

Private Members' Business

Older People: Abuse

Mr Speaker: The Business Committee has agreed to allow up to one hour and 30 minutes for the debate. The proposer of the motion will have 10 minutes to propose and 10 minutes to wind. All other Members who wish to speak will have five minutes.

Ms Maeve McLaughlin: I beg to move

This Assembly notes with concern the worrying increase in the number of allegations of abuse against older people in care homes, from 1,715 in 2011-12 to 3,023 in 2013-14; and calls on the Minister of Health, Social Services and Public Safety, in conjunction with Executive colleagues, to introduce legislation to define clearly abuse and protect and safeguard our older population.

Go raibh maith agat, a Cheann Comhairle. I welcome the opportunity to bring the motion to the Floor of the Assembly today. It is an extremely important issue for all of our communities and society in general. Put frankly, the abuse of elderly and vulnerable people should be a concern for everyone in our society, no less us as legislators. How we treat, respect and protect elderly residents is a reflection on all our communities and on society. Therefore, that protection should be a priority for all of us. It is nothing short of shocking that allegations of abuse against older people have increased from 1,715 in 2011 to 3,023 in 2013-14

6.45 pm

The motion simply calls on the Minister of Health to introduce legislation to do two things: to clearly define abuse and to put in place the necessary legislative protections for our elderly population. In 2013-14, the adult safeguarding report suggested that some trusts still appeared to be under-reporting allegations of abuse. For example, in the Western Health and Social Care Trust, the accounts for allegations of abuse was for only 8% of referrals, but that actually makes up 16% of the population. It is for that very reason that legislation needs to be in place to define abuse. Abuse and, indeed, harm do not only take place in care homes and can take many forms: physical, sexual, emotional or even financial.

The findings of the recent review of the Cherry Tree House Nursing and Residential Home are deeply concerning to us all. The Commissioner for Older People pointed out how:

"Over 8 years Cherry Tree House continually failed to fully comply with regulations, and did not meet even the expected minimum standards of care required. ... The staff and relatives who raised concerns about care at Cherry Tree House felt bullied and victimized, ignored and disregarded with their concerns not properly addressed".

She went on:

"This is a disgraceful account of a poisonous combination of poor management, bullying behaviour, abuse, neglect and generally substandard care by a care home, compounded by a regulator (the RQIA)

which did not adequately ensure that improvements were made, and Health and Social Care Trusts which continued to place vulnerable older people in a care home that over many years did not even meet the minimum standards required."

Those words are a damning indictment of our society and cannot or should not be ignored.

Older people deserve to have confidence that, if they experience abuse or are at risk of it, the law can adequately protect them and punish those who inflict that abuse. As it stands, there is no single piece of legislation in the North of Ireland that protects older people from abuse. That means that people who may be vulnerable or at risk of abuse are not afforded the legal protection afforded to people in England, Scotland or Wales, all of which have dedicated laws in place to protect all older people from abuse. Professor John Williams, an expert in adult safeguarding, recently attended an evidence session with the Health Committee. He indicated that such laws must achieve a careful balance between the older person's right to be safe and their right to make their own decisions.

The BBC's 'Panorama' programme, 'Behind Closed Doors: Elderly Care Exposed', shocked us all but also highlighted the need for whistle-blowers to be protected, so that they can have the confidence to report abuse and neglect. On too many occasions, the whistle-blowers, who are aiming to expose flaws and protect our vulnerable, are expected to jump through hoops, often with very individual personal circumstances. It is important, therefore, to reflect on the definition of harm and the absence of legislation around goods, facilities and services linked to the Equality Act 2010.

The current consultation on adult safeguarding is welcome, but policy and guidance will not provide adequate safeguards and protections against the misuse or abuse of statutory powers. Professor Williams suggested that other models, where legislation is in place, be examined. He stated that England can be considered as having a minimalist approach, Scotland a maximalist approach and Wales as somewhere in between. The Scottish legislation provides significant powers of intervention. However, the lesson from Scotland is that the legislation led not to the use of those powers but to more preventative work.

It is important that, as legislators, we tackle head-on the 3,023 allegations of abuse in 2013-14 and provide safeguards and protections in a legislative framework for all of our elderly community.

Mrs Cameron: I welcome the opportunity to speak on this important matter today. The abuse of older people is to be reviled and treated as the most abhorrent of crimes. I would like to take the opportunity to thank the Commissioner for Older People, Ms Claire Keatinge, and Professor John Williams for their presentations to the Health Committee and the vital insights that they provided on the matter.

Abuse of older people can take many forms, including physical, sexual, psychological or emotional, financial and institutional neglect or exploitation. Indeed, more often than not, when one form is identified, it exposes a catalogue of mistreatment. Tackling the abuse of older people is not just a matter that concerns a small sector of our society; it is a responsibility incumbent on each and every one of us.

Unfortunately, the abuse of older people is significantly under-reported, and I believe that the figures could be the tip of the iceberg. As with all forms of domestic abuse, all too often the abuser is a family

member, so-called friend or carer. The adult safeguarding policy consultation that was launched in November 2014 forms the starting point from which the Department of Health will gauge how it moves forward with protecting our older people. The policy is based on the principle that we should do all that we can to prevent the abuse, exploitation or neglect of older people. It also highlights the fact that safeguarding is the business of everyone and calls on a wide range of service providers, such as voluntary and community groups, financial institutions, the legal profession, churches and care providers to recognise the signs of abuse and report it immediately.

The central focus of the policy is on a zero-tolerance, multi-agency approach that aims to identify those at risk of harm or needing protection. Whilst legislation of varying degrees is in place in England, Scotland and Wales, Northern Ireland remains the only part of the UK without specific measures to protect older people. Interestingly, with the Scottish model of adult safeguarding, which has the highest level of statutory provision, the threat of intervention has led to a great deal of preventative work, resulting in a significant drop in abuse levels. I hope that, if we are able to draw on other UK legislatures and tailor their procedures to suit Northern Ireland, coupled with policy findings, we can provide a system that will protect our older people from harm or injury. However, it is vital that any proposed legislation comes with a sea change in our attitude to how we see and treat our older generation.

In evidence to the Committee, Professor Williams described our society as institutionally ageist, which, sadly, when we look at how older people are treated, at times, in institutional and domiciliary care, is all too evident. In my constituency, I recently dealt with the case of a gentleman who, in the early stages of dementia, was admitted to a nursing home following his wife's death. As he had never displayed any violent or disruptive tendencies, his family was disturbed to find him incoherent due to a high dosage of lorazepam, which had been given to him for, allegedly, exhibiting such behaviour. Despite the family's request not to give him any further medication, the gentleman was subsequently admitted in an unresponsive condition to hospital. There, sadly, he passed away, having, essentially, overdosed on extremely high levels of drugs. I fear that that is not the only episode of residential abuse of its kind, with other such incidents, including malnourishment and dehydration, coming to the fore.

In conjunction with any changes to legislation, we must strive to ensure that our carers become a much more professional workforce. We also need to embark on an awareness campaign. We are all familiar with the campaigns on child abuse and domestic violence. Those are extremely important in raising public awareness, but it should be borne in mind that the abuse of older people is no less pertinent. The violation of a person's dignity and self-respect in whatever form must be viewed as abuse, and any awareness campaign should be welcomed and considered.

We must do more to protect our older people. Whilst a great many are on the radar of social services for various reasons, I suspect that a great many more are falling between the cracks and remain subject to examples of the abuse that I have outlined. We must do all that we can to protect those vulnerable people, and I feel that, whilst legislation is important, awareness and change in attitudes is key to removing that blight from our society.

Mr McKinney: I welcome the opportunity to participate in today's debate about abuse in care home settings, which is a topic that is very important to all of us. Without doubt, every person has the right to safety, free from abuse and neglect, and everyone is entitled to receive care delivered by well-trained,

properly managed, committed and compassionate staff. We must be determined to make that reality. I therefore commend the rationale that underpins the motion and the fact that it focuses on abuse, but we need to be aware that abuse comes in many forms and is perpetrated by individuals and organisations that might like to forget that or even have us forget about it.

The SDLP supports the motion, but it also recognises that it is distinctly limited, given that it only concentrates on abuse of the elderly in care homes. Of course, institutional abuse involves not just the elderly but those with other care needs, such as people with learning disabilities, and it is our contention that any proposed legislation that calls for a definition, as the motion does, would ultimately lead to embracing those two at least.

Mr Poots: Will the Member give way?

Mr McKinney: Yes.

Mr Poots: I thank the Member for mentioning that abuse takes place not just in care homes but outside them as well. Does the Member support tougher sentencing for people who perpetrate crimes against the elderly?

Mr Speaker: The Member has an extra minute.

Mr McKinney: Absolutely. Ultimately, that will become an issue for the judicial service, post a definition of abuse. We have seen footage taken, not just here but elsewhere, of the types of abuse, and anybody who perpetrates that type of abuse should be subjected to a zero-tolerance approach. I welcome the intervention.

We must question whether existing legislation, such as that on autism, is delivering to the extent to which it should and whether the outcomes of reports such as Bamford, which made important recommendations, have been delivered. Remember that we are still waiting on the goods, facilities and services legislation that will address inequalities, not just for elderly people but for the younger population. Finally, we must ask whether the system has the potential to abuse, not just in care settings but in the home, and whether the financial pressure that leads to pressure on staff, 15-minute domiciliary care packages and people receiving meals but no contact has the potential to create neglect and whether that is ultimately abuse. I refer to the Age NI report, 'Would You Eat Sandwiches for Your Tea Every Night?', which highlighted the need to focus on the needs of the person and not the finance, and I welcomed the comment, which reflected that in its entirety, in Sir Liam Donaldson's report, which was published today.

Our older population is living longer, has more active lives and is engaging in and contributing significantly to society as a whole. For example, the recent report, 'Appreciating Age', identifies that our older population will contribute something in the order of £25 billion to the Northern Ireland economy in the next 50 years. It is in part due to Northern Ireland having an increasing age population. NISRA has projected that, by 2062, there will be an additional 318,000 people over 60 compared with today, but, with a shift in our demographics, we must look at the wider picture. In reality, that increase means that we will be more heavily reliant on nursing homes and residential care homes and the provision, as I articulated, of care in our communities. If Transforming Your Care and its ambition were to be realised, that would

increase care in the community and in homes, with home being the hub.

It is important to acknowledge the work that our Commissioner for Older People, Claire Keatinge, has undertaken in promoting the needs of our older generation, in raising much-needed awareness and, importantly, in advocating a change to our legal framework to protect older people. In that regard, the events that took place at Cherry Tree House and Ralph's Close are damning indictments of our current approach to protecting the vulnerable and marginalised groups in our society. It is evident that our current approach is not fit for purpose. As I highlighted, it is the same as was experienced in Winterbourne View in Bristol and in unit 3 of the bungalow in the Republic: different jurisdictions with different safeguarding mechanisms but the same abuse.

7.00 pm

The current legal framework here is obviously disjointed and convoluted. It consists of a range of statutes, policies and guidance. We have seen at first hand that, when these rules are slack and we lose sight of the person, when monitoring and care standards are relaxed, the presence of abuse is witnessed. The adult safeguarding Bill is an attempt to bridge the gaps in our current approach by providing a more robust framework in reporting and responding to allegations of abuse and promoting greater collaborative partnerships between the various statutory bodies, voluntary organisations and the independent sector.

As I said, we must see this as an ambition, if you like, not gesture legislation. It should be seen as a platform in the ongoing journey of providing key mechanisms and safeguarding individuals from abuse and neglect. It must also act as the impetus to raising much-needed awareness. We must begin to value older people truly and to invest in their lives and care.

Mr Speaker: The Member's time is almost up.

Mr McKinney: Older people should not be seen as a cost that society needs to bear. They are an integral part of our lives and community. We should value them.

Mr McGimpsey: I thank the proposers for tabling the motion, which, of course, in common with others, I support. It is important to reflect on the fact that we are talking about older people in care homes and institutional settings. Allegations of abuse have risen quite dramatically over the past three years, and that is a disgrace. We are in a position to do something about it. Guidance has been in place since 2010. The Commissioner for Older People is now saying that it is time for legislation, which I also support. It is important to bring forward that legislation.

In an institutional setting, whether a care home or a nursing home, we have the capacity to deal with the issue, not least because staff there can be registered, trained and properly inspected. It is probably easier to oversee that setting and ensure that the vulnerable elderly population in it are properly protected. In investigations of abuse, around 50% of cases are in care home settings.

Most of our elderly population are not in care homes but in their own homes. Indeed, the whole thrust of health provision is to keep individuals in their own homes for as long as possible. It is much more difficult to provide protection for vulnerable adults and frail elderly people in that type of setting. Very often, the

abuse comes from family members in the form of physical, financial and emotional abuse and neglect. It is most difficult to provide protection. That is where we need legislation, penalties, as Mr Poots said, and proper investigations to ensure that we provide the best protections we can.

The elderly population is growing: the demographics are quite clear. Most older people will be supported in their own homes for most of the last third of their lives, and our responsibility lies there. I am concerned that domiciliary care packages will be cut back, because it is about more than the simple physical provision of various personal services. It is also about staff going into people's homes and having time to spend with the individuals to talk to them and to ensure that they are in good heart and are not being subjected to any form of abuse as far as they can possibly determine. I have always seen that type of inspection by our domiciliary care providers as a key part of the protections for our elderly population. One visit a day is certainly inadequate. Domiciliary care packages have been squeezed over the past number of months and longer, but they provide much more than simple physical support for our elderly: they are also a means of protection.

I have no problem in supporting this. I look forward to hearing what the Minister has to say and what the thinking of the Department is now. It was very much in favour of guidance when I was in his shoes. I assume that he will come forward with ideas for legislation, but legislation on its own will not do it. Legislation has to be backed up. We need to hear what sort of support the Department is proposing to put in place to deal with the situation. The evidence suggests that abuse has virtually doubled — and that is in the institutional setting, so we can imagine that in the private home setting the problem is probably much greater. I therefore look forward to hearing what the Minister has to say.

Mr McCarthy: I thank the Chair of the Committee, Maeve McLaughlin, and, indeed, Assembly colleagues for bringing this very important issue to the Floor of the House. Hopefully, the outcome of the debate will be better safeguards for all our elderly constituents. All cases of abuse should be stopped, and, as has already been said, the culprits severely dealt with.

The Health Committee, of which I am a long-standing member, has tackled the issue on a number of occasions. The figures in the motion are horrific and disgusting. There can be no excuse whatsoever; whether abuse takes place in a family setting, in a care home or anywhere else, it must never be tolerated. As recently as our meeting on 15 October of last year, the Committee heard from health officials on the adult safeguarding policy and the need to consult, starting in November and completing by March of next year. At that stage, a decision will be made on whether to progress an adult safeguarding Bill.

At that same meeting, we heard from Claire Keatinge, the Commissioner for Older People for Northern Ireland, who explicitly indicated that there were clear gaps in the current legislation, meaning that, in some areas, older people are not protected from abuse. That anomaly has to be put right. We would be failing in our duty if we did not use all the power available to us to ensure that every older person is protected.

Claire Keatinge called at our meeting for a new, single adult safeguarding Bill and offered suggestions as to what might be included, such as a power to remove the person at risk and the power to ban a suspected abuser from the home of an elderly person. Claire reminded us that most abuse of older

people takes place in their own home and is carried out by family members, friends and neighbours, people with whom the older person has had — so they think — a good relationship and whom they trust. That situation is really hard to understand and probably hard to detect, as it can all go on behind closed doors. The commissioner in her submission to the Health Committee also asked for what is reiterated in our motion today: a clear and defined legislative position on which to develop further good practice.

Another very important aspect of our debate today is the need to protect from civil liability anybody who reports suspected abuse. The same must also apply to whistle-blowers, who do not feel sufficiently protected and who are therefore not encouraged to report their concerns to their superiors, who are in a position to stop any abuse and to take the necessary action against those personnel perpetrating abuse against an elder person.

I congratulate Claire Keatinge on her work to date on behalf of our elder citizens.

She and her office have published documents and offered solutions to assist our older population that undoubtedly will give confidence to all concerned. For her efforts, we are eternally grateful. Some time ago, it was asked that a commissioner be appointed. Thankfully, Claire Keatinge was appointed as the commissioner, despite a lengthy delay by the Executive. She has proved her worth. It is incumbent on all of us in the Assembly to continue to support her in her endeavours and to work with her to ensure that our elderly folk enjoy the dignity and rights to which they are entitled and to ensure that all abuse will be a thing of the past. Only this week, Claire spoke out loud and clear at the shocking proposal to have community meals delivered only once a fortnight. Let us hope that the providers of that service hear what Claire and, indeed, others have said and reconsider their proposals.

In conclusion, I put on record my sincere thanks to and appreciation for all carers for the work that they do to help our elderly citizens. That includes the volunteers and community care workers who are out in all weathers —

Mr Speaker: Will the Member bring his remarks to a close?

Mr McCarthy: — caring for our elderly people. On behalf of the Alliance Party, I support the motion.

Mr Givan: I thank Ms McLaughlin and her colleagues for tabling the motion.

Older people deserve our support. Many of us will have older relatives and friends, and we know the vulnerabilities that exist with them. Only this weekend past, I was able to celebrate with my wife's side of the family her grandmother's ninety-third birthday. She is still able to live at home with the support that is provided for her there. She is living a good life and is enjoying life. The protection of people like her should be paramount in all our minds when we conduct ourselves in the House and consider what we can do to support them.

Undoubtedly, there was universal revulsion and indignation at the scenes of abuse that we witnessed in the behind-closed-doors exposés on our TV screens. I know the thoughts that went through my mind about what could happen if you had been able to get hold of the individuals who were carrying out that abuse on people who were so vulnerable and unable to help themselves. When we read the findings of

the Cherry Tree House review, we see the litany of failures. Clearly, something is wrong, and, clearly, changes need to happen. What changes need to happen? I think that is the important question that we need to consider. Is new legislation needed? That is something that, certainly, I would be open to considering. Do we need to drill down and say, "How come we've had some of these failings already?"? I read what Claire Keatinge said about the RQIA in her findings in the Cherry Tree House review. She said that it was a:

"disgraceful account of a poisonous combination of poor management, bullying behaviour, abuse, neglect and generally substandard care by a care home, compounded by a regulator (the RQIA) which did not adequately ensure that improvements were made, and Health and Social Care Trusts which continued to place vulnerable older people in a care home that over many years did not even meet the minimum standards required."

Would new legislation have resulted in the RQIA doing its job the way it should have? Would new legislation have resulted in the health trust not placing people into this care home? I do not know. I suppose it goes to Mr McGimpsey's point, which was that legislation, in and of itself, will not deal with this. It needs to be backed up. There needs to be the proper enforcement and proper implementation of the regulations. Unfortunately, the commissioner found that the RQIA was not doing that when it came to Cherry Tree. The commissioner found that the health trusts were not doing it. I doubt that new legislation would effect change in them. In considering whether there needs to be new legislation, we need to think about what will be there to back it up. What impact would it have, and how would it change what happens now? What would the legislation bring into effect?

7.15 pm

The motion, as Mr McKinney pointed out, relates exclusively to care homes. We know that abuse of older people is much broader than just in our care homes. Of course, when individuals are placed in institutions by the state, there is a particular responsibility on the state to take action. The proposer of the motion said that the abusers needed to be punished. That is an important point and raises the issue of sentencing. When people are brought before the courts, there must be proper sentencing by the judiciary for attacks on and abuse of our elderly.

How we treat the most vulnerable in our community defines the society that we live in. Our older people deserve to be treated with dignity and treasured in our society. For the years of service that they have given to our community, it is only right that, in their twilight years, they are afforded the best support and protection that we can provide. If new legislation is needed for that, I will certainly support it. If that can be more effectively done within the existing framework, I will want the Health Minister to challenge those authorities to make sure that they are doing that, and I have no doubt that he will do that.

Mr Brady: Go raibh maith agat, a Cheann Comhairle. I, too, support the motion. In many ways, it is sad that in 2015 we have to deal with a subject such as elder abuse.

Part of the difficulty is that people have become a commodity. In my constituency, going back 25 or 30 years, there were a number of statutory residentials. Those have been supplanted by private residentials. At this point, I will take a moment to say that the vast majority of residential accommodation is excellent,

with staff who are caring in how they look after the people in their care. We all owe a duty of care to older people, who have contributed so much to society. Like Kieran McCarthy, I commend carers, who save the health service here billions of pounds a year yet often go unrecognised and unrewarded for the work that they do. Those people are to be commended.

Part of the difficulty — Fearghal McKinney alluded to it — is that it is not in just residential care that abuse happens. People live in social isolation, which is a form of abuse in many ways. Those people are possibly suffering from depression and other ailments, physical and mental, yet are left very much to their own devices. They are the people who most need our help.

I read an article a couple of years ago about an elder abuse helpline. Approximately 5% of the population here were in residential care, and 23% of calls to that helpline came from residentials. Older people in that situation are often afraid because they have nowhere else to go. In many cases, they are paid for out of the public purse, because they have no other means. Owing to the reduction in domiciliary care, which was also referred to, people are often put in a position in which they have no choice but to go into residential care.

Paul Givan mentioned his wife's granny, who is 93 years old. I can trump that, because my mother will be 106 in approximately six weeks. I make the point that I was a very late baby.

[Laughter.]

I just want to make that very clear. In many ways, it is the luck of the draw. If you have a quality of life and are mentally alert but physically frail, to live to that age is something worthwhile. Many people who are much younger do not have that quality of life but need that quality of life. It is important to make that point.

We talked about the reduction in domiciliary care. We had a trust giving people frozen meals for 14 days. Do those people have the facilities for storing or cooking those meals? Kieran McCarthy, who is no longer in the Chamber, other members of the Health Committee and I went out with meals on wheels in our constituencies about three years ago. One thing that struck me was that the person who delivered the meals was the only social contact that an elderly person had all day. Most of the people we visited were in their 80s. There was not just the social aspect: the person who delivered the meal also checked the fridge to make sure that the meal from the day before had been eaten. If not, the person might have flagged up a problem and contacted the doctor or social services.

The point has been well made that, if you introduce legislation that deals with these issues, there has to be enforcement. It is no good having legislation that does not have any effect. I repeat that we owe that duty of care to older people. In terms of what the Minister may or may not do, it is incumbent on him to introduce legislation. I commend Claire Keatinge, the Commissioner for Older People, who has done an excellent job in talking about the need for a new adult safeguarding Bill.

It is good that there is cross-party consensus in the debate. This is an issue that we are all concerned about. We realise that we have an elderly population that is continually growing. In many ways, it seems to be ignored. Money can be found for other things, for defence or other issues, yet the people who are most important — those who have given us the lifestyle and quality of life that we have — are often

ignored. I ask the Minister to come forward with legislation as soon as possible and make sure that it is enforced.

Mr Poots: I welcome the opportunity to speak on the matter. At the outset, I indicate my appreciation to the many good people who provide care for our elderly population, whether it is in residential homes, nursing homes or through domiciliary care or whatever else. Indeed, many volunteers provide support to our elderly.

Abuse is wrong when it is perpetrated against vulnerable people, whether they happen to be the elderly, children, the learning disabled or whatever. It is always wrong, and we, as a society, should always take whatever actions we can to ensure that the people who perpetrate abuse are brought to justice for it. I welcome the motion and the opportunity it creates to debate a very important subject.

Mr McKinney rightly pointed out that the motion deals only with allegations of abuse against older people in care homes. We know that people in the domiciliary care setting — in their own homes — have also been victims of abuse. There have been cases where people have stolen people's food and done other things to them that have made the headlines. Therefore, it is incumbent on us and it is very important that, whatever we do, we ensure that we encompass all aspects of care of our elderly population and ensure that we offer adequate protection and safeguarding.

Legislation in and of itself may be helpful. That is something that we need to tease out and investigate further. However, legislation alone will not be enough. The truth is that we need to look at how we care for our older people. In my previous role, I expressed many times the view that the most significant challenge I had was the care of the elderly. It is not about cardiac care or cancers, because those things can be dealt with. Sometimes we have success and sometimes we do not, but there is a means of dealing with them. With the growing elderly population, we face a real challenge as an Assembly and an Executive along with the Department in how we respond to that.

There is a massive difference between care homes. Some of them are superb, and others fall well short of expectations. Very often, you will know instantly when you enter a care home — just by the smell of it — whether it is a good home or not. Very often, the care homes that deliver the best are the ones that have a fairly modest top-up of maybe £30 per week. That suggests to me that if all care homes were operating with a bit more money — not lots more money, but a bit more money — the standards would rise fairly dramatically across the system.

In Northern Ireland, we are not in a position to pay that money. That is the crude reality of it.

The truth is that, if you want to address the problem, you need to ensure that care homes can, first, employ people whom they have had the opportunity to adequately train and who are suitable to work with the elderly. Tesco is able to offer £2 or £3 an hour more for a job stacking shelves than people get for looking after our elderly. We need to ensure that care homes can take on the right people, can train them adequately and have the right management structures in place for supervision.

I must make it clear that I am not against legislation, but there is so much more that can be done without legislation. We need to work closely with the care home sector and ensure that the standards that it

provides are standards that we find acceptable. These people are our elderly population and our relatives, and, some day, it may well be us. It is absolutely critical that we get this one right and provide the appropriate care for our elderly population. If legislation helps, bring it on, but we need to look at a much wider picture than legislation alone.

Mr Ramsey: I welcome the opportunity to participate in the debate, and I thank my Foyle colleague Maeve McLaughlin for taking the lead on this.

On 18 November last year, I stood on this very spot and commended the Older People's Commissioner's 'Appreciating Age' report to the House. We discussed the positive contributions made by older people through caring, childcare, volunteering and working. The report challenged the one-dimensional view of ageing and told of the positive ways that older people contribute to all our communities day in, day out. Like the former Health Minister and Mickey Brady, I acknowledge the immense contribution that so many people make in hospital, private care and hospice settings across Northern Ireland. They give kindness, help and care painstakingly. However, unfortunately, our healthcare has not been up to par at times. We need to look at that and ensure that the examples given by a number of Members do not happen again. We must offer the best protection possible to those who are potentially at risk of harm. As I have said, I know that the large majority of staff who care for patients are kind and generous and go beyond the mark in providing that care and in giving patients what is best for them.

There clearly is a lack of planning and commitment to healthcare, especially domiciliary care. It is seen as a discretionary spend and something that is the first to be cut. I agree with Mickey Brady that it is important that there is a unity of purpose in this discussion. It is a good message to send out across Northern Ireland that the Assembly takes seriously the abuse that is happening in older people's settings. People live longer and healthier lives, which clearly means that there will be increased demand on the health and social care system.

The increase in the number of allegations of abuse of older people is most worrying. The figures from the Northern Ireland Adult Safeguarding Partnership (NIASP) report are damning and shocking. The dramatic rise is something that we should all be worried about. I echo the call from many Members for legislation to clearly define abuse, and I welcome the ongoing consultation on the adult safeguarding policy. This consultation aims to define some of the vaguer aspects of abuse, including "adults at risk of harm" and "abuse" suggesting that abuse is single or possibly even a repeated act, or lack of appropriate action occurring within relationships where there is an expectation of trust. I hope that the consultation will be able to define these aspects, thus constructing a more comprehensive policy on safeguarding adults.

I agree with the concept of changing the policy to ensure that it moves away from using the term "vulnerability", which can be misinterpreted as weakness, and towards a concept of "at risk". I am aware that there are minimum standards of protection for vulnerable adults in care homes, but they need to be more rigorously enforced and people made more accountable. I do not believe, for example, that refresher training every three years is acceptable. I suggest that it be done on a much more consistent and regular basis.

7.30 pm

As Edwin Poots said in an intervention, we should have a policy of zero tolerance of the abuse and exploitation of adults. It is important to change the way in which society thinks about harm to adults. We should establish clear procedures, seek collaborative work, promote access to justice and ensure continuous learning among all those involved in safeguarding. Many people, after years of work, paying taxes and looking after others will come to depend on the state to supply excellent health and nursing care. Our older people across Northern Ireland deserve nothing less. The best health care is what we expect for our families, neighbours and communities across Northern Ireland. I am pleased to participate in the debate.

Mr Gardiner: I am impressed by the Older People's Commissioner's analysis of the treatment of older people. The commissioner listed the main types of abuse of the elderly as physical, emotional, sexual or financial abuse and neglect. Her proposal for an Act of the Assembly — an adult safeguarding Bill — is one that I believe would find widespread support in the Chamber. As of June 2014, abuse referrals in Northern Ireland had risen by 76% in three years. Clearly, there is a good reason to legislate. Older people in Northern Ireland who may be vulnerable or at risk of abuse do not have the same legal protection as their counterparts in England, Scotland and Wales. I call on the Executive and the responsible Minister to frame the legislation and bring it before the Assembly as soon as the legislative timetable allows. It is important that the legislation contains provisions to allow a properly trained professional — a social worker, for example — the right to speak to an older person alone without members of the family present. Sadly, abuse is often carried out by those closest to an older person. That is particularly true of the financial abuse of vulnerable older people.

I welcome the motion and thank the Members who tabled it. The issue needs to be framed in the wider context of the general attitude to older people. I have commented on that issue many times. As Father of the House, I feel that I have a right and duty to speak up for senior citizens. We have a society that does not value age and experience sufficiently, and we are all the poorer for it. It is an attitude that shows itself in many ways. It can be as simple as a manufacturer not making packaging that older people, with reduced strength in their hands, can open. That may seem trivial to some, but it betrays the underlying attitude that what older people do is of no value compared with what younger people do. I remind everyone in the Chamber that older people have a vote that is equal to the vote of younger people and that, as a rule, older people cast their vote, while younger people do not bother. So, at the very lowest level of self-interest, every Member should seek to legislate fairly and considerately for older people. I support the motion.

Mr B McCrea: It is not often that I agree with Mr Poots, but I agree with him on this. The issue about top-ups tells the story. I have to say that many of our nursing homes are trying to make do on very scant income. One of the things that we ought to recognise is that, when you give a lot of bad publicity to nursing homes, there is no differential between the good ones and the bad ones. That actually puts fear into our community. I accept the point that he was making: that a little bit of extra money is required and that we currently do not have that money. I am also struck by the big rise predicted in the number of older people in Northern Ireland. The BBC kindly told me that the number of people over 65 will increase by a quarter by 2022. I am not the Father of the House, but I had to get my calculator out to check whether I was in that over-65 group. I only miss it by a year or two.

Mr Wells (The Minister of Health, Social Services and Public Safety): Will the Member give way?

Mr B McCrea: I will indeed.

Mr Wells: Just for clarification, the Father of the House is not the oldest Member but the longest-serving Member of the House. I think it is important that I emphasise that point to the honourable Member.

Mr B McCrea: I am glad that the Minister took the opportunity to make that point. He thinks it is important. However, this is an important issue for me. I have a family member who, only this weekend, went into a nursing home in my constituency. I have also written to the Minister, as he will be aware, and I have to say I was dissatisfied with the response that came back.

I had a constituent who came to me and said that she had not been to see her mother for a short time, and, when she went in, her mother, who suffers from third-stage Parkinson's, had lost about a third of her body weight. She went through all the systems about whether there was any record of it, and they were all manual. Nobody knew how to use the computer system. When I took her to the RQIA, the response that I got back was, frankly, confused and convoluted. In fact, the message that I got from the Minister, dated 2 December, said that the trust's quality team had recently undertaken a review of some areas and that he was now happy. Well, I have to tell you that, had it not been for the energetic action of the woman's daughter, I am not sure that that would have been the case. Here is the point that she made: in this case, which I am only using as an example, there is one nurse and one care assistant to look after one wing. When somebody has a problem, they have to go and look after it, meaning that everybody else is left with no support. We have to find a way of calculating how much resource is required. When people bring out the minimum standards, they are not sufficient, and they have to be costed.

While I am on the issue of how we actually record people who are guilty of abusing vulnerable adults, I wonder what the process is. Should we name and shame? I am certainly aware of reports of people who have been dismissed over various issues, but how do we communicate to other people that they should not be re-employed or should be retrained? What I see, Minister, is a chronic shortage of well-trained, well-paid staff in the sector. That is why I started this speech by saying that I agreed with Mr Poots that we need to put additional resources into this.

I am not saying that I do not recognise the pressures; we have been talking about the Budget all day. I am not saying that I do not recognise the pressures that we will have on our budget, but for us simply to stand up here and say, "Do you know what? Somebody should do something" is not acceptable. I am really interested in how we get proper legislation and how we get some overarching, coordinated body that will take responsibility for this. I have no doubt, Minister, that you are actually interested in the issue and I want to hear what you have to say, but I am telling you that my experience, on a number of occasions, is of organisations with no clear line of communication and no understanding of what is really needed to work together. A number of people come in and say, "It's not me. Let's pass the buck from one to another".

When you get into that situation, vulnerable people are at risk.

I will conclude by saying this: some people in here have said, "Do you know what? Abuse takes place in other areas outside care homes or whatever". This is a specific area where we can and should do something. We are behind with legislation in comparison with other parts of the United Kingdom. There is

a pressing need to deal with the issue, and I am quite sure that the Minister would get a lot of support if he were to bring forward legislation soon. He would have my complete support, and I will write to him again about my constituent's concerns.

Mr Wells: At the outset, may I say that it is remarkable that Mr Brady's mother is doing so well and is about to reach the ripe old age of 106? I am sure that he is aware that Mrs Brady is entitled to a telegram from Her Majesty The Queen, not only for her 100th birthday but for each subsequent year, so she could be owed seven telegrams. If he requires any assistance, I have quite a lot of experience of doing that and have a contact in the palace. I could arrange the seven telegrams that I am sure she is missing at the moment.

I listened to the debate carefully and am grateful for the opportunity to respond. Let me start by making my position very clear. As people like Mr Poots, Mr Givan and Mr McCarthy said, the abuse of any adult who cannot protect himself or herself is intolerable, no matter where it happens or who is responsible. It is particularly abhorrent when it is perpetrated by individuals who are entrusted with their care or support needs, whether they are a carer, someone in a residential setting or a family member in the adult's home.

Statistics produced by the Health and Social Care Board-led Northern Ireland Adult Safeguarding Partnership (NIASP) show an increase in adult safeguarding referrals, not just in relation to older people but in general. Referrals were also received relating to adults who were experiencing mental health difficulties or adults with a learning disability.

The statistics also show that harm was perpetrated outside the care home system. The NIASP annual report for 2013-14 shows that the majority of adult safeguarding investigations — some 70% and covering all programmes of care — did not take place in care home settings. It is, of course, highly probable that the true extent of harm that is caused to adults in their homes is unknown as a result of under-reporting.

Many Members quoted the dramatic statistical rise for abuse referrals. Whilst that rise is shocking and absolutely intolerable, I urge Members to exercise some caution. The issue has had a much higher public profile in recent years, and there is no doubt that many people are more aware of the subject and are also more aware of how to report it. To some extent, that explains the very significant increase in the figures, but the statistics are still very worrying indeed.

The NIASP report recorded a total of 7,782 referrals concerning potential adult harm for 2013, an increase of 36% on the previous year. Some 39% of those referrals — more than 3,000 — related to older people, 52% of which related to potential physical harm. The next most prevalent form of harm to older people was financial abuse, which accounted for 20% of all referrals.

The most recent available statistics are for April to September 2014. They show 4,500 referrals during that period, 1,596 of which — just over 35% — related to older people. Some 825 of the reported cases involved regulated facilities or services relating to older people's programmes of care. The most prevalent type of harm to older people continues to be physical abuse. During the same period, 33% of all referrals — some 1,493 — related to adults with a learning disability. The remainder related to the acute sector and the mental health, physical health and disability programmes of care.

7.45 pm

I should point out that not every referral or allegation results in the implementation of a care and protection programme. Approximately 28% of total referrals in 2013-14 categorised under the older people's programme of care were screened out at different points in the process. Screening out can happen for a variety of reasons; for example, the matter can be addressed through an alternative process such as the complaints procedure or the allegation may be withdrawn. The latest available figures for April to September 2014 show that 33% — 529 of the referrals for older people — were screened out and 947 care and protection plans were implemented. Nine hundred and forty-seven is still a worrying figure, but it is in stark contrast to some of the figures quoted earlier. By quoting those statistics, I am making three points: first, unfortunately, adult abuse extends beyond our adult population; secondly, not all elder abuse takes place in care homes; and, finally, not all adult safeguarding referrals require an adult protection response.

Members should note that the increase in adult safeguarding referrals coincided with increased awareness-raising of adult abuse by my Department and the Northern Ireland Office. It also coincided with increased investment in adult safeguarding and with the establishment of NIASP, the new regional adult safeguarding partnership, and the local adult safeguarding partnerships (LASPs).

As I said earlier, it is not unreasonable to assume that the increase is due in part to increased awareness — it is a good thing that people are now aware of the problem and are reporting it — and the adult safeguarding developments more generally. Media reports of harm to adults may also be encouraging more referrals. We have been made very aware of that by undercover camera procedures in some care homes, in Northern Ireland and in the rest of the United Kingdom, and we have seen some shocking images on our television screens, and I think that that has also raised public awareness of the problem. When I was first elected to the Assembly in 1998, the issue was seldom mentioned; now it is more and more in the public domain.

As we continue to raise public awareness of adult safeguarding, it is likely that referrals will continue to increase. That does not necessarily mean that adult abuse is more prevalent in Northern Ireland; it is more likely to mean that it is now recognised and that we are less willing to tolerate it. That has to be welcomed. However, it has to be said that, as we get an ageing population — Mr McCrea quoted the figure of a 25% increase in the over-65s coming along quite quickly — there will be more elderly people to abuse. Certainly, the amount of abuse may increase, if not the percentage.

My Department, jointly with the Department of Justice, has developed and is running a public consultation on a draft adult safeguarding policy. Therefore, I very much welcome the input of Claire Keatinge, the Commissioner for Older People. It has been timely and has encouraged further debate on the subject. Therefore, she has made an extremely important contribution to raising awareness of the issue.

The policy will provide a framework within which social workers, social care providers, health-care providers, police officers and those involved in the community can work to prevent harm from happening, to recognise it and respond to it when it happens, and, equally important, to help those affected to obtain the justice that they deserve. The draft policy includes the terminology "adult at risk" in place of "vulnerable adult". The definition is more extensive and reinforces the point that while adults may have

characteristics or life circumstances that increase their exposure to risk, including age, those risks become real only when others abuse or exploit those characteristics or life circumstances or are neglectful of the needs that they may generate. The development of the policy is one of a number of safeguarding measures that are packaged in the Programme for Government commitment, the aim of which is to improve safeguarding outcomes for adults and children at risk. The package includes the Mental Capacity Bill, which will be put in place and will improve safeguards that go beyond those that are required under the law. We expect that legislation to come before the Assembly by 31 March this year, and it is essential that that happens in order to get it through in this mandate. That will be a crucial part of the Department's legislative programme. The aim is to introduce the Bill and to have it enacted in the current mandate.

NIASP, which the Health and Social Care Board leads, was established in 2010. It has been tasked with setting the strategic direction in Northern Ireland. In October 2013, it published its first strategic plan. NIASP is also leading on the implementation of a financial abuse action plan. Actions in the plan cover raising awareness at strategic and operational levels and agreeing regional standards for all agencies, including those involved in the management of clients' finances. It also includes reviewing the contract management system for residential and nursing homes.

Throughout the debate, many Members called for the introduction of legislation. I have no hard and fast view on the matter, although it is important to realise that NIASP already covers some of what Members asked for and that the Department could introduce some of that without legislation. I think that there is a tendency to believe that the new legislation would be a panacea, but it would be effective only if it included measures such as effective enforcement and sentencing. It is wrong to think that simply adopting legislation will inevitably improve the situation considerably. I welcome some of the comments, as they help as an input to the policy. Greater training was requested, for example, but again, under the present policies, there is nothing to stop us introducing more effective training.

We had a very tight regulatory system. Many people mentioned Cherry Tree House and Ralph's Close, which, I understand, is in Londonderry in the Chairwoman's constituency. We had inspections and legislation in both cases, but, unfortunately, we also had neglect. There were certainly elements of care going on in both institutions that were clearly well below standard.

I could be convinced either way. I mentioned the mental health and incapacity Bill. It will certainly not be possible to introduce legislation in this mandate. There is simply far too much going on over the last year of the mandate to bring in a major piece of legislation such as that and to get it through all its stages and a full consultation in time for the election of May 2016. Equally, there is nothing to stop someone bringing a private Member's Bill at some stage, but that would not be successful within the time span either. However, that does not mean that we are not giving it very serious consideration. I could be swayed either way. I welcome Ms Keatinge's comments because I think they help to stimulate a debate that is needed. At the end of the day, whatever is best for the protection of the elderly people of Northern Ireland, that is the route that we will go down. That might require legislation, it might require awareness raising, or it might simply require a change of policy through the present legislation. I do not know. I am not going to give a black-and-white view on the matter. I am very keen to engage with Claire Keatinge and her team to further consult on the issue.

Members will be aware that the Regulation and Quality Improvement Authority registers and inspects establishments and agencies delivering a wide range of health and social care services. That, of course, includes residential homes and nursing homes, which operate within a regulatory framework and which are inspected against minimum care standards. My Department publishes that information. RQIA can apply a range of sanctions and enforcement measures to protect the safety of service users and the drive to improve services. However, I accept all Members' criticisms that, in the case of Cherry Tree House, that did not go far enough. We and RQIA have learnt some very hard lessons from that whole incident. I suspect that inspections have improved dramatically because of those lessons learnt.

My Department, in conjunction with RQIA, has recently reviewed care standards for nursing homes. Those are being finalised and will be published in March this year.

In addition to requiring robust arrangements for whistle-blowing and complaints, standards relating to staff recruitment and safeguarding have been updated, and the new standards on personal care and on individual rights to privacy and dignity have been added.

I hope that the announcement that I made this morning on the duty of candour will be helpful in this respect. From now on, it is simply not enough to have regard for openness and transparency. Part of one's responsibility in this sector will be an imperative that, if something that you see is going wrong and you have concerns, you must report it. You must bring it to the attention of the regulators, the Department or the appropriate body. That is a positive step forward in looking after our elderly.

I am running short of time. I thank all Members who contributed. This has been a useful debate, and I thank the Chair of the Committee for tabling the motion. It will help us as we make up our mind about what we can do best to protect some of the most vulnerable members of society.

Ms McCorley: Go raibh maith agat, a Cheann Comhairle. Cuirim fáilte roimh an deis deireadh a chur leis an díospóireacht thábhachtach seo inniu. I welcome the opportunity to make the winding-up speech in this important debate, a debate that raises the very worrying issue of abuse against older people. First, I am pleased that there is agreement across the board that it is an issue of the utmost importance and that protection of the elderly is a requirement and a responsibility for everyone. Moreover, I am pleased that everyone welcomes the work of Claire Keatinge, the Commissioner for Older People.

Bhí an coimisinéir do dhaoine scothaosta iomlán soiléir nuair a thug sí freagairt don athbhreithniú faoi Cherry Tree House. The Commissioner for Older People was very clear in her response to the Cherry Tree House review. She described the entire review as a:

"disgraceful account of a ... combination of poor management, bullying behaviour, abuse, neglect and generally substandard care by a care home".

Perhaps most worryingly, the health and social care trusts continued to put older, vulnerable people into care homes that failed to meet even minimum standards. In Committee, we heard disturbing evidence from Professor Williams about an owner of eight care homes in Wales in which there were 110 victims of serious abuse and neglect and the deaths of 60 people in suspicious circumstances. No charges were brought, and no prosecutions took place. Clearly the law was inadequate in those cases, and that is why

we must get it right here.

Caithfimid bheith i gceart anseo faoin cheist seo. What is required is a single adult safeguarding Bill to place a statutory duty on all relevant organisations to cooperate in the protection of older people. It needs to be clear and unambiguous so as to provide a proper platform on which to develop good practice in this important area. Chomh maith le reachtaíocht, ba chóir do oiliúnt chuí, treoir agus acmhainní bheith in áit don fhoireann. Along with legislation, there must be appropriate training, guidance and resources in place for staff, as well as a public awareness campaign to ensure that there is unity of purpose between the public and the relevant organisations.

I now wish to pick up on the important and relevant points raised by Members who participated in the debate. Maeve McLaughlin, the Committee Chair, was the first Member to speak, and she talked about the protection of the elderly being a priority for us all. She said that it is important that abuse be clearly defined and put in legislation. She made comment about the 'Panorama' programme 'Behind Closed Doors'.

Pam Cameron talked about the need for zero tolerance and said that there must be a sea change in attitudes towards treatment of the elderly. She also outlined the disturbing case of one of her constituents, who experienced negative treatment in a care home.

Fearghal McKinney talked about the right to be treated with respect, and he said that abuse comes in many forms and affects people in institutions and individual homes. He also flagged up the fact that there are other care needs, not just of the elderly but of people with learning disabilities and with autism. He also mentioned the recent report 'Appreciating Age'. Michael McGimpsey talked about levels of allegations of abuse rising and said that most elderly abuse takes place in the person's own home. He said that it is much more difficult to afford protection to people in those circumstances but that it is important that legislation cover that.

8.00 pm

Kieran McCarthy also commended Claire Keatinge and the work that she does. He talked about protecting those who report cases, making it easier for people to report, protecting whistle-blowers and encouraging more people like that to come forward.

Paul Givan reminded us all that we all have older relatives. He mentioned the 'Panorama' programme as well. He talked about the failure of the Cherry Tree House home and said that it was compounded by the failure of the regulators. He asked whether new legislation was necessary.

Mickey Brady talked about how people have now become a commodity. He talked about his mother, who is one of those older people at the age of 106. The vast majority of residential care is excellent, but we need to be sure that all care is excellent, not the majority.

Edwin Poots talked about the work of those who give care and support. Legislation alone would not be enough. He mentioned that there was a massive difference between care homes. Some are great and some are not, but, if there was more money, standards would rise in all of them.

Pat Ramsey talked about the positive contribution that older people make to society and said that they deserved the best protection possible. People are living longer, so there will be an increased demand for services. That was a common feature throughout the debate.

Sam Gardiner flagged up the different types of abuse and said that people in the North do not have the same protections as those in England, Scotland and Wales because of different policies and legislation. As Father of the House, he felt that it was his duty to speak up for senior citizens, and I think we can afford him the place to say that.

Basil McCrea talked about top-ups and the rise in the number of older people. He also flagged up a concern about a constituent of his and said that we should name and shame perpetrators.

The Minister then talked about the harm perpetrated against those with learning disability and mental ill health, so it is not just the elderly and not just in homes. He also flagged up the fact that most abuse takes place in private homes and not in residential care. He laid out lots of statistics that are relevant to those cases, which I will not go into here. He is not persuaded that legislation is needed and remains to be convinced. He flagged up the important work of the commissioner, Claire Keatinge, and the other pieces of work that are coming through the Department. I urge the Minister to heed what people are saying here and to carefully consider the need for legislation on the issue.

Question put and agreed to.

Resolved:

This Assembly notes with concern the worrying increase in the number of allegations of abuse against older people in care homes, from 1,715 in 2011-12 to 3,023 in 2013-14; and calls on the Minister of Health, Social Services and Public Safety, in conjunction with Executive colleagues, to introduce legislation to define clearly abuse and protect and safeguard our older population.

(Mr Deputy Speaker [Mr Beggs] in the Chair)