drive safely and who need assistance when ill. However, many decisions appear to be made on age grounds rather than on the capacity of the individual, especially in the areas of health and travel insurance.

The seminar for the 2012 *Say No to Ageism Week* acknowledged the *European Year for Active Ageing and Solidarity between Generations* by focussing on the two ends of the age spectrum, older people and young people and how age factors are considered in providing insurance. The seminar also explored the contradiction in policy where independence amongst the young and continuing independence amongst older people is encouraged, only for barriers such as expensive insurance to be encountered as they try to live independent lives within the community or while travelling abroad.

The sector's insurance providers actively engaged with the campaign this year and guest speakers included Mr. John Armstrong, Health Economist and Actuary from Aviva Health Insurance, Mr. Paul McDonnell, Head of EU and Regulatory Affairs, Irish Insurance Federation and Mr. Tom Comerford, Deputy Financial Services Ombudsman. Ms. Mary Honan, Barrister at Law, provided a legal perspective on the positive impact equality legislation has had nationally and internationally on improving access to insurance for people of all ages.

The *Say No to Ageism* Campaign was delighted to welcome Professor Charles Normand, Professor of Health Policy and Management, Trinity College Dublin to give an update on the TILDA Project to seminar delegates. The Irish Longitudinal Study on Ageing (TILDA) is a study of a representative cohort of over 8,500 people resident in Ireland aged 50+, charting their health, social and economic circumstances over a 10-year period. The second wave of data collection commenced this year. TILDA is unique amongst longitudinal studies internationally in the breadth of physical, mental health and cognitive measures collected.

Public awareness of the 'Say No to Ageism' message was achieved through a variety of means. Outdoor advertising conveying the 'I Say No to Ageism' message was placed nationwide at strategic locations such as major billboard and advertising locations. Stakeholders from the transport sector

(Dublin Bus, Veolia and Irish Rail) provided advertising space on their transport network at no financial cost. *I Say No to Ageism* posters were distributed throughout the HSE network to key locations such as health centres, day centres, public hospitals and public residential facilities and staff were encouraged to promote an age-friendly and inclusive service and to challenge ageism and abuse. Extensive media interviews were also conducted that generated debate on radio and in print and helped bring the issue of ageism to a mainstream audience. Online media channels such as Twitter and Facebook were also utilised to get the message to a wider audience.

Ageism has been described as the last great "ism" to be challenged. Like racism and sexism, ageism has no place in a modern and civilised society and it should be challenged at every turn.

2.1.4 'Open Your Eyes,' Elder Abuse National Conference marking World Elder Abuse Awareness Day

World Elder Abuse Awareness Day (WEAAD) is held annually on June 15th in support of the United Nations International Plan of Action which recognises the significance of elder abuse as a public health and human rights concern.

WEAAD was instigated by the International Network for the Prevention of Elder Abuse (INPEA) to raise awareness about elder abuse and to promote comprehensive global responses and it is now ratified by the United Nations.

The day serves as a call to action for all individuals, organisations and communities to raise awareness about abuse, neglect and exploitation of older people.



To coincide with World Elder Abuse Awareness Day, the HSE, together with the National Centre for the Protection of Older People (NCPPOP), and the International Network for the Prevention of Elder Abuse (INPEA), hosted a national conference on the issue of Elder Abuse in the Health Sciences Centre, UCD on June 14th.

This was the third national conference hosted in Ireland. It offered an opportunity to increase learning and broaden understanding of the issue, listen to experts in the field present key research findings and learn of new developments in addressing and preventing abuse. In addition, it offered an insight into the profile of elder abuse referrals that are being responded to by Senior Case Workers.

◀ 'Open Your Eyes' National Elder Abuse Conference Programme

The Minister for Older People, Ms. Kathleen Lynch stated her support for events that continue to raise awareness of elder abuse and expressed the need *“... to continue to educate people to recognise the fine line between bad behaviour and elder abuse and to empower older people by providing information on minimising the risks associated with elder abuse”*. The Minister also urged anyone who has concerns to report them to the Health Service Executive.

The opening address at the national conference was delivered by Mr Niall Crowley, an independent equality and diversity expert, and former Chief Executive of the Equality Authority. The conference was also addressed by speakers from the National Centre for the Protection of Older People and the HSE.



▲ Pictured from left to right: Ms. Sarah Mahon, HSE; Mr. Niall Crowley, Independent Equality and Diversity Expert; Ms. Brenda Hannon, HSE; Deputy Commissioner of An Garda Síochána, Nacie Rice; Mr. Paschal Moynihan, HSE; Lord Mayor of County Cork, Counsellor Terry Shannon; Dr. Hugh Brady, President, UCD; Dr. Martin McNamara, Dean and Head of UCD School of Nursing, Midwifery & Health Systems, UCD; Dr. Amanda Phelan, INPEA; Professor Gerard Fealy, NCPOP at UCD; Professor Pearl Treacy, NCPOP at UCD; Professor Jill Manthorpe, Professor of Social Work, Kings College, London; Ms. Maura McCrudden, Senior Case Worker, HSE; Dr. Attracta Lafferty, NCPOP at UCD; Ms. Bridget McDaid, HSE and Ms. Marguerite Clancy, HSE.

The keynote address was delivered by Ms. Jill Manthorpe, Professor of Social Work at Social Care Workforce Research Unit, King's College, London who spoke about the various interventions available to older people who have experienced abuse. Ms. Manthorpe also spoke about the interventions offered to the perpetrators of abuse as well as preventative interventions to support those caring for older people. She discussed how these interventions can serve to reduce the risk of elder abuse as well as how they can contribute to rebuilding trust and restoring relationships within families.

Mr. Des Hogan, Acting Chief Executive of the Human Rights Commission, delivered the conference response. He framed elder abuse within a human rights context and spoke of the need for social policy to respect the capacity and independence of older people. He welcomed the current negotiations that are taking place on a UN convention on the rights of older people and felt that this would bring clarity to the rights of older people as well as outline the responsibility to protect them. Mr. Hogan echoed Ms. Jill Manthorpe's sentiments and outlined more immediate preventative measures that can be taken, such as addressing the isolation and exclusion of older people from society, the active prevention of age discrimination, supporting and educating those involved in caring, sharing learning of key professionals, providing supports for whistleblowers and improving advocacy for older people. He acknowledged that many challenges lay ahead but with continued commitment by local communities and by society in general then older people could achieve their right to live in dignity.



The National Centre for the Protection of Older People launched its report 'Older People's Experiences of Mistreatment and Abuse' at the conference. Referring to the report, Professor Gerard Fealy, Director of the NCPOP, said that "research into elder abuse should include studies that give voice to the victims of elder abuse". He said that the report provides accounts of abuse, as experienced by older people themselves.

In the report, older people spoke about the nature of their abusive experiences, the impact of the abuse on them, the outcomes of the abuse and their experiences of support. They also spoke about the strategies that they used to help them to cope with their experiences.

◀ NCPOP publication, Older Peoples' Experiences of Mistreatment and Abuse

Mr. Frank Murphy, Chair of the HSE's National Elder Abuse Steering Committee, stated that "The conference is part of the HSE's continued efforts to raise public awareness of the issue of elder abuse and to highlight that abuse of older people, in any way, is unacceptable. In 2011, the HSE received over 2,300 referrals of elder abuse to its service. This represents a 9% increase on the number of referrals in 2010 and the fourth consecutive annual increase in referrals. Most of the alleged victims of abuse were female and there was a higher referral rate in the over 80s age group."

Dr. Amanda Phelan, UCD, Co-Director, NCPOP and Irish INPEA representative stated that 'elder abuse affects many Irish older people. INPEA's goal is to raise awareness on the topic and ensure older people enjoy a life free from abuse. The conference forms part of the Irish INPEA activities for World Elder Abuse Awareness Day, June 15th'.

The event was attended by a large cross-section of society, including representatives from the HSE, private nursing homes, An Garda Síochána, the Law Reform Commission, the Law Society, the Department of Health, the Department of Social Protection, financial institutions such as the Irish Banking Federation and the Irish League of Credit Unions, the Insurance Industry Federation, An Post and older persons' voluntary and community groups.



▲ Delegates at the HSE, NCPOP and INPEA National Elder Abuse Conference marking World Elder Abuse Awareness Day 2012



This year, as part of the conference pack, each delegate received a purple ribbon to wear to mark World Elder Abuse Awareness Day. The International Network for the Prevention of Elder Abuse promotes the wearing of the purple ribbon to signify a person's stance against elder abuse.

◀ World Elder Abuse Awareness Day Purple Ribbon

As part of the conference proceedings, the Lord Mayor of Dublin, Counsellor Andrew Montague; the Lord Mayor of County Cork, Counsellor Terry Shannon; the Deputy Commissioner of An Garda Síochána, Nacie Rice; and Dr. Martin McNamara, Dean and Head of the UCD School of Nursing, Midwifery & Health Systems signed the INPEA Proclamation Against Elder Abuse.



▲ Pictured from left to right (back): Mr. Frank Murphy, Chair, HSE National Elder Abuse Steering Committee; Dr. Amanda Phelan, UCD; Deputy Commissioner of An Garda Síochána, Nacie Rice; Professor Pearl Treacy, NCPOP; Professor Gerard Fealy, NCPOP; Mr. Paschal Moynihan, HSE; Dr. Martin McNamara, Dean and Head of UCD School of Nursing, Midwifery & Health Systems; (front) Lord Mayor of County Cork, Counsellor Terry Shannon; Lord Mayor of Dublin, Counsellor Andrew Montague



A number of information stands were also available on the day to allow delegates to browse information on several voluntary organisations that provide services to older people such as Age Action Ireland, Caring for Carers Ireland, Alzheimer Society of Ireland, COSC and Muintir na Tíre. Delegates also had the opportunity to engage with the HSE's Senior Case Workers in an informal setting.

◀ Exhibition Area at the National Conference marking World Elder Abuse Awareness Day 2012

A total of 220 delegates attended the national conference. Although this was down 19% from 2011, the number of people connecting to the conference via live streaming on the National Centre for the Protection of Older People's website increased by 99% demonstrating the growing interest in the issue and the importance of enabling alternative access to the information presented at the conference.

Of the 220 delegates at the conference, 45.9% completed an evaluation form. 61% rated the conference as very good to excellent, with 80% stating that the conference increased their knowledge of elder abuse.

2.1.5 Advertising & Publicity

All the above events generated significant media interest and were, in turn, supported by press releases and media interviews.

2.1.6 HSE Website – Elder Abuse Section

The HSE website continues to host a wealth of information on elder abuse. Following its redevelopment in 2011, the elder abuse section (www.hse.ie/go/elderabuse) on the HSE website has expanded the information available online and has grouped this into easily navigable sections. All HSE elder abuse publications are available to view online or to download. Contact details for Senior Case Workers, the HSE Information Line and contact details for the ordering of materials and general queries are also available. In 2012, information on elder abuse on the HSE website was accessed 32,593 times, an increase of over 35% from 2011.



▲ HSE Elder Abuse Section on www.hse.ie

2.1.7 The HSE Information Line

All publicity, information and education material featured the HSE Information Line contact number - 1850 24 1850 - and the HSE website address (www.hse.ie). The HSE Information Line received a total of 358 calls relating to elder abuse in 2012, an increase of 7% in calls from the previous year.

2.2 Policies, Procedures, Protocols and Guidelines Working Group

The Policies, Procedures, Protocols and Guidelines (PPPG) Working Group is a sub group of the National Elder Abuse Steering Committee. The sub group was established in 2008 in order to develop PPPGs to help guide and assist those in assessing and dealing with elder abuse concerns.

2.2.1 Responding to Allegations of Elder Abuse: HSE Elder Abuse Policy 2012

In 2011, the National Elder Abuse Steering Committee agreed it was timely to revise the HSE Elder Abuse Policy which was originally drafted in 2007. Following extensive consultation with stakeholders, this revision was finalised in 2012.

The main changes to this policy included:

- Clearer roles and responsibilities set out for senior managers, line managers and all staff.
- Enhanced procedures for staff on receiving and responding to allegations, suspicions or evidence of abuse or neglect.
- Updated procedure for alleged abuse in designated centres for older people and HIQA notifications.
- Guidelines on when to notify An Garda Síochána.
- Provision for elder abuse cases being managed by staff other than Senior Case Workers to be included in national elder abuse data returns.

2.2.2 Data Collection Procedure for Elder Abuse Cases Being Dealt With by Staff Other Than Senior Case Workers for the Protection of Older People 2012

The HSE's Elder Abuse Policy (2012) recognises that elder abuse concerns may, in some instances, be managed by staff other than Senior Case Workers (SCW).

“Some cases will not necessitate referral to SCW if assessment can be appropriately managed by the service involved, where an appropriately qualified professional (as designated by Integrated Service Area Manager), is available, e.g., Director of Nursing / Director of Public Health Nursing / Principal Social Worker.”

Where this has been happening it did not form part of the elder abuse referral numbers as only SCW referrals were counted. This procedure will now facilitate the inclusion of these cases in our elder abuse data.

The Dedicated Officer in each HSE area liaises directly with professionals involved regarding data collection requirements and coding for cases.

2.2.3 Revision of Elder Abuse Data Collection Forms: Form 5 Record of Initial Referral And Form 6 Follow-Up on Record of Initial Referral

A small subgroup of the PPPG working group was established in 2012 tasked with revising the data collection forms and their associated explanatory notes. These forms, which were introduced in 2008, were last revised in late 2009. The purpose of reviewing the forms was to improve the quality of the data collected and enhance reporting on elder abuse referrals.

These forms were revised following consultation with key stakeholders. Following an extensive review and editing process, the forms were completed and agreed for use by the National Elder Abuse Steering Committee from 01 January 2013.

With the introduction of these changes, from 2013 on, the new forms will:

- highlight where elder abuse concerns about a client first originate, and not just who made the referral;
- add to the information collected at the time of a follow-up to record of initial referral;
- provide more detail on cases where the alleged abuse has been substantiated. This will include some detail on the abuse found to have taken place as well as outcome measures in terms of whether the abuse has stopped, has lessened or is ongoing;
- provide more detail on consultation with other services and/or professionals by the SCWs

2.3 HSE Staff Awareness and Curricula Working Group

Effective interventions can help prevent or stop elder abuse. By increasing awareness and education efforts, health professionals and others who provide services for, or interact with, older people, will have the skills, knowledge and expertise to understand the prevalence and consequences of elder abuse. In addition, it will assist staff in identifying early indicators and in recognising the symptoms of abuse, provide them with the confidence to respond to suspected abuse sensitively and be aware of the avenues for assistance and advice. It will also enable staff to report concerns, thereby breaking patterns of abuse and neglect and enabling the abused and the abuser, where appropriate, to get the help needed to stop the abuse.

The HSE elder abuse service continues to be the main provider of elder abuse training for all agencies providing services for older people. This section summarises training activity in 2012. It outlines training that took place in a variety of sectors across many disciplines, and provides an overview of those agencies that were specifically targeted.

2.3.1 Elder Abuse Training Programmes

The elder abuse training provided by the HSE comprises primarily of two half day courses.

Recognising and responding to elder abuse in residential care settings

This training programme which utilises the DVD and training workbook is aimed at all staff working in residential care settings such as private nursing homes, public long stay facilities and voluntary centres.

The training programme has been designed to:

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

Level 1 elder abuse awareness raising workshop

Level 1 elder abuse workshop is a half day (3 hours) basic level training workshop aimed at those working within health and social care services for older persons, in particular, HSE Staff from community, acute and mental health services, nursing home staff and voluntary agencies providing services for older persons.

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

Objectives

By the end of this workshop participants will have:

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

In addition to the above courses the elder abuse service also offers *Train the Trainer* (TTT) courses to enable services and organisations to become self sufficient in the delivery of elder abuse training to staff.

The training figures presented herein include courses delivered directly by the HSE service {Dedicated Officers and Senior Case Workers (SCWs)} as well as those which are delivered by TTT recipients – those who have completed the TTT training and are now directly delivering elder abuse courses in their own workplace. All participants completing TTT courses are asked to communicate with the Dedicated Officers in the HSE in relation to the delivery of training. This takes the form of completing standardised feedback forms on each session delivered to ensure those courses are considered as part of the training figures.

2.3.2 Elder Abuse Awareness Raising Workshops / Presentations

In addition to the standardised courses mentioned above, the elder abuse service also responds to numerous requests for elder abuse awareness raising workshops from many groups and organisations. These figures are also presented.

2.3.3 Training Data

In 2012, a total of 6,221 individuals attended elder abuse training/awareness raising sessions.

Profile of training attendees

The distribution of attendees from across HSE areas varied from 20% from HSE West to 32% from HSE South. The highest number of training attendees from any one Local Health Office area was 508 in Cork South Lee.

Analysis by employment sector indicated that 43% of attendees were HSE staff and a further 31% worked in the private sector. The Community and Voluntary sectors were represented by 22% of attendees (11% each). The job type of each attendee is also recorded. The biggest proportion of attendees were support workers (home helps, home care workers, care assistants, nurses aides) at 47% followed by nursing at 24% (Figure 4).

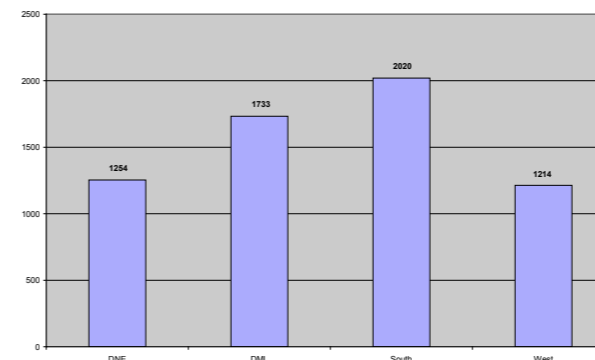


Figure 1: Number of Training Participants by HSE Area.

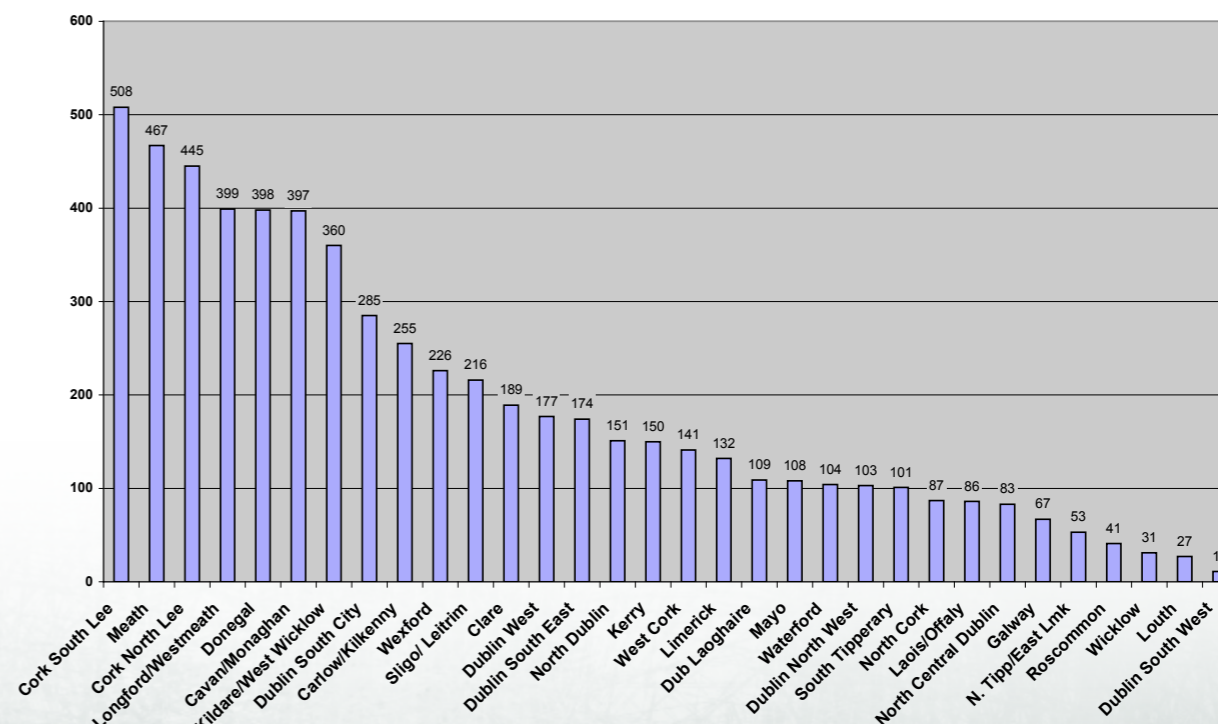


Figure 2: Number of Training Participants by Local Health Office area (LHO)

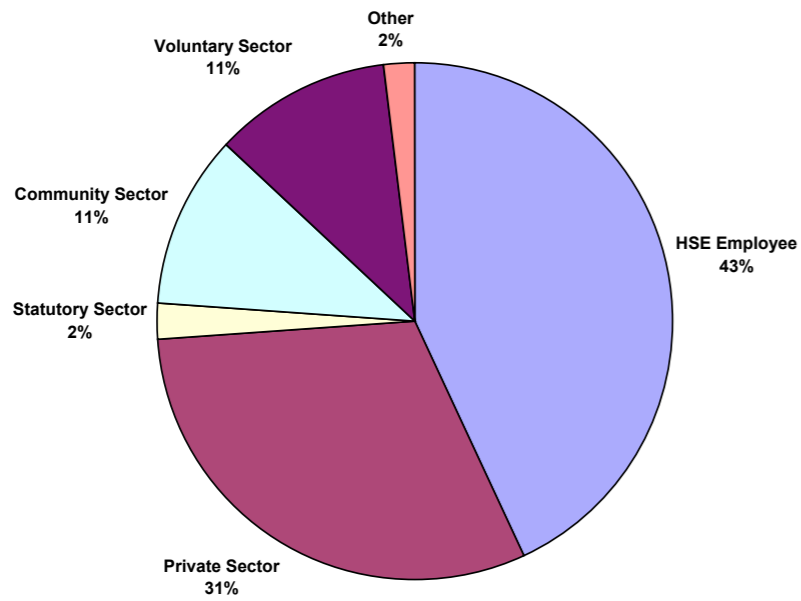


Figure 3: Training Participants by Sector

The profile of attendees by sector remains consistent with last year with one exception. The number of attendees within the community sector has increased from 2.5% in 2011 to 11% in 2012.

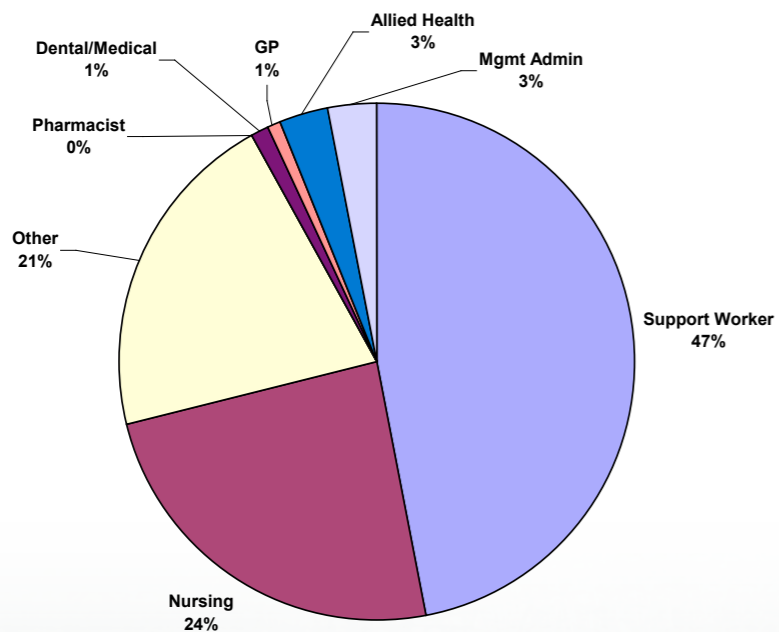


Figure 4: Training Participants by Job Description

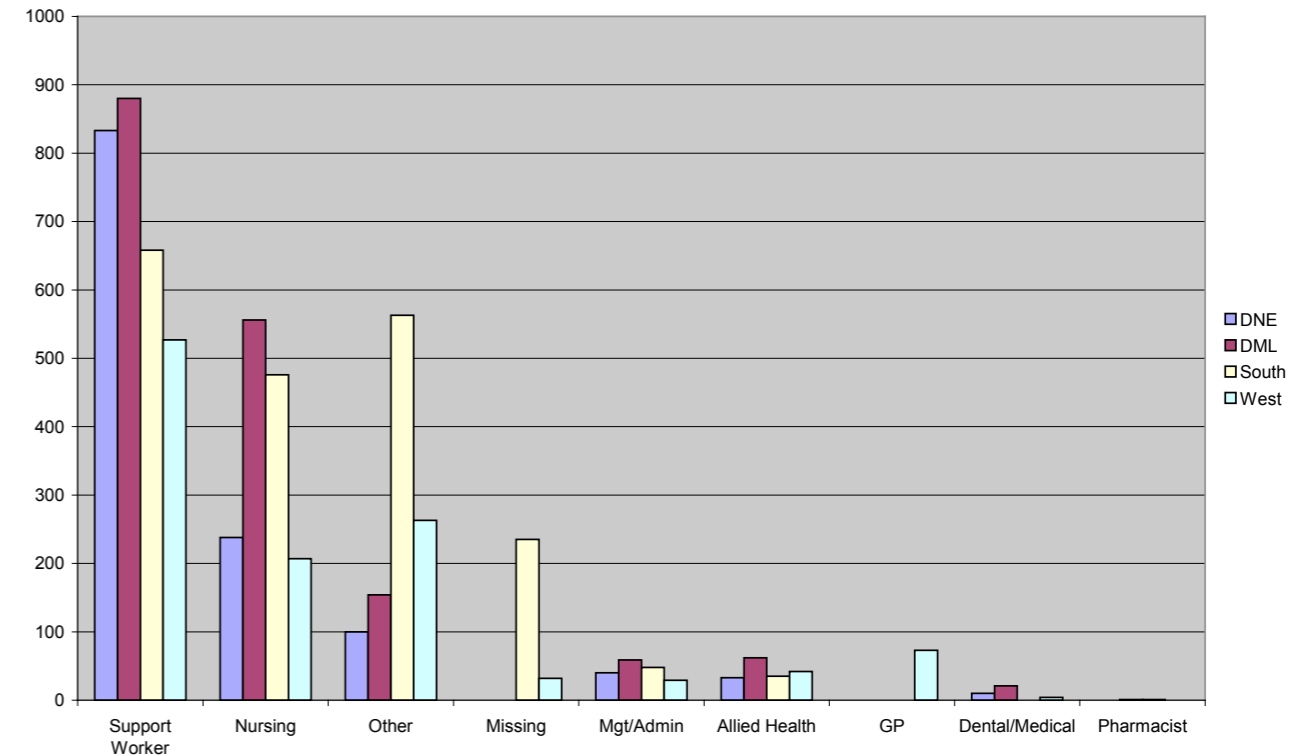


Figure 5: Comparing Participants Job Descriptions across HSE Areas

2.3.4 Elder Abuse Trainers

The majority of elder abuse training is delivered by HSE Elder abuse staff (Dedicated officers and SCWs). There is variation to this across HSE areas and LHOs.

Nationally, 48% of the elder abuse training described above is delivered by non elder abuse staff. This figure is seen as a positive indication of the impact that the TTT programme is having. TTT participants are delivering elder abuse training in their own workplace and are reporting back to the elder abuse service on the delivery of that training. TTT participants come from varying sectors. They are represented within HSE services (Older Persons Services, Mental Health Services, HSE residential settings, Centres for Nurse and Midwifery Education), Private Nursing Homes as well as other private and community organisations.

Overall, the vast majority of training delivered by all trainers is delivered by HSE staff (73%). The following chart depicts the proportion of training delivered by HSE and non-HSE trainers and the proportion delivered by elder abuse and non-elder abuse staff.

2012 Trainers	% training delivered by NON HSE staff member	% training delivered by HSE staff member	% training delivered by non elder abuse staff (non SCW/DO)	% training delivered by elder abuse staff (SCW/DO)
National	27%	73%	48%	52%
West	15%	85%	36%	64%
DNE	10%	90%	21%	79%
DML	62%	38%	77%	23%
South	20%	80%	59%	41%

The table below outlines the numbers of HSE staff and staff working outside the HSE, including staff of voluntary agencies, external service providers and nursing homes that have attended awareness raising sessions by HSE area.

HSE AREA	2007	2008	2009	2010	2011	2012
SOUTH	2358	2264	1896	1456	1404	2055
WEST	847	1618	2039	2945	2735	1214
DML	779	1,352	2662	2039	2311	1733
DNE	200	828	718	1686	2597	1244
Total	4184	6062	7315	8126	9074	6246

2.3.5 Specialised Sectoral Training

In addition to the standardised elder abuse courses offered there was also a specific focus in 2012 on key areas/sectors and the work completed during 2012 is outlined below.

Financial Sector

Following recommendations from The National Financial Abuse of Older People Working Group the financial sector continued to be an area of priority. A Train the Trainer course was delivered in 2011 to Irish Banking Federation (IBF) members who planned to rollout delivery of this training to their bank staff during 2012. Detail on the progress of this rollout is not available.

A representative of the elder abuse service was invited to present at an IBF conference in May 2012. The conference theme was *Strengthening Customer Relationships*. The presentation on the day focused on what elder financial abuse is; what is known about financial abuse reported in Ireland; what are the risk factors and indicators of elder financial abuse; and how banks and bank staff can help prevent and combat the financial abuse of older people. The conference was attended by over forty senior banking staff who have a specific remit / interest in customer relations.

The Legal Sector

Solicitors for the Elderly held an elder abuse seminar in conjunction with the Law Reform Commission and the HSE Elder Abuse service, in February 2012. Approximately fifty solicitors were in attendance. The seminar focused on the definitions of elder abuse as well giving an overview of the HSE elder abuse service and presenting landmark legal cases.

An Garda Síochána

The HSE elder abuse service met with Training Officers in Templemore in November 2012 and assisted with the design of an elder abuse module as part of the degree programme for Garda recruits. Unfortunately, there are no recruits at present but commitment has been given that this elder abuse component will be added to the programme for future Garda recruits. For existing members, training will continue to be offered by the HSE at local level. Dedicated Officers and Senior Case Workers continue to invite local Gardaí to any elder abuse training/awareness raising events locally as appropriate.

Royal College of Physicians Ireland

The HSE elder abuse service has been assisting the Royal College of Physicians Ireland (RCPI) in the delivery of a Continuing Professional Development module on elder abuse titled *Elder Abuse: Recognition and Response*. The first seminar was held in 2011 and two further seminars were held in March and November 2012, with further plans into 2013.

This module focuses on the definitions of elder abuse, the HSE elder abuse service - what it does and how is it accessed as well as discussion of elder abuse case studies. There is Geriatrician input with a focus on assessment tools and legal input with a focus on capacity. To date, nearly 200 doctors, allied health and nursing staff have attended.

Royal College of Surgeons

The HSE elder abuse service continues to deliver seminars to the Royal College of Surgeons (RCSI) with two held in 2012; one for the undergraduate programme and one for the post graduate programme with thirty delegates in attendance.

Irish College of General Practitioners

The elder abuse service has been providing input as requested for the Irish College of General Practitioners (ICGP) certificate in Geriatric Medicine. During 2012, the HSE service delivered an elder abuse component to this course on three occasions.

The Limerick Faculty of the ICGP's Continuing Medical Education Scheme arranged for elder abuse to be included as a topic in their small group meetings in early 2012. Four elder abuse workshops were held during February and March 2012 with 63 GPs attending over the 4 sessions. Discussions have been initiated to explore if elder abuse could be included as a topic for small group meetings in other areas around the country.

College of Psychiatry of Ireland

The elder abuse service facilitated an academic study day for the College of Psychiatry of Ireland in September 2012, with over twenty five professionals in attendance, and has been asked to present at their annual conference in 2013.

Collaboration with COSC – the National Office for the Prevention of Domestic, Sexual and Gender-Based Violence.

COSC is represented on the National Elder Abuse Steering Committee and has continued to support the elder abuse prevention programme actively in 2012.

In May, a representative of the elder abuse service was invited to participate in COSC's Public Awareness Sub-Committee (PASC). COSC had identified Older People and Professional Carers as specific target groups in 2012 under the National Strategy on Domestic, Sexual and Gender –Based Violence Information plan. A presentation was delivered to the PASC members outlining the HSE elder abuse service, key developments to date and opportunities for future collaborative work were discussed.

COSC supported the elder abuse service during 2012 through partnership work with Muintir na Tíre as well as reviewing and advising on awareness raising publications and in supporting the joint HSE - NCPOP conference to mark World Elder Abuse Awareness day in June 2012.

Muintir Na Tíre

Muintir na Tíre is a national voluntary organisation dedicated to promoting the process of community development. Muintir na Tíre aims to enhance the capacities of people in communities, rural and urban, to become involved in local social, economic, cultural and environmental development.

Muintir na Tíre operates the community crime prevention care and safety programme - Community Alert - which was established in 1984 in partnership with An Garda Síochána. It evolved in response to a rise of crime in rural Ireland, particularly attacks on vulnerable people (including the elderly) living alone. It is a voluntary crime prevention programme for rural communities and it encourages the community to pro-actively participate with Muintir na Tíre and An Garda Síochána in improving the quality of life and safety of the community in general. The programme has extended its brief into areas of social inclusion, care, community safety and advice.

COSC and the HSE Elder Abuse service collaborated with Muintir na Tíre during 2012 to deliver elder abuse awareness raising initiatives in local communities.

In late 2012, Muintir na Tíre development officers (5) were provided with elder abuse training and materials to facilitate them to deliver seminars across the country. Training focused on use of the

DVD 'Open Your Eyes to Elder Abuse in your Community'. Development officers were guided through the format to be used in their own seminars and included DVD scenarios, domestic violence and managing discussion points.

Development officers will seek attendees from An Garda Síochána, community organisations, statutory agencies working with older and vulnerable people, day care centres and the wider community including older people and active retirement groups. These seminars will be delivered in early 2013.

HSELand

Work has commenced with the HSE's E-Learning facility *HSELand* regarding the possibility of an elder abuse course being added to the online prospectus. This would greatly increase the scope to deliver elder abuse training to all who should have it especially in the current economic climate where training has been hampered by cost containment measures.

Age Action Public Forums

Age Action Ireland organised three public information seminars in October and November 2012, with input from the elder abuse service. These were well attended with over 150 attendees in total.

Additional presentations at Conferences/ Study days

The Domestic Violence Conference, Bray	April 2012.
World Elder Abuse Awareness Day Conference, UCD	June 2012.
The Coroners Association AGM	September 2012

2.4 National Financial Abuse of Older Persons Working Group

Financial abuse is one of the most commonly referred abuse types to the HSE services. This year, 2012, financial abuse accounted for 21% of all elder abuse referrals to the HSE services. The NCPOP report *'Abuse and Neglect of Older People in Ireland, Report on the National Study of Elder Abuse and Neglect'*⁵ found that financial abuse was the most frequently occurring form of elder abuse (Naughton *et al.*, 2010).

Financial abuse includes theft; fraud; exploitation; pressure in connection with wills, property or inheritance, or financial transactions; or the misuse or misappropriation of property, possessions or benefits.

By its nature, financial abuse can be a very complex issue. *Protecting Our Future*⁶ stated that - *"Financial abuse is a widespread concern. Like many other forms of abuse, it is difficult to identify; in particular, it is difficult to distinguish between acceptable exchange and exploitative conduct, between misconduct and mismanagement"*.

The *Review of Protecting our Future (2009)*⁸ stated that financial abuse is a particularly intricate type of abuse to detect and suggested that financial institutions have an important role to play in detecting abuse. The Review suggested that consideration should be given to the establishment of a working group, with multi-agency membership, on financial abuse.

The consequences of financial abuse can be especially devastating as older people do not have diverse resources to draw upon compared to younger generations and have very limited methods of generating further funds. The effects of financial abuse can be overwhelming - leading to financial insecurity, depression, stress and a compromised independence. Furthermore, there are broader costs for society as there may be increased financial dependency from government welfare systems.

A National Financial Abuse of Older Persons Working Group was established in 2010. This group has multi-agency membership and was formed in order to try to address and combat the challenges posed by the financial abuse of older people and to advise on the mechanisms and supports that might be put in place to offer an effective response.

2.4.1 Members of the National Financial Abuse of Older Persons Working Group

The Group is chaired by Mr. Frank Murphy, HSE Integrated Services Manager in Mayo. Members of the Working Group comprise of nominees from the following agencies/organisations:

- An Post
- An Garda Síochána
- Department of Health
- HSE
- Irish Banking Federation
- Irish Insurance Federation
- Money Advice and Budgeting Service
- Older and Bolder
- Professional Insurance Brokers Association
- Solicitors for the Elderly
- The Irish League of Credit Unions
- The Law Reform Commission
- The Law Society
- The Department of Social Protection

2.4.2 Financial Abuse of Older Persons Report

The Group has been working on a report on the financial abuse of older people and this report will make a number of important recommendations which are intended to help combat financial abuse.

In compiling its report, the Group met with a number of other agencies, including representatives of the Health Information and Quality Authority, Nursing Homes Ireland, the National Treatment Purchase Fund, the Irish Society of Physicians in Geriatric Medicine, Old Age Psychiatrists and Caremark.

One significant area of work undertaken by the Group related to the Central Bank of Ireland's review of the Consumer Protection Code. Details in relation to this will be included in the report but are also provided in *HSE Elder Abuse Services 2011* document.

It is intended to publish the full report in 2013.

3.0 THE NATIONAL CENTRE FOR THE PROTECTION OF OLDER PEOPLE

3.1 Introduction

The National Centre for the Protection of Older People was formally opened by the Minister for Health and Children, Ms. Mary Harney TD, in November, 2009. The principal objective of the National Centre is to place elder abuse in the wider social context as opposed to within the context of the HSE only. Financial abuse, ageism and discrimination are key issues which cannot be resolved within the HSE and the opportunity to inform policy across a wide range of departments and agencies is strengthened by a centre that has an interagency mandate.



The Centre has undertaken a number of research projects over the past three years with the most notable being its study on abuse and neglect of older people in Ireland, the first ever elder abuse prevalence study undertaken in Ireland. The study, *'Abuse and Neglect of Older People in Ireland, Report on the National Study of Elder Abuse and Neglect'*⁵, suggests that over 10,000 older people had experienced abuse in Ireland in the previous year.

This section outlines the Centre's constitution and governance and presents an overview of the research projects and dissemination activities which the Centre engaged in year three (year ending 30th September, 2011).

The Board of Directors is responsible for the overall governance of the Centre and for ensuring the scientific excellence in the delivery of a research programme. Members of the Board of Directors for this funding period include: Professor Gerard Fealy, Dr Amanda Phelan, Professor Denis Cusack, Professor Colm Harmon, Dr. Martin McNamara, Professor Cecily Kelleher, Ms Anne O'Loughlin and Professor Suzanne Quin. The Board of Directors met in November 2011 and April 2012.

In October 2011, Professor Gerard Fealy took up the role of Director of the National Centre for the Protection of Older People at UCD and Dr. Amanda Phelan became Co-Director of the NCPOP. The Centre employs three full-time staff members including an Associate Centre Director, a Research Assistant and a Research Administrator. The Centre also employed a postdoctoral Research Fellow for two years in June 2012.

The Centre Directors, team members and the Centre staff held regular meetings throughout the reporting period. The various research projects were planned and discussed together with the dissemination and public engagement work of the Centre. All projects were allocated a lead investigator and a project team by the Director. Monthly project team meetings took place to discuss the progress and direction of each project.

The National Centre for the Protection of Older People is also approved as a UCD Academic Centre (2009-2014).

3.2 Constitution and Governance

3.2.1 HSE/UCD Governance Structures

Throughout the reporting period (Oct 2011 – Sept 2012), the NCPOP Centre Directors met with the HSE Steering Group for the purposes of reporting and consulting on Centre activities. Meetings took place in October and December 2011 and in March, June and September 2012. Management meetings involving the NCPOP research team and the HSE also took place in October 2011 and September 2012. These meetings discussed the outreach work of the Centre and the progress of the research projects being undertaken by the Centre.

3.2.2 International Advisory Group

A number of International Advisors advise on the research projects and the work of the Centre. These include Professor Simon Biggs from the School of Social and Political Science, University of Melbourne and Professor Karl Pillemer from the Cornell Institute for Translational Research on Aging, Cornell University, New York. In addition, some individual projects have specific international advisors which include Professor Mark Yaffe, McGill University, Montreal and Professor Kendon Conrad from the University of Illinois at Chicago. The Centre continued to liaise with a number of other international scholars and researchers in relation to the research projects. The Centre had several teleconference calls with advisors throughout the reporting period and hosted a visit from Professor Yaffe in March 2012.

3.2.3 User Group

The Centre User Group comprises self-advocates and representatives from organisations representing older people and with an interest in the protection of older people. Members include Care Alliance Ireland, Law Reform Commission, Health Information and Quality Authority, Older and Bolder, National Disability Authority, Friends of the Elderly, Third Age Foundation, Age Action Ireland, Men's Development Network, and the Department of Social Protection. User group meetings took place in UCD in November 2011 and March 2012.

3.3 Research Projects Year Three (October 2010 – September 2011)

The Centre completed its programme of research for the funding period, October 2008 to September 2011. This included six studies and six desktop reviews.

3.3.1 Completed Studies

<ul style="list-style-type: none"> Constructing ageing and age identity: A case study of newspaper discourses
<ul style="list-style-type: none"> Examining newspaper reports of care in an Irish nursing home: A discursive analysis
<ul style="list-style-type: none"> Abuse and neglect of older people in Ireland: Report on the national study of elder abuse and neglect
<ul style="list-style-type: none"> Managing cases of elder abuse in Ireland: The senior case worker's experience
<ul style="list-style-type: none"> Older people's experiences of mistreatment and abuse
<ul style="list-style-type: none"> Older people in residential care settings: Results of a national survey of staff-resident interactions and conflicts

3.3.2 Completed Reviews

<ul style="list-style-type: none"> Public perceptions of older people and ageing
<ul style="list-style-type: none"> Public perceptions of elder abuse
<ul style="list-style-type: none"> Elder abuse and legislation in Ireland
<ul style="list-style-type: none"> Protecting older people: An overview of selected international legislation
<ul style="list-style-type: none"> A review of elder abuse screening tools for use in the Irish Context
<ul style="list-style-type: none"> Financial abuse of older people: A review

3.4 Activities Year Three

In collaboration with the HSE, the Centre agreed a new programme of research which commenced on 1st October 2011. This programme comprises four studies and three desktop reviews.

3.4.1 Studies

Study One: Screening and Risk Assessment for Elder Abuse

An important part of the management of elder abuse is its early identification. Therefore screening for elder abuse has been advocated as fundamental to the routine assessment of older people. However, many professionals struggle to recognise elder abuse.

Part A: Pilot study to examine the reliability of the Elder Abuse Suspicion Index (EASI) in an Irish context: The aim of this study is to examine the reliability of the EASI tool in the Irish setting.

Part B: Pilot study to assess the appropriateness of the OAFEM in an Irish context: The Older Adult Financial Exploitation Measure (OAFEM) is the only validated financial abuse screening tool reported in the literature which has demonstrated specific merit in identifying potential financial abuse of older people. The aim of this study is to examine the appropriateness of the OAFEM in the Irish setting.

Study Two: Caring for Older Relatives: Caregivers' Experiences of Conflict, Stress and Coping

The increase in the proportion of older people and the growing prevalence of chronic illnesses contribute to the fact that many older people are in receipt of informal care giving. Family members tend to be at the frontline of care provision for the growing number of older people requiring help and support in the community. The overall aim of this study is to examine caregivers' experience of conflict, stress and coping in caring for older relatives.

Study Three: Preventing Elder Abuse through Empowerment: A Participatory Action Research Project to Design and Test an Empowerment Intervention for the Prevention of Elder Abuse and Mistreatment

Empowerment is understood as a psychological and social construct which connects individual and collective well-being with strengths and competencies, ecological resources, helping systems as well as proactive behaviour. The overall aim of this study is to design and test an empowerment intervention for the prevention of elder abuse and mistreatment.

Study Four: An Evaluation of the HSE National Training Programme for the Prevention of Elder Abuse

Since 2007, the HSE has been conducting a basic training programme for all healthcare staff in relation to the prevention of elder abuse. The programme is aimed at complementing the Health Information and Quality Authority (HIQA) standards in relation to the protection of older adults and vulnerable people. The aim of this study is to conduct an evaluation of the HSE national training programme in the prevention of elder abuse.

3.4.2 Reviews

Review One: Abuse of Older People with Dementia – A Review

The overall aim of this review is to collate, analyse and summarise published literature on elder abuse of people with dementia living in the community.

Review Two: Abuse in Residential Care Settings / Institutional Abuse

The aim of this review is to identify and/or develop a risk-management framework for the prevention of abuse in residential care settings.

Review Three: A Systematic Review of Intervention and Services which Address Elder Abuse

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

3.5 Older People in Residential Care Settings – Results of a National Survey of Staff- Resident Interactions and Conflicts

Approximately 6% of people aged 65 years and older in Ireland are receiving long term residential care. *Protecting Our Future*¹, recommended that, following the establishment of a national research centre, ‘current practices in residential care that result in the abuse of older people’, should be identified. To deliver on this recommendation and to fulfil its brief, the NCPOP together, with the support of the HSE undertook a national survey of staff in residential care homes in Ireland. This survey examined the interactions and conflicts between staff and residents so as to identify both the prevalence and predictors of neglect and abuse of older people receiving care in these settings.

The study was based on a survey of over 1300 care staff in 64 private and public nursing homes throughout Ireland. Among key findings of the study were that a little under half of care staff reported that they observed neglectful behaviours by other staff occurring on two or more occasions in the previous year.

A number of factors were found to be associated with the risk of neglect and abusive behaviours in residential care settings. These included low levels of staff job satisfaction, emotional exhaustion and burnout, poor staff commitment to their organisation and experiences of stress in the organisation. The psychological and physical health of staff were other factors identified as being associated with the physical and psychological abuse of residents.

Commenting on the findings, Dr Drennan said that, when compared with international research into staff-resident interactions and conflicts, the Irish study found that neglect and abuse in residential care settings in Ireland were much lower than that reported in other countries. In addition, a number of initiatives and safeguards had been put in place by the HSE and HIQA that have been effective in protecting older people receiving care in the residential sector in Ireland. However, there is evidence that older people receiving care in the nursing home sector in Ireland do experience neglect and physical and psychological abuse. There is a need to intensify efforts to protect older people receiving care through multi-faceted approaches.

Some of these approaches include involving older people in their care and giving them a voice in decisions surrounding their care. Staff should be educated about abuse and the consequences of abuse. In addition they should be supported in their role and provided with the necessary skills to deal with challenging situations, difficult interactions and conflicts. Management need to examine workloads and rostering arrangements and provision made to manage and respond to workplace stressors. Management also need to be sensitive to recognising the signs of burnout and implement effective interventions to alleviate the stress of working with older people. Nursing practices will also need to be examined to ensure that they meet the needs of residents and reduce anxiety that may otherwise contribute to conflict with staff. Residents should also be able to access information on how to report abuse and such details should be displayed prominently.

At a national level, all agencies that have an interest in the protection of older people should be involved in the further development of strategies that both prevent and identify the abuse and neglect of older people receiving residential care.

Mr. Frank Murphy, Chair of the HSE National Elder Abuse Steering Committee, commended the NCPOP on the research and went on to say that “this report will further enhance our understanding of elder abuse in Ireland and on factors that can lead to abuse. While confirmation of abuse in

nursing homes is disappointing, this research can help provide all of us with the knowledge on the factors that lead to abuse and help us to minimise its occurrence”.

3.6 Dissemination

During the reporting period, October 2011 to September 2012, the Centre held a number of dissemination and outreach seminars and events. In collaboration with the HSE and the International Network for the Prevention of Elder Abuse (INPEA), the Centre hosted its third World Elder Abuse Awareness Day (WEAAD) conference. The Centre also hosted four NCPOP seminars throughout the year. In addition to NCPOP website updates, the NCPOP circulated its biannual newsletter and several conference presentations were delivered nationally and internationally on research projects from the Centre.

3.7 NCPOP Seminar Series 2011/2012

During the reporting year, 1st October 2011 – 30th September 2012, the NCPOP held four seminars at the UCD Health Sciences Centre. Details of the seminars are presented in Table 5.1.

Table 5.1: NCPOP seminar presentations 2011/2012

Date	Seminar Title	Speaker
19 th October, 2011	Elder abuse, ethical dilemmas and multi-agency work. What are the influences and constraints on professional decision-making in adult protection?	Dr. Angie Ash, Swansea University, Wales Economic and Social Research Council Research Fellow in the Centre for Innovative Ageing, Swansea University.
6 th December, 2011	Older people’s understanding of elder abuse.	Dr. Janet Anand-Carter, Lecturer in Social Work, Queen’s University, Belfast.
	Staff perceptions of elder abuse.	Dr. Alice Coffey, Lecturer, Nursing and Midwifery, University College Cork
21 st February, 2012	Identifying and making decisions about the presence of elder abuse.	Dr. Campbell Killick, Research Officer, South Eastern Health & Social Care Trust, Co. Down.
26 th April, 2012	Managing elder abuse in Ireland: The senior case worker’s experience.	Dr. Deirdre O’Donnell, Postdoctoral Research Fellow, NCPOP.

The NCPOP seminars have attracted a wide ranging audience including representatives from agencies who work with, and provide support to, older people, advocacy and charity organisations for older people, researchers, academics, social workers, nurses, legal and financial professionals as well as older self-advocates. A lot of interest has been shown in the seminars, which have all been well attended, and have generated interesting discussions pertaining to elder abuse and the protection of older people.

Video recordings and PowerPoint presentations from the aforementioned seminars are available to download from www.ncpop.ie

3.8 NCPOP Website Development

The dedicated NCPOP website continues to be updated with NCPOP reports, Irish and international reports and publications, video recordings from NCPOP seminar presentations and events, photographs and details of news and events. During the reporting year, the dedicated NCPOP website received 13,200 visits. Approximately 60 per cent of visits were made up of unique visitors.

3.9 NCPOP Newsletter

The NCPOP biannual newsletter was circulated in December 2011 and August 2012 to a wide range of individuals and organisations through the NCPOP mailing list consisting of approximately 1,600 members. These include representatives from the health, social care, legal and financial sectors as well as older people and family members. The newsletters highlighted NCPOP seminars and presentations, NCPOP reports, details of forthcoming events and report launches, World Elder Abuse Awareness (WEAAD) activities, website developments and recent publications in the field of elder abuse and the protection of older people.

3.10 Conference Presentations

As NCPOP is an approved UCD Academic Centre, the research continued to be disseminated throughout the reporting period. The following papers were delivered at conferences on the different NCPOP research projects:

Oral Presentations

Lyons I, Treacy MP, Fealy G, Lafferty A, Phelan A, Naughton C (2011)

Managing elder abuse in Ireland: The Senior case worker's experience.

CARDI Ageing Globally – Ageing Locally, Croke Park, Dublin, 2-3 November.

Lafferty A, Treacy MP, Lyons I, Fealy G (2011)

Older people's experiences of mistreatment and abuse.

CARDI Ageing Globally – Ageing Locally, Croke Park, Dublin, 2-3 November.

Lafferty A, Drennan J, Treacy M, Fealy G, Lyons I, Hall P (2012)

A survey of staff-resident interactions and conflicts in residential care settings for older people.

Royal College of Nursing Annual International Nursing Research Conference, London, 23-25 April.

Treacy, MP, Fealy G, Phelan A, Lyons I, Lafferty A, O'Donnell D, Quin S, O'Loughlin, A (2012)

Managing elder abuse in Ireland: The senior case worker's experience.

Ageing Connects: International Federation on Ageing (IFA) Global Conference on Ageing, Prague, 28 May-1 June.

An update on the work of NCPOP was also delivered to the National Elder Abuse Steering Committee (NEASC) in August 2012.

4.0 ELDER ABUSE NATIONAL REFERRALS

Consistent with previous reports, the following section will provide an update on 2011 referrals given that these cases have now all been subjected to a review. Leading on from this, there will be a summary of the profile of elder abuse referrals in 2012 - addressing firstly the total referrals received, secondly the referrals with a person causing concern - with particular emphasis on substantiated cases - and finally looking at self-neglect referrals independently.

4.1 Methodology of Data Collection

All referrals of alleged or suspected elder abuse made to the Senior Case Workers for the Protection of Older People are recorded on a 'Record of Initial Referral - Form 5' (see appendix 4). A unique identifying number is assigned to each referral to allow it to be tracked through the service while ensuring anonymity. All Forms 5 are forwarded to the Dedicated Officers for the Protection of Older People for validation, coding and inputting into MS Excel. In addition, a reassessment is completed, either on case closure or at six-monthly intervals, and recorded on a 'Follow-up on Record of Initial Referral - Form 6' (see appendix 5).

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

1. Total number of referrals.
2. Percentage breakdown on the four main alleged abuse categories (physical, psychological, financial and neglect).
3. Percentage of cases that receive a first response within four weeks.
4. Total number of active cases.

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

In the following sections, the full sample size is reflected as an N value. This value varies depending on the availability of data. The HSE administrative areas are summarised as DNE (HSE Dublin North East), DML (HSE Dublin Mid Leinster), South (HSE South) and West (HSE West). As the database is constantly updating it is vital that, within reports such as this, the most up-to-date position is reflected.

4.2 Update on 2011 Referrals

In 2011, there was a total of 2,302 elder abuse referrals made to the service as documented in the *Open Your Eyes HSE Elder Abuse Services 2011* publication. Of these, 1,867 had an alleged person causing concern. At the year end analysis, 48% of these cases remained open. In total, 1,143 (61%) had been subject to a review, with the remainder due for their 6 month follow-up in 2012. The case outcome profile of these cases was 34% substantiated, 34% confirmed non-abuse and 32% inconclusive.

At year end 2012, these cases were again analysed in order to capture more complete information on case outcomes. There was an increase in the total number of referrals due to the inclusion at this point, of cases that were received after the cut off date for the *Open Your Eyes HSE Elder Abuse Services 2011* publication. The modified total was 2,463, of which 1,970 had a person causing concern. In total, 1,934 have now been reviewed at either 6 months or on case closure, representing a 98% review rate.

Reassessment at this time-point indicates that nationally, only 140 cases remain open, ranging from 4% in HSE DNE to a high in the West of 15%. Year on year figures would indicate that cases are being managed more efficiently, in part is due to the growing experience of staff forging linkages with other health professionals in case management.

Table 1: National and Area Summary of Referral Status-2011 Referrals with a Person Causing Concern

	DNE		DML		South		West		National	
	No. of Referrals	%	No. of Referrals	%	No. of Referrals	%	No. of Referrals	%	No. of Referrals	%
Open	21	4	26	7	34	5	59	15	140	7%
Closed	421	89	338	88	645	91	326	82	1730	88%
Closed RIP	32	7	21	5	32	4	15	3	100	5%
Total	474	100	385	100	711	100	400	100	1970	100%

Table 2: National and Area Summary of Outcome of Cases-2011 Referrals with a Person Causing Concern

	DNE		DML		South		West		National	
	No. of Referrals	%	No. of Referrals	%	No. of Referrals	%	No. of Referrals	%	No. of Referrals	%
Substantiated	169	37	147	38	212	31	139	38	667	35
Confirmed non abuse	197	43	97	25	244	35	104	28	642	34
Inconclusive	92	20	141	37	234	34	128	34	595	31
Total	458		385		690		371		1904	100

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

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

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

There have been only marginal changes in the profile of case outcomes. Nationally, 35% of cases were substantiated with less regional variation than has been evident in the past. As highlighted also in last years report, there continues to be a very high rate of confirmed non abuse in DNE

at 43%. The absence of a Dedicated Officer in monitoring the appropriateness of referrals is impacting on the service in this area. Table 3 provides a summary of key information relating to the top four abuse categories. This illustrates the dominance of son/daughter as the perpetrator of all abuse types, the significance of "other relative" in perpetrating financial abuse and the increased likelihood of males perpetrating all types of abuse. Additionally excluding financial abuse, for all other abuse types the perpetrator most likely resides with the victim.

Table 3: Profile of Substantiated Cases 2011

	Psychological	Financial	Physical	Neglect
No of Cases Substantiated*	374	154	150	134
Perpetrator				
Son/Daughter	48%	45%	49%	51%
Spouse	22%	5%	24%	22%
Other Relative	18%	21%	11%	17%
Carer	6%	8%	8%	9%
Neighbour	4%	11%	3%	
Gender of Perpetrator**				
Male	59%	57%	58%	58%
Female	34%	32%	36%	33%
1 Male/1 Female	5%	7%	3%	5%
Living with Victim				
Yes	64%	35%	69%	61%

*The total exceeds the referral number due to certain cases substantiating more than one abuse type.

**Note category does not add to 100% as cases involving three or more perpetrators are recorded on forms but not included in this table.

4.3 Total Referrals 2012

In 2012, the cut off point for this report was set at 31st January 2013. Every effort was made to include all referrals, with reminders issued to SCWs on a monthly basis of cases due for review. However, as has been the case in previous years, a small number were received after this date and are included in the database but not considered in this analysis.

In total, there were 2,460 referrals made to the service in 2012, an increase of 7% from data from the same time-point in 2011. In comparison to 2011, there was a decline in referrals of 9% from DNE, a modest increase in referrals in DML, while HSE South and West showed increases of 13% and 18% respectively. There were 535 cases in DNE (representing 22% of total national referrals); 460 referrals from DML (representing 19% of total national referrals); 563 from the West (representing 23% of total national referrals); and 902 from the South (representing 36% of total national referrals). Looking at the referral rate across time, there has been a 30% increase in referrals since the establishment of the service. HSE DML and HSE West have shown the greatest level of expansion (see Table 4 and Figure 6a).

Table 4: All Referrals by HSE Area 2008-2012

	2008	2009	2010	2011	2012	% Cases	Change 2008-2012
DNE	433	431	430	582	535	22%	24%
DML	254	278	407	447	460	19%	81%
South	877	805	811	798	902	36%	3%
West	323	402	463	475	563	23%	74%
Total	1887	1916	2111	2302	2460	100%	30%

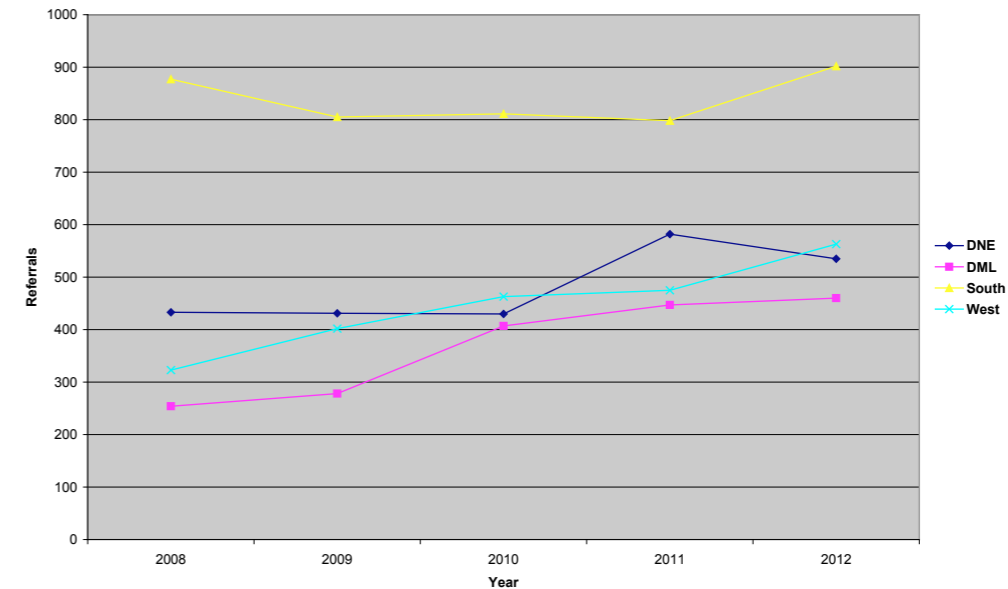


Figure 6a: Total Referrals by HSE Area from 2008 to 2012

Figure 6b provides a graphical representation of the cumulative referrals by month in 2012. There is clearly a narrowing of the divide between the regions, particularly when comparisons are made to previous years.

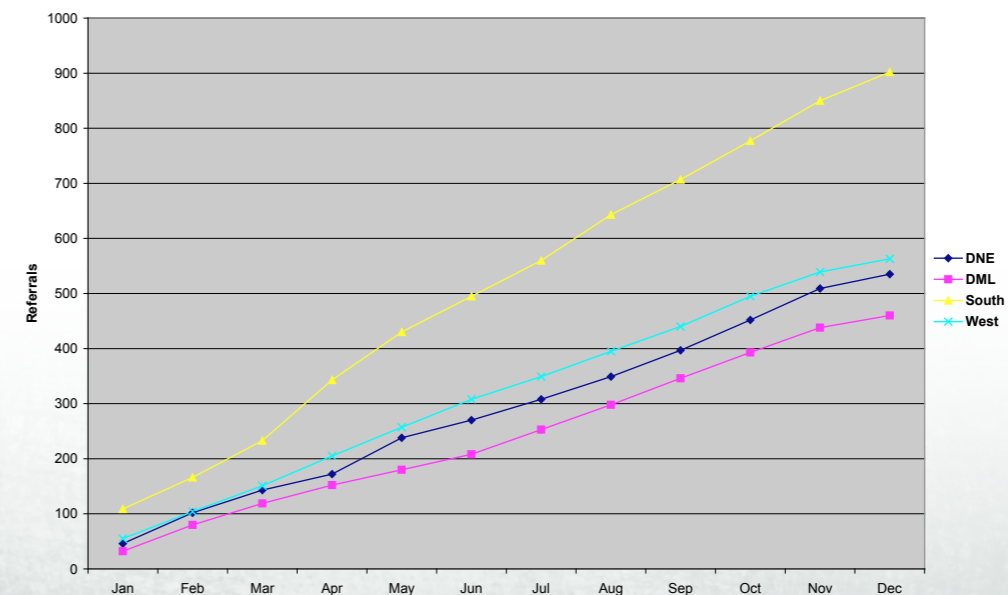


Figure 6b: Cumulative Profile of Referred Cases by HSE Area in 2012

4.3.1 Gender/Age Classification

The gender of referrals in 2012 was consistent with previous reports, with 62% relating to women - this was marginally lower in HSE South which correlates with the higher male self-neglect cases in this region.

The 2011 Census reports there are 535,595 persons over 65 years resident in the State. This is an increase of 67,669 (14%) on the 2006 census. The increase in HSE West and South is consistent with the national trend with marginally higher rates in DNE and DML of 16%. From a national perspective, by 2016 the over 65 population is projected to rise significantly.

Applying the new census figures, the national referral rate/1,000 population is 4.1, a drop from 4.46 last year. The national average is exceeded in the HSE South for all categorisations and for the over 80s in DNE. The referral rate for over 80s continues to profile at three times that of the 65-79 year age category. There was a marginal reduction in total referrals over 80 years from 51% to 46%.

Table 5: Total Referrals 2012 Data Age Categorisation of Referral Rate /1,000 Population by HSE Area

	Total Over 65 Years			65 - 79 Years			80+ Years		
	Pop.	No of Referrals	Rate/1,000 Population	Pop.	No of Referrals	Rate/1,000 Population	Pop.	No of Referrals	Rate/1,000 population
DNE	107225	495	4.62	82214	218	2.65	25011	277	11.08
DML	141521	432	3.05	107646	211	1.96	33875	221	6.52
South	146189	781	5.34	111609	421	3.77	34580	360	10.41
West	140458	526	3.74	105395	238	2.26	35063	288	8.21
National	535393	2234	4.17	406864	1088	2.67	128529	1146	8.92

Of 2,460 referrals-missing data=131 cases revising total to 2,329 of which 2,234 cases were for those aged 65+ years.

4.3.2 Reason for Referral

In 72% of cases only one type of abuse was alleged, with a further 24% identifying two. In total, there were 3,287 abuse categories identified for the 2,460 clients referred in 2012. Increases in referrals were evident for alleged psychological, financial and self-neglect cases (Figure7). The profile of cases has remained consistent with 2011 with financial abuse second to psychological abuse in the national picture. Table 6 provides a summary of alleged abuse categories from 2008 to 2012. The dominance of alleged psychological abuse must be viewed in the context that it is most likely associated with another abuse type. The emergence of cases of alleged financial abuse must be acknowledged from a position of being ranked 4th in 2008 (16%) to 2nd in 2012 (21%). (Table 6)

The level of referrals of self-neglect in HSE South continues to dominate the national statistics with the percentage of cases being double that in either HSE DML or DNE. The level of financial abuse referrals exceeds the national average in both the Dublin regions (Figure 8).

In section 4.4, more in-depth analysis of all cases with an alleged perpetrator will be discussed with exclusive self-neglect cases examined independently in section 4.5. The rationale for this is that self-neglect is not included in the HSE definition of elder abuse, and also not included in policy documents, except in exceptional circumstances.

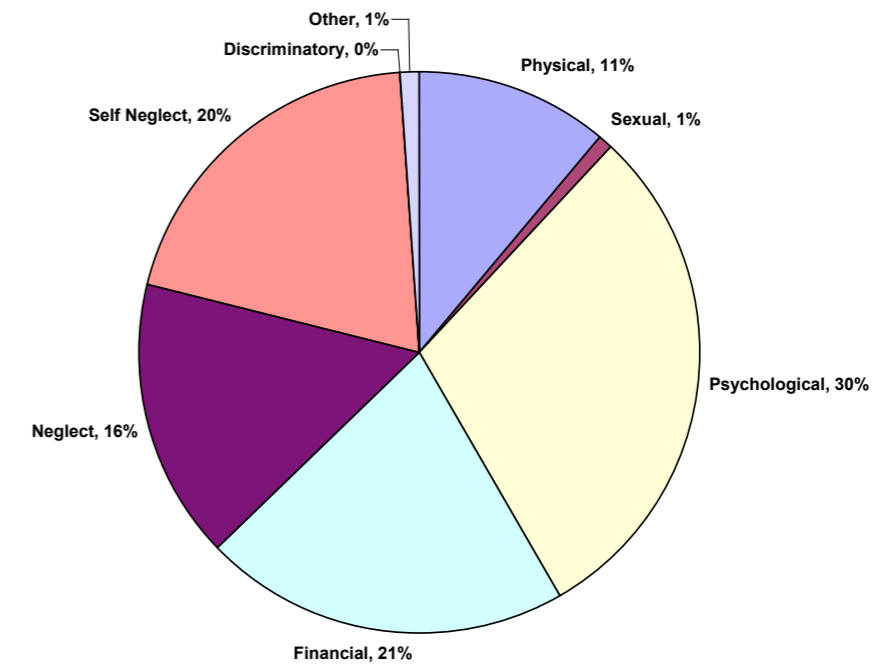


Figure 7: Multiple Response Analysis of Reason for Referral Abuse Categories - All Cases 2012.

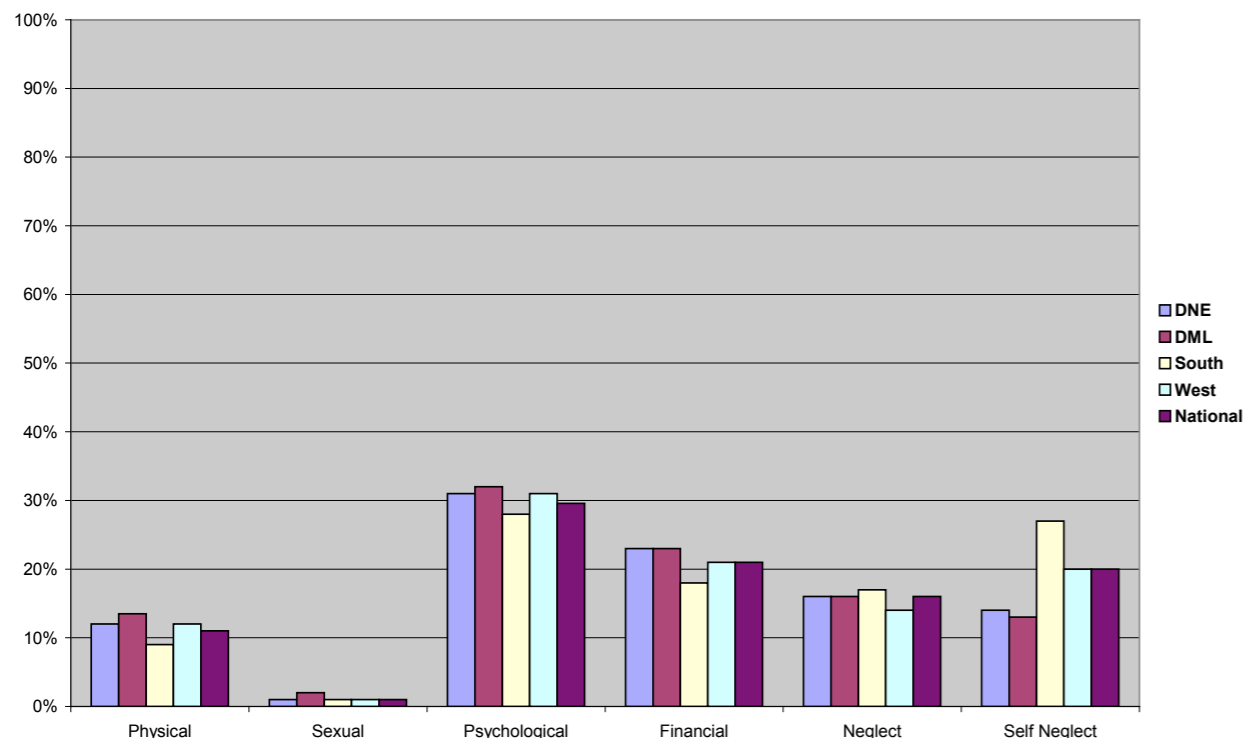


Figure 8: Profile of Abuse Categories Nationally and by HSE area

Table 6: All Referrals Classified by Alleged Abuse Category for each year 2008-2012

		2008	%	2009	%	2010	%	2011	%	2012	%
Total Referrals		N=1840		N=1870		N=2110		N=2302		N=2460	
Rank Alleged Abuse Category	1	Psychol.	26	Psychol.	28	Psychol.	26	Psychol.	29	Psychol.	30
	2	Self Neglect	20	Self Neglect	21	Self Neglect	21	Financial	19	Financial	21
	3	Neglect	19	Financial	18	Financial	19	Self Neglect	18	Self Neglect	19
	4	Financial	16	Neglect	17	Neglect	19	Neglect	17	Neglect	16
	5	Physical	12	Physical	12	Physical	14	Physical	10	Physical	11

4.4 Analysis of Total Referrals 2012 Excluding Absolute Self-Neglect

4.4.1 Age & Gender

There were 1,923 cases referred in 2012 that had an alleged person causing concern. In total, there were 105 referrals that had a self-neglect component but also involved another type of abuse, thus an alleged person causing concern, which are included in the analysis. The annual incidence rate for 2012 is 0.4% which shows the large contrasts to the 2.2% incidence presented in the report *Abuse and Neglect of Older People in Ireland*.

Consistent with 2011, 66% of referrals related to females and, of these, 55% are in the over 80 age category. Applying the Census 2011 population statistics, there has been a reduction in the referral rate/1000 population for all age categories averaging at 9%. HSE DNE continues to have the oldest cohort of referrals.

Table 7: 2012 Referrals with Person Causing Concern - Age by Referral Rate /1000 Population by HSE Area

	Total Over 65 Years			65 - 79 Years			80+ Years		
	Pop.	No. of Referrals	Rate/1,000 Population	Pop.	No. of Referrals	Rate/1,000 Population	Pop.	No. of Referrals	Rate/1,000 population
DNE	107225	425	3.96	82214	185	2.25	25011	240	9.60
DML	141521	374	2.64	107646	181	1.68	33875	193	5.70
South	146189	545	3.73	111609	270	2.42	34580	275	7.95
West	140458	399	2.84	105395	174	1.65	35063	225	6.42
National	535393	1743	3.26	406864	810	1.99	128529	933	7.26

Of 1,923 referrals missing data=119 cases revising total to 1,804 of which 1,743 cases were for those aged 65+ years.

4.4.2 Referral Characteristics

The Public Health Nursing service (PHN) is the main source of referrals in all areas, with HSE staff, hospital and family being the other major sources. The linkages between the PHN and elder abuse services are strongest in HSE South and DNE, with both exceeding the national average (Figure 9). There has been a marginal increase in GP referrals, most notably in HSE South and West. Through consultation with GPs in training seminars, it has been noted that many GPs direct their referrals through the PHN service, therefore the classification perhaps is misleading. In 2013, this is to be resolved by capturing who referred to the SCWs, and also where the concern first originated.

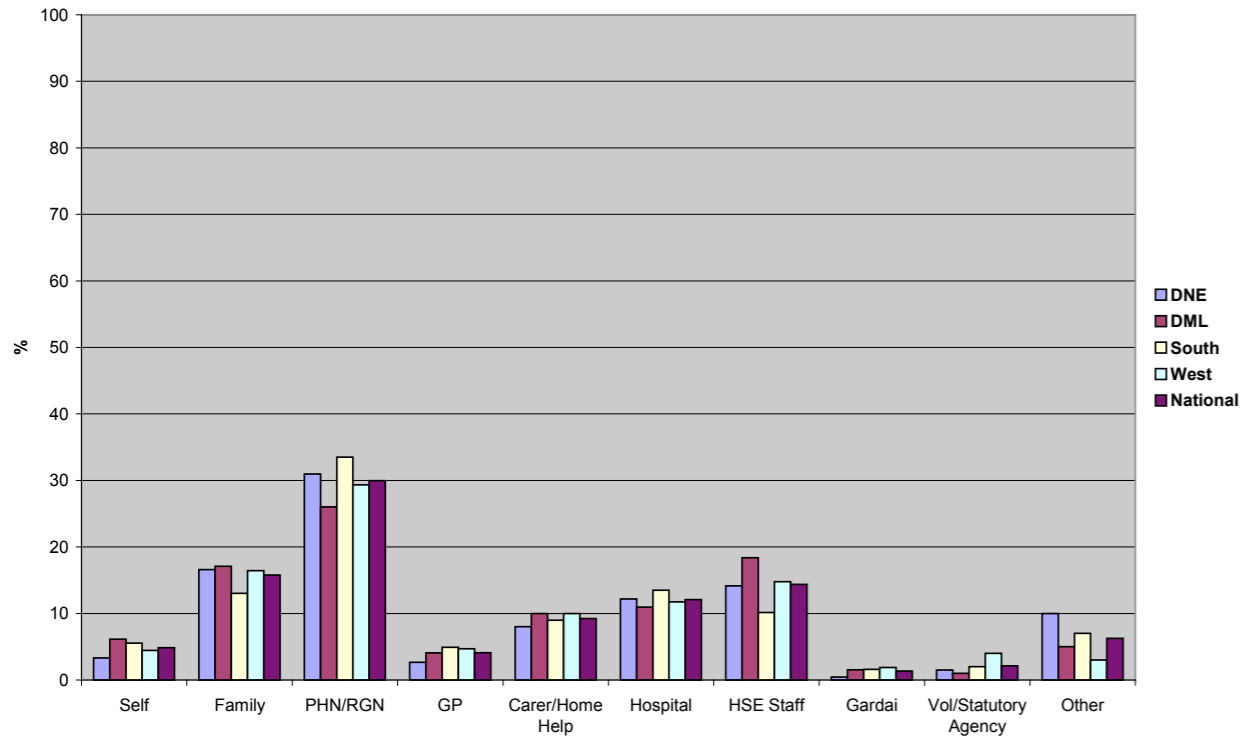


Figure 9: Profile of Referral Source Nationally and by HSE Area 2012

There were 2,750 alleged abuse categories identified in 2012. Psychological and financial abuse remained the most important alleged abuse types with both showing increases from last year (Figure 10). Table 8a provides a summary of the categorisation of alleged abuse types for the past five years. This shows the increase across time of psychological abuse, the emerging significance of financial abuse year on year and the stabilisation of rates in relation to neglect and physical abuse. As highlighted previously the high reporting of psychological abuse must be viewed in the context that it is the most likely abuse type to be associated with another abuse type.

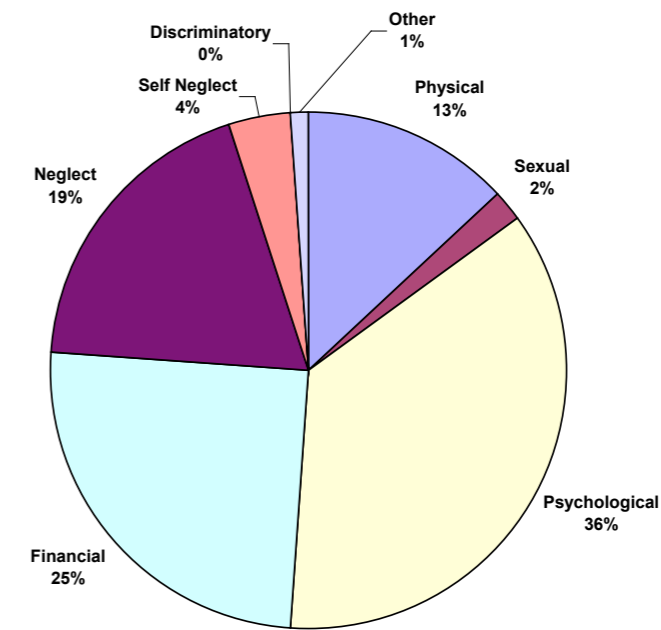


Figure 10: Multiple Response Analysis of Reason for Referral - Inclusive Partial Self-Neglect

Table 8a: Summary of Alleged Abuse Categories with removal of self-neglect 2008-2012

		2008	%	2009	%	2010	%	2011	%	2012	%
Total Referrals		N=1481		N=1435		N=1629		N=1867		N=2750	
Rank Alleged Abuse Category	1	Psychol.	29	Psychol.	34	Psychol.	31	Psychol.	34	Psychol.	36
	2	Neglect	22	Financial	22	Financial	23	Financial	23	Financial	25
	3	Financial	19	Neglect	20	Neglect	22	Neglect	19	Neglect	19
	4	Physical	15	Physical	14	Physical	13	Physical	12	Physical	13

The majority of referrals relate to individuals who live at home (79%), private nursing home, relatives home and public continuing care (Figure 11). In total, 95% of cases alleged that the abuse occurred in their primary place of residence.

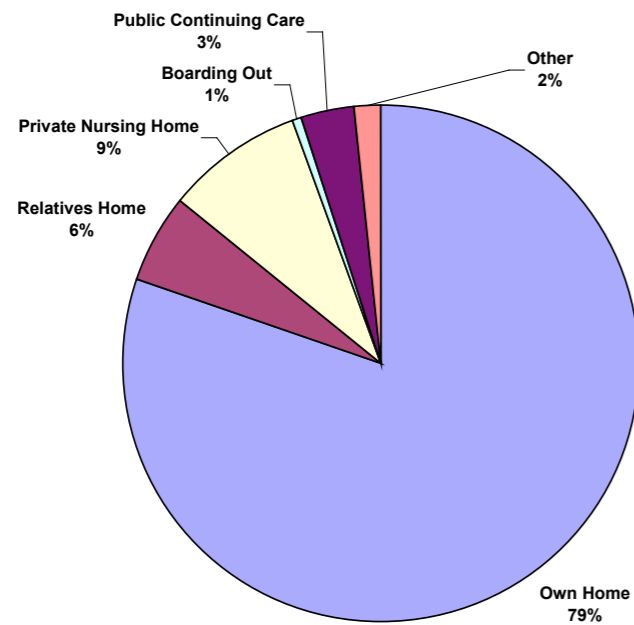


Figure 11: National Breakdown of Place of Residence

4.4.3 Characteristics of Person Causing Concern

In total, in 2012, 80% of alleged perpetrators operated independently. This represents the highest recorded level since recording commenced in 2007. When two perpetrators are considered this increases to 93%. Males acting alone account for 48% of cases, females acting alone 35% and one male/one female, most likely a couple, account for 8%. In 47% of cases, the alleged abuser and alleged victim are living together a statistic that has been shown in the past to vary depending on abuse type.

In comparison to 2011 data, there was an increase in cases of son/daughter being the alleged perpetrator from 43% to 46%. Partner/husband/wife at 17% and other relative at 20% continue to profile as the other major alleged abusers (Figure 12). In the “other” category, friends were the most documented. There has been only a marginal change in this measure since profiling commenced in 2008 as illustrated in Table 8b.

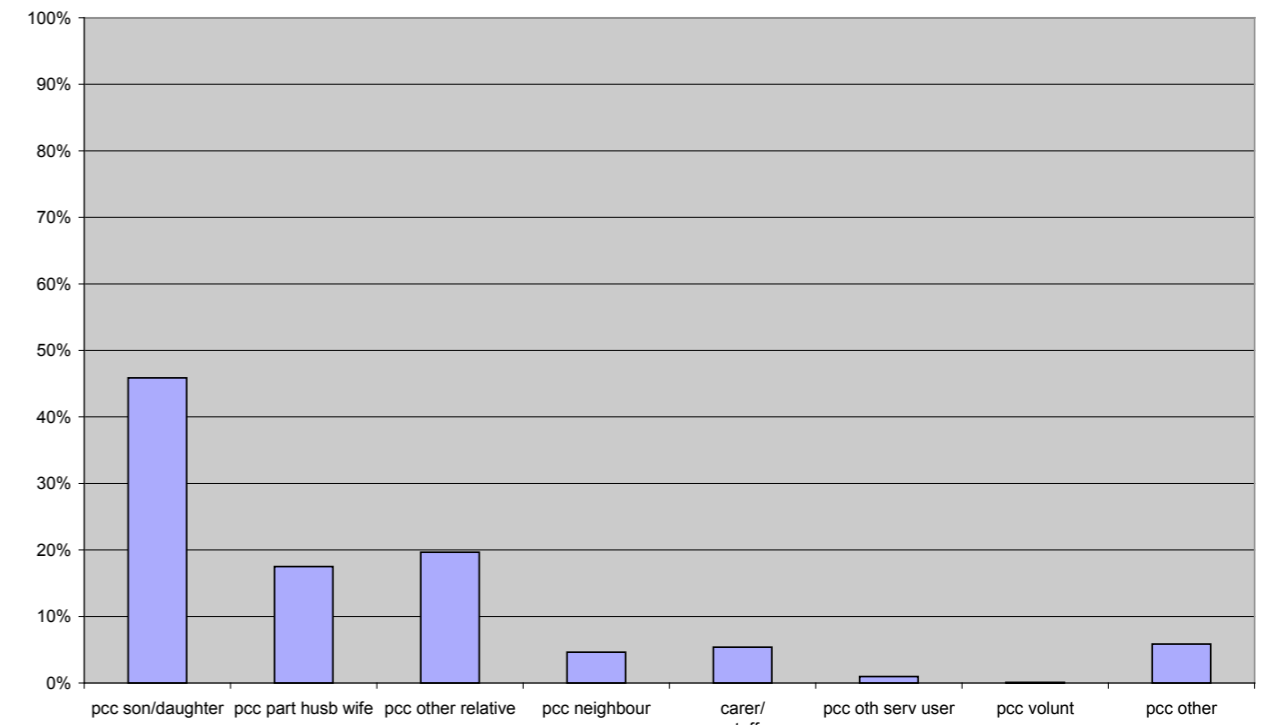


Figure 12: National Profile of Alleged Person Causing Concern 2011 (n=1729)

Table 8b: Cumulative Profile of Alleged Person Causing Concern 2008-2012

	2008	2009	2010	2011	2012
Son/daughter	44%	43%	44%	43%	46%
Partner/husband/wife	17%	18%	16%	18%	17%
Other relative	19%	19%	18%	18%	20%
Neighbour	4%	6%	5%	5%	5%
Carer/staff	7%	4%	6%	6%	5%
Other service user	2%	1%	2%	1%	1%
Voluntary	0%	0%	0%	0%	0%
Other	8%	8%	8%	9%	6%

4.4.4 Status & Outcome of Cases

In total, of the 1,924 cases referred in 2012, 747 (39%) remained open at year end - the highest proportion of open cases was in the West (49%) and lowest in HSE South 27%. A total of 1,305 cases were subject to review at this time point equating to a review rate of 68%, an increase on previous years indicating greater responsiveness within the service. The case outcome profile for 2012 cases indicates an almost one third split between substantiated, confirmed non abuse and inconclusive cases (Table 10).

Table 9: National and Area Summary of Referral Status - 2012 Referrals with a Person Causing Concern

	DNE		DML		South		West		National	
	No. of Referrals	%	No. of Referrals	%	No. of Referrals	%	No. of Referrals	%	No. of Referrals	%
Open	202	44%	163	41%	170	27%	212	49%	747	39%
Closed	242	53%	220	56%	440	69%	204	47%	1106	58%
Closed RIP	16	3%	13	3%	26	4%	16	4%	71	3%
Total	460	100%	396	100%	636	100%	432	100%	1924	100%

Table 10: National and Area Summary of Outcome of Cases - 2012 Referrals with a Person Causing Concern

	DNE		DML		South		West		National	
	No. of Referrals	%	No. of Referrals	%	No. of Referrals	%	No. of Referrals	%	No. of Referrals	%
Substantiated	107	38%	109	39%	120	25%	87	34%	423	32%
Confirmed non abuse	107	38%	66	24%	183	37%	73	29%	429	33%
Inconclusive	69	24%	104	37%	187	38%	93	37%	453	35%
Total	283	100%	279	100%	490	100%	253	100%	1305	100%

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

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

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

Of the 423 substantiated cases in 2012, the majority, 75%, had just one type of abuse substantiated and a further 23% had two types of abuse confirmed. Table 11 illustrates the characteristics of the four top substantiated abuse categories comparing 2011 with 2012.

Those with the closest relationship to older people - son/daughter - continue to be the main source of perpetration of elder abuse. This is particularly evident in the case of neglect. In comparison to the other confirmed abuse types, physical abuse was perpetrated by a high proportion of spouses, most likely males (2:1 ratio) "Other relatives" were a dominant perpetrator of financial abuse in both years. Additionally, in relation to financial abuse, perpetrators most often are not residing with the victim. In contrast, for psychological, neglect and physical abuse types confirmed co-habitation was common. A close association is evident between increasing age and risk of neglect (Table 11).

Table 11: Profile of Substantiated Cases 2011 and 2012

	2011 Cases				2012 Cases			
	Psychol.	Financial	Physical	Neglect	Psychol.	Financial	Physical	Neglect
No of Cases Substantiated*	374	154	150	134	258	118	82	83
Perpetrator								
Son/Daughter	48%	45%	49%	51%	54%	47%	48%	62%
Spouse	22%	5%	24%	22%	24%	4%	32%	16%
Other Relative	18%	21%	11%	17%	15%	27%	11%	12%
Carer	6%	8%	8%	9%	2%	4%	2%	6%
Neighbour	4%	11%	3%		3%	6%	2%	1%
Gender of Perpetrator**								
Male	59%	57%	58%	58%	65%	58%	67%	48%
Female	34%	32%	36%	33%	31%	35%	32%	40%
1 Male/1 Female	5%	7%	3%	5%	2%	4%	1%	10%
Living with Victim								
Yes	64%	35%	69%	61%	61%	24%	68%	68%

*The total exceeds the case number due to certain cases substantiating more than one abuse type.

**Note category does not add to 100%- as cases involving 3+perpetrators are not included in this table.

4.4.5 An Garda Síochána & Legal Involvement

In 2012, there was a marginal reduction in consultation with An Garda Síochána from 15% of cases in 2011 to 13%, with 20% of cases resulting in Garda notification. Note that these figures cannot be aggregated as there is a level of cross over between the two measures. Table 12 provides a summary of Garda involvement across time. The level of legal action remains low. In 2012 there was legal consultation on 10% of cases (n=142) and legal action on 7% (n=92). The most common legal actions related to domestic violence, power of attorney and protection orders.

Table 12: Interaction with An Garda Síochána on Elder Abuse Cases 2008-2011

	2008 (n=1493)	2009 (n=1412)	2010 (n=1503)	2011 (n=1094)	2012 (n=1305)
Garda Consultation	12%	16%	18%	15%	13%
Garda Notification	10%	20%	23%	23%	20%

4.4.6 Issues and Interventions for Client

There was an increase from 34% of clients having a health issue in 2011 to 44% (n=850) in 2012. For the majority, there was one documented health issue (n=669), with a significant increase in physical health issues-increasing from 40% in 2011 to 46% in 2012. The other dominant health issues continue to relate to dementia and mental health problems (Figure 13).

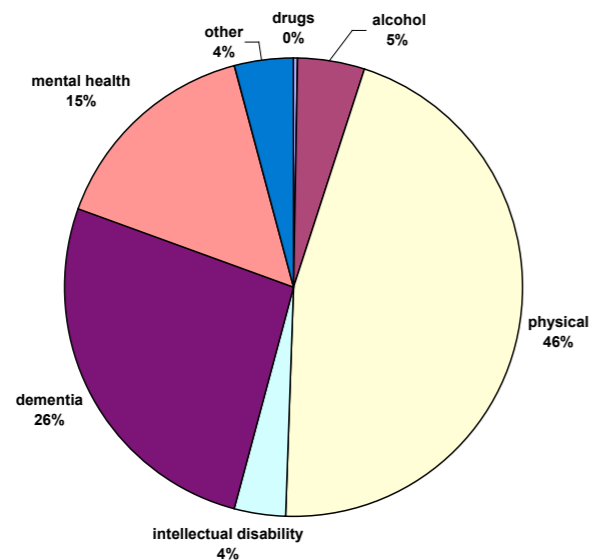


Figure 13: National Breakdown of Issues for Client (1062 issues listed for multiple analysis)

4.4.7 Issues and Interventions for the Person Causing Concern

Following 2012 case review, a total of 423 (23%) alleged perpetrators were listed by the Senior Case Workers as having at least one possible health issue. As has been documented previously, alcohol and mental health were the main issues documented. "Other" factors include carer stress and family issues.

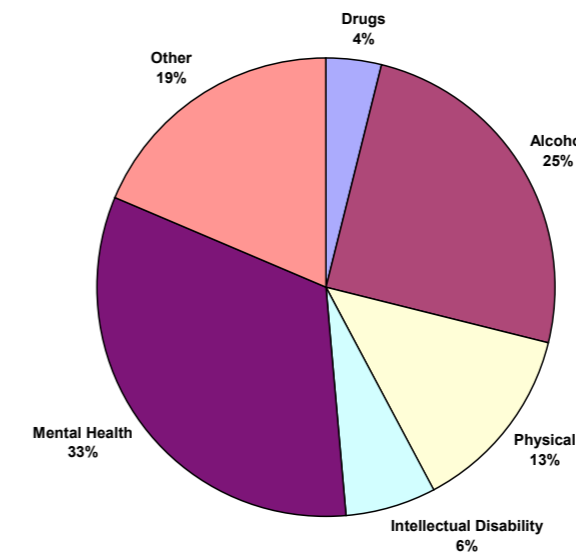


Figure 15: National Profile on Issues for the Person Causing Concern (n=508)

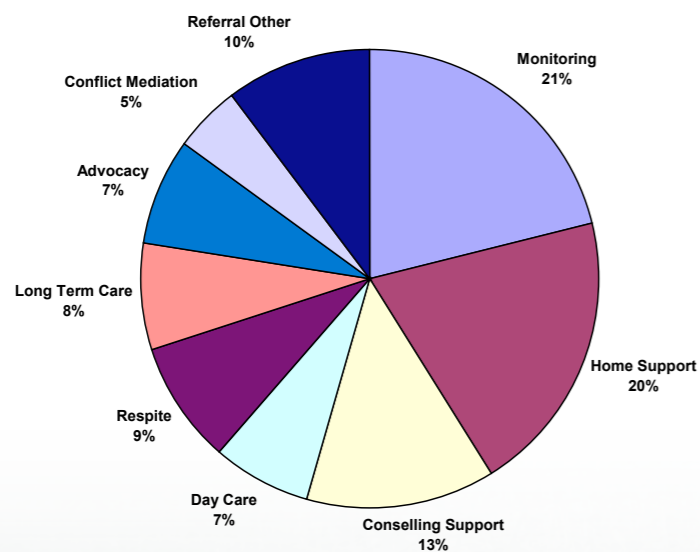


Figure 14: National Profile of Services Offered to Clients (n=2378)

In excess of 80% of clients availed of an intervention with a very small proportion declining services. The data from 2012 further confirms the ongoing trend that monitoring, home support and counselling/support are the most availed of services. In total, 10%, were referred to "other services" predominantly housing/local authority and mental health services (Figure 14).

Support offered and referral to another service, mainly mental health and addiction services, were the most common interventions for the person causing concern (Table 13).

Table 13: Interventions Provided to the Alleged Person Causing Concern 2008-2012

	2008	2009	2010	2011	2012
Garda Action	12%	17%	17%	13%	11%
Support Offered	51%	50%	49%	46%	56%
Disciplinary Action	4%	2%	4%	6%	4%
Service Refused	15%	10%	9%	14%	11%
Referral Other Service	18%	21%	20%	20%	18%

4.5 Self-Neglect

In 2012, there were 537 referrals of self-neglect made to the elder abuse service, representing a 25% increase from 2011. In contrast to referrals with a person causing concern males dominate in relation to referrals of a self-neglect nature (see Table 14). HSE DML is the only area where there are more female referrals relating to self-neglect. Comparison by HSE Area illustrates that 49% of referrals of this nature come from HSE South, with the lowest proportion from HSE DML at 11%.

Table 14: Gender Breakdown by HSE Area 2012 Referrals

	DNE		DML		South		West		National	
Male	41	55%	29	45%	141	53%	72	54%	283	53%
Female	34	45%	35	55%	125	47%	60	46%	254	47%
Total	75	100%	64	100%	266	100%	132	100%	537	100%

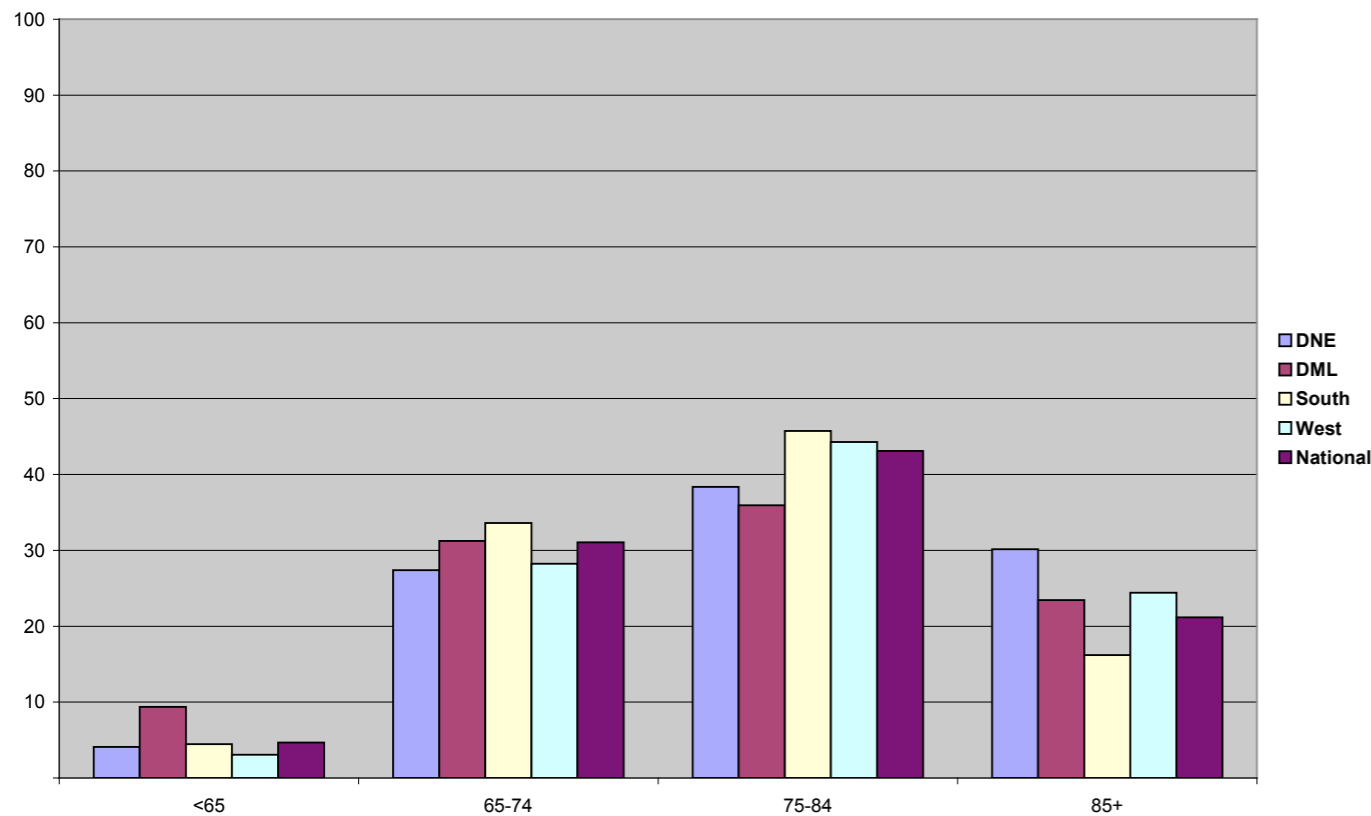


Figure 16: National and Area Profile of Self-Neglect by Age Category

In 2012, the majority of self-neglect related to those in the 75-84 years age category. Under 65 referrals were most common in HSE DML and referrals relating to older clients (85+ years) in DNE.

In total, 59% of referrals came from the PHN service with hospital 12%, other HSE Staff 9% and family 5% representing the other main sources. The elevated levels of GP referrals in the 2011 data was not replicated in 2012 with referrals reducing to 3%. The home care service continues to be a main source of referrals in DML

Table 15: Referrals Sources by Area - Self-Neglect

	DML	DNE	South	West	National
Self			2		1
Family	9	1	5	3	5
PHN	56	60	62	60	59
GP	2	1	3	6	3
Carer/Home Help	6	1	1	2	2
Hospital	6	13	10	17	12
Other HSE Staff	8	13	6	7	9
Gardai	3		3	2	2
Vol	6		1	1	2
Statutory	3	4	1	1	2
Other		5	6	2	3
Total	100	100	100	100	100

Almost exclusively clients in this category lived at home (96%) with the balance residing in sheltered housing and nursing homes.

There are 189 cases from 2012 that are ongoing (35%). Given the nature of these cases, when comparisons are made to elder abuse referrals with a person causing concern, there is much lower level of Garda consultation (5%), Garda notification (9%) and legal action (2%).

The uptake of services is not as high in this cohort group when compared to cases of elder abuse with a person causing concern. In fact, while 60% availed of services, a further 25% were offered but declined. For those that did avail of services monitoring, home support and counselling continued to be the most utilised (Figure 12). In total, 20% were referred to “other services” which relate to predominantly local authority housing and, to a lesser extent, meals on wheels, old age psychiatry and addiction services.

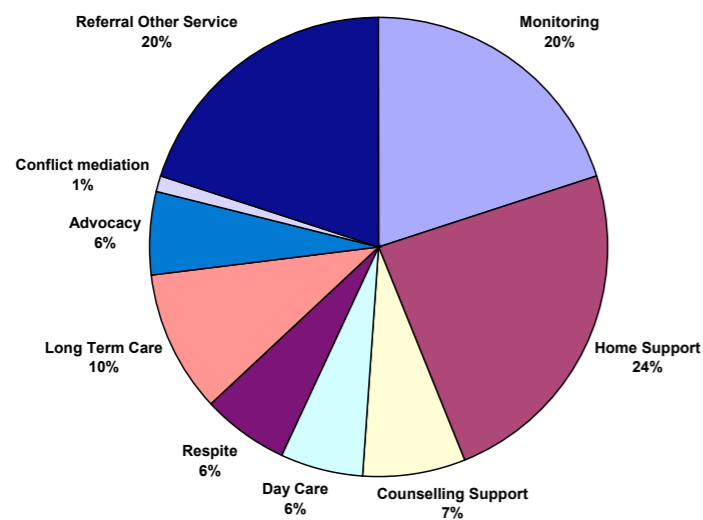


Figure 17: Profile of Client Interventions for Self Neglect Cases 2012

In total, 231 individuals in this group had a health issue. This equated to 43% of the total. The main health issues were physical, dementia, mental health and alcohol (Figure 18). In comparison to cases of elder abuse with a person causing concern the impact of alcohol issues is highly significant in self-neglect (19% Vs 5%).

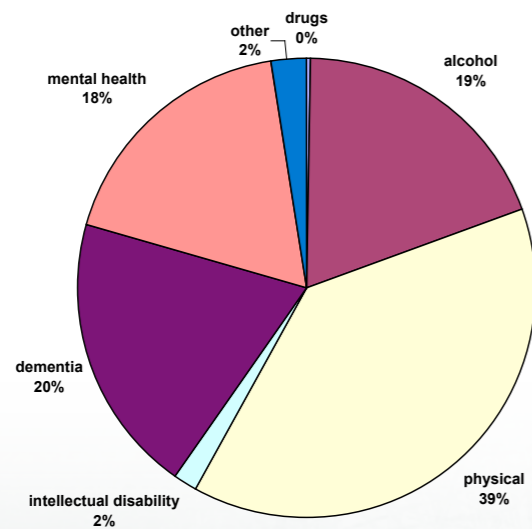


Figure18: Identified Issues for the Client

REFERENCES

1. Protecting Our Future – Report of the Working Group on Elder Abuse. Department of Health and Children 2002. Department of Health and Children: The Stationery Office
2. HSE Policy and Procedures for Responding to Allegations of Extreme Self-Neglect. HSE 2012. Available from <http://www.hse.ie>
3. Review of Recommendations of the Report of the Working Group on Elder Abuse, Protecting Our Future 2009, Department of Health and Children. Available from http://www.dohc.ie/publications/protecting_our_future_review2010.html (Accessed March 2012)
4. European Report on Preventing Elder Maltreatment. World Health Organisation 2011
5. Abuse and Neglect of Older People in Ireland, Report on the National Study of Elder Abuse and Neglect, National Centre for the Protection of Older People (NCPOP), 2010
6. WHO/INPEA. Missing Voices: Views of Older Persons on Elder Abuse. Geneva, World Health Organization, 2002.
7. Elder Abuse in Perspective. Biggs et al. 1995
8. Understanding Elder Abuse: A Training Manual for Helping Professionals. Simon Biggs and Chris Phillipson 1994

APPENDICES

Appendix 1

Membership of the National Elder Abuse Steering Committee

Mr. Frank Murphy, Integrated Services Manager, Mayo, Lead Older Persons Services, HSE West (*Chairperson*)

Mr. Paschal Moynihan, Specialist, Services for Older People, HSE West

Ms. Brenda Hannon, Specialist, Services for Older People, HSE Dublin Mid Leinster

Ms. Bridget McDaid, Dedicated Officer for the Protection of Older People, HSE West

Ms. Oonagh McAteer, Dedicated Officer for the Protection of Older People, HSE Dublin North East

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

Ms. Gina Dowd, Senior Case Worker for the Protection of Older People, HSE West

Ms. Ger Kane, Domestic Violence, HSE

Mr. John Lenihan, Specialist, Services for Older People, HSE South

Mr. John Brennan, Social Worker, Mater Hospital

Dr. Colm Cooney, Psychiatry of Old Age, HSE

Ms. Maria Moran, Consultant in Psychiatry of Old Age, HSE

Ms. Hilary Scanlon, Services for Older People, HSE South

Ms. Anne Boland, Director of Public Health Nursing, HSE West

Ms. Maura Seabrooke, Senior Case Worker for the Protection of Older People, HSE Dublin Mid Leinster

Ms Marguerite Clancy, Senior Research & Information Officer, HSE West

Ms. Margaret Kerlin, Team Coordinator, A/Director of Nursing, HSE West

Mr. Efiann Williams, Manager of Older People's Services, HSE

Mr. Pat Doherty, Alzheimer Society of Ireland

Ms. Suzanne Kiely, Senior Occupational Therapist, HSE Dublin North East

Mr. Tony Flynn, COSC, The National Office for the Prevention of Domestic, Sexual and Gender-Based Violence

Inspector Declan Daly, An Garda Síochána

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

Ms. Miriam McGuinness, Area Manager, Older Person Services, HSE West

Ms. Louise O'Mahony, Irish Banking Federation

Mr. Ted Myers, Senior Case Worker for the Protection of Older People, HSE South

Mr. Eamonn McCarthy, Principal Social Worker for the Protection of Older People, HSE South

Mr. Frank McHugh, Senior Case Worker for the Protection of Older People, HSE Dublin Mid Leinster

Ms. Margaret McMenamin, CNS, Psychiatry of Old Age, HSE

Ms. Roisin Maguire, Specialist, Older Person Services, HSE Dublin North East

Appendix 2

'Open Your Eyes' Elder Abuse National Conference Programme



World Elder Abuse Awareness Day Conference

Thursday, June 14th 2012



World Elder Abuse Awareness Day (WEAAD) is held in June each year, in support of the United Nations International Plan of Action which recognises the significance of elder abuse, a public health and human rights concern. The day serves as a call to action for individuals, organisations and communities to raise awareness about abuse, neglect and exploitation of older people. On **Thursday June 14th 2012 at 11am**, the Health Service Executive, the National Centre for the Protection of Older People (NCPOP), University College Dublin, in collaboration with the International Network for the Prevention of Elder Abuse (INPEA) will host a conference on elder abuse in the **Health Sciences Centre, University College Dublin**.






R.S.V.P. karen.malone@hse.ie or telephone 061 461165 by Thursday, June 7th

First Session:	Chair Professor Gerard Fealy, Director, National Centre for the Protection of Older People
9:30 – 11:00	Registration / Refreshments
11:00 – 11:05	Welcome
11:05 – 11:30	Opening Address Mr. Niall Crowley, Independent Equality and Diversity Expert
11:30 – 12:00	'Responding to Allegations of Elder Abuse and the Effects of Ageism' Ms. Maura McCrudden, Senior Case Worker for the Protection of Older People, Health Service Executive
12:00 – 12:30	'Older People's Experiences of Mistreatment and Abuse' Dr. Attracta Lafferty, Associate Director, National Centre for the Protection of Older People
12:30 – 13:30	Lunch
Second Session:	Chair Ms. Brenda Hannon, Specialist Older Persons Services, HSE Dublin Mid-Leinster
13:30 – 14:30	Keynote Address 'Interventions to Support Older People who Experience Abuse' Professor Jill Manthorpe, Professor of Social Work, King's College London
14:30 – 14:50	Response Mr. Des Hogan, Acting Chief Executive, Irish Human Rights Commission
14:50 – 15:00	Closing Remarks

Signing of the INPEA Declaration will take place at 10a.m. by the Lord Mayor of Dublin, the Deputy Commissioner of An Garda Síochána and Dean of Nursing and Head of School, UCD School of Nursing, Midwifery and Health Systems.


A number of information and advisory stands will be available at the conference. The conference will be streamed live via the NCPOP website (www.ncpop.ie). Conference presentations will also be available to view or download from this website.

R.S.V.P. karen.malone@hse.ie or telephone 061 461165 by Thursday, June 7th

Appendix 3
Membership of the Policies, Procedures, Protocols and Guidelines Working Group

- Ms Bridget McDaid, Dedicated Officer the Protection of Older People, HSE West (Chair)
- Ms. Sarah Mahon, Dedicated Officer for the Protection of Older People, HSE Dublin Mid Leinster
- Ms. Maggie McNally, Senior Case Worker for the Protection of Older People, North Tipperary
- Mr. Gordon Barrett, Social Work Team Leader, Sligo
- Ms. Anne Nixon, Assistant Director of Public Health Nursing, Roscommon
- Ms. Maura Seabrooke, Senior Case Worker for the Protection of Older People, Meath (joined 2011)
- Mr. Donal Hurley, Senior Case Worker for the Protection of Older People, Clare. (joined 2011)
- Ms. Aisling Coffey, Senior Case Worker for the Protection of Older People, Dublin South West
- Mr. Seamus Mc Garvey, Senior Case Worker for the Protection of Older People, Donegal

Appendix 4
Elder Abuse Record of Initial Referral - Form 5



Fóidmeannacht na Scríbhne Sínte
Health Service Executive

Form 5: Senior Case Worker-Elder Abuse, Record of Initial Referral

Local Health Office: _____ Date Referred: _____
 Client Referral No.: _____ Any previous Client Referral No. _____
 Date of 1st Response _____

1. Gender Male Female

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

3. Who referred
 Self Family
 PHN/Comm RGN GP
 Carer: Residential
 Non residential
 Home Help: HSE
 Contracted
 Hospital Other HSE Staff
 Gardai Voluntary agencies
 Statutory agencies
 Other please specify _____

4. Reason for referral (tick as many as apply)
 Alleged Physical abuse
 Alleged Sexual abuse
 Alleged Psychological abuse
 Alleged Financial / material abuse
 Alleged Neglect /acts of omission
 Alleged Self Neglect
 Alleged Discrimination
 Other please specify _____

5. Primary place of residence (tick 1 option)
 Own Home Relatives Home Private Nursing Home Boarding Out
 Public continuing care (e.g. HSE CNU/ welfare home) Other Please specify: _____

6. Location where alleged abuse took place (tick 1 option)
 Place of residence as above Day Care Unknown
 Other please specify: _____

Note on Qs 7 - 10
 If the allegation of abuse relates to the environment, practices or systems of work within an organisation where there is no one individual / group of individuals causing concern - please tick here and skip Qs 7 – 10.
 Qs 7 -10 should also be skipped in cases where self neglect is the only reason for referral

7. Number of persons allegedly causing concern _____

8. Gender of person(s) allegedly causing concern (tick 1 option)
 1 Male 1 Female 1 Male & 1 Female 2 Males 2 Females
 If 3 or more persons causing concern – Mostly Male Mostly Female Even no. of males & females

9. Person allegedly causing concern (tick as many as apply)
 Son/Daughter Partner/husband/wife Other relative
 Neighbour Carer/Staff Other service user
 Volunteer Other please specify _____


10. Is person(s) allegedly causing concern living with the older person? (tick 1 option)
 Yes No Sometimes Don't know

11. Have you consulted with the Gardai? Yes No

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

Signed: SCW Protection of Older People: _____ Date: _____

Appendix 5
Elder Abuse Follow-Up on Record of Initial Referral - Form 6



Form 6: Follow-up on Record of Initial Referral

Local Health Office: _____ Date referred: _____
 Client referral No. _____ Any previous client referral No. _____

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

2. Status of case (b) Allegation substantiated Confirmed non abuse Inconclusive

If allegation has been substantiated please complete the details in the box provided below

Use one row for each type of abuse and / or perpetrator			
Type of abuse substantiated *State 1 per row*	Relationship to client of person against whom abuse has been substantiated *State 1 per row*	Gender of perpetrator	Is perpetrator living with client
Physical Sexual Psychological e.g Physical	Son/Daughter Husband/Wife/Partner Other relative Neighbour Carer/Staff Other Service User Volunteer... Other	Male or Female	Yes No Sometimes Don't know

Note on Qs 3 – 14
 - For first form 6 on each client please answer all questions
 - For 2nd and subsequent form 6s on each client please update Qs 3-14 with any new information / changes since the previous form 6 was completed. If no changes please leave blank

3. Have YOU consulted with the Gardai in relation to this referral Yes No

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

5. Legal consultation? Yes No

6. Legal action taken? Yes No If 'yes' -
 Ward of Court Domes Viol Act Nursing Home Reg/Act Other :please specify: _____

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

8. Indicate client interventions **that have been put in place** *not restricted to SCW interventions* (tick as many as apply):
 Monitoring Home support services Counselling / support Day Care
 Respite care Long term care Advocacy Mediation/Conflict resolution
 Referred to other service please specify: _____

9. Any actions taken re: person allegedly causing concern (tick as many as apply):
 Garda action Support offered Disciplinary action Service offered but declined
 Referred to other services please specify: _____

10. Suspected / possible issues for person allegedly causing concern (tick as many as apply):
 Drugs Alcohol Physical Intellectual disability
 Mental Health Other please specify: _____

11. Suspected / possible issues for Client (tick as many as apply):
 Drugs Alcohol Physical Intellectual disability
 Dementia Mental Health Other please specify: _____

12. Case Meetings held? Yes No If 'yes please state total number since case was opened: _____

13. Case Conference held? Yes No If 'yes please state total number since case was opened: _____

14. Family Meetings held? Yes No If 'yes please state total number since case was opened: _____

15. Medical consultation? Yes No

Signed: SCW Protection of Older People: _____ Date: _____
 Date case closed (if applicable): _____

Appendix 6
National Centre for the Protection of Older People: Studies and Reviews

STUDY 1: SCREENING AND RISK ASSESSMENT FOR ELDER ABUSE

Introduction

An important part of the management of elder abuse is its early identification. Therefore screening for elder abuse has been advocated as fundamental to the routine assessment of older people (Aravanis *et al.* 1993; Lachs & Pillemer 2004). However, many professionals struggle to recognise elder abuse (Cooper *et al.* 2008). Accordingly, screening tools have enormous potential in detecting the risk of elder abuse. This study comprises the piloting of two elder abuse screening and risk assessment tools: the Elder Abuse Suspicion Index (EASI) (Yaffe *et al.* 2008) and the Older Adult Financial Exploitation Measure (OAFEM) (Conrad *et al.* 2010). Both tools were identified from a review of elder abuse screening tools published in the international literature (Phelan & Treacy 2011).

Study 1a: Pilot study to examine the reliability of the Elder Abuse Suspicion Index (EASI) in an Irish context

Background

Following a comprehensive literature review (Phelan & Treacy 2011), the Elder Abuse Suspicion Index (EASI) screening tool was identified as having particular merit in the Irish context. The EASI tool is a six-item index and is suitable for use in all care settings. The tool screens for all types of elder abuse, is a relatively rapid instrument to administer and has the capacity to be practitioner administered or self-administered. Piloted in Montreal, Canada by Yaffe and colleagues (2008), the tool has been reviewed by the World Health Organisation (2008) and is now used in a number of countries such as Israel and Germany.

Aim

The aim of this study is to examine the reliability of the EASI tool in the Irish setting.

Objectives

The objectives of this study are to:

1. Engage in refining the EASI for use in the Irish setting.
2. Develop Irish protocols and related documents for use of the risk assessment tool.
3. Provide training for selected healthcare professionals in using the EASI.
4. Pilot the EASI with selected healthcare professionals.
5. Correlate EASI results with confirmed cases of elder abuse by Senior Case Workers for the protection of older people.
6. Make amendments to EASI protocols as required.
7. Produce a final report and recommendations.

Method

This study takes the form of two phases. Firstly, the tool will be assessed for cultural and linguistic suitability for use in Ireland. Secondly, the tool will be piloted in practice by selected healthcare professionals who assess older people as a routine part of their professional work and results will be correlated with substantiated cases of elder abuse. Ethical approval for this study will be sought from UCD Human Research Ethics Committee (HREC).

Progress

In order to establish the face validity of the EASI tool, a survey was undertaken with multidisciplinary professionals, which collected information on their views and comments on each of the six items in the EASI tool. In addition, a number of older people, recruited from an active retirement group, took part in cognitive interviewing to assess understanding, interpretation and suitability of the EASI tool. Feedback from both cohorts was used to refine the tool and any issues pertaining to its practical use in the Irish context were addressed.

Ethical approval was granted by UCD HREC for both phases of the study and by the Assistant National Director for Services for Older People (pertaining to Local Health Areas). Recruitment of two hospital study sites and two community care areas has been completed which will involve geriatricians, social workers, public health nurses, community registered nurses and General Practitioners. All four sites are geographically spread around the Republic of Ireland. Protocols and documentation for each site are currently being developed; an information session about the study took place at the end of April for senior case workers, and training of participating staff in the use of the tool is currently underway. Piloting of the tool in practice will commence on November 1st 2012 and will continue until 31st March 2013.

Author of the EASI tool, Prof. Mark Yaffe, Professor of Family Medicine, McGill University, Montreal, Canada has agreed to be advisor to this study and visited the Centre in March 2012 to review progress.

Outcomes

This study will result in an evaluation of the EASI tool and recommendations on its appropriateness and suitability for use in practice in Ireland will be made.

Status

This study is in progress and it is anticipated that it will be completed by winter 2013.

Study 1b: Pilot study to assess the appropriateness of the OAFEM in an Irish context**Background**

Financial abuse is a particular concern within the Irish context as this form of abuse is the most common form of abuse in Ireland (Naughton *et al.* 2010) and the second most common of abuse among HSE referrals for the elder abuse service (HSE 2011). The Older Adult Financial Exploitation Measure (OAFEM) is the only validated financial abuse screening tool reported in the literature which has demonstrated specific merit in identifying potential financial abuse of older people (Conrad *et al.* 2010). The OAFEM is a 25-item tool developed by Professor Kendon Conrad and colleagues in the University of Illinois at Chicago, USA. The tool identifies individual components of financial abuse and has a related severity hierarchy. Adequate cognitive capacity is required to complete the OAFEM. Consequently, completion requires a Mini-Mental Status Exam score of 17 or above or competent investigator judgment (Conrad *et al.* 2009).

Aim

The aim of this study is to examine the appropriateness of the OAFEM in the Irish setting.

Objectives

The objectives of this study are to:

1. Establish the face validity of the OAFEM tool for use in the Irish setting.
2. Develop Irish protocols and related documents for use of the OAFEM tool.
3. Provide training for Senior Case Workers in the use of the OAFEM tool.
4. Pilot the OAFEM tool with Senior Case Workers.
5. Correlate the OAFEM results with cases of financial abuse that have been substantiated by the senior case workers.
6. Make amendments to the OAFEM protocols as required and make recommendations regarding its appropriateness for the Irish context.

Method

This study will focus on the OAFEM tool and its potential to assist the HSE Senior Case Workers and social workers to identify possible financial exploitation among older people. Similar to Study 1a, this study takes the form of two phases. The first phase will assess the tool for cultural and linguistic suitability, as determined by the HSE Senior Case Workers and older people, and the second phase will involve the piloting of the tool in practice by the HSE Senior Case Workers. The OAFEM results will be correlated with substantiated cases of financial abuse. Ethical approval for this study will be sought from UCD Human Research Ethics Committee (HREC).

Progress

Similar to Study 1a, the Senior Case Workers for the protection of older people commented and reviewed the items of the OAFEM tool and several older people engaged in cognitive interviewing so that the comprehensibility, language and appropriateness of the tool could be assessed, together with the suitability of the tool for use in practice in the Irish setting. Comments and responses from both groups were used to refine the OAFEM tool.

UCD HREC granted ethical approval to undertake this study and the Assistant National Director for Services for Older People sanctioned the roll out of the study in participating HSE Local Health Areas. All 32 Senior Case Workers and five social workers have agreed to participate in the study. Protocols for administration of the OAFEM and supporting documentations are currently being developed. Information and training sessions were held with the Senior Case Workers in April and August 2012 to provide information about the administration of the OAFEM in practice. An additional online training resource is currently being developed. The Senior Case Workers will pilot the tool in practice from 1st November 2012 and will continue until 31st March 2013.

Professor Ken Conrad from University of Illinois at Chicago, USA, one of the authors of the OAFEM, has agreed to be an advisor to the study.

Outcomes

This study will evaluate the OAFEM tool and will make recommendations on its appropriateness and suitability for detecting financial abuse in practice in Ireland.

Status

This study is in progress and it is anticipated that it will be completed by winter 2013

STUDY 2: CARING FOR OLDER RELATIVES: CAREGIVERS' EXPERIENCES OF CONFLICT, STRESS AND COPING

Background

The increase in the proportion of older people (CSO 2007; 2012) and the growing prevalence of chronic illnesses (Department of Health and Children 2008) contribute to the fact that many older people are in receipt of informal caregiving. Family members tend to be at the frontline of care provision for the growing number of older people requiring help and support in the community (Garavan *et al.* 2001; McGee *et al.* 2008; MacNeil *et al.* 2010). Although the caregiving role can be a positive and gratifying experience for many (Finch and Mason 1993; Raschick and Ingersoll-Dayton 2004), this role can frequently bring with it a number of challenges and adverse consequences for different aspects of a caregiver's life. The demands on a caregiver over a prolonged period of time can lead some carers to experience 'carers' stress' (Lee *et al.* 2012) or 'carers' burden' (Yan and Kwok 2011).

Over a third of carers in Ireland reported feeling completely overwhelmed by their caregiving responsibilities (CSO 2010). Higher burden levels tend to be associated with a lower quality of life, poorer health and wellbeing, and many experience exhaustion and depressive symptoms (Collins and Jones 1997; Coen *et al.* 2002; Galllicchio *et al.* 2002; Salin *et al.* 2009; Pinquart and Sorensen 2011). Due to their caregiving duties and responsibilities, family carers can often experience stress and consequently experience mental and physical health problems as a result of their caring role (O'Sullivan 2008) and therefore may be at greater risk for engaging in potentially abusive behaviours against older relatives in receipt of care (Wolf 1997; MacNeil *et al.* 2010).

This study therefore proposes to undertake a survey to examine stress and coping in the care of older relatives and to identify the risk factors that may lead to conflict in the caregiving process.

Aim

The overall aim of this study is to examine caregivers' experience of conflict, stress and coping in caring for older relatives.

Objectives

The objectives of this study are to:

1. Examine the nature and type of care provided by family members to older relatives.
2. Measure stress and burden experienced by family members who care for older relatives.
3. Examine interactions and conflict experienced by family members who provide care to older relatives.
4. Identify factors associated with conflict and stress experienced by family caregivers.
5. Examine ways of managing conflict and stress experienced by family members in their caregiving role.

Method

A quantitative research design will be adopted and using a suite of standardised instruments, a postal survey will be undertaken with a national sample of caregivers who provide care to older family relatives, to measure their experiences of stress, coping and conflict.

Progress to date

Using an array of academic scholarly databases (e.g. CINAHL, PubMed and Psych Info), a review of national and international literature has been undertaken to look at previous research conducted on caregivers' experience of caring for older family members, the quality of the caregiving relationship and conflicts that may be experienced by the carer in their role and caregiver burden. Interventions aimed at promoting coping and reducing caregiver burden are also examined.

Furthermore, a range of standardized psychometric tools have been identified including the Conflict Tactics Scale (Straus 1979; Pillemer and Moore 1989), the Zarit Burden Interview (Zarit *et al.* 1980) and the General Health Questionnaire (Goldberg and Williams 1988). Meetings have been held with Carers Alliance, the Department of Social Protection and CSTAR (Centre for Support and Training in Analysis and Research) to explore possible methods and sampling strategies. An ethical approval application will be submitted to UCD Human Research Ethics Committee in early 2013 and the survey of carers will take place in spring/summer 2013.

Outcomes

This study will contribute to the development of interventions, policies and best practice guidelines for carers of older people in the community and identify strategies for managing conflict and stress experienced by carers in their caregiving role.

Status

This study is in progress and it is anticipated that it will be completed in early 2014.

STUDY 3: PREVENTING ELDER ABUSE THROUGH EMPOWERMENT: A PARTICIPATORY ACTION RESEARCH PROJECT TO DESIGN AND TEST AN EMPOWERMENT INTERVENTION FOR THE PREVENTION OF ELDER ABUSE AND MISTREATMENT

Background

The conceptual development of empowerment has occurred from within the disciplinary fields of community psychology and social work. Empowerment is understood as a psychological and social construct which connects individual and collective well-being with strengths and competencies, ecological resources, helping systems as well as proactive behaviour (Drury *et al.* 2005; Hur 2006; Zimmerman & Rappaport 1988). Three domains of empowerment have been identified in the literature: (1) intrapersonal empowerment; including perceptions of self-esteem, mastery and control; (2) interactional empowerment; concerning decision-making and resource mobilisation; (3) direct action; relating to behavioural change and proactive behaviour.

As the global population of older people continues to grow, the protection of older people is increasingly the focus of legislative, health and social care intervention to prevent or address elder abuse. However, to date there has been little research and theorising related to empowerment from within the field of social gerontology. Fostering and protecting the agency of the older person and empowering them to optimise their strengths and resources underscores best practice in social and health care interventions for older people (Department of Health 2012; Shearer *et al.* 2012).

Aim

The overall aim of this study is to design and test an empowerment intervention for the prevention of elder abuse and mistreatment.

Objectives

The objectives of the study are to:

1. Develop a conceptual definition of later life empowerment from the perspective of older people as well as professionals who represent or work with older people in the community.
2. Design an empowerment intervention which would enable older people to prevent their abuse.
3. Deliver and test the efficacy of the intervention.

Method

This study will employ a participatory action research design and therefore is guided by principles of authentic participation and collaboration with members of the target community; namely, older people as well as those professionals who work in the area of elder protection or community-based service delivery. This is a two phase study. Phase one will involve focus groups with older people, senior case workers responsible for managing cases of elder abuse, and professionals who represent or work with older people in the community. The purpose of these focus groups will be to provide a robust conceptual understanding of later life empowerment and its outcomes which will inform the intervention design as well as concept measurement. A stakeholder working group, composed of older people, will also be established and will be responsible for the development of an empowerment intervention. The group will be informed by the understanding of later life empowerment and its associated attributes provided by the focus group sessions. The second phase of the study will deliver and test the efficacy of the intervention designed in the first phase.

Progress

A critical review of the literature on the concept of empowerment as it applies to older people, including an examination of empowerment interventions for older people, has been undertaken using a range of academic databases. An ethical approval application was submitted to UCD Human Research Ethics Committee to conduct the study in September 2012. The design of the focus groups is currently underway and recruitment strategies for each of the focus group cohorts are being drawn up. The first focus group is planned for January 2013.

Status

The first phase of the study, concerned with the design of the intervention, will be completed by autumn 2013. Following this, phase two will commence and it is anticipated that the study will be completed by winter 2013.

STUDY 4: AN EVALUATION OF THE HSE NATIONAL TRAINING PROGRAMME FOR THE PREVENTION OF ELDER ABUSE

Background

Since 2007, the HSE has been conducting a basic training programme for all healthcare staff in relation to the prevention of elder abuse. The programme consists of staff training DVDs, entitled *Recognising and Responding to Elder Abuse in Residential Care Settings* and *Open Your Eyes to Elder Abuse in Your Community* and accompanying workbooks. The programme is aimed at complementing the Health Information and Quality Authority (HIQA) standards in relation to the protection of older adults and vulnerable people. Almost 34,000 staff, including HSE staff and staff from voluntary agencies, external service providers and nursing homes, received training between 2007 and 2011 (HSE 2012).

Aim

The aim of this study is to conduct an evaluation of the HSE national training programme in the prevention of elder abuse.

Objectives

The objectives of the study are to:

1. Conduct a review of literature on the models and methods of training in the prevention of elder abuse.
2. Conduct a scoping study to determine the current roll out (extent and conduct) of the HSE national training programme.
3. Conduct consultations among key stakeholders in the programme.
4. Conduct an evaluation of the HSE standardised training programme (delivered by dedicated officer), in terms of structure, process and outcomes elements.
5. Conduct an evaluation of the HSE residential care training DVD and workbook, in terms of structure, process and outcomes elements.

Method

This study will involve initial review of literature and scoping of the project followed by an evaluation of the major elements of the Health Service Executive national training programme in the prevention of elder abuse, namely the standardised training programme delivered by dedicated officers and senior case workers and the residential care training DVD and workbook.

This is a two-phase evaluation. The first phase will involve a retrospective analysis of the training programme to date. The course content and structure will be reviewed in relation to the curriculum design, scope and outcomes. Existing databases and records will be collated to provide an overview of the programme delivery to date as well as a participant profile. Programme efficacy will be subjectively evaluated using qualitative data collected from those responsible for course design and delivery as well as training programme participants. This data will be generated through a combination of focus groups and individual semi-structured interviews. Based on the findings of the qualitative analysis, consideration will be given to collecting retrospective evaluative survey data from a cluster sample of programme participants.

The second phase of the study will involve a prospective research design aimed at generating empirical evidence for the efficacy of the training programme. Based on the findings of phase one, a measure of elder abuse knowledge and management outcomes will be generated for the purposes of this study. This measure will include self-report assessment of knowledge, attitude and intention to act in relation to the mistreatment of older people. A scientifically rigorous research design will be adopted which will ensure representative and statistically powerful samples by which to undertake an evaluation of the programme efficacy.

Progress

A review of literature is on-going in relation to staff training in the protection of older people and elder abuse. The literature is also being examined for evidence of research instruments and scales that may be used in measuring staff attitudes to older people, staff knowledge of elder abuse and staff willingness to report mistreatment of older people. A range of training evaluation instruments are also been identified. The course content and materials have been collected and are undergoing evaluation in relation to programme design and outcomes. Existing databases and records as to the programme delivery are being collated and analysed to generate a participant profile. The research design and instruments for empirical data collection are being finalised based on the literature findings and the necessity to generate the appropriate data by which to evaluate programme efficacy.

Status

This study is in progress and it is anticipated that it will be completed by autumn 2014.

RESEARCH REVIEWS

REVIEW 1: ABUSE OF OLDER PEOPLE WITH DEMENTIA – A REVIEW

Background

Dementia is a condition that has significant medical, economic and social implications for the sufferer, his/her family and society. With the increasing number of older people with dementia and recognition of their particular vulnerability to abuse and neglect, it is important to examine the issue of abuse of this subgroup of the older population.

Aim

The overall aim of this review is to collate, analyse and summarise published literature on elder abuse of people with dementia living in the community.

Objectives

The objectives of this review are to:

1. Examine the literature on the nature, prevalence, risk factors and correlates of elder abuse of people with dementia, including perpetrator profiles.
2. Examine the indicators of elder abuse of people with dementia as well as identify strategies and interventions for preventing and managing elder abuse of older people with dementia.

Method

Using a combination of key words, a comprehensive search of peer reviewed published works indexed in the databases Cochrane, Medline, Psych Info, PubMed and CINAHL from 1985–2012 will be conducted. Google Scholar will also review relevant grey literature on the topic. Studies will address the topic of elder abuse and neglect for community-dwelling people aged 60 and over who had dementia.

Findings and conclusion

Findings demonstrate that research on abuse of older people with dementia is much higher compared to general population elder abuse statistics and tends to focus on psychological, physical and to a lesser extent neglect abuse. Empirical studies indicate that risk factors for abuse of older people with dementia include caregiver burden, caregiver psychopathology, aggressive behaviour by the older person and the quality of the caregiver-care recipient relationship prior to the onset of dementia. Few interventions were designed specifically to prevent and manage abuse of older people with dementia and none that comprehensively evaluated the efficacy of interventions. Further research is needed to understand the complex pathways to elder abuse of people with dementia in order for effective interventions to be implemented.

Status

This review had been completed.

REVIEW 2: ABUSE IN RESIDENTIAL CARE SETTINGS/INSTITUTIONAL ABUSE

Aim

The aim of this review is to identify and/or develop a risk-management framework for the prevention of abuse in residential care settings.

Status

This review is scheduled to commence in October 2012.

REVIEW 3: A SYSTEMATIC REVIEW OF INTERVENTION AND SERVICES WHICH ADDRESS ELDER

Background

The global demographic shift towards an ageing population and the increased knowledge and awareness of the prevalence, risks and impacts of elder abuse demand reliable, up-to-date evidence for effective health and social care intervention for older people at risk of mistreatment. A variety of approaches to the delivery of services and interventions for the prevention and management of elder abuse cases have been identified by the research and policy literature (Imbody & Vandsburger 2011; Lachs & Pillemer 2004; Nerenberg 2008; Penhale 2010; Ploeg *et al.* 2009). These protective strategies refer to the detection and referral of elder abuse, investigation and assessment, case management, monitoring and support services targeting victims of abuse as well as those experiencing caregiver burden or stress. However, systematic reviews of elder abuse research have highlighted a lack of empirically validated evidence upon which to base protective practice (Alt *et al.* 2011; Chalk & King 1998; Daly *et al.* 2011; Ploeg *et al.* 2009).

Aim

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

Objectives

The objectives of the review are to:

1. Summarise and describe the published evidence for practice including intervention trials as well as descriptive accounts of practitioners' personal experience and service users' evaluations and responses to practice.
2. Critically appraise existing research studies in order to examine the efficacy evidence for interventions and service delivery.
3. Identify future directions for research to contribute to the development of protective practice and thereby inform evidence-based practice for the management of elder abuse cases.

Method

A systematic and comprehensive literature search of peer-reviewed published works will be performed to identify all evaluation studies of services and interventions targeting the protection of older people from abuse and mistreatment. This systematic search will be undertaken in four databases: EBSCO, PubMed, Web of Science, OvidSP.

A range of keywords will be used to conduct a search for material published between 2000 and 2012 and this will be supplemented by the citations of previous systematic reviews evaluating intervention studies and research which covered earlier timeframes. Additional studies will be identified through manual searching of the annotated bibliography of reference material and published research contained in the NCPOP library.

Progress

This review establishes current knowledge related to the effectiveness of interventions with the purpose of contributing to the evidence-base for protective practice.

A total of 3,879 citations were initially identified from the databases and following a review of all citations and abstracts, the systematic search yielded a total of 47 peer-reviewed full text articles and research publications for detailed evaluation.

Status

This review is in progress and it is anticipated that it will be completed by autumn 2013.

OPEN YOUR EYES
