

Institutional abuse of older people

It is self-evident that when elderly, often confused residents are made to eat their own faeces, are left unattended, are physically manhandled or are forced to pay money to care staff and even helped to die, there is something seriously wrong' (Vousden, 1987).

This piece of understatement was made in reference to the abuse scandal in an old people's residential home, Nye Bevan Lodge in the London Borough of Southwark. The process of dehumanizing older people in institutional care had been vividly portrayed by Townsend in his classic work *The Last Refuge* (Townsend, 1962), yet after the Nye Bevan Lodge scandal a report on the first 96 cases considered under the Registered Homes Act 1984 (Harman and Harman, 1989) included:

'evidence of abuse, binding residents with cord, misuse of drugs, fraud, fire hazard, lack of hygiene and a sorry tale of bruised and miserable residents'.

A decade later it is self-evident that the systematic torture and abuse of some of our most vulnerable citizens continues unabated, with residents of Beech House, St Pancreas Hospital being punched and dragged, bound on the floor with hands behind the back, hit with brushes and a shower head, bathed in cold water and fed while on the commode (Beech House Inquiry, 1999).

INSTITUTIONAL CARE

It is a widely held myth that institutional care is an unavoidable inevitability for the majority of older people. In fact, it is only a minority of older people who experience such care; 5% of those aged between 75 years and 84 years are likely to enter residential care, and a smaller number are in nurs-

ing homes, although this rises to 21% for those over 85 years of age (Department of Health, 1996). The growth of the private sector in providing care and the government-led policy of shrinkage of NHS continuing care provision has resulted in a quality-agenda vacuum in both areas.

The lessons from previous institutional abuse reports and research are well known and they apply both to the private and NHS sector. They include:

- A lack of staff training/education about caring for elders
- Work-related stress and professional burn out
- The organizational structure or culture, including attitudes
- The personal psychopathology of individual staff members
- The personal characteristics of the victims
- Lack of adequate resources to provide good quality care (Bennett et al, 1997).

ROLE OF LEGISLATION

There is a renewed emphasis on quality of care within the NHS as evidenced by the prominence being given to new quality-orientated initiatives; new terms, indeed mantras, within the organizations include clinical governance, National Institute for Clinical Effectiveness (NICE) and the Commission for Health Improvement (CHImp).

The government appears ready to begin to tackle some of the quality issues related to registration and inspection of nursing homes according to recent discussion papers. However, input is needed at many levels. Recent research indicates that while GPs are aware of elder abuse, a minority receive any training on detection, intervention and management when compared to child abuse and the majority of GPs identify a need for training (McCreadie et al, 1998).

CAN ABUSE BE STOPPED?

Is there really the political and professional will to tackle a serious malevolence present to varying degrees within the institutions that care for our older people? We should not underestimate the difficulty of the task.

In the Beech House Inquiry witnesses were threatened and/or intimidated, indeed attempts were made to intimidate the members of the disciplinary hearing panels and the Chair of the panels received intimidatory, anonymous telephone calls at home. (Beech House Inquiry, 1999).

If the commitment is real it will need to be across a range of areas. These include education and training, research, registration and inspection, legal provision and whistleblowing, daunting tasks indeed. An overarching framework for these essential activities would be the creation of a Health

KEY POINTS

- A minority (5% of over 65s) of older people enter institutional care.
- Institutional scandals occur with appalling regularity.
- Issues involved include: lack of staff training, work-related stress, poor management, personal psychopathology of staff and inadequate resources.
- In addition to new quality orientated initiatives the Government should appoint a Health Service Commissioner (Ombudsman) specifically for institutional care.

Service Commissioner (Ombudsman) with specific responsibility for institutional care in all its settings. This is a timely call as a review of public sector Ombudsman schemes is imminent.

CONCLUSIONS

In this millennium year the Government could send a clear signal to society as a whole and older people in particular that the most frail and vulnerable of its citizens and those that care for them deserve special consideration and attention. It would also signal an acknowledgement that elder abuse was recognized as a social problem in the

same league as child abuse and domestic violence and deserving of the same broad policy initiatives encompassing government, health and social services and the private sector alike. Anything less, in this United Nations Year of the Older Person, would be shameful. **HM**

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Beech House Inquiry (1999) *Report of the Internal Inquiry Relating to the Mistreatment of Patients Residing at Beech House, St Pancras Hospital during the period of March*

1993-April 1996. Camden and Islington Community Health Service NHS Trust, London

Bennett G, Kingston P, Penhale B (1997) *Institutional Dimensions: in Dimensions of Elder Abuse*. Macmillan, London

Department of Health (1996) *A New Partnership for Care in Old Age*. Cmnd 3242. HMSO, London

Harman H, Harman S (1989) *No Place Like Home: A Report of the First Ninety-six Cases of the Registered Home Tribunal*. National Association of Local Government Officers, London

McCreadie C, Bennett GCJ, Tinker A (1998) General practitioners' knowledge and experience of the abuse of older people in the community: report of an exploratory research study in the inner-London borough of Tower Hamlets. *Br J Gen Pract* **48**: 1687-8

Townsend P (1962) *The Last Refuge*. Routledge, London

Vousden M (1987) Nye Bevan would turn in his grave. *Nurs Times* **83(32)**: 18-19