The review of the recommendations of
Protecting Our Future: The Report of the Working Group on Elder Abuse.
(2002)

Call for submissions.

PA Consulting Group,
Second Floor,
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Ballsbridge,
Dublin 4.

26th February 2009

Dear Mr Hickey,

The National Council on Ageing and Older People (NCAOP) has commissioned an independent review of the recommendations of *Protecting Our Future: The Report of the Working Group on Elder Abuse* (DoHC, 2002)[1] The aims and objectives of this review are to:

- Examine to what extent the implementation of the recommendations of *Protecting Our Future* has been accomplished, and what lessons need to be learned about the implementation process;

- Examine how well *Protecting Our Future* is working as a policy for the prevention and management of elder abuse, and what aspects of it need to be adapted or changed;

- Focus on areas not explored, or not explored in depth, in *Protecting Our Future* and make recommendations for the development of policy, practice and implementation in these areas. The areas already identified as gaps are financial abuse, self-neglect, institutional abuse and linkages between elder abuse and adult protection;

- Review the role and functions of the existing structures (including terms of reference), arrangements and mechanisms involved in the implementation and monitoring of the elder abuse programme.

PA Consulting Group has been engaged by the NCAOP to carry out the review, which is being overseen by a Steering Group that includes representatives of the Department of Health and Children, the Health Service Executive, the Health Information and Quality Authority and the NCAOP. An integral part of the review is to consult with people and organisations who either work directly in the area or who have an interest in the implementation of *Protecting Our Future*.

The Steering Group would greatly welcome a submission from the Irish Association of Emergency Medicine regarding your views on the implementation of *Protecting Our Future* and related issues. The enclosed document provides an outline of the questions/topics that you might wish to consider when preparing your submission. Please forward your submission when completed to vanessa.hamilton@paconsulting.com or to the office address above c/o Vanessa Hamilton. We would really appreciate it if you could forward your submission by the 13th March 2009.

[1] The *Protecting Our Future* report is attached to this email and also available at www.**dohc**.ie/publications/**protecting_our_future**.html

If you have any queries regarding any aspect of this review please contact me (01 6059173 or email me on Vanessa.hamilton@paconsulting.com).

Kindest regards,

Vanessa Hamilton.

Submission on behalf of the Irish Association for Emergency Medicine

This submission follows a poll of all Emergency Departments with Consultant(s) in Emergency Medicine in post and **should be read in conjunction with the attached letter.**

All Consultants in EM are members of IAEM

Call for Submissions: Submission topics/questions.

Number.	Submission topics.
1.	Are you aware of the report *Protecting Our Future: The Report of the Working Group on Elder Abuse* (DoHC, 2002)? Has the issue of elder abuse arisen in the course of your organisation's work?
Response	1. There is a **very variable knowledge of the existence of this report**, being entirely unknown in Emergency Departments (EDs) in some parts of the country (old Western, North Western and Midland Health Board areas) and known about in EDs in the remainder (old Eastern, South Eastern, Southern, Mid Western and North Eastern Health Board areas). It is apparent that within those areas where the Report & its recommendations are known there is a spectrum of system responses in place. Some areas have quite sophisticated policies and procedures for the management of Elder Abuse (e.g. Cork), whereas others have less formal systems in place. Given the striking variation between old Health Board (HB) areas it is clear that **the process of dissemination of the report and enactment of its recommendations obviously varied from one HB area to another**. The report obviously predates the creation of the HSE. 2. Elder Abuse has not arisen as a formal agenda issue for IAEM. We were **not involved in any capacity** in the creation of the 2002 document, were not formally (or informally) asked for comment/ consultation and a copy of the report was not provided to us on completion. As those who have administrative and clinical responsibility for the vast majority of the country's EDs (other than a few very minor departments), this non-engagement with us seems a regrettable oversight. Elder Abuse clearly arises for the members of the Association in the course of their work. It is clear that there is considerable variation in how such matters are dealt with in different parts of the country, reflecting variations in the communication and implementation of the report and its recommendations and varying structures, policies & procedures put in place to deal with the issue.
2.	What is your organisation's/membership's role in the area of elder abuse and in particular in the implementation of the recommendations of *Protecting Our Future: The Report of the*

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	Working Group on Elder Abuse (DoHC, 2002)?
Response	Our **organisation has had no specific role** in the implementation of the report's recommendations, however **our members**, representing the spectrum of doctors working in the country's EDs from Consultants to Senior House Officers, clearly have a role in the detection and reporting of possible Elder Abuse; the mobilization of medical and social work resources to assist the victim and the management of physical or other injury detected.
3.	Do you have a view on the role and function of the current structures in the areas of reporting, monitoring and preventing elder abuse?
Response	The current "structures" are clearly far too variable, given the apparent absence of a structure known to those working in EDs in some regions and the development of reasonably sophisticated structures in others. This variation is unacceptable in 2009. If the structures are in place but are unknown to frontline staff, they may as well **not** be in place! With the creation of a unitary structure i.e. the HSE in January 2005 the opportunity to create clear, comprehensive structures across the whole country, akin to those which apply in cases of suspected child abuse, appears not to have been taken. The ongoing absence of a 24hour, 7 day a week social work service is a significant ongoing failing. Many EDs don't even have a social worker allocated to them, during office hours. On a daily basis our hospitals' EDs are populated with large numbers of elderly patients whose ED care is complete and are waiting for admission to an inpatient bed. These so called inpatient boarders are 'accommodated' on trolleys, chairs etc in inadequate facilities that are entirely inappropriate for their needs. ED overcrowding has been proven internationally to be associated with increased mortality and morbidity. In particular there is clear evidence that patients over the age of 75 who are detained in an ED for more than 24 hours have much worse measurable outcomes (length of stay, mental test scores, loss of independence etc), than those admitted to a hospital bed at an earlier stage. A suite of references for these statements is available on request. **This current reality is visited disproportionately upon Ireland's elder citizens and fulfils the report's definition(s) of Elder Abuse** (pp25, 26 of the Report) yet is accepted by the HSE (and apparently by the Department of Health & Children) as "normal" and clearly

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	acceptable! The current and ongoing rounds of budgetary cutbacks will add significantly to this problem.
4.	What progress has been made in the implementation of these recommendations? What has facilitated this progress? Are the recommendations having an impact on the prevention and management of elder abuse?
Response	It is apparent that the situation of variable, patchy services that existed at the time of the production of the report still applies. Our view is that services for older people have generally improved but that needs continue to outstrip services. The response to Elder Abuse has often depended more on the actions of a group of proactive, committed professionals rather than as a result of the Report's recommendations *per se*. The recommendations however have provided some structure that has been helpful to healthcare professionals in the areas showing the greatest pro-activity.
5.	What have been the key challenges in implementing the recommendations?
Response	- An obvious variability in the extent to which the Report & its recommendations have been disseminated. - An evident lack of HSE focus on the issue. - A lack of central political and local managerial profile for the issue, notwithstanding the publicity surrounding the Leas Cross Inquiry. - Lack of access to consistent, available services on a 24/7 basis, which has lain unaddressed. - The obvious contradictions between having a laudable Elder Abuse report & recommendations and the glaring, publicly obvious, unaddressed problems in the health services e.g. the ongoing severe problem of having "inpatient boarders" in EDs (who are usually the elderly) and an ever increasing number of "delayed discharges" in the acute hospitals (again elderly patients, who would be better and more appropriately cared for in alternative care environments). - Adequate resources have not been allocated to the area.
6.	What would you see as the critical priorities with regard to

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	tackling elder abuse in Ireland today?
Response	- **Adoption of a 'zero tolerance' policy from the Minister of Health & Children and HSE CEO downwards**. This needs to be applied forthwith to the high profile failings in the Health Service, currently evident to all. Key to this is an honest acceptance of the extent of the problems and genuine intention to address them. - **An urgent, determined and aggressive campaign by the HSE to tackle the deficiencies noted in the ED Taskforce Report and to rapidly address the recommendations made.** - Creation of a profile similar to the countrywide structured response to Child Abuse, accepting that there are genuine differences between the issues. - Development of similar structures (of the kind envisaged by the Report) in all parts of the country. - Allocation of specific and specific resources to the issue. - Adoption of best practice models countrywide i.e. where structures/policies have been well developed, optimised and seen to work, these should be replicated elsewhere in the country. - Creation of 24/7 services where these are manifestly necessary e.g. provision of on-call Social Work services. - Development of healthcare professional (HCP) awareness campaigns for those working in EDs (both medical & nursing) to highlight the issue and the options/services available. - Development of public & healthcare professional (HCP) awareness campaigns to highlight the issue and the options/services available. - Ensuring that HCPs making allegations of Elder Abuse in good faith are protected from legal redress, if the allegation is ultimately unproven (similar to what pertains in Child Abuse).
7.	Have you anything else to add to this submission?
Response	Leaving aside the Elder Abuse which we feel strongly is

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	perpetrated on older people as a result of the ongoing unacceptable situation of ED overcrowding (the causes of which are well analysed in the ED Taskforce Report http://www.hse.ie/eng/Publications/Hospitals/ECTaskForce.html which also offers necessary solutions), the IAEM is very cognisant that Elder Abuse may present in an ED, We appreciate that it is almost certainly under-recognised. As an Association, **we would be very happy to work with any group(s)** that might be tasked with revisiting / updating the report & its recommendations and implementing any strategy that might arise from this. We feel it appropriate that we, as the experts in Emergency Medicine in Ireland, be consulted on an ongoing basis about any policy decisions which are developed in the future in this area or any procedures for reporting etc .

On completion of this submission please email it to vanessa.hamilton@paconsulting.com or send to Vanessa Hamilton c/o PA Consulting Group, Second Floor, Embassy House, Herbert Park lane, Ballsbridge, Dublin 4.

We would really appreciate it if you could return your submission by Friday 13th March 2009.