Sometimes the only things visible are tears...

World Elder Abuse Awareness Day · June 15, 2010

Elder Abuse Update

Dr Simon O'Donovan - Sep 10
Presentation aims

Key messages:
• Elder abuse has been around for a long time
• Until very recently it was ignored
• We still have a long way to go
• There is much that can be done

Key actions:
• Identify elder abuse
• Report abuse early
• Multi-agency investigation
• Protection planning
• Removing abusers from care/practice
Virginia Bottomley on Newsnight (BBC TV, 4 June 1991):

“I don’t frankly think that abuse of elderly is a major issue, thank goodness, in our society”.

An under-recognised social phenomenon, of Hidden Harm. Why?
- cognitively impaired older adults cannot disclose
- perpetrators of abuse can therefore more easily hide the harm
- injuries from abuse can be presented as occurring as a result of accidental injury
- sometimes abusers don't recognise their actions as abuse.

"The tragic history of the world is peopled by those who did not see, did not know and therefore did nothing... taking everything one is told at face value may represent psychosocial naïveté and unwitting collusion." (RCP 2000)
Elder abuse remains a serious problem in society.

Public inquiry into scandal-hit Stafford Hospital
By Nick Triggle
Health reporter, BBC News

There will be a full public inquiry into the scandal-hit Stafford Hospital, the government has announced.

The Tories had promised the probe in opposition after reviews had criticised “appalling” standards which were said to have caused needless deaths.

Campaigners consistently said it was the only way to uncover the failings, but previous ministers had resisted.

Health Secretary Andrew Lansley said the families of those who had died deserved to know how it had happened.

Tougher powers
The problems at Stafford - run by the Mid Staffordshire NHS Trust - were laid bare by the NHS regulator in March 2009.

The Healthcare Commission reported there had been at least 400 more deaths than expected between 2005 and 2008.

It cited a catalogue of poor standards, including cases where receptionists had been used to assess emergency patients.

But this was just one of a long-line of reviews.

'Routinely neglected'

This latest report also outlines instances where patients were "routinely neglected".

It documents cases where patients were left in soiled sheets which relatives were forced to wash.

And it highlights examples where patients were left alone, leading to falls - some fatal, which were not reported.

And one woman, who gave evidence, told the inquiry: "My Mum was in absolute agony, I can hear her screams now, as I walked into the ward."

Half of the patients and relatives who gave evidence also cited problems getting enough food and drink.

The report criticised the "ineffective" management which was too often concerned with hitting targets, particularly in A&E, as well as the "lack of compassion" and "uncaring attitude" of staff.

But staffing levels were also said to be too low because the trust was trying to slash costs by £10m.
Pensioner abuse nurse struck off

A nurse convicted of abusing elderly residents at an Edinburgh care home has been struck from the nursing register.

Jeffery Ednalan, 36, a Filipino national, was jailed for 15-months in 2007 for abusing dementia patients at Colinton Care Home.

A panel of the Nursing and Midwifery Council upheld allegations of severe abuse, including putting a can of deodorant in a 95-year-old's mouth.

Ednalan, who was not present at the Edinburgh hearing, denies the charges.

The three-person panel was told Ednalan was found guilty at Edinburgh Sheriff Court in May 2007 of four charges of assault and one of cruel and unnatural treatment between October 2005 and March 2006.

The assaults included stuffing a deodorant can in the mouth of a 95-year-old man to stop him shouting and violently shaking a 76-year-old woman.

Ednalan was also placed on the sex offender's list for ten years after being found guilty of two counts of indecent assault on elderly female residents at the home by touching their breasts.
Unlike child protection where there is a statutory duty upon Local Authorities to investigate, there is no statutory duty to intervene when the abuse of vulnerable adults is alleged.

In 2000, the DoH published ‘No Secrets’. This was followed by the publication of ‘In Safe Hands: Implementing adult protection procedures in Wales’.

Further to the publication of ‘In Safe Hands’, all Local Authorities were required to develop policies and procedures for the Protection of Vulnerable Adults. In Wales four regional policies were developed. (A new All Wales policy is in final draft.)

These required Local Authorities, Health services, the Police and CSSIW to work in partnership to protect vulnerable adults. Local Authorities are the lead coordinating agency.

In NHS Wales, each LHB/Trust has dedicated staff who have lead responsibility for cases when alleged abuse has occurred on its premises or has involved members of its staff as alleged perpetrators. (New policy strengthens Health role.)
The Mental Capacity Act (2005) provides a statutory framework for assessing adults’ mental capacity to make decisions. When the adult lacks capacity to make a decision, professionals are able to decide on their behalf, but only if decisions are made in consideration of the person’s best interests and the least restrictive principle set out in the Act.

Decisions must be made following appropriate consultation with anyone involved or interested in the person’s care, including a Lasting Power of Attorney, if the person has appointed one before their mental capacity became impaired.

If the person lacks mental capacity and there is no appropriate person to consult with, there is a statutory duty upon the decision-maker to instruct an IMCA to support decision-making (serious medical treatment, change of accommodation, POVA).

The Mental Capacity Act (2005) introduced a new criminal offence of ill-treatment or wilful neglect of a person who lacks mental capacity. If convicted, abusers can be imprisoned (maximum sentence 5 years) or fined, or both.
A nurse who force-fed medicine to two elderly patients has been convicted of two counts of ill treatment and one of neglect.

Penelope Webber, 52, wrestled one patient and knelt on another's chest at Whitchurch Hospital, Cardiff, a jury was told.

She said she had never assaulted a patient in her 20-year career.

Webber, of Aberdare, Rhondda Cynon Taf, who had denied the charges at Cardiff Crown Court, will be sentenced later.

Judge Stephen Hopkins said the evidence was most compelling and he agreed with the jury's verdict.

He also told the jury that one of the witnesses had said in their statement that the defendant herself had...
Safeguarding Vulnerable Groups Act 2006
The Independent Safeguarding Authority

The Safeguarding Vulnerable Groups Act 2006 established the Independent Safeguarding Authority further to recommendation 19 of the Bichard Inquiry.

The Vetting and Barring Lists extend the previous POVA and POCA Lists (and List 99) to the NHS and voluntary sector. The ISA aims to protect children and vulnerable adults by ensuring that people who are judged to pose a risk of harm are not allowed to work with them.

Employers have a legal duty to refer to the ISA any information about individuals working in regulated activity who have been dismissed, or who resigned before dismissal, as a result of abuse. (It is an offence to employ a Barred individual.)

'Regulated activity' - frequent, intensive or overnight contact
'Relevant conduct' - conduct which endangers or is likely to endanger
'Harm test' - met when the employer believes an individual may harm or put at risk of harm. (Section 49 offence results in automatic Barring.)

The government has announced it’s intention to review the Vetting and Barring Scheme. Registration is temporarily halted. Barring Decisions continue.
ISA’s Annual Report 2009-10

The ISA Annual Report 2009-10 has been published and provides an insight into a busy and challenging year for the Authority.

Key ISA achievements include:

- We handled 9,056 referrals from employers and regulatory bodies
- We concluded 4,635 ‘automatic barring’ cases (where the ISA is statutorily bound to bar people because of the serious nature of their offences)
- We migrated 15,349 people from the previous barred lists to the new ISA lists
- We provided advice to the Secretary of State on 651 legacy cases
- We introduced a robust process to approve caseworkers for ISA decision making
- We delivered all services within our delegated budget and released ‘one off’ savings in excess of £1 million to the Home Office

As of 31st March 2010, the number of people on each of the barred lists was: (note some people will be on both lists)

<table>
<thead>
<tr>
<th>List</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vulnerable Adults’ List</td>
<td>19,111</td>
</tr>
<tr>
<td>Children’s List</td>
<td>21,419</td>
</tr>
</tbody>
</table>
Key recommendations:

**RECOMMENDATION 2: LEGISLATION**

New legislation is required. The symbolism of legislation is important in fostering cultural change. Safeguarding adults at risk from abuse who cannot protect their own interests must have the same legislative status and priority as protecting children.

- a statutory framework for interagency working, including a duty to investigate, a duty to co-operate and a duty to share information;
- a duty to consider advocacy support;
- a statutory framework for serious case review;
- a new offence of ill-treatment, or neglect of a person with capacity;
- new powers including power to:
  - enter premises to assess whether someone is at risk of abuse, or is being abused, to review /remove records and to arrange a medical examination;
  - remove an adult (with their consent) to a place of safety, even if others in the household disagree;
  - ban perpetrators from premises.
- a new offence of obstruction;
- sanctions in relation to offences by ‘bodies corporate’ (including statutory agencies) and individuals within them in cases of consent to, or collusion in abuse, or negligence.
RECOMMENDATION 12: LOCAL HEALTH BOARDS AND NHS TRUSTS

Local Health Boards and NHS Trusts should ensure they have robust safeguarding arrangements, including:

- establishing specialist teams with the appropriate level of investigative skills and clinical expertise to contribute effectively to:
  - being a resource to staff within the LHB, or NHS Trust who have safeguarding concerns;
  - referring prima facie cases of abuse into safeguarding arrangements;
  - training others in safeguarding adults; and
  - local Safeguarding Adult Teams, including contributing to reciprocal investigation arrangements to ensure independence in investigation;

- ensuring that incidents of abuse are conceptualised as abuse;
- investigating all incidences of serious pressure ulcers (Grade 3 and 4) to assess whether they have resulted from neglect;
- ensuring that all staff in contact with adults at risk are CRB checked;
- ensuring that all staff are trained in safeguarding adults to a level commensurate with their role;
RECOMMENDATION 14: DUTY TO REPORT ABUSE

Staff working with vulnerable adults should have a duty to report abuse. Such a duty to report could be:

- a responsibility to maintain a member of staff’s registration;
- a condition of employment;
- a requirement by regulators that such a duty is reflected in the policies and procedures of regulated settings;
- enshrined in new legislation, (as in some other countries, including Canada – see para 68, Chapter 4).
The NHS has an important role to play both in identifying and reporting abuse and in ensuring that vulnerable adults are safeguarded when accessing healthcare. It is imperative that the NHS builds on the present arrangements so that staff generally are (better) trained and (more) confident in protecting adults who may be vulnerable.

- Awareness of what constitutes ‘abuse’ needs to be strengthened... there needs to be a shared understanding as to what ‘safeguarding’ means and who may be vulnerable.
- In practice, definitions and thresholds for action are not commonly understood or consistently implemented.
- Assessment, risk assessment, decision making, care planning and recording are not delivered to a consistently good standard.
- Leadership and partnership working are central to effective adult protection and safeguarding... more needs to be done.
- Establishing a comprehensive adult protection and safeguarding service requires good leadership and performance management. Currently, such arrangements are not consistently found across health and social services.
Everyone's responsibility

Our future

The Checklist

1. Do I get help when I ask for it?
2. Do the nurses care about me – not just for me?
3. Are nurses courteous and respectful?
4. Do I feel valued as an individual?
5. Am I, or someone who knows what I would want, involved when decisions are being made about my care and treatment?
6. Do I get help to eat and drink when I need it?
7. Do I get pain relief when I need it?
8. Are my hygiene and continence needs met?
9. Do I feel safe and secure?
10. Do nurses notice when I am upset or distressed?

Checklist – NMC 2009

Philosophy statement Mediline
A Dignified Revolution  http://dignifiedrevolution.org.uk
Action on Elder Abuse (helpline 0808 808 8141)  http://www.elderabuse.org.uk/
Age Cymru (Elder Abuse Manifesto)  http://www.ageuk.org.uk/cymru/
Learning Disability Wales: Creating a Wales that values and includes every child and adult with a learning disability  http://www.learningdisabilitywales.org.uk/
PAVA Cymru (Practitioner Alliance Against Abuse of Vulnerable Adults)  http://www.pavauk.org.uk
Public Guardianship Office (Court of Protection)  http://www.guardianship.gov.uk
Journal of Adult Protection  http://www.ingentaconnect.com/content/pavpub/tjap
The Older Peoples Commissioner for Wales  http://wales.gov.uk/topics/olderpeople/commissioner/?lang=en