



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

## HSE Protocol for the transfer of Elder Abuse Cases Between Local Health Offices

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Signed:  Asst. National Director, Older Persons Services.

Date: 17<sup>th</sup> January 2012

Signed:  Chairperson, National Elder Abuse Steering Committee

Date: 17<sup>th</sup> January 2012

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## **1.0 Policy Statement:**

The HSE is the key statutory agency empowered to carry out the assessment and management of suspected elder abuse. It does so through the PCCC structure by appointed Senior Case Workers for the Protection of Older People/nominated others at each Local Health Area (LHA) or Integrated Service Area (ISA). When a client moves outside a particular ISA the HSE will ensure a smooth transition of open cases.

## **2.0 Purpose:**

The purpose of this protocol is to provide a standardised method for the transfer of open elder abuse cases between LHA/ISA's, when clients move permanently outside the LHA/ISA's. Its aim is to standardise practice and service delivery, to promote best practice and to ensure effective communication and collaboration between staff within the HSE.

## **3.0 Scope:**

This protocol applies to all HSE Senior Case Workers / nominated other.

A case must be allocated according to the client's permanent address. If a person becomes resident in a nursing home or moves to another address outside of their existing LHA/ISA, the new address becomes their permanent address. This will activate a transfer of the case to the new LHA/ISA.

This protocol does not apply to respite care or acute hospital admission.

## **4.0 Glossary of terms and Definitions:**

### **Elder Abuse**

*"A single or repeated act or lack of appropriate action occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person or violates their human and civil rights"*

(Protecting Our Future,  
The report of the Working Group on Elder Abuse 2002)

### **Case transfer:**

For the purposes of this Protocol a case transfer relates to the transfer of a client from a SCW/nominated other in one HA/ ISA to a SCW/nominated other in another LHA/ISA in the case of the client moving permanently outside of the original LHA/ISA.

## **Underlying Principles:**

This protocol promotes the following principles in protecting older persons from abuse and in the assessment and response to alleged or suspected abuse.

- Act in the way that supports the rights of the individual to lead an independent life based on self determination.
- Recognise people who are unable to make their own decisions and/or to protect themselves, their assets and their bodily integrity, and ensure adequate protection for them.
- Recognise that the right to self determination can involve risk and ensure that such risk is recognised and understood by all concerned and is minimised whenever possible.
- Although intervention may, in some cases, compromise the individual older person's right to independence and choice, the principle of 'least restrictive alternative' should apply at all times.
- Ensure that the law and statutory requirements are known and used appropriately so that older people receive the protection of the law and access to judicial process.

('Protecting Our Future', Report of the Working Group on Elder Abuse 2002)

('Responding to allegations of Elder Abuse', HSE 2008)

In addition

- The processes should minimise distress to the older person by maximising co-operation between local health offices/ integrated services areas.

## **LEGISLATION AND OTHER RELATED POLICIES**

The protocol is underpinned by the following policies/legislation/documents

- Responding to Allegations of Elder Abuse, HSE 2008.
- Freedom of Information Act, 1997.
- The Data Protection Act 1988, 2003.
- Protected Disclosures of Information, Section 103 Health Act 2007.

### **5.0 Roles and Responsibilities:**

The Specialist for Elderly Services and Dedicated Officers in each HSE Area are responsible for the implementation of these guidelines within their area of responsibility.

Each SCW / nominated other is required to make themselves familiar with the content of this protocol and is responsible for their implementation within their area.

The National Steering Committee for elder abuse is responsible for the ongoing review of this protocol

The Dedicated Officers will be responsible for updating the elder abuse referrals database for each case transfer.

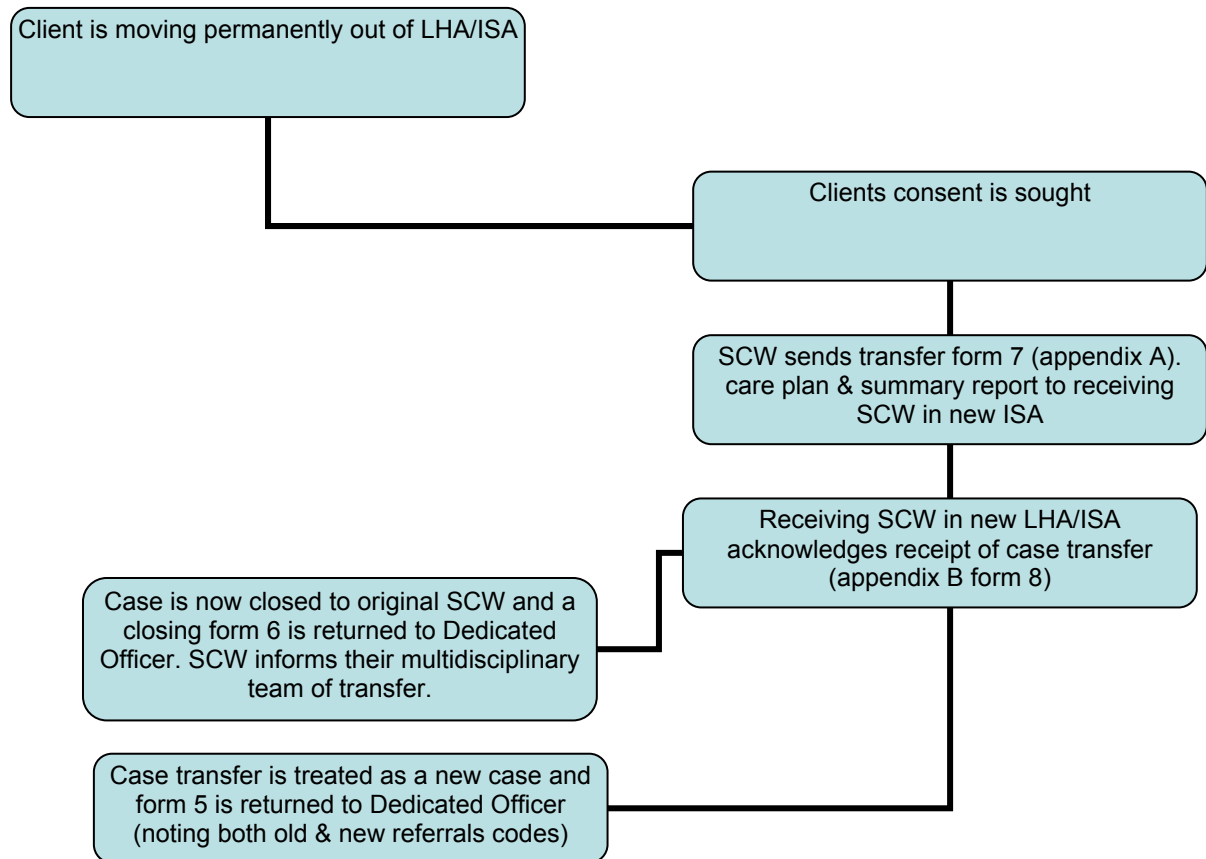
## **6.0 Procedure:**

The transfer of a open case of suspected elder abuse, by the SCW / nominated other shall be by way of a 'Transfer Form to Senior Case Worker'. (Appendix A)

The procedure for notification shall be as follows

1. Consent must be sought from the client for the case transfer and their wishes respected. In exceptional cases a transfer may be made without the client's consent, if it is in their best interest. In this regard every effort should be made to carry out the known wishes of the client or if not known to ascertain what the wishes were likely to have been. If appropriate, the views of any person who has an interest in the client and who is acting in the best interest of the client might be ascertained.
2. The SCW / nominated other completes a transfer form 7 and sends to the SCW / nominated other in the ISA to which the client now resides (has moved to).
3. A copy of the existing care plan and a summary report on the case to date should accompany the transfer form.
4. Receipt of the case transfer form is acknowledged by the receiving SCW / nominated other by returning the 'receipt of case transfer form 8' Appendix B
5. The referring SCW / nominated other should inform other members of their own multidisciplinary team involved in the case (eg GP, PHN) of the transfer.

## FLOW CHART SHOWING NOTIFICATION PROCEDURE



### 7.0 Review:

This protocol will be reviewed in January 2013 by the Elder Abuse Policies Procedures Protocols Guidelines Working Group and any changes deemed necessary will be recommended to the National Steering Committee on Elder Abuse for approval.

Dedicated officers will conduct an audit on the number of cases transferred between LHA/ISA's in the first year.

### 8.0 Implementation Plan:

This protocol will be implemented through the National Steering Committee on Elder Abuse / HSE PCCC structure.

### 9.0 References:

- *Protecting Our Future*, Report of the Working Group on Elder Abuse (2002)
- *Responding to Allegations of Elder Abuse*, Health Service Executive (2008)

### 10.0 Appendices:

Appendix A  
Appendix B

Form 7 Transfer form to Senior Case Worker  
Form 8 Acknowledgement of Receipt of case transfer form



**Form 7**

**Transfer form to Senior Case Worker (for Protection of Older People)**

Original Local Health Office/Integrated Service Area: \_\_\_\_\_  
Original referral code: \_\_\_\_\_

Transferring to \_\_\_\_\_ (new LHA/ISA name)

**DETAILS OF Client :**

Name: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_\_\_

Phone: \_\_\_\_\_

Old Address: \_\_\_\_\_

Moving to (new address): \_\_\_\_\_

New phone number: \_\_\_\_\_

**DETAILS OF CONCERN: (tick a box)**

- |                                 |                          |  |                          |
|---------------------------------|--------------------------|--|--------------------------|
| Psychological / Emotional abuse | <input type="checkbox"/> | Financial / material                                 | <input type="checkbox"/> |
| Physical                        | <input type="checkbox"/> | Sexual   | <input type="checkbox"/> |
| Neglect /acts of omission       | <input type="checkbox"/> | Self Neglect   | <input type="checkbox"/> |
| Discriminatory                  | <input type="checkbox"/> | Other <input type="checkbox"/> <i>please specify</i> |                          |

**A copy of the care plan and a summary report should accompany this transfer form**

Has older person consented to this transfer? Yes  No

If no, reason: \_\_\_\_\_

Name & Address of other Professionals involved:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DETAILS OF SCW / nominated other TRANSFERRING CASE:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_



**Form 8**  
**Acknowledgement of receipt of case transfer form**  
*To be completed by receiving SCW and returned to referring SCW*

Original Local Health Area/ Integrated Service Area: \_\_\_\_\_

Transferred to \_\_\_\_\_ (new LHA/ ISA name)

**DETAILS OF Client :**

Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Old referral Code: \_\_\_\_\_

New referral Code: \_\_\_\_\_

**DETAILS OF SCW / nominated other TRANSFERRING CASE:**

Name: \_\_\_\_\_

LHA/ISA : \_\_\_\_\_

**DETAILS OF SCW / nominated other receiving the case CASE:**

Name: \_\_\_\_\_

LHA/ISA : \_\_\_\_\_

I confirm receipt of transfer form for the above mentioned client.

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_