



# Placing elder abuse within the context of citizenship

*A Policy Discussion Paper*

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# Foreword

We are delighted to jointly introduce this paper, which illustrates the collaboration of **Action on Elder Abuse** and **Better Government for Older People** on an issue of such importance. The fact that this report is based on a wider partnership is especially pleasing and we commend all who contributed their time and expertise.

Vulnerable adults, and vulnerable older people specifically, can be so easily lost in the label 'victim' as we fail to see the individual person, their needs and aspirations. This report is therefore very timely, with the adult social care agenda currently being re-cast, and whilst the Government is developing a 'whole systems' based strategy for the UK's ageing population.

Adult Protection, this report forcefully argues, must be viewed from the perspective of citizenship, of contribution and obligation, and of ownership by all those engaged in the modernisation of public services.

We commend the authors in producing such a challenging and thought-provoking paper and we invite you to take up our challenge – **to enshrine older people's rights today in order to protect all our futures tomorrow.**



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Better Government for Older People (BGOP) and Action on Elder Abuse (AEA) have established closer links via an alliance which reinforces BGOP's aim of engaging all older people in shaping the development and delivery of strategies and services, and AEA's aim to prevent the abuse of older people by raising awareness and promoting education and research.

Whilst this joint paper argues for new approaches to preventing and responding to the abuse of older people, we recognise that many of the issues raised here are common to all the groups of vulnerable adults covered by Adult Protection guidance, not only older people. However, within the sphere of 'vulnerable adults' older people comprise an increasingly large percentage. Rather than suggesting separate or preferential treatment for older people, we propose that all Adult Protection – and within it approaches to elder abuse - should be relocated within the current policy direction of developing 'whole system' citizenship approaches.

This paper examines the impact of existing guidance and practice in England, however we believe that the issues under discussion are relevant to all four nations, and can inform approaches to prevention and protection for the ageing UK population.

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# Introduction

*“Abuse of older people is a hidden and often ignored problem in society”*<sup>1</sup> opens the report of the House of Commons Health Committee’s (2004) recent examination of elder abuse (hereafter called the Select Committee). Witnesses to the Select Committee argued that today elder abuse is at the same position that child protection was in the early 1970s, with a backdrop of low public awareness and professional bodies reluctant to acknowledge the extent of this problem.

Whilst the Select Committee was meeting, a suite of joint Audit Commission and Better Government for Older People (BGOP) study reports ‘Older people - independence and well-being’<sup>2</sup> were published. Their core message challenges the public sector to reassess approaches to older people: *“Older people need an environment that they can shape, thrive and live life to the full for as long as possible. The challenge for communities and councils is to be inclusive, to help older people to stay healthy and active and to encourage their contribution to the community.”*<sup>3</sup>

The Audit Commission / BGOP reports identify how partnership working between the National Health Service (NHS), local authorities and other statutory and voluntary organisations can achieve this desired shift in attitudes and public services - a shift from older people being seen as dependent and frail, to older citizens’ engagement and contribution to public policy and service development.

The recommendations of the Select Committee<sup>4</sup> and the Audit Commission and BGOP reports confirm an increasingly aligned policy direction from sources including the Association of Directors of Social Services / Local Government Association report ‘All Our Tomorrows’<sup>5</sup>, the Nuffield Institute report ‘Living Well in Later Life’<sup>6</sup>, and the Joseph Rowntree Foundation report ‘Quality of Life for Older People’.<sup>7</sup>

This new policy direction is outlined in a joint paper by these organisations: ‘Public Services for Tomorrow’s Older Citizens’ (Appendix 1).

**This discussion paper draws together the implications of the emerging policy direction for approaches to elder abuse. We argue that all older people - including those at risk of abuse - have the right to be considered as citizens. Furthermore, that this can best be achieved when organisations develop, in partnership, a strategic approach to older people’s services. However, if this new ‘whole system’ citizenship approach is to contribute to the prevention of elder abuse, it is critical that the protection of vulnerable adults does not remain a marginalised specialism.**

*This paper demonstrates the need to understand and pursue this new policy direction in order to meet the challenges of abuse within our ageing society.*

*We evaluate the impact of the ‘No Secrets’ guidance on the protection of vulnerable adults, since its publication in 2000, and outline a ‘whole system’ citizenship approach in order to address outstanding issues.*

*We consider a number of case studies to illustrate the implications of such an approach.*

*In conclusion, we offer recommendations for central Government and suggest a framework for action for local authorities and their partner organisations.*

*We also challenge all public services and older people’s champions to help to ensure that prevention and protection is embedded within services and communities in order to protect older people from abuse.*

## Elder abuse: definitions, forms, settings, incidence

Definitions of elder abuse remain unclear. Is an ‘elder’ 60 or 65 plus or ‘fourth age’ – namely dependent and requiring support? What effect does the differing ageing process have for minority communities? Action on Elder Abuse (AEA) has done much to explore and develop a definition that enables measurement and evaluation and this paper draws upon that expertise.

The ‘No Secrets’ guidance defines a ‘vulnerable adult’ as someone *“who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation”*.<sup>8</sup> We welcome the Select Committee’s recommendation that a common definition of a ‘vulnerable adult’ be used across all agencies. We also welcome the Government’s intention,<sup>9</sup> announced in its response to the Select Committee, to remind all stakeholders that the ‘No Secrets’ definition includes those who may be in need of, as well as those *in receipt of*, services and covers all living arrangements and forms of abuse.<sup>10</sup>

What is ‘abuse’ and where does it take place? The forms that elder abuse can take are outlined below. It is acknowledged that abuse can take place in any setting: *“it may occur when a vulnerable adult lives alone or with a relative; it may occur within nursing, residential or day care settings; in hospitals, custodial situations, support services into people’s own homes and other places previously assumed safe, or in public places.”*<sup>11</sup>

The debate continues about the prevalence of elder abuse. In the late 1970s and early 1980s it was estimated that nationally 500,000 older people were at risk,<sup>12</sup> and despite the subsequent attention given to the study of abuse this estimated figure is still often quoted today.<sup>13</sup> It is widely recognised that abuse is not always identified or reported, and not all Multi Agency Management Committees (Adult Protection Committees) systematically collate reports of incidence of abuse. As the Select Committee noted, *“there has been no impetus to gather, analyse or report on this information from a national perspective.”*<sup>14</sup>

We welcome the Select Committee’s recommendation that multi-disciplinary research is commissioned *“for the first time to ascertain the extent of this problem within society.”*<sup>15</sup> Whilst we welcome the Department of Health’s (DoH) funding of the Modernising Adult Social Care *Adult Social Care Research Initiative* study ‘*The impact of partnerships and regulation in adult protection*’ and of AEA, to explore the establishment of a national recording system for the incidence of abuse, we look forward to the DoH’s scoping of *“gaps in knowledge”*<sup>16</sup> to ensure that the extent of this problem is finally established.

### Forms of Abuse from ‘No Secrets’<sup>17</sup>

**Physical abuse**, including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions

**Sexual abuse**, including rape and sexual assault or sexual acts to which the vulnerable adult has not consented, could not consent to or was pressurised into consenting

**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, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating

**Discriminatory abuse**, including racist abuse, sexist abuse, that based on a person’s disability, and other forms of harassment, slurs or similar treatment

**Institutional abuse** refers to poor practice that becomes acceptable and is therefore perpetuated in an institution, or where procedures are designed to meet the needs of the staff and organisation, not the users.

## Background

### BGOP and AEA joint initiative: the approach

This paper is the outcome of a joint initiative steered by BGOP and AEA, which was instigated at the 2003 AEA Annual Conference in York where BGOP was invited to run a series of workshops demonstrating the policy connections - or disconnections - between 'No Secrets'<sup>18</sup>, elder abuse, and an emerging policy direction across Government.

The National Audit Office report '*Developing Effective Services for Older People*' offered the workshops an excellent starting point for considering the policy context to elder abuse, by outlining all the departments, across central Government, involved in the broad range of issues that relate to older people (*Appendix 3*).

The initial task of the workshops was to map the existing policy landscape, identifying policy with actual or potential relevance to 'No Secrets'. 68 directives from across the UK were identified, including legislative, best practice guidance, circulars and statutory guidance. The exercise illustrates that older people, whether abused or not, live joined up lives, impacted by a broad range of issues and public services. This reinforces the message from the Audit Commission / BGOP study, that *"the issues highlighted by older people cut across many different local and national agencies and departments."*<sup>19</sup>

The BGOP workshop delegates came from across the UK and represented a wide variety of disciplines and agencies, both statutory and non statutory. They articulated that many professionals working within the 'No Secrets' framework find their voices marginalised, and that a narrow health and social care focus of 'No Secrets' prevents wider ownership of elder abuse.

The workshop discussions concluded that the protection of older people from abuse necessitates joint working across a raft of organisations and communities - a 'whole system' approach - extending well beyond the traditional arenas of health and social care.

A Working Group (*Appendix 2*) was established after the 2003 AEA Annual Conference to take forward the development of this policy discussion paper. The aim was to build on the workshop findings, and draw in representation from *Regional Adult Protection Committees* across the country.

The expanded Working Group considered the 'No Secrets' guidance on Adult Protection<sup>20</sup> and the impact of its implementation (*Figure 1*). Whilst 'No Secrets' is celebrated for the achievements outlined, the working group concluded that it continues to promote a view of older people defined more by 'need' than 'citizenship', and that if public services are to protect older people from abuse, they need to address the issues outlined below.

**This paper argues that approaches to elder abuse needs to be updated, and that a radical change of perspective is needed to embed prevention and protection within the emerging strategic approach to the ageing UK population.**

## Figure 1: Evaluating the impact of 'No Secrets' guidance on the protection of vulnerable adults: Working Group findings

### Achievements of 'No Secrets'

- Showed the Government's commitment to tackling adult abuse and raised the profile of adult protection (albeit primarily in health / social care)
- Identified that some people over 18 need protecting from abuse
- Identified categories of abuse
- Definition of 'abuse' does include the violation of human and civil rights.
- Promoted a multi-agency approach to intervention
- Led to the creation of a number of Multi Agency Management Committees (Adult Protection Committees)
- Led to the creation of a number of adult protection co-ordinator posts
- Identified the need for staff training on Adult Protection issues
- Set a framework for interventions into specific incidents of abuse
- Enforced the need for local procedures
- Identified local authorities as having a co-ordinating role
- Stated the need to provide accessible information for the public, including service users and carers
- Identified the need to collect monitoring data
- Stated the need to consult vulnerable adults and carers on implementation of policy and procedures

### Outstanding issues to be addressed

- Lack of publicity to raise public awareness and reduce the risk of abuse
- Not prescriptive / no legislative basis
- No performance indicators for local authorities and their partner organisations
- No additional funding or resources
- The focus on intervention following abuse is not matched by sufficient focus on a framework for prevention
- Little direction for local authority departments and statutory agencies, other than social services departments
- Does not call for consideration of adult protection issues in the development of all corporate policy and practice
- Lack of clarity regarding information sharing across agencies
- Adult Protection training is needed for all health professionals, social workers, police and other professionals with contact with vulnerable adults.
- Does not tie in with closely related policy documents and strategies, such as Community Safety Partnerships or Domestic Violence Partnerships
- No compulsion, and inadequate direction, regarding Multi Agency Management Committees (Adult Protection Committees)
- Has been interpreted as having an emphasis on care settings rather than abuse within the community
- Different agencies use different definitions of 'vulnerable adult'
- Definition of threshold for intervention open to interpretation
- Clearer direction required on annual reports, which are not always produced and are not reviewed nationally
- No systematic national data collation, analysis or benchmarking
- Little scrutiny or feedback from Department of Health since 'No Secrets'
- Lack of systematic national information dissemination to local adult protection leads.

## ‘No Secrets’ – a starting point

‘No Secrets: guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse’ (2000) was a significant milestone in addressing elder abuse, representing a clear policy intent as part of the modernising agenda from the UK Government. Its publication, under Section 7 of the Local Authority Social Services Act 1970, ensured that - at least within health and social care - the protection of vulnerable adults was given a higher status than previously in England.

**This paper argues that although ‘No Secrets’ heralded partnership working on vulnerable adult abuse and reinforced the need to engage users and to adopt preventative strategies, it has been insufficient by itself to achieve these key objectives.**

One policy intention of ‘No Secrets’ was to ensure the development of local inter-agency policy and practice guidelines. ‘No Secrets’ recognised the broad range of legislation relevant to vulnerable adults (Appendix 3) and the Health Act 1999 was quoted to ensure agencies work in partnership *“to ensure that appropriate policies, procedures and practices are in place and implemented locally.”*<sup>21</sup>

However, whilst referencing the role of local authority Chief Executives, and cross-authority approaches to service provision and development, ‘No Secrets’ located the protection of vulnerable adults, and elder abuse within it, as a social services<sup>22</sup> not a corporate responsibility. This effectively removed it from the wider strategies being developed around citizenship and social inclusion. It has also been argued, in ‘Comment on No Secrets’,<sup>23</sup> that assigning responsibility to Social Services suggests abuse against vulnerable adults is a social rather than criminal issue, unlike crimes against other citizens.

A ‘whole system’ approach was advocated by Section 3 of ‘No Secrets’, which lists 15 categories of *“responsible and relevant*

*agencies”*<sup>24</sup> to be identified in setting up an inter-agency framework to support partnership working. There are examples across the country of ‘whole system’ inter-agency approaches achieving shifts in attitudes and services, and demonstrating links to relevant strategies such as Community Safety Partnerships and Domestic Violence Partnerships. However practice is not consistent and we argue there has been limited success in widening the ownership of elder abuse.

**It is the relevance of ‘No Secrets’ to all professionals working with older people, and of elder abuse to society as a whole, that this paper seeks to emphasise.**

A further policy intention of ‘No Secrets’ is that service users and their carers and representative groups are consulted in the development and implementation of new policies and procedures.<sup>25</sup> This can be seen in the context of the Government’s modernisation of the NHS and local government, including the call for a shift away from paternalistic approaches towards a more responsive relationship between service users, commissioners and providers.

‘No Secrets’ also calls for users’ and carers’ views to be routinely sought on how local policy and services *“has worked for them.”*<sup>26</sup> However, ‘No Secrets’ sits largely outside of any overarching approach to the engagement of older people as citizens, despite evidence of successful approaches to engaging vulnerable groups.<sup>27</sup> Gary Fitzgerald, Chief Executive of AEA, giving evidence to the Select Committee noted that *“the voice of older people is rarely heard by those who have responsibility for commissioning, regulating and inspecting services.”*<sup>28</sup>

The experience of BGOP and its partners, who are working to engage older people, is that those older people who are meaningfully engaged in policy development and implementation consider themselves not as patients, clients or victims, but as equal citizens who have an essential contribution to make to the services they use and to their wider communities.

Has the implementation of ‘No Secrets’ been effective? ‘No Secrets’ *“should be complied with unless local circumstances indicate exceptional reasons,”*<sup>29</sup> however the Select Committee, reviewing local authorities’ progress in implementing the guidance, noted that *“whilst the majority of councils had made a start, progress was patchy.”*<sup>30</sup> Whilst we welcome the Government’s commitment to introduce a performance measure on adult abuse<sup>31</sup> we argue that performance indicators on both the quantity and the outcomes of adult protection work are required for all agencies who have contact with vulnerable adults, not just social services.

The Select Committee expressed concern that the DoH had no plans to follow-up the implementation of ‘No Secrets’ and we welcome their recommendation that a joint inspection of the implementation of ‘No Secrets’ be undertaken by the Commission for Social Care Inspection (CSCI); the Healthcare Commission; HM Inspectorate of Constabulary; the Housing Inspectorate and the Audit Commission *“along the lines of the ‘Safeguarding Children’ review.”*<sup>32</sup> We note the Government’s commitment to review the evidence from the CSCI and the *Modernising Adult Social Care Research Initiative* study, referred to above, and we look forward to their subsequent decision on the need for further review of ‘No Secrets’ implementation.<sup>33</sup>

## Lessons from child protection

Over the past two decades Child Protection has focussed on investigations, risk analysis and placements ‘in care’. What are the lessons that can be learnt from this when considering approaches to adult protection? For many children these interventions did not result in a safe outcome, as one form of ‘abuse’ was replaced by another. Whilst the concept of *corporate parenting*, from Quality Protects (1998), *did* achieve a shift in public sector focus, putting this concept into practice also required additional policy initiatives such as

*Sure Start* and *Connexions*, to re-enforce the view that children and young people are an integral part of society, needing and deserving a broad ‘whole system’ response to their needs.

**Elder abuse and adult protection equally need policies that secure specialist support within the broader promotion of wellbeing, engagement and empowerment.**

Public awareness about elder abuse also needs to be raised. The Centre for Policy on Ageing (CPA) and the Practitioner Alliance Against Abuse of Vulnerable Adults (PAVA) both reached this conclusion in DoH-funded research projects examining the implementation of ‘No Secrets.’ The production of accessible information for all sections of the public on preventing and responding to abuse scored very low in the 2002 analysis of local authority responses to ‘No Secrets.’<sup>35</sup> There is evidence that people do not know where to go and who to ask for assistance and information,<sup>36</sup> despite ‘No Secrets’ stating that prevention should be *“agencies’ primary aim.”*<sup>37</sup>

We argue that the challenge, articulated here by Stephen Ladyman MP, Parliamentary Under Secretary of State for Community, DoH, is that *“local communities and the public in general need to be sensitised to issues of abuse and become as angry about adult abuse as they are angry about child abuse.”*<sup>38</sup>

**‘No Secrets’ offered new momentum to address abuse and an opportunity to shift attitudes and improve services to achieve more effective prevention and protection. However, despite being a “high priority”<sup>39</sup> for Government, we argue that the implementation of ‘No Secrets’ has not yet achieved these goals.**

## Changing Attitudes: placing elder abuse within a new policy context

The Audit Commission / BGOP study<sup>40</sup> calls for coherent and decisive policy and leadership on older people’s services, which are better integrated across government. This paper reinforces that message and welcomes the increasing policy emphasis on older people and the ageing of the UK population, and initiatives such as Best Value, the Beacon Council scheme, and the National Service Framework (NSF) for older people.

Within this emerging policy context, it has been less certain how to ensure that the focus on the quality of life of older people – and on their awareness of, access to, and participation in appropriate services - includes those that are at risk of abuse. Older people who are in hospital wards, care homes, attending day centres or receiving home care are frequently amongst the most socially excluded and marginalised. Institutional abuse occurs despite regulations, and older people are abused in their own homes and communities, where ‘regulation’ may be irrelevant or impossible to enforce.

Factors which increase a person’s vulnerability to abuse include social isolation,<sup>41</sup> inappropriate housing, poor mental or physical health, low self-esteem, dependency and lack of choice and information. The Select Committee notes that *“much abuse is not reported because many older people are unable, frightened or embarrassed.”*<sup>42</sup>

Prevention and protection therefore require a framework that encompasses older people’s living environments and the overall quality of their lives – a ‘whole system’ citizenship approach. In order to achieve this, we consider three elements that comprise this approach: *independent living*; ‘whole system’ working; and *citizenship*.

## Independent living

What is ‘independent living’? *“Independent living has underpinning values, as well as a range of specific activity, which contribute to independence.”*<sup>43</sup> We welcome this definition as consisting of those values and activities identified by older people themselves, and there is excellent evidence about what older people define as important:<sup>44</sup>

|                             |                   |                |
|-----------------------------|-------------------|----------------|
| <i>Good quality of life</i> | <i>Support</i>    | <i>Fun</i>     |
| <i>Equality of access</i>   | <i>Listening</i>  | <i>Status</i>  |
| <i>Able to take risks</i>   | <i>History</i>    | <i>Dignity</i> |
| <i>Engagement</i>           | <i>Confidence</i> | <i>Choice</i>  |
| <i>Individuality</i>        | <i>Control</i>    | <i>Valued</i>  |

A key tenet of this new policy context is the emphasis on the promotion of independent living within all services for the ageing UK population. We support MP Stephen Ladyman’s call for services to *“find new ways to help maintain the independence of older people and involve them in our communities.”*<sup>45</sup>

Being safe from harm is an important factor for all of us, whether at work, at home or at leisure. Our quality of life and mental and physical wellbeing can be compromised if we are treated abusively, whether this is due to age, race, disability or sexual orientation. However, although seldom deliberately, elder abuse interventions may also disempower the older person and can impact negatively on areas of life which have a high personal value to the individual. ‘No Secrets’ notes that *“the right to self determination can involve risk”*<sup>46</sup> and we recognise that adult protection professionals face the challenge of balancing the individual’s right to self-determination with that risk.

The processes that protect the individual should recognise and reinforce the principles that underpin the promotion of independence: the importance of their rights and self-esteem, choice and control, and their ability, if possible, to reciprocate for the support received.<sup>47</sup>

How far is this approach currently reflected in practice? This paper argues that the promotion of ‘independent living’ requires structures and responses beyond the boundaries of health and social care, and

thinking about older people beyond the disempowering ‘labels’ of patient or client. We need to challenge notions of ‘them’ and ‘us’, that can brand those older people that need specialist abuse services as ‘victims’.

**Extending elder abuse approaches to include the factors that older people themselves see as most important to their quality of life will be a significant step towards achieving a ‘whole system’ citizenship approach.**

## ‘Whole system’ working

‘All Our Tomorrows’ calls for a *“whole system approach to promoting the needs of older people within communities”*<sup>48</sup> across all partner organisations in order to secure *“seamless journeys”*<sup>49</sup> for those using services. We endorse this message and welcome the increased priority being given to establishing strategic approaches to older people that draw together local policies into a coherent framework, linked often to the work of NSF Local Implementation Teams (LITs) or Local Strategic Partnerships (LSPs).

Why is a ‘whole system’ approach necessary for tackling elder abuse? The factors identified by older people as contributing to their quality of life clearly extend beyond the remit of health and social care, to include: *housing and the home; neighbourhoods; income; social activities and networks; getting out and about; and information.*<sup>50</sup> We argue that in order to *“actively promote the empowerment and wellbeing of vulnerable adults,”*<sup>51</sup> one of the guiding principles of ‘No Secrets’, the inter-agency principles defined by ‘No Secrets’<sup>52</sup> must be applied across all organisations and services that support quality of life and reduce the factors contributing to vulnerability.

There is currently patchy evidence of embedding elder abuse approaches within coordinated inter-agency working. Where these approaches are in place, professionals report improved outcomes for older people, but suggest that guidance on inter-agency information sharing would facilitate this process. Links between Adult

Protection and Carers’ Strategies, for example, can lead to more sensitive carer’s assessments, which alleviate the demands on carers and the potential for stressful situations that can contribute to abusive behaviour.

The Select Committee and the ADSS have both recommended that the Government *require* the establishment of Multi Agency Management Committees (Adult Protection Committees), for the coordination of this ‘whole system’ approach.<sup>53</sup> We welcome this recommendation and await the outcomes of the Government’s commitment to *“encourage those localities without such committees to set them up.”*<sup>54</sup>

The Audit Commission / BGO reports warn that *“local vision and commitment”*<sup>55</sup> is often missing from strategic approaches and hence there is a lack of community coordination. Local authorities have responsibility for community leadership and the promotion of the wellbeing of local communities, and we argue that they must ensure that adult protection is embedded within ‘whole system’ approaches to older people’s services and not a marginalised specialism.

Without a ‘whole system’ approach, *disjointed governance*<sup>56</sup> can limit the success of interventions by isolating professionals without sufficient information, training and support. We endorse MP Stephen Ladyman’s view that *“professionals need to feel enabled and empowered to identify, report and act on abuse”*<sup>57</sup> and welcome the Government’s announcement of new training for health and social care staff on elder abuse<sup>58</sup>. However we also call for access to multi-agency training for frontline staff beyond health and social care - such as Housing, Pensions Service, Police - to ensure a consistent ‘whole system’ approach to all older people, wherever they may be found.

**We argue that ‘No Secrets’ must be embedded in broader ‘whole system’ strategic approaches to our ageing population in order to achieve cross-community ownership and responses.**

## A ‘citizenship’ approach

The literature on citizenship has grown significantly over the past few years, arguably due to the shifting policy emphasis on public services becoming more consumer oriented. In order to identify whether older people are experiencing services as citizens, we question:

- Are public services accountable to all older people?
- Do older people know and receive their civil and political rights?
- Do all older people have access to specialist adult protection services and wider public sector services?
- Are older people enabled to participate in and contribute to their community?

Ageism in society, the reluctance and inability of older people to ‘complain’, and the lack of opportunities to be engaged in shaping services are all barriers to older people’s ‘citizenship’.

Existing negative attitudes to ageing and to dependency - the experience of a minority of older people of being reliant on health or social care services - reinforce ageism and inhibit the meaningful engagement of older people as citizens. The Audit Commission / BGOP study and ‘All Our Tomorrows’ both conclude that a key responsibility for public services is to address inclusion and tackle ageism. We reinforce this message and welcome the NSF’s focus on *‘rooting out age discrimination.’*<sup>59</sup> The Audit Commission / BGOP study calls for Government to challenge stereotypes of older people as vulnerable and dependent and focus on positive images, valuing older people’s contributions to their communities and on their potential strengths.<sup>60</sup>

We strongly echo MP Stephen Ladyman’s view that *“vulnerable adults need to feel enabled and empowered, and encouraged, to complain if they are being abused.”*<sup>61</sup> The Government notes that the newly established NHS Patient Advice and Liaison

Services (PALS) in every NHS trust will address people’s concerns on the spot, or provide advice about making a complaint or accessing advocacy.<sup>62</sup> PALS also have a role in promoting older people’s engagement and we look forward to evidence of this emerging.

The meaningful engagement of local citizens in the design and review of services is an important element of a citizenship approach. We strongly welcome the Government’s announcement that *“qualitative data will be collected on the experience of service users”* and that *“discussions with service users and other key stakeholders will inform the development of a range of outcome measures.”*<sup>63</sup> However, we caution that engaging only those citizens who are using services will not reach those that have rejected services as inappropriate, or those that are not aware of, or are unable to access them.

We therefore welcome the Government’s commitment to *“identify the extent to which organisations (are) meeting the needs of minority ethnic communities”*<sup>64</sup> and we look forward to a response if a shortfall is identified.

**We argue that policy related to elder abuse should be founded on the assumption that those experiencing abuse need not only protection but also support to be contributors to shaping local services, and to their broader communities.**

In summary, being abused or at risk of abuse does not deny one the right to social inclusion and participation. We argue that a policy shift to a ‘whole system’ citizenship approach will ensure that ‘No Secrets’ does not remain a marginalised specialism. This will contribute to a reduction in the isolation and vulnerability of many older people, and increase the understanding and ‘ownership’ of elder abuse across communities and the empowerment of front line professionals. The challenge is to effect that change now for older people currently at risk of, or experiencing, abuse.

## Mental Capacity: the challenge

One assumption underpinning the discussion of engagement, participation and citizenship is that the individual has sufficient mental capacity to understand these processes and to voluntarily engage in them. Mental capacity, and associated issues of decision making, have been the subject of debate for many years. 'No Secrets' was published in the absence of an adequate legislative framework defining what is meant by 'incapacity', or guidance about the decision-making processes for adults unable to make decisions themselves.<sup>65</sup>

This paper argues that mental health services for older people continue to be dominated by the narrow health and social care construct that has underpinned 'No Secrets'. *Moving Out Of The Shadows* (MOOTS),<sup>66</sup> a joint initiative - between Help the Aged, the *Older People's Programme* and BGO, warns that many older people and mental health professionals are trapped in services focussed on older people as 'patients' not citizens. MOOTS argues that only a 'whole system' citizenship approach will offer older people choice and control.

The greater the separation of mentally impaired adults from the communities in which they live, the greater the risk that they become 'somebody else's problem', within a specialist setting that may deny their dignity and choices about their own wellbeing. The *corruption of care*<sup>67</sup> can occur when older people are perceived as less than human, and social policy may reinforce this notion, albeit unintentionally. We note that *Mental Capacity Bill (2004)* recommendations include a framework for personal welfare and finance decisions, and we welcome the proposed introduction of a criminal offence of ill-treatment or neglect of a person without capacity.

*Citizenship* implies a two way process of obligation, and challenges the right of an agency to do things *for* and *to* rather than *with* an individual. We argue that all policy needs to ensure that older people, within

the scope of their mental health and capacity, are viewed as participants and contributors, and we recognise that the fields of incapacity and mental illness require greater sensitivity and innovation in identifying these approaches.

**This paper argues that 'whole system' citizenship approaches become more, not less, critical in the fields of mental capacity and mental illness. The challenge is to ensure that the processes we develop for the engagement of older people are inclusive of those with special needs and those who do not have mental capacity who may be at risk of abuse.**

## Case studies: testing the citizenship approach

One year on from the AEA Annual Conference that prompted this paper, a further workshop was convened at the 2004 AEA Conference to present the thinking outlined here and to test the practical implications of such approaches. The 2004 conference workshop delegates provided a range of expertise in policy and practice both within and beyond health, social care and criminal justice. Assuming a 'blue sky' approach – *anything is possible* – delegates were asked to apply this 'whole system' citizenship approach to four case studies to identify:

**What action should ideally be taken to respond to the abuse, and what resources would need to be in place?**

The four case studies (Appendix 4) illustrate the complexity of the forms and settings of abuse, and the barriers to responses. The workshop discussions raised a number of issues, which are outlined after each case study, and are summarised here:

### Key issues:

- How do we ensure that older people experiencing abuse feel empowered to identify their experiences as 'abusive' and to take steps to access support to address it?
- Services that support and protect people are 'rights'. If they are not appropriate, how can we ensure that people feel enabled to complain and will receive appropriate responses?
- All interventions need to respect older people's perspectives and values, to ensure that responses promote their independence.
- There is a need for greater public awareness and 'ownership' of abuse, to reduce stigma and help ensure that all the community feels responsible and supported.
- Do people know where to go to report concerns, whether about themselves or about someone they know? Do they know that the process can be anonymous, so that confidentiality is not compromised? Is support available for those disclosing information?
- How is accessible, accurate, 'trusted' information made available to all the community, including the housebound, frail and non English speakers?
- The public should be able to report any concerns at any point in the 'system'. How do we ensure that all frontline professionals, within or outside the public sector, take responsibility for responding to abuse?
- How can we ensure that carers – family, friends, and neighbours - are engaged in problem solving and are appropriately supported to reduce the stress of their roles that may contribute to abuse?
- Clear protocols and guidance are required on basic interagency training for all staff who have contact with the public, and specialist training for all professionals who deal with abuse.
- The lack of clarity on information exchange between organisations may currently hinder practice.
- Higher levels of social exclusion amongst older people from black and minority ethnic communities (BME) and patchy provision of appropriate services by local authorities<sup>68</sup> may leave BME elders particularly vulnerable. Are specialist responses and advocacy available?
- Whilst interventions need to be culturally appropriate, it is vital to overcome nervousness about intervening where older people are from a minority ethnic culture and may have different 'norms'. The priority is to examine what is happening and to support and protect the individual.
- Is there a systematic review of all reported abuse, interventions and outcomes, and centralised data collation and analysis to feed into future policy and practice?

## Conclusion

*“The existing legislative framework for older people is based on concepts rooted in the poor law and focuses on a narrow definition of need” ‘All Our Tomorrows’ 2003*<sup>69</sup>

This paper welcomes an emerging policy direction that promotes greater control and interdependence for the UK’s ageing population, and older people’s engagement in the communities and the decision making that affect their lives. We argue for the updating of responses to elder abuse as part of this broader ‘whole system’ approach to citizenship.

The success of these responses will depend on the extent to which they are developed around a partnership of agencies, local communities and older people, and underpinned by resources and by performance measures that evidence the promotion of the approach to secure ‘citizenship’ for all.

The experience of those working within elder abuse, consulted as part of this joint initiative, and evidence from the Audit Commission / BGOP study, is that agencies are at different positions in addressing these shifts in policy and practice. There are currently few incentives to develop such strategic approaches to older people and this paper looks forward to a strong steer from the UK Strategy for Older People, and the Government’s Green Paper on the New Vision of Adult Social Care, both due out this year.

We suggest scrutiny to ensure that public policy over the next few years does not, inadvertently, further separate out frail or dependent older people from the benefits of this wider promotion of control and engagement. All policies affecting older people and their carers should be examined to determine how far they contribute to or undermine citizenship.

**Elder abuse is too important a social issue to be marginalised, and we, as a society must be clear about how our older citizens should be treated.<sup>70</sup>**  
**This paper challenges leaders of**

**councils, chief executives of public sector organisations and ‘Older People’s Champions’ to ensure that all issues affecting older people, including those relating to abuse, are corporately owned and that councils are discharging their community leadership responsibilities towards their older constituents.**

At the 2004 AEA Annual Conference, Stephen Ladyman MP defined the challenge for elder abuse: *“Not only is physical neglect a form of abuse but so is neglecting the needs of a person to be stimulated, involved, respected and to be able to contribute to the society and community around them.”*<sup>71</sup>

In 2004, the policy direction has the potential to improve older people’s lives and ‘No Secrets’ should be an important and effective element of this ‘whole system’ citizenship approach. The challenge is to make this a reality.

## Recommendations for Government

The **UK Strategy for Older People** and the **New Vision of Adult Social Care** to call for ‘whole system’ citizenship approaches that include the prevention of, and responses to, elder abuse.

**National media campaigns** to access all communities - including older people - to raise awareness and ownership; inform people of their rights; offer advice; reduce stigma; and increase reporting of abuse to underpin a preventative approach.

**Establishment of a national multi-agency body** with responsibility for the centralised reporting of adult abuse from local agencies and regional groups; the analysis of data to inform policy and practice; and the dissemination of information and good practice.

**Appropriate resources** to be reallocated or earmarked for the successful implementation of the ‘whole system’ citizenship approaches outlined above.

# Recommendations for local authorities and partners

The Audit Commission / BGOP study offers a framework for developing comprehensive strategic approaches to older people. This paper has adapted the framework to suggest activity to promote ‘whole system’ citizenship approaches to elder abuse by local authorities and their partner agencies (Figure 5).

Figure 5: From ‘What does good performance in this area look like?’<sup>72</sup>

| Seven areas of a comprehensive strategic approach to an ageing population  | Suggested elder abuse activity within the ‘comprehensive strategic approach’   |
|--|--|
| <p><b>Involving older people</b></p> <ul style="list-style-type: none"> <li>■ Processes are in place to engage with a range of older people on a regular basis, including older people whose voices are seldom heard, using a range of methods</li> <li>■ Older people are supported to participate fully, for example by offering induction or training sessions</li> <li>■ Older people are involved in a range of ways, including planning services, governance structures and delivery of services</li> </ul>  | <ul style="list-style-type: none"> <li>■ Multi Agency Management Committees (Adult Protection Committees) support and demonstrate a range of ways for older people’s participation in policy and planning</li> <li>■ Mechanisms to engage ‘victims’ of abuse to contribute, not only to service reviews, but to governance and service delivery of elder abuse and broader older people’s services</li> <li>■ Elder protection features in discussion with older people generally</li> </ul> |
| <p><b>A picture of the local population of older people</b></p> <ul style="list-style-type: none"> <li>■ Information is available on the composition of the local population of older people, such as ethnicity, household types, housing status and income level, as well as health inequalities</li> <li>■ Projections of likely future changes are available</li> </ul>   | <ul style="list-style-type: none"> <li>■ Process established to identify and feed in local information on incidence and response and projection of elder abuse and factors relating to risk and vulnerability within a locality</li> <li>■ Ensure the ability to recognise and predict contributing circumstances to elder abuse</li> </ul>  |
| <p><b>A strategic approach</b></p> <ul style="list-style-type: none"> <li>■ There is a strategic approach in place, with clarity about the improvement in the lives of older people that this is seeking to achieve. The approach goes beyond care services to address the dimensions of independence, (localities will have different priorities): housing and the home; neighbourhood; social activities, social networks, and ‘keeping busy’; getting out and about; income; information; health and healthy living</li> <li>■ This is based on the principle of older people as citizens, not just as users of care services and has a strong focus on inclusion and tackling ageism. This approach is explicitly linked to and reflected in the community strategy and local strategic partnership working</li> </ul> | <ul style="list-style-type: none"> <li>■ Elder abuse prevention strategy to be incorporated into an overall strategic approach to the ageing population, to address citizenship, and promoting the dimensions of independence identified by different groups of local people</li> </ul>  |

### Commitment and leadership

- The local authority has identified an elected member, preferably an older person, to lead on older people's issues across the authority
- There is a corporate lead for older people in the officer structure, as well as officers with a designated lead for older people in other relevant service areas, such as transport and education
- The older people's champion's brief includes elder abuse, but with a corporate responsibility beyond health and social care
- The corporate lead for older people should not necessarily be the director of social services until older people's issues are mainstreamed corporately
- There is a clear corporate commitment to adult protection communicated by senior officers, illustrated in job descriptions and the review of all policy and procedures

### Partnership/whole system working

- Key agencies outside the local authority, including the NHS, Pension Service and voluntary organisations are committed to the strategic approach
- Elder abuse is a focus of Local Strategic Partnerships (LSPs) and local integrated strategies, co-ordinated by a Multi Agency Management Committee (Adult Protection Committee) with appropriate composition and accountability
- Multi-agency staff induction and training to include issues of identifying and responding to abuse

### Communication and information

- There is information for older people, preferably in a range of formats, including leaflets or IT-based models, that signposts them to the broad range of services and opportunities available in the community
- The strategic approach has been communicated to older people (e.g. through newsletters, or a summary version of a strategy document)
- Updates on progress are provided to older people
- Staff across the local authority and partner agencies are well informed about the strategic approach and their role in contributing to change
- Awareness of elder abuse, what to do, where to go and how to report concerns, should be part of a menu of regularly updated information, in an appropriate range of formats and available in all settings for all community groups, especially targeting those known to be vulnerable or hard to reach
- To de-stigmatise elder abuse, it should be re-located within a broad range of issues affecting older people e.g. links within Community Safety Strategies, Carers' Strategies, Community Plan
- The annual report of each Multi Agency Management Committee is fed into Local Strategic Partnerships (LSPs) and is seen as a tool for wider public awareness

### Evaluation and impact

- The community has systems in place, built in from the outset, to measure the impact of the strategic approach across the system, including surveys of older people's views
- The evaluation process includes: outputs and outcomes and older people play a central role
- Establishment of systems where elder abuse reporting, interventions and outcomes are measured and evaluated, including the views of older people and their carers, to inform working practices and future developments, such as prevention strategies

# Appendix I: Public Services for Tomorrow's Older Citizens - Changing Attitudes to Ageing



ASSOCIATION OF DIRECTORS  
OF SOCIAL SERVICES



Local Government Association



**A radical change of perspective is needed if public services are to meet the challenges of our ageing society. This approach may not cost more; it involves a better use of resources and more effective ways of public services working together in the interests of citizens.**

The organisations above have come together to share the common messages from their separate work programmes, to influence future policy development, and to offer to work alongside Government to bring about the changes in attitudes and public services which respond to the challenges set out in the various recent publications listed below.

- **Living Well in Later Life: From Prevention to Promotion,**  
*Nuffield Institute for Health (2003)*
- **All Our Tomorrows: Inverting the Triangle of Care,**  
*Association of Directors of Social Services /  
Local Government Association (2003)*
- **Older People - Independence and Well-being: The Challenge for Public Services,**  
*Audit Commission/BGOP (2004)*
- **Quality of Life for Older People:**  
*From Welfare to Well-being,  
Joseph Rowntree Foundation (2004)*

## Background

We live in an ageing society. As yet, no consensus exists about what the implications of this are for public services, but we have an opportunity to shape things for the better. If we are to manage the change to a new approach successfully, we need to provide an environment in which older people can thrive and live life to the full for as long as possible – contributing to society rather than being dependent on it. As well as the increase in numbers of older people, expectations are rising, as the ‘baby boomer’ generation, who were the young adults of the 1960s, moves towards retirement.

When asked, older people have strong views about the factors that make a difference to their lives. These include good quality housing, safe neighbourhoods, getting out and about and having useful, enjoyable ways of contributing to the community. However, because we often see older people as dependent and frail, rather than as citizens with a broad range of concerns, and with a contribution to make, we restrict our response to them. Services for older people are often focused on a narrow range of intensive services that support only the most vulnerable in times of crisis.

*A fundamental shift is needed if we are to meet the aspirations of older people. We need to stop thinking in terms of dependence and deficit and start thinking about independence and well-being. This means adopting a much broader approach that goes beyond health and social care services, and that is based on the*

issues that older people say make the most difference to their lives. Most importantly, it means listening to older people and engaging with them as citizens about their concerns and about the communities in which they live.

Patterns of expenditure need to change, although it may not be necessary to increase total public expenditure significantly. Refocusing expenditure towards things that enhance well-being should reduce the pressures on expensive crisis services, providing better value for money overall, as well as improving quality of life for older people.

A number of factors, including changes in the current government policy and a stronger voice for older people themselves, are coming together to change the approach we have towards older people. *The focus is moving from prevention of illness or the need for intensive support, towards a more positive emphasis on well-being and engagement with the wider community.*

Older people say that independence means much more than doing things for themselves – at the heart of older people’s ability to live independent lives lies their capacity to make choices and have control over their lives. The idea of interdependence is also becoming increasingly important for older people. Far from having to depend on others, many older people are themselves a valued resource, part of supportive networks made up of friends, neighbours and family. There is strong and consistent evidence about the factors that older people say help them to live independent lives. These include: *housing and the home; neighbourhood; social activities, social networks and ‘keeping busy’; getting out and about; income; information; and health and healthy living.*

In addition, older people argue strongly for a change in attitudes to ageing, highlighting in particular the need to challenge ageism and to find new ways of involving older people in making decisions. *The need for services to work together is also a recurring theme.* These factors and issues provide a framework for thinking differently about older people, and for developing local strategies.

*Health promotion for an ageing population:*  
A critical aspect of shifting this balance towards prevention is to understand life courses or episodes. Such an approach encourages younger generations to think about growing older and laying the foundations for a healthy life in later years. There are generally fairly defined life episodes, from childhood to ‘official

retirement age’ that enable people to prepare for growing older. However, there is little focus on preparation for life episodes that affect us in later life; the risks and changes as well as life-enhancing opportunities.

*Promoting well-being and independence* is a strong theme that runs through government policy, some of which is directed at older people and some of which is broader in its focus. Policy that affects older people’s ability to live independent lives is complex. It involves almost all government departments. A wide range of initiatives tackles many, but not all, of the issues identified by older people as priorities for them.

Some communities are using the opportunities that exist in current policy to reshape services locally, in particular by seeking to embed older people’s well-being within the local strategic partnership agenda. *However, the levers and incentives for communities to refocus services to improve well-being and independence are weak,* even though there is strong evidence that this is what older people want. Stronger leadership and co-ordination at a national level could help to promote more integrated local approaches to successful ageing.

## Common Themes

The following common themes have emerged from our separate work programmes. Fundamental to this radical change of approach is the importance of leaders, professionals and communities listening to older people, understanding what matters to them and involving them at every stage of the change process. The needs and aspirations of older people should be addressed through a deliberate strategic approach that makes it clear what improvements in the lives of older people it is seeking to achieve, goes beyond care services and has explicit links with the community strategy.

In seeking to facilitate the development of such strategies, we would suggest that the critical dimensions for policy and practice are about:

- Promoting a holistic approach which is:
  - comprehensive - promotional strategies need to be comprehensive and not just focused on health and social care. They need to embrace the concept of citizenship and recognise the broad set of partners that need to be engaged to promote social inclusion for older people

- coherent – older peoples’ priorities need to be reflected in the structures and forums that are key in deciding resource allocation and community planning
- reflected in a community based whole systems framework for commissioning universal and specialist services involving community members and a range of organisations
- Moving from an approach which promotes *choice* and *independence* for older people to one which promotes *control* and *interdependence* - focusing on older people as members of their local communities and the importance of social networks in healthy ageing. Such an approach would recognise and promote ways in which older people could exercise more control over their lives. It would also support the maintenance of relationships and development of new ones which are based not on dependency but on a mutuality of exchange, giving as well as receiving.

## Messages for Government

We want to work closely with the government of the day and to ensure the debate influences the future manifestos of all political parties. *Improving the Quality of Life of Older People* is one of the seven shared priorities agreed between this government and local government. The aim of the shared priority is to improve the quality of life for older people. We are currently in the process of agreeing the objectives with the key central government departments and we expect that the main thrust of the work will be to put into practice the principles and themes set out in the publications referred to in this document.

In order to take forward this shared priority we wish to establish some learning networks or action learning sets of local authorities and partner organisations who are interested in taking forward new and innovative whole system approaches to delivering services for older people. These action learning sets will test out the approaches and principles set out in the publications mentioned above, and look at some key issues such as sustainable user engagement in policy development, and the development of outcomes measures to evaluate the work.

It is essential to the success of the shared priority approach that central government departments are engaged with the work and we hope to build upon the firm foundation of partnership working established in this paper to include the key central government departments (DoH, DWP, ODPM).

It is important that there is a coherent framework for decision making and accountability at a national and local level. This calls for better co-ordination across government departments. The recent establishment of the *Older People’s Strategy Development Group* is therefore much welcomed as providing a firm foundation for the cross - governmental activity and leadership required.

We would like to suggest that central government could support the change process if it were to:

- Continue to emphasise the need for Authorities to take a ‘whole systems’ approach to promoting the needs of older people, recognising that a range of factors are important in promoting wellbeing in older age;
- Generally raise the profile of older people (as exemplified in the work of the Better Government for Older People), emphasising the opportunities in working with older people to promote democratic renewal and community regeneration.

In conclusion, we feel that the government is going in the right direction!

More could be achieved however, and we hope that the work this group is involved in can provide central government with further evidence on how the agenda can be taken forward. We seek to work with Government (and partners) to bring about the changes in attitudes and public services which respond to these challenges.

## Appendix 2: Working group members

| <b>Name</b>     | <b>Role</b>                             | <b>Organisation</b>   |
|-----------------|---|---|
| Mervyn Eastman  | UK Director                             | BGOP  |
| Jess Harris     | Programme Coordinator                   | BGOP  |
| Gary Fitzgerald | Chief Executive                         | Action on Elder Abuse   |
| Jan Foley       | Locality Manager                        | National Care Standards Commission  |
| Rachael Childs  | Policy Officer                          | Help the Aged   |
| John Curry      | Adult Protection Coordinator            | Hull & East Riding of Yorkshire (Northern Coordinators Network)                               |
| Liz Warrilow    | Performance Manager                     | East Riding of Yorkshire Council  |
| Margaret Hands  | Service Manager                         | Ceredigion County Council   |
| Bindu Parmar    | Service Manager                         | Leicester City Council  |
| Cathy Perrins   | Adult Protection Coordinator            | Leicestershire, Leicester & Rutland Councils (East Midlands Coordinators Network)             |
| Mick Collins    | Development Manager Flexibilities       | Powys County Council (Welsh Coordinators Network)   |
| Louise Lamb     | Adult Protection Co-ordinator           | Surrey County Council (Southern Coordinators Network)   |
| Peter Sadler    | Lincolnshire Adult Protection Committee | Lincolnshire Social Services (East Midlands Coordinators Network)                             |
| Claire Bearder  | Adult Protection Co-ordinator           | Nottinghamshire County Council & Nottingham City Council (East Midlands Coordinators Network) |
| Sarah Bland     | Adult Protection Manager                | West Midlands Coordinators Network  |
| Sally Crombie   | Adult Protection Co-ordinator           | West Country (informal) Coordinators Network  |

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We would also like to thank the participants at both the 2003 and 2004 AEA Annual Conference Workshops, who initiated and tested out the contents of this paper.

Many thanks to colleagues who contributed their expertise, including Professor Jill Manthorpe, King's College London, Mark Heholt, Department for Work and Pensions and Dave Martin, BGOP.

In particular we would like to thank our specialist adviser Bridget Penhale, Senior Lecturer at Sheffield University.

## Appendix 3

### Relevant Statutes to 'No Secrets'

taken from 'No Secrets'<sup>73</sup>

- Carers (Recognition & Services) Act 1995
- Chronically Sick & Disabled Persons Act 1970
- Data Protection Act 1998
- Disability Discrimination Act 1995
- Disabled Persons (Services, Consultation and Representation) Act 1986
- Employment Rights Act 1996
- Enduring Power of Attorney Act 1995
- Health Act 1999
- Health Services & Public Health Act 1968
- Housing Act 1985
- Housing Act 1996
- Human Rights Act 1998
- Local Authority Social Services Act 1970
- Mental Health Act 1959
- Mental Health Act 1983
- National Assistance Act 1948
- National Health Service and Community Care Act 1990
- National Health Service Act 1977
- Police and Criminal Evidence Act 1970
- Power of Attorney Act 1971
- Public Health Acts 1936 and 1961
- Public Interest Disclosure Act 1998
- Registered Homes Act 1984
- Registered Homes (Amendment) Act 1991
- Sexual Offences Act 1956
- Sexual Offences Act 1967

#### We suggest an updated list would include:

- *Crime and Disorder Act 1998*
- *Youth Justice and Criminal Evidence Act 1999*
- *Care Standards Act 2000*
- *Race Relations (Amendment) Act 2002*
- *Sexual Offences Act 2003*
- *Domestic Violence Crimes and Victims Bill 2003*
- *Mental Capacity Bill 2004*

### Government Departments involved in older people's issues<sup>74</sup>

- **Cabinet Office:** Central initiatives
- **Department for Culture, Media and Sport: Active Ageing**
- **Department for Education and Skills:** Lifelong Learning
- **Department for the Environment, Food and Rural Affairs:** 'Warm Front' initiative; older people in rural areas
- **Department of Health:** Healthcare and Personal Social Services
- **Department of Trade & Industry:** Legislation on age discrimination in employment and training, suitability of consumer products, research on ageing
- **Department for Transport:** Access to public transport, mobility, inclusion
- **Department for Work and Pensions:** Pensions, benefits related to disability, age discrimination
- **Her Majesty's Treasury:** Financial implications of pensions, healthcare and benefits
- **Home Office:** Volunteering, crime and disorder, community safety
- **Inland Revenue:** Interaction of rules on tax, pensions and benefits
- **Lord Chancellor's Department (now the Department of Constitutional Affairs):** General and legal advice, interests of people with mental capacity, constitutional matters
- **Ministry of Defence:** Veterans' Affairs
- **Office of the Deputy Prime Minister:** Local government responsibilities including housing, Supporting People

# Appendix 4: Case studies from 2004 AEA Conference workshop

## Case Study I

**Margaret** is a very quiet lady who seems to enjoy attending the voluntary day centre for older people. She is in her late seventies and lives out in the country with her daughter who suffers from severe depression. Her son lives with his family in a nearby village. Margaret attends the day centre five days a week and likes to help out where she can, serving meals or selling raffle tickets.

John, the manager of the day centre is very concerned about Margaret. On a number of occasions she has come to the day centre with bruising on different parts of her body. Initially she refused to discuss how the bruises occurred despite sensitive approaches from John. Margaret recently asked to speak to John in private and revealed that her son has been stealing money and other items from her house. Whenever she tries to stop him he becomes abusive and hits her. Her daughter reacts by threatening to commit suicide and has gone as far as trying to do so. Recently matters came to a head when Margaret telephoned John at home one weekend because she had no money or food and her electricity has been cut off as a result of her son taking all her money. John provided practical assistance and advice but his efforts to encourage Margaret to report her son failed.

Margaret has sworn John to secrecy and has told him that she will never report her son to the police or anyone else. John is very worried about Margaret and does not know what to do. He continues to help Margaret wherever possible with firewood and food from the kitchen but feels he is colluding with her and allowing the son to continue his unacceptable behaviour. He suspects he is the only person Margaret has spoken to about the abuse.

## Response

- Consult Margaret - all action or interventions should respect Margaret's perspective and support her life – as a carer and a community member – holistic support rather than crisis intervention
- Need to stop the abuse without destroying the family. Look at preventative measures such as community support, family mediation, other non-threatening resolutions and examine Margaret's other support systems to consider the prevention of future abuse
- Ensure that Margaret can access medical support for her physical symptoms
- Society needs to tackle the perceived split between the 'vulnerable' and the rest: Elder abuse is all our problem - how do we communicate this message?
- Is a 'one stop shop' for support available for those experiencing or witnessing abuse?
- Is there adequate training for professional staff on elder abuse awareness and responses, including the importance of not colluding with abuse, and on the disclosure of information?
- Is confidential support and debriefing available for those disclosing information e.g. support for John so he has a clear pathway and guidance for his actions

## Case Study 2

**Sarah** is a 97 year old woman who has been living alone in sheltered accommodation for several years. She is partially sighted and hearing impaired and her mobility is limited after a recent fall in which she hurt her leg. She has had twice weekly visits from a physiotherapist, Annette for the past month. Annette has worked for the local NHS Trust for 12 years. Sarah is generally contented and is visited by a nephew about once a week. She receives care visits three times a day from a domiciliary care agency contracted by the local council.

Yasmeen, a new carer, has noticed that Sarah is losing weight and that some days when she visits that most of her lunch is left uneaten. When she questions Sarah she reluctantly admits that she is off her food and is feeling low but will not say why. The next week Yasmeen arrives a little early for her lunch

time visit and hears a raised voice saying “You’re not trying at all” She goes in and meets Annette who is surprised to see her. After Annette leaves Yasmeen asks how the sessions are going. Sarah answers that she waited a long time to see the physio and that she is lucky to have any help.

## Response

- Consult Sarah to ensure that she is both protected and respected by any action
- Is Sarah’s overall wellbeing being addressed - her isolation and ‘feeling low’ - or just her physical needs?
- Do older recipients of services recognise these as a ‘right’, or does ‘gratitude’ inhibit their complaints?
- Services need to overcome the issue of ‘status’ between professions, which might prevent a care worker questioning the approach of a physiotherapist
- When does poor care become abuse? If Sarah feels intimidated or coerced then it is abuse
- Who can Yasmeen approach? Is there a clear procedure e.g. a line manager might decide the best response?
- All front line staff need training to identify and respond to abuse, not just Adult Abuse professionals
- Is there the necessary support inter-agency working and protocols between professionals?
- Is there a systematic review of outcomes to ensure learning?

## Case Study 3

**Malachi** is a 74 year old man who lives in a privately rented bedsit with a communal toilet and bathroom on the floor above. He has lived there for 2 years following a recommendation from a previous land lady whom he had shared a house with for 17 years after he retired because of a bad chest. She moved to be nearer her daughter.

Malachi has a long time history of schizophrenia. He receives a monthly depot injection and weekly visits from a female Community Psychiatric Nurse (CPN). He is solitary with no close family and is reticent about receiving services. He attends a local church daily weather permitting.

Malachi’s current living conditions are very poor. He has no hot water, the kitchen is damp and the electric appliances need replacing. His only heat source is an electric heater. He feeds over £20 each week into the coin meter. On recent occasions he has sat for long periods without heat or light as the electricity has been switched off. The landlord is difficult to access and Malachi is worried about repercussions should complaints be made on his behalf

## Response

- Consult Malachi – what would he like to happen? Does he have the appropriate support or advocacy in this process?
- The ‘neglect’, due to the inaction of Malachi’s landlord, would require a response from those who are able to observe it i.e. from the CPN or Church members – a ‘community response’
- Do the ‘community’, and professionals working within it, know how to ensure Malachi gets the support he needs?
- Options for action should depend upon Malachi’s response, but might include redressing his rights as a private tenant; involving a welfare benefits officer to check his status, exploring the availability of community transport and other support processes, such as voluntary befriending
- Malachi’s mental health problems do not affect his right to decent housing - Is he receiving ‘person-centred’ care?

## Case Study 4

**Brigid** has been living next door to Mrs Qazi for about a year and both share a love of their gardens, which has made them good acquaintances despite not speaking each others' languages. Brigid works at the local post office and also sees her neighbour when she comes to collect her pension.

Ken, Mrs Qazi's son and her daughter in law Sylvia have recently moved in to the house. They have just moved back from abroad and are not working. Brigid has not seen Mrs Qazi for about a month and one day when her son drops in to collect his mother's money she asks how she is. Ken says that she is very confused and cannot look after herself any more. Brigid is surprised as her neighbour has been very active and sociable in the past and she has never thought of her as being particularly old or vulnerable.

A few weeks go by and when returning home one day Brigid sees Ken and Sylvia carrying a large sideboard out of the house. Mrs Qazi is following them crying, obviously unhappy about what they are doing. Brigid is very concerned and asks what is going on. Ken aggressively tells her that he has given up his job to look after his mother, that he has to speak for her as she cannot communicate to do her shopping, and that he is respecting her unlike English people and their parents. He says that it is the way of his people and that Brigid does not understand and should not interfere. Brigid is very taken back and goes inside. However she still feels that something should be done.

## Response

- Will Brigid - the neighbour - report her concerns and to whom?
- Should be able to report concerns to any key community contact points e.g. post office; religious groups; community centres; GP surgeries
- How is the message conveyed that elder abuse is everyone's business? Need community information and engagement in these issues
- Publicity and stigma management are needed as part of a preventative strategy e.g. similar to approaches in mental health
- This is a 'corporate' public sector responsibility, not the responsibility of one service - need joint working across statutory agencies and non-statutory partners, and training for all professionals
- How is Mrs Qazi consulted? The response must be appropriate i.e. is an approach made to Mrs Qazi by a member of her community or an elder abuse professional?

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# Better Government for Older People (BGOP)

is a UK-wide partnership in which older people are the key partners.

BGOP aims to ensure that older people are engaged as citizens at all levels of decision-making, and supports the development of strategies and services for an ageing population. We provide a unique opportunity to share information and learning, develop partnerships, and influence policy and practice.

The BGOP Partnership is comprised of the Older People's Advisory Group (OPAG) and BGOP's Subscribers, Key Partners and Strategic Alliances.

Membership of BGOP is open to any organisation committed to:

- Making a difference to the lives of older people as citizens
- Engaging older people in decision-making
- Working in partnership to share experience and learning

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## Action on Elder Abuse (AEA)

is a national organisation that operates across the four nations of the British Isles.

Membership is open to both individuals and organisations.

AEA aims:

- To prevent abuse in old age by raising awareness, education, promoting research and the collection and dissemination of information.
- To provide a national information and advice service and provide guidance for the prevention of, and action on, the abuse of older people.

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