

THE PROTECTION OF VULNERABLE PEOPLE FROM ABUSE: MORAL AND PROFESSIONAL DILEMMAS

The importance of this topic, as well as its complexity, will be apparent to everyone here. This is not simply an abstract (or as some, irritatingly, say) – an ‘academic’, i.e. useless, debate. It is of relevance to us as citizens, parents, carers, professionals. It may indeed have touched us personally as individuals in our childhood or as adults; and, tho’ God forbid, in our own old age we may have cause to be afraid. My paper will focus mainly upon children and upon two groups of adults; those with learning disabilities and vulnerable old people. Many of the issues apply more widely to vulnerable adults in other groups – people with physical disabilities or who suffer from mental illness for example, but each poses particular questions and dilemmas which cannot all be addressed in one brief lecture.

Children

In the field of child abuse, we see, day after day, in newspapers, journals and media programmes, descriptions of behaviour to children which appal us, and intense and often angry discussions about the issues which they raise. Although the abuse of children has existed in various forms (and differently defined) from time immemorial, and has been the subject of public comment over the centuries, public awareness and concern in recent years was sharply raised during and following the Maria Colwell inquiry of 1973, into the murder of a six year old girl by her stepfather. The report, published in 1974, initiated an era in the development of social work, in which preoccupation with and intense anxiety about, the protection of children from abuse

dominated the newly emerging profession of social work. Failures to protect began to be routinely investigated, some widely publicised. There is no denying that much has gone wrong; the analysis of this, however, is not the main focus of this paper. Currently we are in the midst of a particularly notorious example, that of Victoria Climbe, an African child in London, ironically, much the same age as Maria. She also died at the hands of relatives. I was a member of the Colwell inquiry and currently am chairing another inquiry which involves both children and adults. Thus for nearly 30 years of my life, I have been part of a profession which has felt itself under siege by public and political opprobrium. It has not been an easy burden to bear.

There are fascinating and complex questions as to why awareness of, and concern about, the protection of certain groups rises to the surface at certain times. For example, the case of Maria Colwell was put in context by Parton (1985) who showed how, well before that inquiry, British paediatricians, influenced by those in the USA, were acknowledging the existence of “battered babies”, that is the non accidental injury of infants. Doctors who had previously denied the possibility, even when confronted with unambiguous X-rays of infants with broken bones which could not have been inflicted accidentally, played a part in making the unimaginable, imaginable. This, of course, is part of the story we have to tell; a story of denial, of furious outrage and of counter allegation. (‘False memory syndrome, for example). It was seen in the furore over the issue of sexual abuse, as in the Cleveland debate in 1988. And, yes, there have been some bad misdiagnoses and misjudgements in that field; though I suspect not as many as some would claim. However, the relish with which these mistakes are seized upon in some quarters tells its own story of social reluctance to face unpalatable facts. Inch by inch, year by year, new dimensions of adults’ mistreatment of children have been, and still are, reluctantly identified. Perhaps these revelations can only take place in certain

cultural conditions, for example, when certain behaviours, such as corporal punishment of children are challenged, when religious orthodoxy and power is weakened, when sexual secrecy is to an extent lifted, and when women's voices can be heard. Open discussion becomes possible when a social climate exists which can tolerate such revelations.

Political ideas and policies have also been very important in these matters; in particular, the role of the state in relation to family life. In the last century, in the years from 1900 to 1948, there was a steady erosion of the idea that children were the property of their parents and, therefore, that parents had a right to do as they wished with them. During that period various laws were passed giving the state power to intervene for the protection of children from abuse. They are the foundation for our present activities and have been consolidated and refined in succeeding years. However, they are always contentious and there is a recurring, probably everlasting, tension between the rights of parents and the rights of the state to determine what is best for their children. There are, and will be, well documented cases of 'the state' (usually described as 'social services') 'going too far'. But an impartial citizen in today's society would be unlikely to argue for a return to the position in the early 1900's, the time when the great child care reformers fought for the better protection of children from violence and exploitation. Indeed, social workers are now more often criticised for failing to protect than for an excess of zeal. Nonetheless, their vulnerability to attack from either side of the argument shows that the issue remains highly sensitive.

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called up by the Tories from time to time in defence of the liberty of the individual, in fact considerable effort and resources were put into child protection in the years between 1980 and 1997. In particular, much greater emphasis was placed on the importance of interagency and interprofessional cooperation in protecting children from abuse. Of particular interest in the legal and policy spheres was the use made of statutory guidance under the Local Authority Social Services Act (1970), to promote better cooperative working. Whilst this does not have the full force of primary legislation, local authorities and other agencies are required to follow the guidance unless there are exceptional reasons for not doing so. As a consequence, structures and arrangements for referral, investigation and intervention in cases of child abuse were set up across the country and the guidance regarded as a blueprint for professionals to develop local policy and practice. Thus, even in the context of a political ideology which was averse to state control, there was no serious challenge to the principle of protecting children from serious harm. Indeed, the passing of the Children Act 1989 which elaborated, redefined and consolidated children's legislation was a landmark. A key concept which now guides practice as well as the judicial process is that of 'significant harm' – has the child been significantly harmed or is he/she 'likely to be' so harmed by the action of others? One of the most valuable aspects of this phrase is that it enables the courts to take into account harm to the normal development of the child in all spheres – physical, sexual, emotional and cognitive. It opens the door to a holistic view of child development in which child welfare cannot be put into tidy boxes or abuse defined by physical injury alone.

Yet, even as this legislation and guidance were being hammered out, one could see the forces pulling against the constructive development of systems to protect children.

There is now no serious debate about intervention in the grosser forms of physical and

sexual abuse; but it can be, and often is, argued that it would be far better also to have effective systems for the detection of risk at an earlier stage and for supportive intervention in family life. However this raised the familiar fears of 'Nanny State'. Nonetheless, the phrase 'children in need' (rather than 'abused children') began in the 1990's to be used to describe a category of child for whom the state might assume some responsibility through preventive action. The phrase, in this context, was used to refer to families where children were not receiving 'the best start in life' because of a degree of parental inadequacy. ("Inadequacy" here is not used pejoratively; there are a multitude of reasons for parental difficulties). Such a notion starts alarm bells ringing in some ears; the seemingly limitless call upon state resources and the difficulty of establishing clear criteria for, and evaluation of, intervention soon merges with deeper fears about dependence on the state and the erosion of parental responsibility. Others see such a focus as a valuable and necessary extension of statutory welfare responsibilities.

New Labour's commitment to preventive policies is well illustrated by a number of schemes, such as 'Sure Start' in which precarious families are helped when their children are young – precisely the kind of positive intervention for children in need which should make late discovery of gross abuse less likely. However, there are some tensions, as yet unresolved, between policies designed to encourage mothers of school age children to work and the need to develop child care provision, tuned to the individual needs of parents and children. And New Labour is anxious to reinforce notions of parental responsibility to the extent that it sometimes seems to have put on Tory clothes over their old ones.

Furthermore, whatever the administration in power, there are forces and trends which may work against the declared objectives in a specific area. Sometimes this is simply a

failure of lateral thinking, of not seeing that changes to X will affect Y – Y in this case being child protection. Part of this has been caused by the massive structural changes, which both governments have initiated, by the agencies who are required to work together. Sometimes the failure to foresee the consequences of change has been frankly negligent. In the matter of child protection, this is well illustrated by the decision of the previous government to devolve management of schools to governors away from local authority education departments. Whatever the merits of the policy, the absence of revised coherent arrangements and adequate resources to ensure that child protection systems are secure has been deplorable.

In short; I have been seeking to show that many factors, social, cultural, political and professional affect the road along which the practitioners travel. To pursue the analogy; sometimes the road is landmined, as when an inquiry explodes in the media; sometimes the direction of the route is changed, not by the professionals but by those who, at least in part, control them. Political changes are significant in this.

The professionals in the last 30 years have been required to address emerging dimensions of child abuse. In part, this can be seen to be part of a necessary journey of social awareness, in which we have come to recognise that the concept of child abuse can only be adequately understood in holistic terms. Thus, over the last 40 years, we can see four major, tho' overlapping, preoccupations. They are not, of course, resolved serially so that we can pass from one to another. Each persists, whilst new demands on our understanding are made. The first of these, physical abuse, dominated the discourse of the '70's; the second, sexual abuse, burst into life in the mid '80's, culminating in the highly publicised Cleveland inquiry. It moved on in the '90's from a focus on interfamilial abuse to paedophilic networks. The third, perhaps less widely recognised

in society at large, is neglect. A number of inquiries, some of which revealed horrific neglect of children in their own families, led to a surge of anxiety amongst professionals. There was a marked rise in 'neglect' as a criterion for placing children on the child protection register. The reasons for such statistical trends are always debatable and may reflect greater awareness rather than increased incidence; in particular the existence of the concept of 'significant harm' in the 1989 legislation offers an opportunity for a more holistic assessment of neglect.

A fourth dimension, overlapping with neglect, has assumed greater prominence recently: that is, emotional abuse. Clearly it is reasonable to assume that all forms of abuse are also emotionally abusive. But there has been an understandable but regrettable nervousness about using it as a separate category lest it be applied without sufficient cultural sensitivity and flexibility.

If this description of four dimensions were all we had to worry about, that would be bad enough. But, in addition, many specific issues have been time consuming in terms of policy formation, practice and training. Of many, I mention only five. Two are a continuing source of debate and controversy; cot deaths and factitious illness or 'Munchausens Syndrome by proxy' in which a parent injures a child deliberately to attract the attention of the doctors. The third and fourth require new approaches by the professionals; those are the responses to child prostitutes who in the past have not always been identified and treated as other children who are sexually abused, and the abuse (usually sexual) of children and young people by their peers. The fifth essential, but time consuming, issue has been one of the most shameful. The recognition, especially in the 1980s, of widespread abuse of children and young people in residential care, has been a source of particular distress to those of us who entered the work before

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and during that period. Each of these and so many more has demanded our intellectual energy, channelled in research, our imaginative responses and better procedures to meet these circumstances. And there is always a danger that the preoccupation of the moment distracts us from ongoing reflection on other matters.

This is not a plea for pity! It is, however, a plea for a more sophisticated understanding of the complexity of the task which confronts the professionals, most particularly, I think, health visitors, paediatricians, police and social workers.

A final, but important, word about child abuse as a social construct; that is to say, as a concept derived from the particular values of a given society. It is unarguable that professionals in the field of child protection must have some idea of cultural relativism in a multi cultural and class divided society. But there are complexities and pitfalls. First of all, one cannot practice effectively as a public employee in this sphere of work and yet substantially reject the law and underlying value system of the society one serves. Note that I use the phrase 'substantially reject'. To agitate from within for changes in law, policy and practice is a necessary aspect of professional activity. Secondly, to uphold no value system as an individual is impossible – to all save a psychopath perhaps! (And they make dangerous professionals!) Child protection workers must have 'bottom lines'. They must identify those behaviours of adults to children which are fundamentally unacceptable. The task and the challenge, however, is to ensure that these values are founded, as far as possible, on research based knowledge of childrens' requirements for healthy development; awareness that there are different routes to achieve that is essential. But given that enormous proviso, one must not say 'any way of bringing up a child is as good as another' Thirdly, workers have to disentangle the fundamental from the less important. By asking consistently the

question – ‘does this child appear to be developmentally harmed by these parental behaviours’, – some differences in child rearing practices diminish in significance.

One further problem has seriously affected social work practice and which may apply to other professional groups. Social workers who espoused the cause of anti-racism, much encouraged by the then national training body (CCETSW), became afraid of probing cultural values which differed from their own, lest they be thought racist. There has been a serious dearth of research and literature about those aspects of cultural difference in the upbringing of children relevant to our society, though there have been some valuable contributions. It has been suggested that this reluctance, which was a form of inverted racism, led to confusion and distortion in the handling of certain cases. There are signs that this professional denial is on the wane. Honesty is imperative if the tensions between value systems are to be explored and better understood.

All the issues which I have raised resonate with the protection of adults. Let me then remind you of the key areas before I apply them to the world of vulnerable adults.

- The rise of public awareness and concern about abuse.
- The social context which facilitates or hinders change
- Political forces
- The legal context
- Dimensions of abuse
- Cultural issues

One additional issue, which I have not so far addressed, concerns the balance and the tension between autonomy and protection in seeking to safeguard the interests of

- Cultural issues

vulnerable adults. Obviously, this has higher visibility than in the case of children; though it is increasingly relevant for children and young people, especially in the legal and judicial processes. Before turning to the challenge which confronts us in the protection of vulnerable adults, it may be helpful to clarify the legal position.

The basic issues to be resolved centre on the concept of the capacity and competence of adults to make decisions in their own interests.

The work of the Law Commission in the 1990s (1993, 1995) has been seminal in clarifying the meaning of 'lack of capacity' and laying down criteria for acting in a person's best interests. This work is underpinned by powerful ethical values, expressed with great clarity and offering a sound basis for future action. The Law Commission has shown itself to be highly sensitive to the concerns about infringement of autonomy without ducking the rights and needs of the mentally incapacitated to be protected.

The Law Commission defines 'capacity' as follows: 'Capacity – does the person subject to abuse have the capacity for self determination, the capacity to understand to what they are consenting, or alternatively the capacity to refuse.'

It would be hard to improve on the criteria which they propose to determine what is in a persons' best interests; these offer vital guidelines for those who have to make decisions on behalf of those who are mentally incapacitated.

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- 1) the ascertainable past and present wishes and feelings of the person concerned, and the factors that person would consider if able to do so;
- 2) the need to permit and encourage the person to participate, or to improve his or her ability to participate, as fully as possible in anything done for and any decision affecting him or her;
- 3) the views of other people whom it is appropriate and practicable to consult about the person's wishes and feelings and what would be in his or her best interests;
- 4) whether the purpose for which any action or decision is required can be as effectively achieved in a manner less restrictive of the person's freedom of action (paragraphs 3.26 to 3.37 and draft Bill, clause 3(2).)

However, the Lord Chancellors' Office illustrates uncertainty and hesitation which has characterised this debate. A draft Bill finally tabled only has tackled a small part of the wider issue and it still lies in a pending tray.

There is no time to develop the theme, which deserves a lecture in itself. So I will simply assert, rather than argue, my case. In my view, there must be significant legislative change if there is to be effective protection of vulnerable adults against abuse. I believe that legal safeguards against the infringement of autonomy can be found. Furthermore, it would be well worth exploring the legislative base in some other countries, which have examined the concept of 'capacity' and found it possible to focus on certain aspects of capacity in which a vulnerable adult may need protection. At present, except in certain limited circumstances, the only law which can be invoked is that of 'inherent jurisdiction'; the High Court has jurisdiction to make declarations in the best interests of an adult who lacks decision-making capacity. It has been exercised in relation to such matters as sterilisation, residence and contact issues, all relevant to

our concerns about abuse. However reference has recently been made by a judge to the `disgraceful state of the law' in this matter. I hope it does not sound disrespectful to suggest that the level of expertise now demonstrated in the courts which hear childrens' cases is likely to be much more reliable than for comparable adult cases, because there is no comparable framework of law and specialise expertise.

One additional comment: the Human Rights Act introduces a fearsome set of legal complexities into the field we are considering. A glance at selected principles shows that there are competing `rights' and major difficulties in interpretation.

The Human Rights Act

Article 2: The right to life

3: Prohibition of torture or inhuman or degrading treatment

5: The right to liberty and security

6: The right to a fair trial

8: The right to respect for private and family life

11: Freedom of assembly and association

12: Right to marriage and family

14: Prohibition of discrimination

Adults: people with learning disabilities

The vulnerability of people with learning disabilities to abuse became more evident in the second half of the last century. A number of factors contributed to this. Two of these were the improvement of health care and the emergence of new drugs, especially antibiotics, which lengthened the expectation of life for many with learning disabilities, especially those with Downs Syndrome. (With improvements have come new challenges; for example, we now face the sad prospect that a very significant number of those with Downs will develop dementia in middle age). Secondly, from the 1960s,

legislation and new policy initiatives, following the Royal Commission Report (Mental Illness and Mental Handicap 1957), led to the closure of large institutions catering for those who were not cared for by relatives; although even so, in the mid 1980s there were still considerably more than 30,000 such people living in such large units – not in satellite smaller groups belonging to the hospitals. Behind the huge closed doors of the Victorian buildings, some dreadful things could, and did, go on. This is not to say there was not also benign care. But there was little ‘visibility’ and, crucially, there were few structures to ensure accountability. I well remember the profound shock which I felt on reading the ‘Ely’ hospital report (Cardiff) in 1969, which exposed the shocking ill treatment of ‘mentally handicapped’ persons. (Incidentally, it was Dick Crossman, Minister of Health at the time, who, profoundly dismayed by the report, initiated more rigorous inspection). Other inquiries followed and progress in official policy was seen as from the 1970s most recently in a white paper (2001). Yet even in 1998, a private home for learning disabled adults in Buckinghamshire (‘Longcare’) revealed horrendous abuse, physical and sexual. It is interesting that the focus for inquiry in the case of learning disabled persons has been more on those in some form of institution or residential care, whereas with children there was a long period between the 1970s and 1990s when the dark corners of family life were more often put in the spotlight. One can speculate why this might be so. Perhaps, the lack of protective legislation for adults with learning disabilities in their families, except for that afforded to any citizen by the criminal law, is relevant. (Out of legal sight, out of legal mind?)

In this period, the contribution of sociology to the rise of awareness of abuse should not be underestimated. The justly renowned work of Goffman (1961) and those who followed him, showed the powerful forces which led us to stigmatise certain groups in society: in the post war years, knowledge of what had happened in Hitler’s Germany

was beginning to emerge. The truth was unutterably painful but, in the revulsion against anti-Semitism, we were slower to recognise that the drive for 'racial purity' included policies to kill mentally handicapped people. Some nurses were required to do so.

The struggle to 'include' groups of people perceived by society to be different from the majority goes on; it changes its focus as fresh areas of concern are identified. However, it is important to acknowledge the huge progress that has been made to 'include' people with learning disabilities in mainstream society as citizens with rights. In recent years, there are always a group of social work students with a powerful commitment to this; whereas a young social worker in the 1950s, tho' I was puzzled and worried about my role in automatically taking for adoption the babies of girls who became illegitimately pregnant whilst on licence from big hospitals, I did not overtly challenge such a policy. That is unthinkable today. There will be conferences, sometimes heated and divided, about plans for such babies born to women who are defined as learning disabled. There is no automatic assumption that they are unfit to care. In effect, there will be a test of 'capacity'. And the emphasis is always an empowerment towards greater autonomy. This is a worthy aim but not without difficulties.

The consequences of these striking changes in social attitudes and, consequently in policy, are twofold. First, the very assertion that such people should have worth and value in the eyes of society raises awareness of the possibility of their being harmed, exploited or abused. Paradoxically, we can begin to see such abuse just because the people matter. Secondly, however, in addressing their needs to live 'a normal life' we may expose them (or indeed their children) to new dangers. They are more vulnerable in certain ways, perhaps particularly in relation to emotional or sexual abuse. Those

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who have worked in this field will be familiar with the intense international debate around the concept of 'normalisation' sparked off by the work of Wolfensberger in the 1970s and 1980s. Doubts about what it meant to be 'normal', in itself a social construct, led to some vigorous arguments as to the extent to which people with learning disabilities should be led towards social conformity; to be valued must they 'buy' into the conventional mores of a given society? Is this all that, in practice, the process of empowerment adds up to? I think not but it is an argument worth having.

How then does all this connect with my theme? It raises very starkly for those who work with such adults, the tension which exists between autonomy and protection. Obvious and sometimes agonising examples are in relation to women's sterilisation and child bearing: for in this, the wellbeing of children as well as that of the parent may be at stake. The realities of the situation in which such young women may find themselves is a key factor in making judgements about what may be best, for example the resources available to support such a mother in the task of parenting. Even where there is no other human being (the baby) whose welfare must be safeguarded, there remains a profound ethical dilemma concerning our responsibility for another person who is less capable than we are of making certain judgements and decisions. This is well illustrated by the tension in goals which may exist between social workers and the parents of a learning disabled adult. The phrase 'over protective' can trip too glibly off the tongue. Of course, there are some parents who, for emotional needs or problems of their own, seek to keep their child dependent. There are others who can be helped to empower their adult son or daughter to greater independence. But in the person with a learning disability there remains, in varying degrees, some deficit in the capacity to cope in a complex, fast moving and sometimes dangerous world. This places on us a heavy duty

to care and sometimes to protect; tho' of course, it encourages us to work for empowerment, to reduce that deficit so far as is possible.

My views on this issue have been formulated and clarified in part because of the work undertaken by the late Ann Craft who, until her untimely death in the late 1990s, worked tirelessly to raise awareness of the sexual abuse of people with learning disabilities. Nottingham University, Centre for Social Work, has an ongoing Trust named after her. She, with colleagues elsewhere, uncovered, through practice, teaching and research, a significant incidence of sexual abuse, by relatives, paid staff and peers. Some episodes as when a paid carer abuses a resident raise no fundamental questions of right or wrong, only dilemmas as to what to do; others, for example, sexual relations between peers, are ethically fraught. 'Peers' are supposed to be of equal status and therefore equal in power, but that is self evidently not the case when one adult who is much more severely mentally incapacitated is abused by another.

My other source of learning, ongoing, is from the inquiry which I am currently chairing into the management by various agencies of their relationship with an establishment which catered for a significant number of children and adults with learning disabilities. I am not free to comment on this at present. Graphically it illustrates the difficulties, to which I have already referred, which can arise for the authorities as a child with learning disabilities who passes into adulthood, is still vulnerable to abuse.

Unsurprisingly, the dimensions of abuse are virtually the same for adults as for children, except for issues concerning finance. However, I have become more aware that the dilemmas facing the professionals in relation to emotional abuse of learning disabled adults, pose particular problems. As we strive for greater autonomy, it is commendable

to encourage people with learning disabilities to make choices about their preferred modes of living. We are all, to an extent, influenced in our choices by other peoples' wishes, yet we know that some adults with learning disabilities are highly suggestible to manipulation and can be seen to vacillate greatly; for example, with whom they wish to live. In the extreme, some are incapable of making any choices; that is easier for professionals than those who may fall midway in a continuum; for example, a person who is quite capable of making a day by day choice about food or clothes, but incapable of longer term decisions about marriage involving an understanding of its meaning and consequences.

In summary: we have made huge strides in identifying and disowning the appalling disempowerment which so many such people have endured. This group of people has been accorded value and significance in contemporary British Society. But empowerment is a process not a state and understanding its limits is critical to the moral endeavour.

Old People who are Vulnerable to Abuse

The huge changes during the last century in the demography of Britain and its effects on the age structure of the population, do not need elaboration here. People are living longer; many are in good health and full of beans throughout many years of 'retirement' from paid work. We are now beginning to address the implications of a greying society' for patterns of employment. Some will rejoice, others will resent policies for employment beyond conventional pension ages to meet labour needs. However, it is also clear that a very large number of very old people have a period of what is rather unattractively called 'compressed morbidity' at the end of their lives. Failing physical and, most particularly, mental health may raise fundamental questions about the balance

between 'autonomy and protection' to which I have earlier referred. Problems associated with dementia have been widely discussed; the long time period during which people's capacity to act autonomously may gradually decline, poses painful dilemmas for the sufferers, carers and professionals alike. And this is but one of the disorders affecting mental capacity to varying degrees and in various ways in later life. High levels of ethically based skill are needed to find ways of caring for such people, which usurp as little as possible of their autonomy.

In some ways, working to protect with this group of old people poses the greatest moral challenge of all to our society. We think of children as our insurance policy for the future – economically and socially. No such justification can be mounted for the tender care of vulnerable old people. Bluntly, they may have little social utility. Neither of course, do some other groups but the sheer size of this group and the resource implications means that a moral stance costs a great deal of money. A further complication is that we have no clear-cut chronology or defined expectations of aging and dependency thence a vulnerability, as we have for children. It is highly variable according to the individuals and their social situation. We cannot assume that a man or women of 90 is by definition in need of more protection than one of 70 – though this is at present likely.

Agism poses particular difficulties in relation to the topic of this paper. The devaluing of older people is a persisting problem in contemporary British Society, the more so because it is for the most part insidious and covert rather than explicit. Attitudes, which are at best patronising, or, at worst, contemptuous of old people as a group, are still widespread. To be fair, many are working to effect change in these attitudes; for example, voluntary organisations such as Age Concern have been tireless in this

endeavour over 25 years, and a small but dedicated group of academics have fought the good fight. And of course amongst those who work for change are older people themselves. Such 'lobbyists' have been keen to dispel the idea of old people as pathetic objects of pity – a worthy objective in itself. This lobby is keen to give enormous cheery examples of fit old people dancing on the top of Everest.

It's all good stuff! But an unintended consequence of such portrayals and of the drive to defeat agism, has been to minimise the extent of the difficulties and disabilities under which so many old people are labouring. Of course, the health and social care professionals know all too well the challenge such people present to the service. Their vulnerability, including to abuse, is evident in daily practice. But there is a tension in the presentation of aging to society.

This tension is even apparent in academic discourse, in which there tends to be a division at least of emphasis between positive and negative aspects of aging by those who conduct the discourse. And it has meant that there has been reluctance in some quarters to engage with the nature and extent of the abuse suffered by some old people, lest it strengthens images of weakness and frailty. However, in the late 1980s, a small but energetic group of academics and professionals began to treat these matters with the seriousness they deserve. (McCreddie, 1997). An influential body of sound literature has put the subject of elder protection on a serious agenda. In the 1990s (1992: 1993) we saw also the tentative and wary first steps in the formulation of government policy in the matter: the willingness of the Tory Government to make any significant policy moves was, however, undermined by reluctance to embark on any initiative which would have significant resource implications. More fundamentally, the debates in the 1990s on the possibility of legislative change to protect old people more effectively,

brought to the surface familiar fears of the erosion of adult autonomy. New Labour may also have marked 'here be dragons' on their political map. Certainly many other issues have a higher priority on the legislative timetable.

Now a momentary diversion; in the 1990s, I was fortunate to travel to China several times, invited by Beijing University to develop social work programmes. China was deeply concerned about the social problems created, in major part, by drastic changes in demographic structure. The one child family policy had reduced the capacity of the younger generation to care for its elderly relative. 'Filial piety' had been an absolute social obligation, which might or might not be driven by affection. But family care became more difficult, exacerbated by the increased mobility of the population in the search for employment. I well remember a visit to a very large old peoples' home for old people without relatives. They were esteemed citizens who had been recognised as making a significant contribution to Communism. Although large, the atmosphere in the home was purposeful and happy. There was much for older people to do; food was excellent; libraries, painting and calligraphy rooms – all there to see. It was a nicer place to visit than most of our homes.... Until we went into the wing which housed (I use the word advisedly) the patients with dementia. It was another world of sub-human warehousing. They had ceased to be valued. Similar descriptions in China could also be given of mental hospitals and institutions which cared for the disabled. And of course, such descriptions can be found in more or less degree, in our own country, tho' it must be said we are unlikely to see today such gross examples.

These memories prompt some reflection on our contemporary society. First, of course, social rejection is a license for abuse. 'They are not like us, it doesn't matter what we do to them'. Secondly, it opens up deeply important questions about the structure and

processes of family life. The responsibility to care for children within family structures is widely accepted across the world. Various alternatives, such as the Israeli Kibbutz, have come and gone, but the family, albeit with increasingly diverse patterns, remains pretty solid and is the focus of intense political ideology and activity.

Responsibility for the care of vulnerable old people is much more ambiguous. We have long since abandoned, if indeed we ever had, the rigid obligations of filial piety still to be found, though weakening, in Chinese and other Asian societies. In any case, the potentiality for abuse, despite the formal rhetoric, was considerable in societies in which the sons carried the formal obligation, but the actual care was undertaken by the woman of the household. They were not infrequently resentful of earlier years of oppression by mothers-in-law! Small wonder if it was sometimes 'pay back time'. It would be simplistic to suggest that families in British society do not feel some social 'obligation' as distinct from simply affection, in relation to caring responsibilities. But one can raise the question as to whether the quality of care experienced in one's own childhood, or how one was treated as a daughter or son in law, should be a factor in what 'caring' is offered later. Does this affect the obligation to care?

Furthermore, the introduction at the beginning of the 20th century, of old age pensions for individuals, not assessed on the basis of the household, gave old people an independent status in society and one which is highly prized by many. The separate pensioner household is now of highly visible social and political significance. Yet no one measure has contributed more to the break-up of the continuity of family care within and by the wider family. Separate households fit extremely well with the model of the independent elderly person pursuing leisure energetically and may be offering child care to grandchildren. They do not fit well with those last years of 'compressed

morbidity' of which I have spoken. Hence the huge increase in domiciliary health and social services, in anxious sons and daughters driving hundreds of miles at weekends and worrying lest mother had a fall in the night. It also opened the door in the 1980s to a massive increase in residential care, a door which has been closing in recent years. There is a problem of crisis proportions in the care offered to such vulnerable old people and the potentiality of 'stranger abuse', including by paid carers in domestic and residential settings, is frighteningly high. What of the family which offers care? We all know of dedicated relatives, including elderly spouses and working middle aged daughters (and some sons!) whose care is nothing short of saintly. One hears how they may be driven to breaking point and of how the professionals are told 'I was afraid I would hit her'. Research suggests, however, that serious abuse is much more likely to occur in families where there is a long standing pattern of dysfunctional relations and/or personality disorder in the person we call, sometimes quite inappropriately, 'the carer'. In such instances, emotional abuse, sexual abuse and neglect are as likely to occur as physical violence. Living in the same dwelling may be as much a consequence of housing problems as of emotional ties. Or those emotional ties may be destructive.

In summary; I have argued that the position of old people in contemporary British Society raises some particularly difficult and intransigent problems in terms of finding a coherent way of viewing this large group in our population. And, since so many are women, agism and sexism have to be tackled across many fields of policy and practice. At the same time, the extreme vulnerability to abuse in a significant proportion of old people challenges the professionals, notably with health and social care, to its limits. And there is no doubt that many such old people are presently being failed by these services, some, hopefully few, enduring gross abuse at the hands of carers, paid and unpaid, others experiencing practices in their daily care which can arguably be

described as abusive and are certainly denigrating and devaluing. Make no mistake, I fully acknowledge the love, patience and skill which is offered by many who care. But the problems we confront today are relatively recent in terms of their social significance. They involve most aspects of social policy – housing, social security, health and social services, education and training and so on. They also pose a fundamental moral question, not in essence different from that raised in relation to other groups such as the learning disabled, but different because of its extent and pervasiveness. Are we going to accord dignity and esteem to those at the end of our lives? For this, of course, is the ultimate protection against abuse.

Conclusions.

Where are we now? We have seen that in law, policy and practice, the protection of children is well ahead of the other two groups. Some, however, will quickly point to the inadequacies, mistakes (some grievous) which are so apparent. Earlier political neglect of our social services (as in so many aspects of public service) have had profoundly negative effects on recruitment, education and management of the staff who have to take complex decisions and face such challenging dilemmas. Hard and as well as many individuals worked over the years, one is forced to the conclusion that, from top to bottom, the structures and systems, administratively, managerially, professionally and educationally, have failed many needy children. In some places we are paying a bitter price now. However, there has been in recent years, a sharper focus and increased energy at government level, together with a significant increase in resources. Historians amongst you, however, will not need convincing that the story is not one of 'progress' alone, it is also a story of endless challenge to respond effectively to new difficulties

and new dimensions of an age old problem. A recent example is the link between of paedophilic networks and Internet activity.

Concerning adults, 2000 was a landmark year; the government published 'No Secrets', long awaited statutory guidance on developing multi agency policies and procedures to protect all categories of vulnerable adults. These policies and procedures were to be in place by October 2001. I have already stressed my disappointment that this has not been backed by reform of public law. But with that proviso, I feel hopeful that the progress made regarding learning disabled people will be consolidated; of particular interest are the recent moves to improve their position as witnesses who give evidence in court of the abuse they have experienced.

As I have made clear, I am less sanguine about the prospects for those old people who have a right to protection by the society in which they reside. Underlying ageism and intolerable pressure on professionals employed to care, directly or indirectly, combine to produce situations in which they may be abused through systems failures or in which the door is left open to more deliberate abuse. Here indeed is a huge moral challenge to us all. It demands action.

In a recent book review (Nov. 2001), Stephen Sedley wrote: 'The trouble with fundamental values is that whichever one you take with you as a guide, another one is waiting round the corner with a sock full of sand.'

Thus it has been for the professionals in this field. They are very familiar with socks full of sand, whether the socks are wielded by the judges, the politicians, the bureaucrats or that 'man on the Clapham Omnibus', (overdue for modernisation). Human rights do

exist in tension with each other and dilemmas abound. That is inevitable and must be borne. But I would like to see a social climate which more respect and support is accorded to those who seek to resolve these dilemmas in daily practice.

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