

Community & District Nursing Association

# Responding to **Elder Abuse**

**Behind closed doors**

A special conference held in the  
House of Commons

23rd July 2004



## About the CDNA

For 33 years, the Community and District Nursing Association (CDNA) has been caring for those who care. We are a specialist trade union affiliated to both the TUC and STUC, and represent those nurses who work in the community, making highly skilled decisions in primary care on a daily basis.

Our members are experienced clinicians from various senior nursing backgrounds who strive to give clients the best possible care. The CDNA has been involved in various campaigns for community nurses, recently leading the way on nurse safety in the workplace, 24 hour Community Team Care, bullying and harassment, postcode prescribing, and now one of the most talked about campaigns - domestic violence/elder abuse.

The modernisation of the NHS has seen the modernisation of community nursing, and this has been reflected throughout our membership. We have a positive, forward thinking mixture of professionals who are always open to learning and cascading their knowledge and skills.

As our membership grows, so too does our influence in Government policy. Our work is paying dividends with a new primary care impetus evident in the NHS. Our National Executive and members have spoken up for the clear advantages that increased community care can bring. We are a union of community nurses for community nurses – together we can make sure the CDNA makes a real difference.

To join the CDNA, log onto our website – [www.cdna.tvu.ac.uk](http://www.cdna.tvu.ac.uk) – contact Head Office on 020 8231 0180; or email [cdna@tvu.ac.uk](mailto:cdna@tvu.ac.uk)

# Behind Closed Doors Responding to Elder Abuse

2004 Special Conference Report House of Commons

## Foreword

As a district nurse, and now working in the NHS as lead nurse with responsibility for vulnerable adults, I am immensely proud of the way the CDNA, on behalf of its members, has picked up the challenge of responding to elder abuse. For too long, the issue of elder abuse has remained behind closed doors, and this conference alongside the many previous events has helped to expose the extent of elder abuse and the many different forms it takes.

The CDNA has been raising the awareness of elder abuse since 2000. We know this is a problem, but we don't know the full scale. This is why the CDNA has been campaigning on this issue, raising its profile and promoting discussion in Government with Ministers, at the Health Select Committee, and just as importantly, at local level through our members.

Reading through this booklet, you will find the common thread through all presentations is the need for multi-disciplinary working. District nurses believe this is not a one-agency solution and we cannot address this problem alone. We realise we must bring together all agencies involved. That is why the CDNA is taking a central role in this, and this conference is witness to that. The overwhelming response to this conference and the sheer numbers of people we had to turn away supported the importance of holding this event, and ultimately reinforced the need for another one. We are already planning another conference, and this will be held in London in the beginning of 2005.

This is only the beginning, but by working together we can ensure the elderly get the care they deserve. I would like to praise the many district nurses for the work they have been doing in this area and for bringing elder abuse into the public spotlight.

Rowena Smith  
Chair



All photographs in this document by Rod Leon

# Behind Closed Doors Responding to Elder Abuse

## Conference Report

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## Community & District Nursing Association



**Ann Keen MP**  
**Conference Host**

What goes on behind people's closed doors is not always what we think.

I was very, very proud of the CDNA as an organisation when they had the courage to tackle domestic violence and then child abuse, back when it was considered something we had to keep out of because it was 'domestic.'

Now the CDNA is going into the area of elder abuse.

I am very proud of the CDNA and its leadership for having the courage to put in the financial resources as a trade union to tackle the issue of elder abuse.

It is what the membership of the Association has to deal with: what goes on behind closed doors.

The CDNA decided to collect information through a members' survey by sending out a questionnaire to the members of the Community and District Nursing Association.

We were so shocked with the results.



The survey showed what members had witnessed. And it showed they didn't know how to manage when the elderly people they were caring for were being abused.

So a document was produced and launched here in the House of Parliament, because we have to get every Member of Parliament really looking at what is happening in their constituency. We have to get them talking to their local trust or authority and asking questions.

We then took the document to the Trade Union Congress and we launched it there. The CDNA is affiliated to the TUC as a trade union, and the TUC represents over 7 million people as members of trade unions.

The trade union movement should be very interested in what is happening to their members, and to their retired members. We're part of the trade union family, and part of society.

We didn't make the headlines, but we kept going. And that is what we have to do.

We then asked the House of Commons Health Select Committee if they would have an inquiry into elder abuse, and that

**"We have taken this issue to the heart of Parliament. We have to get every Member of Parliament looking at what is happening in their constituency."**

happened. Ministers came to give evidence, and the Select Committee produced a report.

The Speaker of the House of Commons is Michael Martin, and he agreed to host a reception to raise awareness about the abuse of older people in society.

We have taken this issue to the heart of Parliament. You can see how we have tried to put this issue on a platform and draw attention to it.

We need everybody to take notice. Because it is all of our responsibility.

What happens behind closed doors in society is hard to police. But we can still send out a message – that violence is wrong.

This conference is taking place

in the Atlee Suite, whose namesake, Clem Atlee, said, "I make no apology for being passionate about older people. They gave me every opportunity that I've had in my life."

Today is the start. Clem Atlee would actually be asking us all to do a lot better.

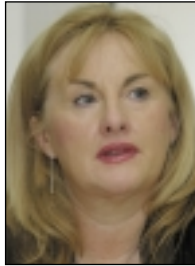
### **About the speaker: Ann Keen MP**

Elected as MP for Brentford and Isleworth in 1997

**Background:** First district nurse to be an MP in the House of Commons; former General Secretary, Community and District Nursing Association; formerly Head of Faculty of Advanced Nursing, Queen Charlotte's College, Hammersmith Hospital; awarded Honorary professorship by Thames Valley University for services to nursing; Fellowship of Queen's Nursing Institute, Patron, Hounslow Youth Counselling Service and Hounslow Bereavement Service & Action for Sick Children.

**Profile (parliamentary):** Currently Parliamentary Private Secretary to the Chancellor of the Exchequer, Rt Hon Gordon Brown MP; formerly Parliamentary Private Secretary to the Secretary of State for Health, Frank Dobson MP; awarded title of Parliamentary Figure of the Year by the Ovarian Cancer charity, CancerBACUP; member of the All Party Cancer Group.

## Community & District Nursing Association



**District Judge  
Marilyn  
Mornington –  
Conference  
Chair**

Elder abuse is where domestic violence was 10 or 15 years ago . . .

The fact that it is so hidden. This idea that it is wrong to intervene. The fact that all you frontline workers have been seeing it and not knowing what to do with it for so long is so similar to domestic violence.

The emergency services – fire, paramedics, police – are often the first people who get to an incident of elder abuse, domestic violence or child abuse. Like CDNA nurses, they go inside people's homes when they aren't expecting them, and get to know them. They see elder abuse all the time and haven't known what to do with it, and haven't known who to pass it onto. So I am glad they have been invited here today. They will learn from the CDNA and take what they have learned today back to their organisations.

We are at the forefront, co-ordinating the other services and hopefully addressing this awful form of abuse that sadly is so prevalent in our society.



You are all very lucky to be here. There are 150 of you here today. 400 wanted to be here today, and were turned away. People have come from every part of the UK, from a vast variety of services, all wanting to take this issue forward.

We are all very enthusiastic about being here today. We can actually do something about elder abuse.

The important thing is knowing that there is someone you can call on in this area. We are working together.

### **About the speaker:**

### **District Judge Marilyn Mornington LLB Hons (Sheff) FRSA**

Since 1980, Marilyn has been a District Judge in Birkenhead, Liverpool. She is highly respected in the field of Family Violence and holds the following positions: Chair, Northern Circuit Domestic Violence Group, which has over 800 members from all over the UK and overseas; Chair, Inter-Governmental Initiative on Domestic Violence 'Raising the Standards'; Member of the Lord Chancellor's Advisory Group on Domestic Violence; Member of the Family Justice Council, June 2004; Member of the Association of Chief Police Officers (ACPO) Domestic Violence Steering Group, and Chair of the Working Group on the Interface between the Civil and Criminal Justice Systems; Chair, Kids in Need and Distress (KIND); Honorary Patron, Community & District Nursing Association, advising on elder abuse and nursing; since 1995, Chair, Wirral Domestic Violence Forum, and Patron of the Wirral Children and Women's Refuge 1995-2002. Marilyn has developed a particular interest in challenging child abuse/domestic violence from an Islamic perspective. She is a lecturer and author on domestic violence/family law, including inter alia to the Law Society, Commonwealth Judges Association, Women's Aid, Victim Support, the Judiciary, Social Services, British Medical Association, and International Police Commanders Course.

## Community & District Nursing Association

You're never too old to hurt.

The CDNA is a very strong and important organisation. In the time they've been involved with the issue, they've done a fantastic job.



**Gary Fitzgerald**  
**Action on Elder Abuse**

Elder abuse is a horrendous experience, and one that is felt by thousands and thousands of people.

We all can do something about it. The key message I want to give to you today is that it is possible for every single one of us to make a difference.

We have a simple philosophy. We don't stand on the sidelines and criticise unless we're prepared to do something about it. Don't stand on the sidelines. Get involved. Because that's when we make progress.

Of all the things we do, our Helpline is one of the most important activities we provide. It allows people who have been abused to reach out to people who can help them. It also gives us information about abuse. The information we get from that is used to introduce new controls and regulations. →

.....  
**Action on Elder Abuse Helpline:**  
**080 8808 8141**  
.....

**CDNA**

➔ What do we know about elder abuse from our 10 years' experience? Well, the first thing I would say to you is what we're looking at is very old people. Over three quarters are over the age of 70.

And you don't want to be a woman when you get old, because the vast majority of people who are abused are very old women.

What do we know about the profile of the abuser? The first thing I'd say to you is that they are relatives or paid workers. Very rarely do we see the hands-on family carer - the person who gets them out of bed, helps them to eat, washes them - very rarely do we see them being the abuser. It's often the next group: nieces, nephews, grandchildren.

27.9% of abusers are paid staff, the people we in society are paying for to provide care. That's an incredibly high percentage, and that should be telling all of us that something is going wrong.

But we can do something about paid staff in a way that we can't easily when it is family abuse. It is hard to get behind the door of family abuse. We can

**"The CDNA is pushing very hard on mandatory training. And we are supporting them, because they are right."**

monitor, set standards, train, change the culture of paid staff.

Extreme abuse and cruelty is a tiny, tiny percentage of abuse. The vast majority is about poor practice, neglect, dehumanising practices.

It is hard to know what is worse - a single action of extreme cruelty, or waking up day after day to face the same humiliation, the same degradation, and knowing you can do nothing about it, because the people doing it to you are the people who feed you and get you dressed. A never ending sentence because you are old. That's the reality.

It's shocking. Depressing. Who wants to get old? What happened to us valuing old age?



## Five types of abuse

■ Physical

Slapping, hitting, inappropriate administration of medicines, etc

■ Psychological

Threatening, using what someone loves or values against them, etc

■ Financial

Stealing or defrauding someone of goods or property, etc

■ Sexual

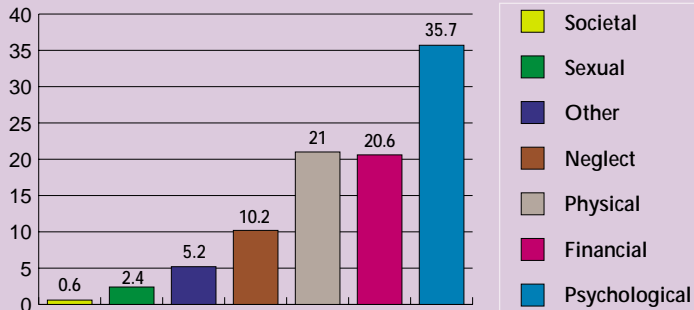
Forcing someone to participate in sexual actions or conversation against their wishes, etc

■ Neglect

Failing to provide food, or heat or clothing, or needed aids for living



## Types of abuse

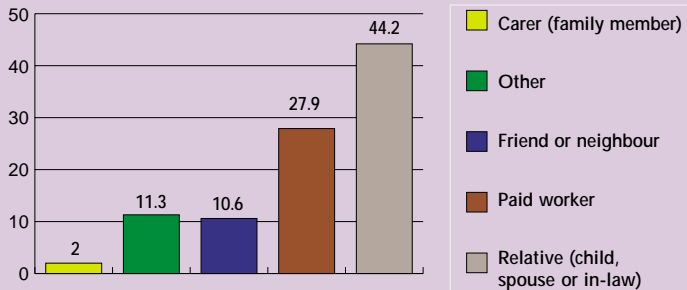


Percentage of calls, excluding 'not identified'

Source: Listening Is Not Enough - Report of the AEA Helpline



## The abusers!

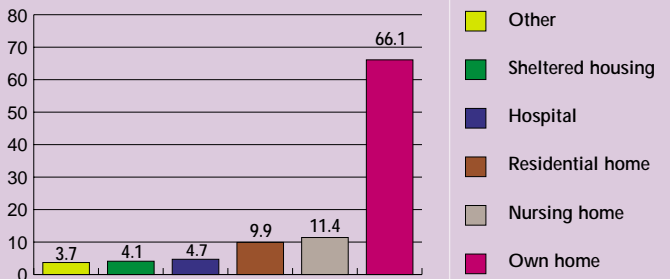


Percentage of calls, excluding 'not identified'

Source: Listening Is Not Enough - Report of the AEA Helpline



## Where abuse occurs



Percentage of calls, excluding 'not identified'

Source: Listening Is Not Enough - Report of the AEA Helpline

We are actually making progress. We've got better legislation, we've got new processes in place. But our attitude and approach to what we do with older people is based on double standards.

We do not put the same resources into protecting the vulnerable elderly as we do to protecting the vulnerable young. With children, everybody is checked before they come anywhere near them. For older people, you don't have to be checked. We've got to change that. We need to insist on that same level of commitment and investment.

We need training. The CDNA are pushing very hard on mandatory training. And we are right there supporting them, because they are right. We need that training as a matter of routine. People need to understand elder abuse and what they can do about it, and they need to know that now.

We've got to learn to hear the whispers. And what I mean by that is we have got to learn to listen. We know from the Harold Shipman inquiry that people died because nobody was listening to

**"You've got a stake in this. Because if we don't sort our care out, sooner or later more than one of us in this room are going to face abuse."**

concerns being raised. We've got to create a culture where it is okay to question. We have to prevent secrecy and reduce the potential for abuse. The more transparent we are, the better.

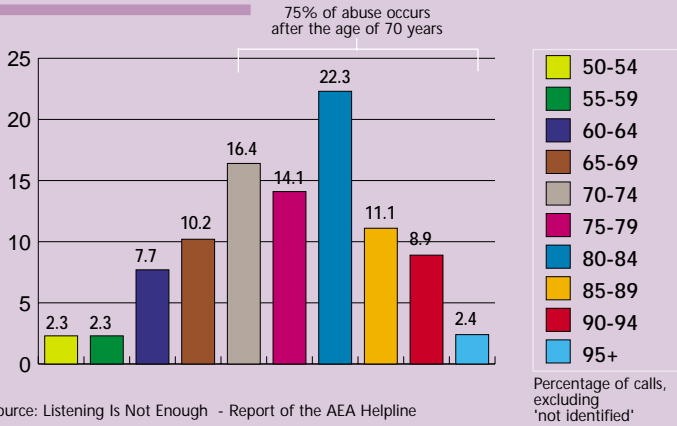
Elder abuse goes at the heart of care. Every single abuse we look at is a breach of basic human rights. And it is not just their human rights - it's our future human rights.

You've got a stake in this. Because if we don't sort our care out, sooner or later more than one of us in this room are going to face abuse.

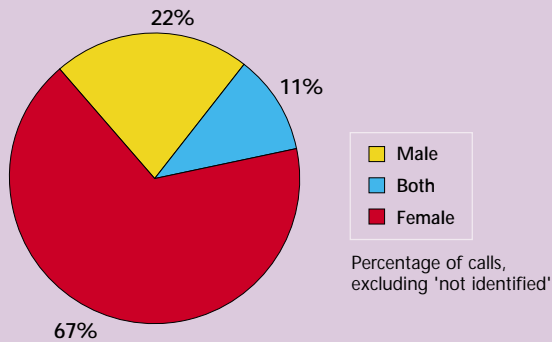
There are thousands upon thousands of older people right now relying on us.



## Age of victim



## Gender of victim



## **About the speaker:**

### **Gary Fitzgerald, Chief Executive, Action on Elder Abuse**

Gary Fitzgerald has been with Action on Elder Abuse since 2001, and was appointed Chief Executive on 2 April 2002. AEA is a UK-wide charity that provides information and guidance on the prevention of elder abuse. It has sought to influence social policy to facilitate the protection of older people and other vulnerable adults, and to ensure that action is taken when abuse is identified.

AEA has run a confidential national freephone service since 1997. Called Elder Abuse Response, it helps callers explore options in relation to abuse prevention and also provides emotional support for those involved. About 21% of its calls relate to abuse in care settings, and 5% abuse in hospitals. The remainder is abuse in people's own homes. AEA provides comprehensive free-standing training packs, and also a specialist cascade programme which was developed in conjunction with Comic Relief.

Gary worked for over 20 years within Local Government Social Care provision, focusing on all aspects of care of older people. He has been responsible for and/or involved in the management of domiciliary care services, meals on wheels services, day centres, residential homes, occupational therapy services, and a range of peripheral similar services. He is from an Irish background, and has a special interest in equality and social inclusion issues in relation to aspects of abuse. He has spoken in the United Kingdom and Ireland on elder abuse, and regularly contributes to radio and television programmes on the subject.

## Community & District Nursing Association



### Detective Sergeant Julie Barnes

We deal with physical, sexual, emotional and financial abuse.

Our Public Protection Unit is about making a very safe environment where people can come to refer their concerns.

Once you start to raise awareness, it opens a floodgate. We weren't prepared for the amount of referrals we got.

A lot of our cases do come from concerned family members.

And how do you manage that? If you are a police officer, and you go in and focus on successful prosecutions only, you will hurt people. Many referrals do not lead to prosecutions, but the people involved still need our help.

What we don't want to be is a second source of abuse. We want to make sure that when we come into somebody's life, and then when we leave it, we improve it. We want to help.

I don't consider my team to be just my fellow police officers. My team is the health team, the housing team, social workers. And you. We all work together.



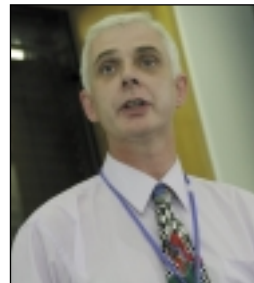
**"I don't consider my team to be just my fellow police officers. My team is the health team, the housing team, social workers. And you. We all work together."**

Working with abused adults is harrowing. I understand that. The sense of loss, and the feeling you can't take it any longer. We've heard today about incidents that we've dealt with. To walk away and pretend you've not witnessed it is ludicrous. We need to support staff as part of the training we give.

Sometimes we have problems getting a prosecution because the victim is unable to give evidence.

Other complaints and incidents do not fall within the terms of the criminal law. These are usually incidents of neglect or the use of inappropriate care techniques by carers, which are not deliberate assaults, but which can have consequences that are

just as serious. The Children and Young People's Act creates offences relating to the treatment of children below the age of 16 years by persons with responsibility for them. There is no equivalent legislation to protect vulnerable adults.



**Detective Inspector Robert Kelly**

This leads to failures to protect due to no legislation being in place. The answer is to create legislation to protect vulnerable adults from neglectful abuse.

We need legislation to protect, and if you give us legislation, we will use it.



## The Law in relation to children



Section 1 of The Children and Young Persons Act 1933 creates offences relating to the treatment of children below the age of 16 years by persons with responsibility for them.

1(1) If a person who has attained the age of 16 years and who has responsibility for a child or young person under that age wilfully assaults, ill-treats, neglects, abandons or exposes him, or causes or procures him to be assaulted, ill-treated, neglected, abandoned or exposed, in a manner likely to cause him unnecessary suffering or injury to health (including injury to or loss of sight, hearing, limb, or organ of the body, and any mental derangement), that person is guilty of an offence.

Punishable by 10 years in prison.

There is no equivalent legislation to protect vulnerable adults.

### Case Study

A care home has had the following recent incidents:

An elderly lady has been subjected to a 'manual evacuation' as a treatment for constipation. This is an archaic and demeaning process not prescribed by a medically qualified person.

Two elderly ladies were sat on bed pans full of boiling water to assist their constipation. They received severe burns and blisters to their legs and buttocks.

A male patient who was supposed to have a catheter inserted to help with a bladder condition had the catheter removed by the care home. This caused the man distress because he cannot control his bladder. He also cannot communicate well, and he became so disruptive due to his discomfort he was placed on medication to prevent disorderly behaviour.

A female resident fell off a chair and hurt her leg. This was recorded in the accident book, but not on the patient's notes. This meant that the staff treating her did not know of the fall. Three days later the ankle was swollen up and she was taken to hospital where it was found the ankle was broken.

This care home has been given eight weeks by The Commission for Social Care Inspectors to put itself in order or close down, but the individuals concerned have no criminal culpability.

## **About the speakers:**

**Detective Sergeant Julie Barnes  
Detective Inspector Robert Kelly  
Family Support Unit, Greater Manchester Police**

Julie Barnes is one of two Detective Sergeants within The Public Protection Unit of Salford Division of The Greater Manchester Police. She has responsibility for Vulnerable Adult Abuse investigations and protection issues, Domestic Violence and The Vulnerable Witness Video Interview Unit.

Julie has 18 years' service in The Greater Manchester Police, mainly on Bolton Division. She is a fully trained Child Protection Officer, and served on Bolton's Child Protection Unit for five years, prior to her promotion to Sergeant last year when she moved to Salford Division.

Bob Kelly is a Detective Inspector at Salford CID, with additional responsibility for the supervision of the division's Public Protection Unit.

Bob has 29 years' service in The Greater Manchester Police, with the vast majority in either divisional CID or on the Force Serious Crime Squad. A relative newcomer to Public Protection issues, Bob was assigned line manager of the unit in September 2003 as part of the response by The Greater Manchester Police to The Laming Report into the death of Victoria Climbié, which required more resilience in the management of Family Support Units.

## Community & District Nursing Association

### David Walden – Commission for Social Care Inspection



Our prime function is to promote improvement in social care services. In a sense, you've just heard the police describe what happens after the car has crashed, and how to deal with it. Our job is to try to prevent the car from crashing.

We cover all social care - private, charitable and the public sector.

Our ambitions are to:

- put the people who use social care services first
- improve services and stamp out bad practice
- be an expert voice on social care
- practice what we preach in our own organisation

Why do we carry out these activities? So that services people rely on are:

- relevant to them
- give them choice
- give them voice
- give them dignity
- safeguard and promote their rights and welfare



The House of Commons' Health Select Committee Inquiry into elder abuse made 40 recommendations in their report. It exposed a largely hidden problem. We are going to be major players going forward in this agenda. We've published a joint response with the Healthcare Commission setting out new work.

Our response makes clear that the primary responsibility for providing service rests with service providers. They have to make sure their services are safe and non-threatening, including making sure their staff are qualified, and have procedures in place to root out bad practice and take action against people they employ who abuse people they care for.

Our work is public assurance, making sure they have procedures in place. We can't be there all the time. We carry out 50,000 inspections a year, but that works out to two inspections per establishment a year. What we need to do is strengthen the system and put procedures in place.

Providers don't bear all the responsibility. Commissioners have a responsibility to ensure public

"Social care is an 'experience' - it is not like going out to buy a washing machine."

money is used well.

Commissioners also have a duty to care. Do they understand what the implications are? And individuals who purchase their own care, do they know what to look for?

Most abuse goes on behind closed doors. Inspection is one of our principal tools to affect change. We have powers that we won't hesitate to use.

Social care is an 'experience' - it is not like going out to buy a washing machine. We need to try to capture more than we currently do what the experience is of the care user so we can instruct providers what they need to do to improve.

A lot of people – 1.6 billion a year – rely on care services. They rely on us to get this right, and we need to act in a way that makes sense for them, and respects their lives and choices. We are going to take this head on.

[www.csci.org.uk](http://www.csci.org.uk)

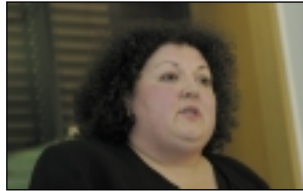
## **About the speaker:**

### **David Walden, Director of Strategy, Commission for Social Care Inspection**

David joined the Commission for Social Care Inspection as its Director of Strategy in February 2004. A long-term civil servant, he worked for the DoH for over 25 years doing a wide variety of jobs, including Private Secretary to Sir Roy Griffiths of Sainsbury's (when he was Deputy Chairman of the NHS Management Board) and the lead negotiator for the 1990 New Deal on cutting junior doctors' hours.

Between 1991 and 1993, David tasted life at the 'sharp end' by becoming the first Personnel Director of Poole Hospital, a second-wave NHS Trust. He returned to the DoH to head the Community Care Branch and then the Health Promotion Division. Between 1999 and 2001, David was Head of Social Care Policy at the DoH and a member of the Department's Top Management Board. In September 2001, he started a two-year secondment to Anchor Trust, a not-for-profit provider of a wide range of care and housing services, and ran one of their businesses. From 1 September 2003 until he joined CSCI, David was the Transition Director responsible for establishing the Independent Regulator of NHS Foundation Trusts.

## Community & District Nursing Association



**Deborah Sturdy**  
**Department of Health**

Elderly abuse is a subject of great interest to me. I have witnessed quite a lot of abuse in my 20-year career.

I remember one occasion where I witnessed abuse, but I didn't know what to do. I actually took myself to the toilet and sat in there, trying to calm myself down and work out what to do. Nobody understood what was going on.

We all have to listen and observe what is going on around us. The most subtle things are indicators.

When I tried to whistle-blow, I was made to feel like the villain. It's not easy. It's uncomfortable. You feel like a victim yourself when you are challenging the complacency of the status quo.

It's more harrowing for a junior nurse to take that on. I would appeal to you as a group of nurses to say we have to be open and receptive to the issues that get raised by people around us.



## Population

- First half 21st Century >60 years of age will increase from 600 million – 2 billion globally
- UK 1995 – 2025 >80 years will increase by 1.2 million
- UK 1995 – 2025 >90 years will double

## Profile

- 2.3 million older people in UK
- 50% social services spend on people >65 years
- 2/3 hospital beds occupied by people >65 years
- 40% NHS spend on older people
- 72% people receiving social services assessments >75 years of age
- 6 million carers in UK; 71% are looking after someone >65 years
- Nearly 1/2 disabled people in UK >65 years
- Approximately 600,000 people in UK have dementia
- 80% people >60 years have a sight problem

In the first half of the 21st century, the number of people over 60 years of age will probably increase from 600 million to 2 billion globally.

These interesting statistics show the pressures that carers are under. As community and district nurses, it is important that we support your important work.

I think it is important to talk about some of the actions of the Government that are taking place.

Older people remain a priority for Government.

The Government published its response to the Health Select Committee's report into elder abuse. I would encourage you to read the report and the Government's response. It covers things every nurse who comes across older people should be doing.

We've seen a huge amount of work addressing the needs of elder people over the past few years.

- The National Service Framework for Older People is the Government's 10-year plan
- No Secrets – framework for local health and social services

for the Protection of Vulnerable Adults; develop long term plans locally

- Protection of Vulnerable Adults List – list of people judged as unable to work with vulnerable adults, introduced July 2004 by the Secretary of State for Health - works in the same way as Protection of Children Act list. Applies to Care Homes and Domiciliary Care Agencies. Full implementation 2005/2006.
- NHS funded Nursing Care
- Single Assessment Process
- Fair Access to Care Services
- National Minimum Standards for Care Homes, Domiciliary Care Agencies, Nursing Agencies

As you can see, there is much work under way. This is an insight into the level of activity and commitment to changing the culture which seems to pervade the abuse of vulnerable adults.

But it is not just the responsibility of this Government solely. It is the responsibility of every person who comes in contact with an elder person, either professionally or informally.

If we drop our vigilance, abuse →

→ will go undetected and unpunished.

There are no national statistics available about the prevalence of abuse.

Data collected to date has been derived from the Action on Elder Abuse Helpline, and local statistics from the No Secrets guidance.

The Department of Health funded work to try to ascertain the extent of the problem. This will help us make decisions in the future.

In my job, I travel all over the country dipping in and out of health trusts. I have never failed to be inspired by nurses, and it is important to remember the good practice out there, too.

What has changed in 10 years? A lot has changed, but much more needs to be done. I

**"In my job, I travel all over the country. I have never failed to be inspired by the nurses I meet, and it is important to remember the good practice out there, too."**

would urge you to reflect on your own practices and own organisations, and take away what you have learned and ask hard questions back at the ranch.

We have to ensure that we are open about the issue of abuse of vulnerable adults and share what we know with society at large.

We all need to be responsible and responsive to ensure the protection of older people.



**About the speaker:  
Deborah Sturdy,  
Nurse Advisor for Older People,  
Department of Health**

Deborah has worked within services for older people throughout her career. These have included posts in practice across a range of services, including rehabilitation, acute care, day hospitals, dementia services, and the independent sector. She has also held management posts, and following completion of her MSc, took up a Research Nurse post at the University of Kent working on the assessment of older people in long term care. Subsequently, she was appointed jointly between health and social care to develop improved pathways of access for older people using health and social services.

Deborah is currently working as Nurse Advisor for Older People at the Department of Health. She leads on all health and social care policy issues relating to nursing older people. As the lead nurse, she has contributed to major policy development in this area, including NSF for Older People, NHS Funded Nursing Care and the Single Assessment Process, and lead on the Nursing Older People Leadership Programme in collaboration with the NHS Leadership Centre.

## Community & District Nursing Association

### Deborah Stuart-Angus Consultant

I would like to say a great word of thanks to the CDNA. This is a subject very close to my heart, and I can see it is for you, too. I want to thank the CDNA for spearheading the adult



protection agenda. And thank them for their honesty and openness to publicly state the distinct role of community and district nurses, and the distinct need for training in our workforce.

I want to quote from a local consultation paper produced by the Local Government Association. "If we are to make real, significant and sustainable improvements in the quality of life of older people, we need to take radical steps rather than tinkering around at the edges."

I want to say what that statement means.

Every person's experience is valid and is different. From that viewpoint, I wish to state my context now. The context for me is my experience in working in social services and mental health for many years. I have learned many lessons. I regard all learning as positive, but some things we witness in our professional capacity leave us



with a sharp intake of breath and mental images of abuse, such as the ones we heard about today.

Abuse is real. Abuse happens. And when it does happen, it happens when the door is firmly closed. Abuse happens in our own backyard. We have no choice but to collectively work together to do something about it.

For me, prevention is the end all and be all. Agencies working together achieve so much more than working alone.

But no matter how much effort we put in, outcomes often rely on the goodwill of individuals. There should be no question about the fact that successful adult protection needs properly resourced and managed strategies. It needs policy-backed directives and initiatives. We need a statutory framework that would advocate the protection of vulnerable adults as a 21st century priority.

The Local Government Association is challenging the traditional view of prevention. A

new model would make the empowerment of elder people a top priority. Empowerment can help to rebuild and challenge commonly held stereotypical views of older people.

A project in Surrey has succeeded in creating a preventative agenda.

The first part of the agenda was to create a multi-agency set of procedures on how to respond in case an adult was at risk of abuse or being abused.

The second was a large-scale training programme.

These joint procedures allow any worker who comes into contact with a group of adults to have an agreed format and agreed response to adult protection.

### Working Together For Prevention: Multi Agency Working

- Same message
- Same definitions
- Same outcome standards
- We know what to do
- We know what is expected
- We know how to respond

Working together for prevention:  
**agency culture**

- Challenge discrimination
- Create a safe culture
- Prevent blame culture
- Create a reflective learning environment
- Performance management to focus on positive outcomes

We all sing from the same sheet and we all work with the same definitions. We all know what to do if faced with disclosure, and we all know what is expected of us if we face an investigation.

Sounds impressive? It is. The down side was that this was built on the goodwill of many people. Participation was voluntary. It fails to sit as part of a statutory framework.

As a front line worker, knowing how to respond is absolutely vital. None of us can say, 'Today is the day I will have disclosure of abuse made to me.' You never know.

We really

need to fight for a statutory framework that will really make an impact.

We have a responsibility to help each other out. We need to give adult protection the highest possible regard. It remains our mutual responsibility to do the right thing at the right time. To know how to protect a person is at the heart of what we do.

Working together for prevention:  
**safety & support for whistle-blowers**

- Create a safe environment
- Pro-actively support staff
- Consider creative ways to manage
- Remember: we want people to tell us about poor practice

## About the speaker:

### **Deborah Stuart-Angus, Consultant in Health, Social Care & Adult Protection: Learning & Development, Stuart-Angus Associates Ltd**

A highly significant background defined by social work practice, multi-disciplinary interface management and human resource development, Debbie directs Stuart-Angus Associates Ltd, specialising in improving social and health care services. She has a past local authority history developing large scale learning strategies, and steering the Older Adults agenda & HR function through change processes. Contracted to the Department of Health Approved Providers as a member of the Performance Action Team, she recently advised on recruitment and retention strategies for struggling authorities, and has assisted local authorities working towards standardisation of assessment processes and Single Assessment. She has been Visiting Lecturer at London University (Royal Holloway) for the Masters Degree in Social Work, and has developed Older Adult curriculum in multi-agency single assessment and performance management. She is the author of a new publication, 'Start Caring . . . & Meeting Standards' (due out Autumn 2004), a text which supports staff learning the pre-vocational knowledge they need to apply in health and social care when caring for vulnerable adults.

She has recently completed the design of a national interactive E-learning package, produced by Detail Technologies Ltd, to support the National Open College pre-vocational generic qualification in Intermediate Health & Social Care. Debbie is an active member of the Social Care Association where she served on the Social Care Practice Committee for several years. She is presently representing the Local Government Association at the emerging Sector Skills Council for Health, as a member of the National Reference Group for Older Adults Competency Framework.

## Community & District Nursing Association

**Jennie Potter  
CDNA**



I know I am speaking to dedicated professionals already committed to preventing abuse. This should be an audience of people who are not convinced that abuse occurs.

Abuse happens behind closed doors. It is hidden - and it does take skills to get it out.

Identifying and responding to abuse is the responsibility of all staff working with older and vulnerable people and their carers.

We've managed to come up with excuses for why we, as health professionals, don't report abuse. And they are excuses.

- Failure to recognise abuse
- Lack of confidence
- Failure to question colleagues
- Patient confidentiality
- Lack of support



Let me take each one in turn. First, failure to recognise abuse.

Take the example of an 80-year-old woman who gets hit by her grandson who takes money from her purse. Everybody would agree that is an abusive incident. Not just abusive, but criminal.

But what about the individual left in a wet bed and not given the best care, who then develops wet sores? Or the people whose decisions are taken away from them by people who think they know better?

There is the example of an 80-year-old man whose wife needed to

### Community and District Nursing Association Professional Abuse

- Lack of respect
- Loss of dignity and privacy
- Loss of decision-making
- Consent/lack of information and choice
- Depersonalisation/dehumanisation
- Discrimination culture/religion/mental capacity
- Neglect/failure to give care



be taken into care. He was told by the care home 'professional' that he must not have any contact with his wife for the first month, so she could settle in. She actually died during that time, and her husband was left devastated.

Many patients don't even realise they are being abused.

Lack of confidence. I wonder how many people have observed an incident and wondered, is that

abuse? But they leave it to someone else, and that usually means no one reports it. So abuse goes unchecked.

Failure to question colleagues. We don't like to question colleagues. But if we stay silent, we won't be doing our duty. We can confront a person.

### Community and District Nursing Association Code of Conduct NMC

"You are personally accountable for ensuring that you promote and protect the interests and dignity of patients."

"You must act quickly to protect patients from risk."

"You must work with other members of the team to promote therapeutic ethical practice."

"You must act quickly to protect patients from risk if you have reason to believe that you or a colleague from your own or another profession may be unfit to practice for reasons of conduct, health or competence."



It takes courage, and it takes lots of responsibility. Any member who does whistle-blow needs support. It takes a lot of bravery.

Patient confidentiality. "Where disclosure is essential to protect the patient, client or someone else from the risk of significant harm" (Clause 5.2)

We must act quickly to protect a patient from risk. We must maintain accurate records.

Community and District Nursing Association



## Consent

Breach of human rights  
Trespass  
Assault  
Unlawful detention

Consent must be obtained from the 'patient'

Partners, children, care staff, doctors, those with power of attorney cannot give consent

Community and District Nursing Association



## Responsibility

Practitioner-Client relationship

"All nurses have the responsibility to protect clients from abuse."

If in the course of their professional practice, nurses/midwives suspect or believe that a client is or has been abused, they must report this as soon as is practical to a person of appropriate authority.

## Consent

The elderly who are abused really need us. They feel so alone. They feel desperate, so sad, and hopeless, and helpless, and ashamed. These are remarks from some of the people who are really voiceless, because they need us to shout out and tell other people of their distress.

## Abuse happens in all areas of society

But all professionals, organisations and agencies must learn to work together in harmony, because we need each other. No one organisation can deal with it. We need the skills each organisation can bring.

The majority of abuse can be prevented.

## **About the speaker:**

### **Jennie Potter, Family Abuse Specialist CDNA**

Two years ago, Jennie left the NHS, where she had worked as a nurse for 35 years. She has a wide variety of experience in Primary Care, having worked in the community for 29 years since leaving an orthopaedic ward sister's post, a move she has never regretted. Her last community post was that of Intermediate Care Co-ordinator.

The long time spent working with vulnerable older people, combined with the observed treatment of a parent through a variety of 'care' situations, prompted the move to work with the CDNA to raise awareness into the Abuse of the Elderly, which curtailed her position on the National Executive of the CDNA.

Her time is now spent raising the awareness of nurses to abuse of the elderly. This is combined with union duties and representing community nurses' views at official meetings such as the National Reference Group Skills for Health – Older Adults Competency Framework, and Joint Committee for Nursing, Midwifery and Health Visiting Associations. Jennie is an active member of the Department of Health's Nurse Advisory Older Persons group.

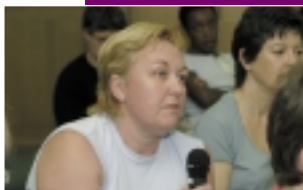
## Behind Closed Doors conference Delegate comments and questions



"I see people who tell me I am emotionally tortured after years of abuse, not just one abuse, but abuse from a range of people over 15-20 years. And what we have is someone with a problem, and no agencies are actually taking this on board. They investigate, but nothing happens after that."



"As a member of the CDNA and also a community nurse, I think we need to think of the emotional scars left with carers. I can remember clearly examples of people being abused that I tried to deal with, but dealt with inadequately. We need to think how we support carers."



"We can't prevent what we don't know."

"Years ago, it would have been left to the social worker, but it's a really important issue that we should all deal with."

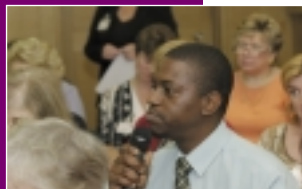


"There are a lot of agencies getting it right. The police are moving from a detective investigation into a protective investigation."

"We were in danger of simplifying abuse as really nasty things when it is often much more complicated. Some abuse arises from things that seem on the surface to be good practice. Sometimes people with the best will in the world can abuse."



"The statistics say most abuse happens in the home. What do we do about how we prevent abuse from happening in people's own homes?"



"Take care home out of businesses. They are told daily, 'It's a business we're running here. No, you can't have this equipment; no, you can't have that.' We need to take care out of business."



"I'd like to know when a register will be available for the whole NHS and not just social services."



"It's a great shame that employment and recruitment agency staff are not registered. They have no regulators."



"This issue for me is training. I feel that we need somebody to train us so that we can train others. I'm looking for my way forward."

## Behind Closed Doors Conference

### Delegate Evaluation

'Extremely good conference. Certainly helps to bring into the open what goes on behind closed doors.'

'It has been a good conference - listening to other speakers' experiences and what the police force is doing in support of elder abuse. I will take what I have learnt back to my Trust and share with my colleagues.'

'As with a lot of training courses/conferences, there is never enough time to ask all the questions/speak to all the people, but a great effort by the CDNA and many thanks for kicking the issue into the spotlight, as others have tried - collaborative efforts work?'

'Would have been useful to have a delegate list and contacts. Would like a copy of speakers' presentations.'

'Reinforces my knowledge. I am not complacent, but we do have multi-agency systems in place, and co-location with ACS colleagues really does work. A need for me to be more proactive in training has been reinforced. Please send me details on how to join the CDNA.'

'Would have preferred more time for questions with some speakers. If people are committed to this conference, they should plan to give enough time to answer questions.'

'Important to have usual support from a member of the Government who is impassioned and practical in support. Gary - very good speaker/presentation.'

'Slightly too long and drawn out presentations, but important contribution and essential collaboration. Specific statistic re older people rather than adult generally. Allowing for short presentation needed to be more focused on elder protection. Unfortunately not enough time for discussion and questions with some key speakers. Always an issue with a one-day conference, but particularly in one with such a short day. Given the numbers wanting to attend, let's have another one in two years to see 'where we are now' even if there would need to be a conference.'

'Excellent and thought-provoking day - thank you.'

'A good conference, lots of important topics covered. Shame some of the speakers overran as it prevented discussion, which I found useful.'

'I am surprised that abuse in the hospitals is only 47%. I sincerely hope that the DoH and policymakers spend some time dealing with this. Hospitals have a very 'organisational' way of deflecting the issue.'

'A relaxed, informative experience. Limited opportunity to network. Invigorating, generated many ideas. Really felt the subject was back near the top of the health and social care agenda.'

'A very informative and interesting day. There was a lot of information to absorb in such a short period of time. It's great to feel there are a lot of avenues and resources when dealing with issues related to elder abuse, whereas previously it was a case of 'what can we do?' Thank you.

'Jennie's comment about reaching the 'not converted' is important. How can we take this message out to those who may not be hearing it otherwise? The distribution list/participants' list from today may be a place to start. PAVA (Practitioner Alliance against abuse of Vulnerable Adults) would be happy to talk to CDNA re the role PAVA has through local groups in supporting practitioners working in adult protection.' [www.pava.org.uk](http://www.pava.org.uk)

'Really useful - the key messages appear to be multi-agency working with a shift towards protection and then detection. However, this requires support from legislative frameworks.'

'Training in adult and elderly abuse needs to be targeted to staff in the varying Trusts - there are so many good initiatives from the CDNA that joint training must be a priority. Thank you again for raising awareness of this subject and bringing it to the attention of so many. May it continue.'

'It was a shame that not all speakers were able to remain for the day, as it would have been helpful to have had a plenary Q&A session with a panel comprised of the speakers. Many thanks to the organisers and speakers for their energy and commitment to this developing area of practice. We all need to maintain the momentum and keep the issue on the agenda to achieve real change for vulnerable adults.'

'I really enjoyed this day and learnt best possible practice. I provide training for community nursing, and this has really raised my knowledge and confidence in being able to deliver this with more in-depth understanding. The first speaker laid excellent ground work and the foundation for the rest of the day. Sorry it was so rushed, but I felt a real advantage in being here today and able to listen to trail blazers.'

# Responding to Elder Abuse Behind Closed Doors CDNA Conference

Contact the CDNA for:

- Copies of speakers' Powerpoint presentations
- Contact details for organisations and speakers highlighted in this conference report
- CDNA membership information
- Research, statistics, and further resources
- Details of future conferences

# CDNA

Head Office: 020 8231 0180

Email: [cdna@tvu.ac.uk](mailto:cdna@tvu.ac.uk)

Website: [www.cdna.tvu.ac.uk](http://www.cdna.tvu.ac.uk)

**CDNA**

Walpole House, 18-22 Bond Street,  
Ealing, London W5 5AA

Title (Mrs/Miss/Ms/Mr/Dr) \_\_\_\_\_

Surname \_\_\_\_\_

First name(s) \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_

Postcode \_\_\_\_\_

Tel no (inc STD code) \_\_\_\_\_

Work no \_\_\_\_\_

Other work contact no \_\_\_\_\_

e-mail: \_\_\_\_\_

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 Chinese  Indian  Irish  Pakistani  White  Other

Name of present employer \_\_\_\_\_

(please tick one)

NHS Trust  General Practice  Nursing Home  Social Services

Other (please specify) \_\_\_\_\_

Place of work \_\_\_\_\_

Present post \_\_\_\_\_

Qualifications \_\_\_\_\_

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I wish to join the Association and agree to be bound by the Constitution and Rules (please tick boxes which apply to you)

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