Prevention of elder abuse in Europe

Towards a framework for the monitoring of elder abuse

Final results of MILCEA

milcea
Monitoring in Long-Term Care
Pilot Project on Elder Abuse

This paper presents the final results of the MILCEA (Monitoring in Long-Term Care – Pilot Project on Elder Abuse) project, which is funded by the European Commission. The declared goal of MILCEA was to contribute to the prevention of elder abuse (EA) in long-term care (LTC). Of course, prevention includes the recognition of elder abuse and of the risk of elder abuse. But the way MILCEA defines it, prevention goes beyond the mere recognition of risk factors and indicators: it also includes concrete actions, taken as part of a monitoring system, to protect the older person. Professionals in the long term care system thus play an important role.

Why does MILCEA focus on long term care? People who are in need of permanent care are dependent on the help of others. The care relationship is usually not reciprocal, and thus those being cared for are very vulnerable. As dependency on care increases, so does the risk of elder abuse. To protect the older person in need of care, we need a special, comprehensive approach.

In the course of this project, the long term care systems in different European countries were systematically analysed for elder abuse, using a mix of scientific methods (focus groups, stakeholder analysis, literature analysis, interviews, etc.).
The main thrust of the MILCEA project is to provide a framework for European countries on how to put in place the structures needed to monitor elder abuse. The framework has been developed for use in all European countries, and has been evaluated by several international experts in the field of elder abuse and / or long-term care.

Many national and international experts have been involved in the project in each of the participating countries. The partners would like to thank all of them for their support and input.

All country-specific results, as well as detailed information about MILCEA, can be found on the MILCEA homepage: www.milcea.eu.

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Part 1: The three phases of the project

The goal of MILCEA was to contribute to the development of a monitoring system for long-term care that identifies and prevents elder abuse. The final result of the project is a framework for European countries to use in developing a system to monitor elder abuse.

Phase 1 Definition issues

Phase 1 of the project involved the definition of essential basic terms by analysing the current state of literature on these topics. The various available definitions of elder abuse were collected together. Using international literature and expert opinion, the different types of elder abuse in long-term care were assessed and ways of measuring them were determined. The result was a list of indicators and risk factors. It was also important at the outset to define the functions and elements of a monitoring system. In order to assist in drawing up a definition of a monitoring system, focus discussions were conducted within national groups of experts.

Phase 2 Evaluation of existing national monitoring structures

Then, using this definition and the list of indicators and risk factors as a yardstick, the project partners analysed the structures for identifying and preventing elder abuse in their respective countries. The key questions were:

- Who are the stakeholders in long-term care?
- Which actors already have legal responsibility for the prevention of elder abuse?
- What kind of responsibility do they have?
- Do they assess indicators and risk factors of elder abuse on a regular basis?
- What actions do they take to protect the potential victim?

The information on the monitoring structures was gathered by means of interviews with the stakeholders and through document analysis, e.g. via the internet. In order to obtain comparable results across the countries, the partners designed a questionnaire that was used in the interviews with the stakeholders.

Altogether, some 80 interviews were conducted. To evaluate the results, "stakeholder analysis" was used. This is a method that is often employed in political science to examine the potential of actors to reach a specific societal goal. In the case of MILCEA, this meant the potential of stakeholders in long term care to be part of a monitoring system. As a first step, each partner country designed a profile of each stakeholder. Secondly, in order to illustrate the results for all actors in a given setting, "stakeholder maps" were prepared by each project partner. On the basis of this mapping exercise, the partners, together with national experts, identified the key stakeholders in the existing structures, as well as the potential of these structures. They also highlighted any lack of structures.

Methods

Phase 3 Elements of a monitoring system for European countries and prerequisites for implementation

Based on the results of the second phase, the partners drew up recommendations on how existing monitoring structures in their countries could be improved. The deficiencies in the monitoring of elder abuse in each country were compared, and the partners identified general conditions as prerequisites for creating a monitoring system in the countries of Europe. At the final conference, these framework conditions were evaluated by experts in the field of long-term care and/or elder abuse. Afterwards, the framework conditions were revised again in light of remarks made at the conference.

Part II: Background

Definition of elder abuse

Although there is as yet no uniform definition, a majority of experts support the World Health Organization (WHO) definition. The salient point of this is that there must be a relationship of trust between the potential perpetrator and the potential victim.

If this is the case, then, according to the WHO,* we define elder abuse as "a single, or repeated act, or lack of appropriate action [...] which causes harm or distress to an older person." A distinction is drawn between physical abuse (e.g. hitting or kicking), psychological abuse (e.g. threats), sexual abuse (e.g. forced sexual contact), financial exploitation (e.g. theft of property) and neglect (e.g. inadequate supply of food and beverages). For the purposes of this project, the definition of elder abuse focused on the field of long-term care. According to the OECD* the essential characteristic of persons receiving long-term care is that they depend on the assistance of others in their activities of daily life (ADL) for a protracted period.

Three care settings have to be taken into account: the informal care setting, the professional home care setting and the institutional care setting.

* World Health Organization (WHO): *A global response to elder abuse and neglect: building primary health care capacity to deal with the problem worldwide. Main report.* WHO: Geneva 2008.

* OECD: *Long-term Care for Older People. The OECD Health Project.* OECD Publishing: Paris 2005.

The basic elements of a monitoring system for elder abuse

To approach the project goal of a recommendation for a system to monitor elder abuse, it was necessary first of all to define such a system. National and international experts are of the opinion that a monitoring system for elder abuse involves the systematic interlinking of the identification of abuse with measures to protect the older person in need of care.

In this context, monitoring means the constant observation and evaluation of the care-giving process, in order to detect either a risk of elder abuse or an actual case of abuse. When abuse has occurred (or is imminent), concrete action must be available that can be initiated to protect the older person. The function of a monitoring system is thus the prevention of elder abuse and the protection of the older person against such abuse. Given the complexity of the care system, any monitoring system will involve many acting parties. Thus, it is necessary to ensure that the individual actions of these parties are systematically coordinated. If they are, then a monitoring system can be deemed to be in place.

All stakeholders have to be involved

The basic elements of a monitoring system

Identifying elder abuse and its severity

The first step in identifying elder abuse is to ensure that actors who are in regular contact with potential victims are aware of indicators and risk factors of elder abuse. Risks for elder abuse must be checked and monitored on a regular basis. To this end, specific screening and assessment instruments are required to facilitate the identification of abuse.

Action to protect the older person

A range of actions should be available, with measures that are appropriate and suitable to protect the older person. Such actions may include raising the suspicion of elder abuse with some other institution that is responsible for questions of abuse.

Evaluation of measures to protect the older person

After any action is taken, the effectiveness of the measure(s) has to be evaluated – i.e. whether protection of the older person is ensured. If not, further action must be undertaken.

Results of the evaluation of existing national monitoring structures – potential for prevention

Few basic structures for prevention already exist

A comparison of the results obtained by the partners in terms of current monitoring structures revealed the following deficiencies across all participating countries:

All care settings have monitoring structures, but in the formal and informal home care setting there are fewer structures than in the institutional care setting.

Legal regulations concerning the monitoring of elder abuse are absent: there are no institutions with a direct legal responsibility to prevent elder abuse.

Responsibilities concerning elder abuse are not clearly defined or communicated.

By and large, nursing and healthcare professionals have only a vague concept of elder abuse, its indicators and risk factors:

- Only in some countries are any specific screening tools for elder abuse employed;
- The general assessment instruments that are used by some stakeholders include only a few indicators and risk factors of elder abuse, and their focus is not on elder abuse;
- In all participating countries, there are quality-control mechanisms in long-term care. These include indicators and risk factors that may point to elder abuse. However, the goal of these systems is not to assess elder abuse, but to assess quality of care.

Part III: Recommendations

Towards a framework for the monitoring of elder abuse in European countries – prerequisites for implementation

The ultimate goal of any system to monitor elder abuse is the protection of older people in need of care. Therefore, elder abuse and the risk of elder abuse must be recognized as soon as possible, and appropriate action to prevent elder abuse must then be taken. In order to achieve this, several prerequisites need to be in place. All these prerequisites need to be high on the policy agenda at the local, regional and national level. Until "elder abuse in long-term care" is acknowledged politically, this social problem will remain a societal taboo. Thus, these conditions must be implemented and supported first and foremost at the political level. Only then is it possible for both organizations in long term care and individuals to be empowered to act in line with a monitoring system.

Acknowledgement at a political level

In what follows, these prerequisites are described within a framework that can be used as a guideline for European countries to establish monitoring structures. The task of European member states will be to tailor the general prerequisites to their national context and to give the whole a concrete shape. To this end, existing structures should be closely involved.

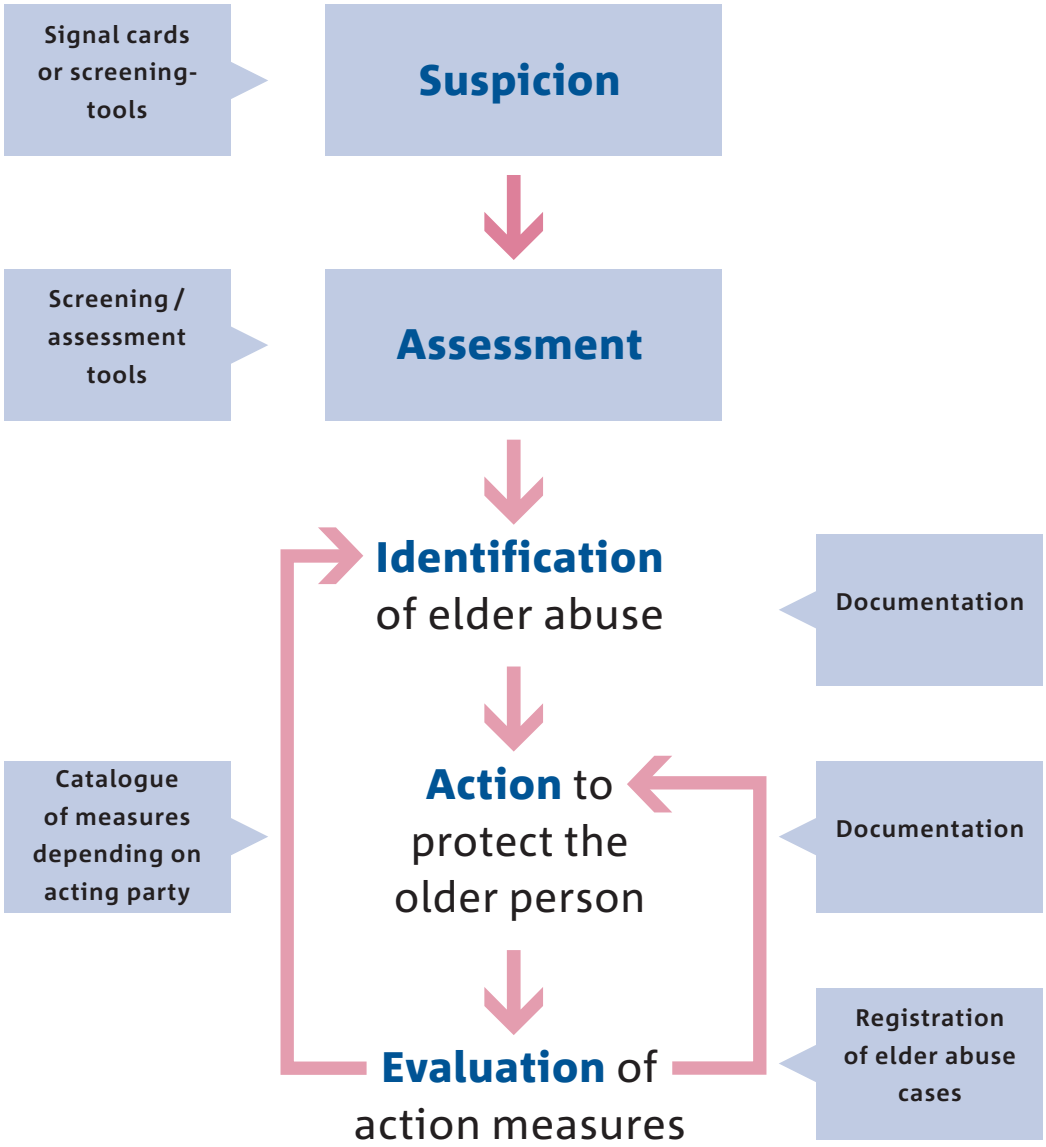
For each element of a monitoring system – awareness, identification, action and evaluation – the framework defines the underlying prerequisites. We assume that awareness is the basic prerequisite for all the other elements in the framework, and that each subsequent element is dependent on the previous one(s). The central focus is on the older person him / herself, thereby taking the European Charter of the rights and responsibilities of older people in need of long-term care and assistance* as a leading model.

* AGE Platform Europe, available at: http://www.age-platform.eu/images/stories/22204_AGE_charte_europeenne_EN_v4.pdf [accessed 24 October 2011].

A comprehensive approach is used for all the elements of the monitoring system, including different strategies that finally lead to the prevention of elder abuse. After a description of the prerequisites of the elements of monitoring, a separate section focuses on recommendations that apply specifically to the informal care setting. This is followed by a section that includes recommendations for the European Commission.

Awareness is the basic prerequisite for prevention

Elements of a monitoring system and prerequisites for its implementation



Awareness

There has to be awareness and knowledge of elder abuse at the level of society at large. There must be a positive view of old age and aging in society.

The discussion of quality of care must include the issue of elder abuse.

Awareness at the general level of society is only possible if several prerequisites are met:

- The topic of elder abuse must be included as part of the training of all healthcare professionals (e.g. nurses, general practitioners, therapists) and social workers, and should even feature in vocational education.
- Further educational programmes on elder abuse (including aging, older people's rights, and stereotypes) have to be developed for nursing professionals and informal caregivers (and even for older people themselves), and existing programmes need to be implemented. Financial support must therefore be available. Finally, organizations in long term care must enable their employees to attend these educational programmes.
- A law needs to be passed, stating that older people – and specifically older people in long term care – should be protected against elder abuse. Connected to the issue of abuse, the quality of life of older care-dependent persons (including people suffering from geronto-psychiatric disorders) must be an explicit goal of long term care and be enshrined in law. Government must take the initiative and support organizations in long term care to create, distribute and implement guidelines on how to deal with elder abuse, and also to raise awareness of the whole subject among the people involved.

The quality of life must be focussed on

» In the long term, nationwide public awareness campaigns dealing with elder abuse must be developed and launched in all the mass media. Some should focus on the empowerment of older people, by educating them in the various forms of elder abuse, the indicators and the risk factors. These campaigns should also provide information on older people's rights and on who they can turn to in the event of elder abuse. Older people themselves should be involved in the development of these campaigns.

Identification

Knowledge of risk factors and indicators is a necessary prerequisite for identification of elder abuse.

In each country, appropriate and validated screening / assessment instruments and / or signal cards should be available and should be incorporated into the monitoring system on a mandatory basis.

A uniform screening / assessment instrument is not considered feasible, because different countries have different characteristics of settings, different organizational levels of long-term care and different systems of long-term care. This needs to be taken into account if the results of elder abuse research are compared for different countries. Nevertheless, there should be a uniform standard for the methodological quality of instruments (covering, for example, validity and reliability).

Screening / assessment tools should help the user to confirm a first suspicion of elder abuse. To confirm it conclusively, more comprehensive instruments need to be used to assess the persons involved and the contextual factors in more detail.

Prerequisites:

›› At the policy level, the validation of screening / assessment instruments and signal cards to assess elder abuse should be encouraged. The use of such instruments and cards should be strongly recommended (or possibly even made obligatory) under regional or national regulations. Steps should be taken to ensure that all professionals in long-term care are trained in how to use a screening / assessment instrument.

- The actual employment of screening / assessment instruments and signal cards in daily practice should be defined by law, and their use should be scientifically evaluated.
- A working group of experts in the field of elder abuse should be created at the European level to oversee the evaluation of instruments and educational programmes, and to make the results transparent. There should be international guidelines concerning the methodological quality of instruments (validity, reliability) and education programmes. Further research is needed into the methodological quality of indicators and risk factors (instruments) – ideally at the international level – in order to ascertain how many and which indicators provide an accurate measure of elder abuse.

The responsibility of professional actors in long-term care for identification of elder abuse must be laid down.

Prerequisites:

- The requirements for professional care workers to identify elder abuse must be defined by law, and on this basis mandatory regulations for care providers must be formulated.

External quality assurance

- Regular care and nursing assessments carried out by providers should contain indicators of all forms of elder abuse. This must be a quality criterion for nursing assessment instruments. Depending on the national structures, this needs to be confirmed by either regional or national regulations.
- There should be regular inspections of care providers by actors who are independent of them. These inspections should include indicators of all forms of elder abuse. This should be enshrined in law. In many European countries, there are inspection bodies that assess quality of care in nursing homes and home care services. Inspection bodies should include elder abuse in their audits (national level).

Risk factors of elder abuse must be monitored and regularly reduced by care providers.

Prerequisites:

Internal quality assurance

- It needs to be set out in law that service providers (nursing homes, day-care centres and home care services) should include the topic of elder abuse in their internal quality-management system.
- During the hiring of care staff, a thorough check of qualifications should be carried out: Dutch-style "conduct certificates"* for professional care staff might be made mandatory; paid care staff would have to be screened and be in possession of these mandatory conduct certificates.
- Nursing providers should be bound to designate a person of trust for staff – someone to provide confidential support for staff members on all issues of elder abuse. In addition, there should be a person of trust (e.g. a residents' advocate) available to the residents and the service provider's clients, as potential victims. These persons of trust should be trained and should receive adequate protection (e.g. under employment law).
- Guidelines on how to act if there is a risk of elder abuse should be introduced by the care providers.

* Dutch Action Plan – Seniors in Good Hands, Ministry of Health, Welfare and Sports.

Action

In the event that elder abuse is suspected, the responsibility of all actors – in terms of assessment – should be clearly defined. In addition, it should be clear which actions should be performed by the various actors, and this should include defined responsibilities.

Integration of existing structures

Therefore, already existing structures and / or stakeholders should be involved. Once all responsibilities for taking action are defined, it is assumed that elder abuse (or the risk factors of elder abuse) will be approached in a comprehensive and multidisciplinary way.

Prerequisites:

- First and foremost, it needs to be clarified at the national level which actor is responsible for specific actions at each level. Who are the key stakeholders and what are their duties in terms of acting to protect the older person?
- This task might be undertaken by a working group of advocates of the interest groups and associations of key stakeholders (multidisciplinary team) and other relevant social groups with a stake in the geriatric long-term care system. Moreover, interest groups of older people themselves should be included in the process. The working group should develop a set of national guidelines that define the responsibilities for taking specific actions.
- Stakeholders should be bound to implement the national guidelines. These guidelines define overall structures, such as which actor is responsible for reducing the risk of elder abuse, for further assessment and for the implementation of adequate steps to prevent elder abuse in the setting in question.

- All organizations that are stakeholders in this field should develop an explicit policy on preventing elder abuse. They should incorporate the national guidelines into internal guidelines that include an internal follow-up procedure in case of elder abuse, with defined responsibilities within the organization. The various institutional stakeholders should have a clearly documented description of the responsibility for preventing elder abuse (in the sense of taking action).
- One of the stakeholders should be nominated by the working group as "lead agency" for elder abuse. This agency should be locally based. The nomination of lead agency should be clarified in the national guidelines. The context will vary from country to country, so different solutions for a lead agency for elder abuse might be considered, such as the integrative "one-stop shop solution" or the "compartmentalized solution":

Binding responsibilitis

- **The integrative "one-stop shop solution"** integrates the functions of providing advice and of following up cases. On the one hand, the agency acts as a consultant for victims, witnesses and caregivers (e.g. provides an elder abuse hotline). This means that the staff must be well trained in the topic of elder abuse and must be able to provide clients with psychological assistance and referrals to other supporting institutions (if necessary). On the other hand, the agency would, if there is evidence or any suspicion of elder abuse, follow up cases and take steps to protect the older person. This agency would need special rights to intervene in the case of elder abuse, and would have to work closely with the police and the judicial system.

›› **The "compartmentalized solution"** might be a possibility, depending on the existing stakeholders in a country. This solution separates the responsibility for providing consultancy and assistance (e.g. a hotline) from the job of following up cases. If there is a suspicion of elder abuse, the advisory service would refer the matter to another agency, which would be responsible for following up cases and making sure that the older person is protected.

Evaluation

Confirmed elder abuse cases should be registered at the local / regional level (with the data later aggregated at the national level).

Using data for prevention

The aims are to a) scope the problem of elder abuse; b) introduce appropriate measures for prevention and to provide solutions for actual cases of elder abuse; and c) evaluate the action(s) taken.

Prerequisites

- There needs to be a central register of cases of elder abuse to provide aggregated data. Such a system should be developed and implemented at the national level (and also be supported and facilitated at that level). The establishment of such a central registration system needs political will. It is therefore necessary to determine what kind of data should be collected, when and how. Existing structures in the countries should be used. There should be public access to the data and regular reports should be published.
- Service providers should be bound to document and evaluate all measures that have been taken to protect a potential victim. This also means that further measures need to be implemented, if protection of the victim is still not assured. Also, cases where there is an uncorroborated suspicion of abuse should be documented.
- There should be a legal footing for issuing regular public reports at the national level.

Specific recommendations for the informal care setting

A new sense of responsibility

Our framework refers mainly to the formal care settings, because informal care mostly takes place behind closed doors, and almost no formal actors have access to the private care environment. In our opinion, the only possibility of guaranteeing monitoring in the informal care setting is to use existing linkages to the formal system. The following are our recommendations:

Raising awareness in society at large (as described above under "Awareness") will encourage people in the informal care setting (and older persons themselves) to voice any suspicions they may have of elder abuse or to identify elder abuse.

General practitioners and other community healthcare and social work professionals are among the few actors who frequently have regular contact with older people in an informal care setting. This means that it is especially important to raise awareness of elder abuse among general practitioners and social workers, and to provide them with screening tools. European member states must create incentives for general practitioners to include an elder abuse check in the case histories of older patients, and for them to take appropriate steps.

A further linkage to the formal system would be the consultancy service for older people, their caregivers and witnesses on the topic of elder abuse. Publicity campaigns should highlight these services.

Depending on the specific context of a country, there may be other actors who have regular contact with older people in the informal care setting. Government should support research to identify such actors and to find solutions that will put these actors in the position of being able to spot elder abuse and to implement appropriate measures.

Recommendations for the European Commission

The European Commission should urge implementation of the framework by the Member States by emphasizing that elder abuse is a violation of human rights.

Stimulate further research into effective policies on elder abuse

The European Commission should stimulate research into elder abuse indicators and risk factors (in all care settings), instruments and standards of data gathering for Member States. In addition, research into effective policies on elder abuse prevention should be supported.

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