

Factsheet 78 ● April 2010

## Safeguarding older people from abuse

### About this factsheet

This factsheet is designed to help you if you know an older person who is being abused or who may be at risk of abuse. Whether you know the individual involved through your role as a professional, carer, relative or friend, you have an important part to play in safeguarding them from abuse.

The information in this factsheet is aimed at raising your awareness and understanding of the issues of abuse and it also covers approaches to safeguarding older people.

Any form of abuse is unacceptable, no matter what justification or reason may be given for it, and it is very important that older people are aware of this and they know that help is available.

The information in this factsheet is correct for the period April 2010 – March 2011. However, rules and guidance sometimes change during the year.

This factsheet describes the situation in England. There may be differences in the legislation, guidance and procedures in Northern Ireland, Scotland and Wales. Readers in these nations should contact their respective national Age UK offices for information specific to where they live – see section 13 for details.

For details of how to order other factsheets and information materials mentioned inside go to section 13.

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**Note:** Many local Age Concerns are changing their name to Age UK.

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# 1 Recent developments

- A new regulatory system for adult health and social care providers is being introduced by the Care Quality Commission from April 2010.
- The *Equalities Bill*, which at the time of writing (February 2010) is going through Parliament, includes a prohibition on age discrimination in the provision of services such as health and social care.
- From October 2010, adults who fund their own social care, including care home placements, will have access to an independent complaints review service provided by the Local Government Ombudsman.
- New, revised, social care eligibility guidance was introduced in February 2010 to replace the existing *Fair access to care services guidance*, which was introduced in 2003. The new guidance is called *Prioritising need in the context of Putting People First: A whole system approach to eligibility for social care, Guidance on Eligibility Criteria for Adult Social Care*.

## 2 What is elder abuse and safeguarding?

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We all have the right to live free from abuse of any kind. Our age or circumstances should have no bearing or effect on this basic right.

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Cases of abuse against older people regularly come to light and many instances of abuse may also go unreported. Abuse can occur in a person's own home or whilst they are receiving a service, for example in a hospital or care home.

The abuse may be perpetrated by a friend, family member or a stranger, or it might be by a professional in the course of their work with an older person.

The charity Action on Elder Abuse defines abuse as:

*A single or repeated act or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person (1993)*

The term 'safeguarding' means a range of activities aimed at upholding an individual's fundamental right to be safe. In the Government's *No secrets* guidance, published in 2000,<sup>1</sup> the term 'vulnerable adult' is used to identify those who should be the focus of local safeguarding policies and procedures. It defines a vulnerable adult as someone aged 18 or over:

*who is or may be in need of community care services by reason of mental or other disability, age or illness; who is or may be unable to take care of him or herself, or unable to protect him or herself from significant harm or exploitation.*

The *Fair Access to Care Services (FACS) guidance*<sup>2</sup> uses the more empowering language of 'risks to independence and wellbeing'. This approach ties in with the Government's recent 'personalisation' agenda for the users of public services. However, developments in this area have opened up new issues with regard to safeguarding and the potential for the abuse of older people. For further information on this see section 5 and Factsheet 24, *Self-directed support: direct payments, personal budgets and individual budgets*.

In its good practice guidance, the Association of Directors of Social Services (ADSS) speaks of 'the misuse of power by one person over another.'<sup>3</sup>

The ADSS guidance broadens the focus of safeguarding beyond those in need of community care services, as set out in the *No Secrets* guidance. This means that all those who are working with, caring for or supporting an individual who may be vulnerable to abuse or who is being abused, in any situation, have a duty to report it, and adult protection bodies have a duty to respond appropriately when abuse or the potential for abuse is reported.

<sup>1</sup> *No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse*, Department of Health, 2000.

<sup>2</sup> LAC (2002) 13: *Fair Access to Care Services: guidance on eligibility criteria for adult social care*.

<sup>3</sup> *Safeguarding Adults: A National Framework of Standards for good practice and outcomes in adult protection work*, ADSS, 2005, page 5.

## 2.1 Different types of abuse

Abuse can take many forms. The following is a list of the main types of abuse:

- financial abuse
- neglect
- physical abuse
- sexual abuse
- psychological/emotional abuse
- discriminatory abuse
- institutional abuse.<sup>4</sup>

Abuse can be a very complex issue and a number of the above categories may occur at the same time. For example psychological abuse may play a part in physical or financial abuse. An example of this may involve someone living in fear once they have been physically abused and then complying with inappropriate demands for money from the individual who perpetrated the physical abuse.

Also, what may be seen by someone as abuse in one circumstance may not be seen in the same way by another person.

It is important to identify signs of abuse before they escalate and act promptly where necessary to safeguard an individual from abuse. This requires an understanding of situations that may create a risk of abuse. However, there also needs to be a balance to this approach in which an individual's choices are fully respected if they have the capacity to make them. The choices, opinions and wishes of the individual involved should guide any intervention in an adult abuse situation. The standards required of those supporting individuals who lack capacity to make a decision or express their views are discussed in section 3.2.

It is also important to be aware of the aftermath of an abuse situation and to work to achieve the best long-term outcomes. This can be difficult when the abuse is caused by someone who is very close to the victim and who may have an ongoing relationship with them.

In the following sections the abuse categories will be looked at in more detail.

<sup>4</sup> Age Concern Cymru (January 2009), *Safeguarding Older People*, Comic Relief and Lottery funded.

## 2.2 Financial abuse

Financial abuse is illegal or unauthorised theft or use of a person's property, money or other valuables.

It could involve undue pressure on an individual to lend or give money to relatives, friends or professionals who are working with them. There could also be pressure to sign over a house or property, or to change a will. A family member could move into someone's home without their consent and without a prior agreement on sharing costs and could frequently ask for money. A person could be charged excessive amounts for services such as minor building works on a property. Someone could take charge of an individual's benefits or pension book and not give them all their money; or they could cash a cheque or use a credit or debit card without permission.

### 2.2.1 Possible indicators of financial abuse

- Unexplained loss of money
- Inability to pay bills, overdue rent
- Person unable to access their own money or check their own accounts
- Deterioration in standard of living, for example an inability to purchase items that they could normally afford
- Unusual activity in bank accounts
- Cheques being signed or cashed by other people without someone's consent
- Inappropriate granting and/or use of a Power of Attorney
- Sudden change or creation of a will to benefit an individual significantly
- Missing personal belongings such as art, jewellery and silverware.

Crimes associated with this type of abuse include theft, undue influence and forgery. Section 4 of the *Fraud Act 2005* prohibits a person from abusing a position in which they are expected to safeguard the financial interests of another person. The *Mental Capacity Act 2005* also contains a strict prohibition relating to financial abuse.

## Here is a brief account of an example of financial abuse

Mrs B's grandson has been helping her to buy her groceries and pay bills. Mrs B has problems remembering her PIN, so she has given it to her grandson to enable him to draw the cash out of her bank account. Initially Mrs B felt that the arrangement was working well. However, the grandson has continued to ask for money other than for groceries and bills. He has also started to regularly take large sums of money out of the account without any receipts for the articles that he has paid for. Mrs B is a lot worse off than she used to be and is now unable to make ends meet. She can no longer afford to put the heating on in her flat and is unable to buy any new clothes to see her through the winter.

## 2.3 Neglect

Neglect is a form of abuse in which the perpetrator is responsible for providing care for someone who is unable to care for him or herself, but fails to provide adequate care to meet their needs. Neglect can be deliberate or can occur as a result of not understanding what someone's needs are.

Examples of this could include not giving someone proper food or assistance with eating or drinking. It may be a failure to provide a warm, safe and comfortable environment. It could be failure to prevent physical harm such as not providing appropriate equipment to avoid excessive risks to mobility or transfers from a bed or chair. A carer or support worker could fail to record incidents appropriately, fail to read and follow a care plan or fail to provide basics standards of care. Someone's health needs may be ignored, for example by not allowing them to go to the doctor for treatment, not arranging regular check ups, or not giving medication in accordance with what the doctor has prescribed. Calls for assistance could be ignored for long periods of time or someone could not be assisted to keep clean in the way that they would choose, for example if they have incontinence.

### 2.3.1 Possible indicators of neglect

- Dirt, urine or faecal smell in a person's environment
- Pressure sores
- Prolonged isolation or lack of stimulation
- Depression

- Person has dishevelled appearance or is dressed inappropriately
- Person has an untreated medical condition
- Under or over medication
- Home environment does not meet basic needs, for example no heating
- Signs of malnourishment or dehydration
- Person who is not able to look after him or herself is left unattended and so put at risk
- Not being helped to the toilet when assistance is requested.

### Here is an example to illustrate neglect

Mrs C lives in a care home. She has dementia and needs a high level of support and assistance. She is often left on her own, has little interaction or stimulation for long periods of time and is ignored when she calls for assistance. This results in her soiling her clothes because she needs reminding and physical assistance to use the toilet. As a result Mrs C's quality of life is very poor and she is depressed and withdrawn.

## 2.4 Physical abuse

Physical abuse is abuse involving contact intended to cause or resulting in pain, injury, or other physical suffering or bodily harm. It can also result in feelings of fear and other psychological problems.

It could include hitting (with or without an object), kicking, shaking, burning, pulling hair, biting or pushing. It could be rough handling during care giving, for example lifting someone inappropriately instead of using the correct procedures or equipment. A person could be stopped from going out, locked in a room or tied to a chair or bed.

### 2.4.1 Possible indicators of physical abuse

- Cuts, scratches
- Oval or crescent shaped bite marks over 3cm across
- Lacerations, weal marks, puncture wounds, finger marks, burns and scalds
- Fractures and sprains

- Bruises (particularly if there is a lot of bruising of different ages) and discolouration
- Any injury that has not been properly cared for such as untreated pressure sores
- Poor skin condition or poor skin hygiene
- Loss of hair, loss of weight and change of appetite
- Insomnia or unexplained behaviour, fearfulness, unexplained paranoia, anxiety.

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**Please note:** It must be stated that bruising can be as a result of a medical condition or accidentally knocking against something. However, it is better to share concerns than to dismiss them. See section 12 for information on organisations that can assist in this area.

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### **Here is a brief example of physical (and psychological) abuse**

Bill lives with his niece Jane. His memory is affected by dementia so he often forgets the answers to his questions. He keeps asking the same questions over and over again. Jane is helpful to Bill but sometimes she gets angry and frustrated. Sometimes she thinks that he is repeating his questions on purpose. Jane's frustration has built up to such a point that she finds herself leaning into him and shouting close into his face. She has also started to shake Bill firmly by the arms and sometimes pushes him back on to the bed. This has caused bruising to Bill's arms. He has become afraid and increasingly withdrawn as a result of Jane's actions.

## **2.5 Sexual abuse**

Sexual abuse can be defined as direct or indirect involvement in sexual activity by a person without their consent. People who do not understand what is happening to them are unable to consent to sexual activity.

Sexual abuse could include a person forcing someone to have sexual intercourse or perform sexual acts that they do not want to do. It could consist of indecent exposure, serious innuendo or teasing a person. A person may be forced to watch pornographic material or sexual acts or a person could spy on someone when they are undertaking personal care activities. There could be enforced or coerced nakedness or inappropriate photography of a person in sexually explicit ways.

### 2.5.1 Possible indicators of sexual abuse

- Emotional distress
- Itching, soreness, bruises or lacerations
- Certain types of soiling on clothing
- Mood changes
- Change in usual behaviour
- Expressions of feelings of guilt or shame
- Difficulty in walking or sitting
- Disturbed sleep patterns.

#### Here is a brief example of sexual abuse

Mrs B, who lives alone, has a neighbour who visits her every day to assist with her daily living tasks. Recently, on a number of occasions, he has watched pornography on her computer while visiting her. When Mrs B saw this she found it very upsetting. Mrs B's neighbour is aware that she has seen him watching pornography but has carried on with his actions. Mrs B doesn't know how to deal with the situation because she is very isolated and relies on her neighbour for support and assistance.

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**Please note:** Only trained and authorised professionals should conduct a physical examination looking for signs of sexual abuse. For anyone else to do this would itself be abusive.

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## 2.6 Psychological/emotional abuse

Psychological abuse, also referred to as emotional abuse, is a form of abuse characterized by a person subjecting or exposing another to behaviour that is psychologically harmful. Such abuse is often associated with situations of power imbalance, such as abusive relationships.

Psychological or emotional abuse could involve humiliation, for example making someone feel ashamed of their behaviour or the way that they act through words or actions which put someone down. This could make someone feel unworthy, unwanted, unimportant or ignored. An individual's wishes or choices could be denied, for example regarding food or clothing choices; this may be particularly significant if it relates to choices that have spiritual or religious meaning to that person. It could be in the form of overprotection where another individual thinks they 'know best'.

It could also consist of disrespecting someone's right to privacy and dignity, for instance opening their mail without permission or entering their bedroom without knocking. A carer could threaten to withdraw care or move out of the accommodation or a relative could threaten to put someone in a care home. There may also be threats of harm if someone does not comply with another person's wishes or views.

### 2.6.1 Possible indicators of psychological and emotional abuse

The following is a list of psychological and emotional indicators that may have abuse as their cause. It is important to also be aware that there may be many other reasons for any of these indicators in any given situation.

- Untypical changes in mood, attitude and behaviour
- Changes in sleep pattern
- Loss of appetite
- Anger
- Excessive fear or anxiety
- Helplessness or passivity
- Confusion or disorientation
- Implausible stories

- Denial
- Hesitation to talk openly
- Low self-esteem
- Unclear or confused feelings towards an individual.

**Here is a brief example to illustrate a psychological or emotionally abusive situation**

Mr A has always been an independent person. However, after a fall, he agreed to move in with his daughter and her family. Things have not gone smoothly and there is tension in the house. Mr A's son-in-law calls Mr A stupid and lazy and constantly threatens to put him in a care home unless he 'shuts up'. As a result Mr A now feels depressed and anxious. He has also become socially withdrawn and has lost his sense of independence.

## 2.7 Institutional abuse

Institutional abuse is repeated instances of poor care of individuals or groups of individuals. It can be through neglect or poor professional practice as a result of structures, policies, processes and practices within an organisation.

It can occur in any setting where one or more service users receive a service, whether on a daily or residential basis, for example a care home, a day services centre, a hospital ward or a person's own home. The service may not meet the necessary professional standards or there is a need for further training or the development of a more caring and person centred approach.

It is essential that individual staff within an organisation take responsibility for recognising and dealing with institutional abuse and do not accept poor standards as something that cannot be challenged or changed.

### 2.7.1 Possible personal indicators of institutional abuse

- Inappropriate approaches to continence issues such as toileting 'by the clock' as opposed to when a person wishes to go to the toilet
- Set times for refreshments with no opportunity to have a snack, or to make alternative arrangements outside these hours
- No evidence of care plans that focus on an individual's needs

- Staff not following care plans when they are in place
- Lack of privacy, for example a failure to close doors when attending to a person's personal care needs
- Failure to knock on a door before entering, for example a bedroom or bathroom
- No access to personal possessions or personal allowance
- Failure to promote or support a person's spiritual or cultural beliefs
- A culture of treating 'everyone the same' which is different from treating everyone 'equally'
- A couple being prevented from living together
- Abuse of medication
- Dehumanising language
- Infantilising older people – speaking to or treating them like a child
- Locking people in their rooms.

### 2.7.2 Possible cultural and management indicators of institutional abuse

There are ways in which an organisation can be run that lead to practices which, if left unaddressed, can contribute to an environment where abuse is tolerated.

These indicators may be contributory factors of institutional abuse in a care setting but do not always lead to abuse.

- The absence of a clear complaints process
- The absence of an Equal Opportunities policy
- Failure to promote advocacy when it is locally available
- Inadequate staff training and supervision
- Premises that are regularly understaffed
- Inflexible visiting procedures
- A culture of interaction between staff that habitually runs counter to recognised best practice
- High staff turnover
- Low staff morale.

## **A brief example of institutional abuse**

Ms D lives in a care home. She needs to be hoisted to transfer her from her bed to her chair safely and comfortably. However, her carers regularly ignore hoisting procedures and lift her manually to save time. This method of lifting is quite rough and it causes Ms D severe pain due to her widespread rheumatoid arthritis. When she asks the carers to transfer her using the hoist, as has been set down in her care plan, they respond by stating that none of the staff likes to use the hoists because it slows them down too much and also they have not been trained properly in their use.

## **2.8 Discriminatory abuse**

This is where a person is abused or treated less favourably without a proper justification because of their: gender, race (including skin colour), ethnicity or culture, religion or belief, preferred language, sexual orientation, political views or age. Discriminatory beliefs and practices limit the lives of the people upon whom they are imposed.

Discriminatory abuse could involve withholding services from an older person without a proper justification. It could be the absence of an equal opportunities policy in an organisation or presumption of a particular sexual orientation. There could be a presumption of a lack of capacity without proper investigation of this. There could be a failure to take account of religious practices, for example by expecting someone to eat food that is not acceptable to their faith. It could also include a failure to take into account the spiritual welfare of the person, for example when providing palliative care.

### **Here is an example of discrimination**

Mr D has been admitted to a hospital for planned treatment. He is devoutly religious and needs to observe strict religious practices on a daily basis. These practices include not eating a certain type of meat. This issue was discussed with staff prior to his admission and he and his family were under the impression that his needs would be catered for. Following admission he was very upset when he was offered this meat as part of his meal without any other alternative choice. This has happened on more than one occasion and his complaints about it have been ignored by staff.

## 3 Guidance and legislation

The following information consists of guidance and legislation related to safeguarding. Terms used in this section were introduced in section 2 and will be mentioned in subsequent sections so it is necessary to explain their meaning and significance more fully at this point.

### 3.1 Review of the *No Secrets* guidance

At the time of writing (February 2010), the Government's review of safeguarding adults *No Secrets* guidance is nearing completion. A number of planned changes have already been announced including new legislation to put local Safeguarding Adults Boards on a statutory footing. They will be made mandatory in all English local authorities.

There are significant problems with the current system. There is uncertainty over the definition of the term 'vulnerable adult'. There are a wide range of adult protection arrangements in different areas based on the existing guidance, which do not guarantee comprehensive coverage. Adult Protection Teams are often under-funded, under-staffed and under-resourced, and as a result of the existing system, a great deal of abuse may be going on unchallenged or unreported.<sup>5</sup>

### 3.2 Mental capacity, deprivation of liberty and human rights

Where someone lacks capacity to make a particular decision, all actions to support them should meet the 'best interests' standards set out in the *Mental Capacity Act 2005* and its Code of Practice.

You could have been granted a Lasting or Enduring Power of Attorney by the individual or have been made a Deputy under the Court of Protection; or you could be a professional required to make a decision about someone's accommodation, care package or medical treatment.

The Court of Protection and the Office of the Public Guardian have powers and duties towards the protection of vulnerable adults who lack mental capacity within the framework of the *Mental Capacity Act 2005*.

<sup>5</sup> *Safeguarding Vulnerable Adults: National Developments and Good Practice*, talk by Rosanna Thurlow, Policy Development Officer, Action on Elder Abuse, no date given.

The *Mental Capacity Act 2005* is based on 5 statutory principles:

- **a presumption of capacity** – every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise
- **the right to be supported to make their own decisions** – all practicable steps must be taken to help a person make their own decision before anyone concludes that they are unable to do so
- **the right to make eccentric or unwise decisions** – a person is not to be treated as being unable to make a decision simply because the decision they make is seen as unwise
- **best interests** – any decision made or action taken on behalf of people without capacity must be made in their best interests
- **least restrictive intervention** – anyone making a decision for or on behalf of a person without capacity should consider all effective alternatives and choose the one that is the least restrictive of the person's basic rights and freedoms.

It is necessary to be fully aware of these and all the other standards in the *Mental Capacity Act 2005* if you are working with someone who lacks capacity.

For further information see Factsheet 22, *Arranging for others to make decisions about your finances and welfare*.

The *Deprivation of Liberty Safeguards (DOLS)*<sup>6</sup> relate to individuals who are deprived of their liberty and who lack the mental capacity to make a choice or give their viewpoint about this major change. A common example is where someone with dementia is placed in a care home. The DOLS set out: what deprivation of liberty means; what you can do if you are concerned that someone is being unlawfully deprived of their liberty; the procedure that must be followed for obtaining authorisation to deprive someone of their liberty; and support for people who are going to be deprived of their liberty. See Factsheet 62, *Deprivation of Liberty Safeguards* for further information.

<sup>6</sup> The *Deprivation of Liberty Safeguards* came into force on 1 April 2009 under amendments to the *Mental Capacity Act 2005*.

The Government's *No Secrets* guidance states that 'abuse is a violation of an individual's human and civil rights by another person or persons'.<sup>7</sup> There is a duty on all public authorities to act within the *Human Rights Act 1998* and to intervene proportionately to protect the rights of individuals.

Examples of these rights include:

- Article 2: Right to life
- Article 3: Freedom from torture, humiliation or degrading treatment
- Article 8: Right to private and family life, home and correspondence.

All staff working for public bodies such as local authorities and primary care trusts should be aware of the *Human Rights Act 1998* and must uphold these rights when they are working with service users. It is important to be aware that human rights abuses can relate to every day actions such as not respecting an individual's need for privacy with regard to personal care tasks such as washing, dressing and going to the toilet.

### 3.3 **The Transforming Adult Social Care agenda**

The *Transforming Adult Social Care*<sup>8</sup> agenda is a recent Government policy aimed at increasing service users' choice and control over service provision and funding. It also focuses on prevention, universal information and advice, joined up service provision and social inclusion. However, it opens up a number of issues regarding safeguarding, for example the potential use of unregulated support workers and pressures related to funding issues for services.

It is essential that service users' rights to service provision and funding, based on eligible assessed needs, are protected within this new system.

Service users should be able to take decisions with appropriate support and information, including some risks, whilst being free from abuse and harm.

<sup>7</sup> *No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse*, Department of Health, 2000, page 9.

<sup>8</sup> LAC (DH) (2008) 1: *Transforming adult social care*

They must not be pressurised into receiving a lower level of safety as a result of their choice of social care services or funding method. This requirement should be at the heart of assessment, safeguarding and funding decisions based on new local authority procedures such as the Resource Allocation System (RAS) for Personal Budgets.

For further information on this see Factsheet 24, *Self-directed support: direct payments, personal budgets and individual budgets*.

## 4 Who might abuse an older person?

In a UK-wide of study in 2007, 4% or approximately 342,400 people aged over 66 years living in private households, reported experiencing mistreatment by a family member, close friend, care worker, neighbour or acquaintance in the previous year.<sup>9</sup> It was found that 35% of those perpetrating abuse and neglect were the partners of the victims, 33% were other family members, 33% were neighbours and acquaintances, 9% were home helps and 3% were friends. These findings demonstrate that those closest to older people are often the ones most likely to commit abuse.

The survey did not cover care home or hospital staff. Other professionals who may come into contact with an older person such as GPs, social workers, other health and social care professionals and trades-people may also be involved in abuse situations.

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It is important that this information does not cause unnecessary alarm. The vast majority of older people's relationships with family members and professionals will be positive. Therefore although abuse of older people does exist, it does not mean that a particular individual will experience it.

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<sup>9</sup> *UK Study of Abuse and Neglect of Older People Prevalence Survey Report*, commissioned by Department of Health and others, 2007.  
<http://assets.comicrelief.com/cr09/docs/elderabuseprev.pdf>

## 5 Why might someone abuse?

This section is designed to give a basic understanding of why someone might abuse another person. People abuse others for a number of reasons.

According to Ramsey-Klawnsnik (2000)<sup>10</sup> there are 5 main types of abuser:

### Overwhelmed abusers

These people want to provide adequate care but are unable to fully meet the needs of the person they are trying to help.

An example of this could be where an older person is often confused, needs a lot of physical assistance, cannot be left alone, and gets up several times in the night. He or she lives with their adult child and partner but they both have to work full-time to make ends meet, and they also have young children at home.

Although this type of abuser often abuses unintentionally, this can still have a devastating effect on the older person. The carers need access to support to ensure that they do not become overwhelmed. In the example a local authority social worker may be able to assess what both the older person and family needs and provide services to help them cope.

### Impaired abusers

These are people who have problems, such as mental ill health or physical disabilities, which make them unable to care for others properly.

Issues related to this category may develop when, for example, an older couple are caring for each other and they both have some form of disability or ongoing health condition. They may not be aware of or able to access the help and support that is available to them from the public services.

### Narcissistic abusers

These are motivated by personal gain, the 'what's in it for me?' mindset, not the desire to help others. These people tend to neglect or financially exploit other people.

<sup>10</sup> H Ramsey-Klawnsnik, *Elder-abuse offenders: a typology*, appeared in *Generations* 24 (2) pages 17–22 (2000).

An example of this could be a neighbour who suddenly takes an interest in an older person's welfare. The older person is finding it difficult to manage household tasks and shopping, and has accumulated a few debts. The older person's house is worth around £150,000. The neighbour develops a relationship with the older person. He offers to do his or her shopping, helps with the garden and does a few maintenance tasks. A few months later he offers to buy the house for £70,000 and says that the older person can live in it rent free for the rest of their life. He puts pressure on them and convinces them that they cannot manage without his help.

### **Domineering or bullying abusers**

These believe their actions are justified and the victim 'deserved the abuse'.

The abuser may have been abused by someone or may have felt mistreated in the past. They may blame the older person for not protecting them from a previous abusive situation. The domineering or bullying offender will blame the older person for the abuse they are perpetrating rather than taking responsibility for it.

### **Sadistic abusers**

These are people who feel powerful and important through humiliating others. Sadistic offenders enjoy inflicting pain and suffering on others to make them feel better about themselves.

## **6 Where might abuse occur?**

Abuse can take place anywhere, for example in the person's own home, a nursing or care home, day service, a hospital or sheltered accommodation.

However, as stated above the vast majority of relationships with all of the people living or working in these places will be positive.

## **7 How statutory services can help**

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If someone you know is being abused or is at risk of abuse, you can contact the local social services department who will listen to you and act on the information that you provide.

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## Referral to social services

If you make a referral to Social Services about an abuse situation related to an older person, it is known as an 'adult safeguarding alert'. Your information and any allegations should be recorded and discussed immediately with the appropriate manager responsible for adult safeguarding. The manager should assess the information including the level of risk. They should decide whether it appears to be a safeguarding situation and make arrangements to have the case investigated as an 'adult safeguarding alert' if this is required.

Following the initial referral to Social Services a referral may need to be made to the local adult protection co-ordinator to instigate an investigation. The adult protection co-ordinator will need to liaise with you to inform you of the procedures involved and find out how you wish to proceed. This person is part of the local Adult Safeguarding Board and they will generally take a lead in co-ordinating the agencies involved in a multi-agency response to the investigation.

A referral to Social Services may come from a wide range of sources including members of the public, health and social care professionals, the police, voluntary agencies and the Care Quality Commission.

If there is an **urgent need** for the person to be protected, to find alternative accommodation or other safety measures, and the person is willing to accept these measures, they must be given priority by the manager dealing with the referral. If someone is in danger of physical harm or their life is threatened, it is appropriate to dial 999 and request help from the emergency services.

The contact details for the local social services department, which is part of the local council, will be listed in the telephone directory under the name of the council.

In the *No Secrets* guidance in 2000 (discussed in section 3.1) Social Services authorities were given the lead responsibility for co-ordinating local multi-agency systems, policies and procedures to protect vulnerable adults from abuse. Local social services departments will have a 'Safeguarding Adults' policy with guidelines of actions to take in cases of abuse against older people and agreed procedures. Information about the procedures should be widely publicised, for example on the local council website. These policies and procedures exist alongside other local authority duties regarding the provision of social care services such as needs assessment, case review and appropriate risk assessment.

## Agencies involved in adult protection/safeguarding

Local authority social services departments work in partnership with other agencies such as the police, Crown Prosecution Service, health services, Care Quality Commission and voluntary organisations as well as other partners. Each local authority will have formally agreed regional adult safeguarding policies and procedures that are used by all the agencies involved in the protection of vulnerable adults. These agencies should form part of the local Adult Safeguarding Board.

## Independent support

If the person who may be experiencing abuse feels that they require independent support to help them through the process and to ensure that their wishes are heard and acted upon, they can contact a local advocacy service such as Age UK/Age Concern who may have an independent advocate to support them.

## Where a crime has been committed

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The police must be informed as soon as possible if a crime may have been committed so that they can begin their investigation.

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All of the abuse categories listed in section 2.1 have the potential to involve illegal activity. Examples of this may be theft, physical assault or sexual assault. A joint investigation with other agencies may be necessary but the police will expect to lead criminal investigations.

## 8 What can someone who is experiencing abuse do to stop it?

### 8.1 Making the first step

It is possible for you to stop or prevent abuse but the person affected will usually need to tell someone what is happening. If that person wants help and support to stop the abuse and to change their situation there are organisations that can provide specialist help and support.

A person who is being abused can find it very difficult to make the first step towards ending the abuse, so it might be useful for them to think about how they wish to do this. If they find it difficult to speak about the abuse face-to-face it might be easier to write down what is happening or to keep a diary of when the abuse occurs. If the person feels able and has access to a phone, they could call someone they trust or a national helpline such as Action on Elder Abuse's helpline, the local Age UK/Age Concern, social services or the police. See section 12 for further details. They could also confide in a friend, relative, neighbour, general practitioner or minister of religion as a starting point to ending the abuse.

## 8.2 If someone is in a care home

If someone is in a care home it is possible that they will already be in a particularly vulnerable position and may not be able or know how to let someone know that they are being abused. Where possible the person could let someone they trust, such as a family member or friend who is visiting them, know what is happening. Alternatively if they feel they can speak to a senior carer or the home manager, they could report the abuse to them. However, this may not always be possible.

If an individual lacks the capacity to express their wishes and feelings, then the care home workers and the individual's representatives should work to the 'best interest' standards laid down in the *Mental Capacity Act 2005* and also the new *Deprivation of Liberty Safeguards*. See section 3.2 for further information on this.

If the person does not have anyone to support them and they would like the support of an independent advocate they can ask the home to contact an independent advocacy service or local Age UK/Age Concern organisation.

If a person is unable to go out much due to an illness or disability, perhaps the only people they might see are the doctor or district nurse. Perhaps because of someone's isolation it might be difficult for them to recognise that what is happening to them is abusive. It might also make it difficult for them to know how to report it. The person could let the visiting doctor or nurse know what is happening to them. These health workers will be able to work with other agencies such as social services or the police (if it is a matter of a criminal offence) in order to find a way to end the abuse that the person is being subjected to.

### 8.2.1 **The Care Quality Commission**

The Care Quality Commission (CQC) is responsible for regulating and maintaining standards in local authority, private and voluntary health and social care services including care homes, which must be registered with them. All care homes that are regulated by the CQC must have procedures that they have to follow when someone reports abuse to them in accordance with the *National Minimum Standards for Care Homes for Older People, 2003* and the locally agreed procedures for the protection of vulnerable adults. See 'Recent developments' section about the new regulatory system.

It is a requirement for each care home to have a simple robust complaints procedure that can be accessed by residents and their supporters. An assurance should be given to the person making a complaint that it will be dealt with in the first instance within a maximum of 28 days. Written information should also be provided about how to make a complaint directly to the CQC at any time, should the resident wish to do so.

The CQC must respond to allegations of abuse in any service it regulates and support the investigation co-ordinated by the local authority. It should ensure that appropriate steps have been taken by service providers to safeguard anyone who has been abused for example whether disciplinary procedures or suspension of the alleged abuser are necessary. This forms part of the CQC's routine inspection of registered care facilities.

### 8.3 **Living in supported/sheltered accommodation**

If someone is living in sheltered accommodation they could speak to the warden or housing officer and tell them about the situation. Or someone could ask them to get the details of a voluntary organisation such as the local Age UK/Age Concern so they could speak to someone independent. Alternatively they could contact social services directly. All social care services are regulated by the Care Quality Commission.

## 9 Different types of support

What to do about abuse can depend on several different factors including what type of abuse someone is suffering from, in what setting they are being abused (eg own home, hospital, care home), how severe the abuse is and who is abusing them. It can be especially difficult to know what to do if the person abusing them is a member of their family, a close family friend, someone they thought they could trust or someone who spends a lot of time caring for their needs. They may feel that it is not severe enough to say anything. Or the person might have apologised and promised that it will never happen again. In order to decide what to do there are several alternative options someone can consider using. The following sections say something about each of these.

### 9.1.1 Advocacy services

Independent advocacy services can provide a person with support and, where required, representation at meetings. The independent advocate is on the person's side and will work with them to ensure that their wishes are listened to and are always taken into consideration. The advocate can provide them with information about their rights and help them to make informed choices about their life. The advocate will not judge them or make any assumptions about what they want. They can be supported throughout the process of an investigation if they have chosen to report the abuse. Support is available to help the person understand how the adult protection process works.

There are different types of advocacy services, including specialist services such as mental health advocacy, Independent Mental Capacity Advocates (IMCA) or in some areas, dementia advocacy services for people who have specialist needs.

### 9.1.2 **Independent Mental Capacity Advocacy (IMCA)**

In England from October 2007 a new Independent Mental Capacity Advocacy (IMCA) service is available. The IMCA is a new type of statutory advocacy introduced by the *Mental Capacity Act 2005* (MCA). The IMCA gives some people who lack capacity to make certain decisions a right to receive support from an IMCA. People who may need the support of an IMCA include older people with dementia, people with a brain injury, people with mental health problems or someone who has a temporary lack of capacity because they are unconscious or barely conscious. The IMCA will safeguard the rights of people who are facing a decision about a long-term move or about serious medical treatment based on the 'best interest' principles in the MCA. IMCA's could also be involved in decisions concerning adult protection even where the person has friends or family to consult.

For information about the *Mental Capacity Act 2005* and IMCAs, see Factsheet 22, *Arranging for others to make decision about your finance and welfare*.

There are also a wide range of advocacy services for older people living at home, in residential care or when they are in hospital. For further information about advocacy services in your area, contact the local Age UK/Age Concern organisation. See section 13 for further details.

### 9.1.3 **Voluntary Organisations**

Voluntary organisations, such as Age UK/Age Concern, provide a variety of direct services that are able to help and support people on a one-to-one basis. Some services will visit a person at home if this is what they wish, or arrangements can be made to meet at a more suitable venue. Voluntary and other community organisations also help older people stay active in the community and reduce social isolation and vulnerability, for example through befriending schemes.

## 10 If you witness or suspect abuse

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If you witness the abuse of an older person or you have seen changes in behaviour or living patterns that make you suspect that someone is being abused, it is important that you don't ignore what you have seen or suspect. Everyone has the right to live free from abuse of any kind and there is support and assistance available to put a stop to it.

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### 10.1.1 As a relative, friend or visitor to a care home

Talking to the older person about what you suspect in a sensitive but open and honest way could actually make them realise what is happening to them, if they don't already, or help them to realise that there are people who are willing to help and support them to stop the abuse. Opening up this conversation with someone is an important first step and you should be prepared to listen to them if they wish to open up and talk to you about the abuse. The person may not wish to say anything in the first instance as they might be concerned about whether they will be believed or how you may react. It is also important to remain honest with them and not to make any promises that cannot be kept, for example promising that you will never tell anyone else about the abuse. However, it is important to ask the person what they want to do about their situation. This might not happen during the first conversation and it might take some time before someone feels confident enough to want to speak out and seek help.

You may wish to find out some information about what can be done to stop the abuse you have witnessed or suspect. You can get this by contacting a voluntary organisation such as your local Age UK/Age Concern or the local social services department. If you have the relevant information to take to the person when you talk to them you will be able to reassure them that they are not alone and that services and adult protection procedures are there to protect people from abuse. Section 7 above covers the procedures that must be followed by the care home, safeguarding procedures and also the Care Quality Commission's standards.

### 10.1.2 **As a paid carer or other professional in the community, a care home or on a hospital ward**

As a paid carer the safety and welfare of the people you are charged with caring for are paramount and whether you are caring in the community or in a residential care setting if you witness or suspect abuse it should never be ignored as this can have serious consequences for the older person.

If you witness abuse it should be reported as soon as possible to a senior member of staff or your line manager. If you are not happy with the response you get you can then report your concerns to someone higher in the organisation or to the local authority social services department, the police, or the Care Quality Commission. In an urgent or high risk situation you may need to take action to stop the abuse or to make sure an individual is not at risk.

In order to make sure that the incident is recalled accurately, writing down the date, time, name of the abuser and what you saw is very important. It may also be necessary to write down what has happened, as described in the abuse victim's own words. It is essential in these circumstances to make a clear distinction between facts or observations and subjective opinions. This should be done as soon as possible after the event.

Your organisation or employer should have clear procedures on how you should respond to an abuse situation and should provide training on this and how to identify potentially abusive situations. All workers who come into contact with vulnerable adults should be familiar with local safeguarding policies and procedures.

## 10.2 **The duties of professionals**

Professionals such as doctors, social workers, health visitors, nurses or occupational therapists working in any environment with vulnerable adults, for example a hospital ward, should have regular training on safeguarding issues. This is in line with professional conduct standards required by their governing bodies, their continuing professional development and their legal duty of care. An example of a code of practice with safeguarding principles embedded in it is the Nursing and Midwifery Code of Practice. It is important to be aware that health and social care professionals can sometimes abuse those they work with and that this may at times constitute a criminal offence.

## 10.3 Reporting abuse and 'whistle-blowing'

'Whistle-blowing' is the reporting of serious work-related concerns by staff, such as nurses and care workers, when they have found it impossible to do this through the normal line management routes. The *Public Interest Disclosure Act 1998* now offers some protection for employees who report abuse and are concerned about victimisation or losing their job as a result. For more information on this contact a trade union representative, a solicitor or Public Concern at Work whose contact details are provided below.

## 11 The new Vetting and Barring Scheme

The Independent Safeguarding Authority (ISA) has been created to prevent unsuitable people working with children and adults who may be vulnerable to abuse. A new system of safeguards was introduced under the Vetting and Barring Scheme in October 2009 with a voluntary registration system due to start in July 2010 in partnership with other related procedures such as Criminal Records Bureau (CRB) checks. The Scheme was planned to be implemented in phases during 2010 and 2011 and the existing barred lists replaced by new ones. The Scheme places responsibilities on potential workers and employers (including local authorities and the NHS) and carries criminal sanctions, for example if a barred individual is knowingly employed or if they apply to work with children or vulnerable adults. In June 2010 the new coalition government announced their intention to review the Vetting and Barring and CRB Schemes. This has resulted in the halting of the introduction of the new Vetting and Barring Scheme in July 2010. Please see the ISA website for up-to-date information on this subject.

## 12 Useful organisations

The following national organisations may be able to offer further support and assistance:

### Action on Elder Abuse (AEA)

Works to protect and prevent the abuse of vulnerable older adults. AEA offer a UK wide helpline, open every weekday from 9am to 5pm.

Action on Elder Abuse, 23–25 Mitcham Lane, Streatham, London SW16 6LQ

UK Helpline: 080 8808 8141 (free phone)

Website: [www.elderabuse.org.uk](http://www.elderabuse.org.uk)

Email: [enquiries@elderabuse.org.uk](mailto:enquiries@elderabuse.org.uk)

### Alzheimer's Society

Campaigns for and provides support to people affected by all types of dementia and their relatives and carers. There are local branches across the UK.

Devon House, 58 St Katherine's Way, London E1W 1JX

Tel: 020 7423 3500

Website: [www.alzheimers.org.uk](http://www.alzheimers.org.uk)

Email: [enquiries@alzheimers.org.uk](mailto:enquiries@alzheimers.org.uk)

### Benefits Enquiry Line

Government-run information line about benefits for people with disabilities, carers and their representatives.

Tel: 0800 88 22 00 (free call)

Textphone: 0800 24 33 55 (free call)

Website: [www.direct.gove.uk/disability-money](http://www.direct.gove.uk/disability-money)

### The Care Quality Commission

The independent regulator of adult health and social care services in England, whether provided by the NHS, local authorities, private companies or voluntary organisations. Also protects the rights of people detained under the Mental Health Act.

Tel: 0300 061 6161 (free call)

Website: [www.cqc.org.uk](http://www.cqc.org.uk)

## **Carers UK**

National charity working on behalf of carers. Offers wide range of information on carers' rights and sources of help and contact details for local carers' support groups.

Tel: 0808 808 7777 (free call)

Website: [www.carersuk.org](http://www.carersuk.org)

## **Citizens Advice Bureau (CAB)**

National network of free advice centres including advice about national housing provision.

Tel: 020 7833 2181 (for contact details only – not telephone advice)

Website: [www.citizensadvice.org.uk](http://www.citizensadvice.org.uk)

## **Counsel and Care**

A charity that provides advice for older people, their families and professionals on community care and other issues.

Tel: 0845 300 7585 (lo-call rate)

Website: [www.counselandcare.org.uk](http://www.counselandcare.org.uk)

## **Court of Protection and the Office of the Public Guardian (OPG)**

Tel: 0845 330 2900

Customer Service Advice Line: 0300 456 0300

Website: [www.publicguardian.gov.uk](http://www.publicguardian.gov.uk)

## **Crossroads Caring for Carers**

Has approximately 150 schemes in the UK that provide support and assistance to carers.

Tel: 0845 450 0350 (lo-call rate)

Website: [www.crossroads.org.uk](http://www.crossroads.org.uk)

## **Domestic Violence Support Groups**

There may be a domestic violence support group in the local area. The local Age UK/Age Concern may be able to provide contact details (see section 13 for information on contacting the local Age UK/Age Concern). Citizens Advice may also be aware of appropriate support groups in the area.

## **Elderly Accommodation Counsel (EAC)**

The EAC is a national charity helping older people make informed choices about their housing, care and support.

Advice line: 020 7820 1343

Website: [www.eac.org.uk](http://www.eac.org.uk)

## **Equality and Human Rights Commission (EHRC)**

The EHRC was launched in October 2007, taking over the role and functions of the Commission for Racial Equality (CRE), the Disability Rights Commission (DRC) and the Equal Opportunities Commission (EOC) and assuming new responsibilities for sexual orientation, age, religion and belief, and human rights.

Tel: 0845 604 6610

Textphone: 08457 622 644

Website: [www.equalityhumanrights.com](http://www.equalityhumanrights.com)

## **Local Government Ombudsman (LGO)**

The Local Government Ombudsman (LGO) looks at complaints about the actions and decisions of councils, usually when a complaint has not achieved a satisfactory outcome.

Tel: 0845 602 1983

Website: [www.lgo.org](http://www.lgo.org)

## **MIND (National Association for Mental Health)**

Offers support for people in mental distress and their families.

Advice line: 020 8519 2122

Mindinfo line: 0845 766 0163

Website: [www.mind.org.uk](http://www.mind.org.uk)

## **National Centre for Independent Living**

This organisation run by and for disabled people provides a wide range of publications relating to direct payments, personal budgets and arranging personal assistance.

Tel: 020 7587 1663

Website: [www.ncil.org.uk](http://www.ncil.org.uk)

## **NHS Direct**

NHS Direct has contact details for your PCT and local services such as doctors, pharmacists, dentists and support groups. It can also give information on range of health topics and advice on looking after your health.

Tel: 0845 46 47

Website: [www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)

## **Police**

If there is a serious danger that an older person may be in imminent risk of harm and that the situation warrants immediate attention, the police can be called. The number of the local police station will be in the telephone directory. In an emergency, it is appropriate to dial 999 or 112. This is when someone's life is in danger or a crime is in the process of being committed.

## **Princess Royal Trust for Carers**

The Trust provides information, advice and support services to carers.

Tel: 0844 800 4361

Website: [www.carers.org](http://www.carers.org)

Email: [help@carers.org](mailto:help@carers.org)

## **Public Concern at Work (PCaW)**

Public Concern at Work is an independent charity working to promote a new approach to 'whistle-blowing' in the public interest.

Helpline: 020 7404 6609

Website: [www.pcaw.co.uk/help\\_individ/helpline.html](http://www.pcaw.co.uk/help_individ/helpline.html) including a guide to their helpline

Email [helpline@pcaw.co.uk](mailto:helpline@pcaw.co.uk)

## **The Relatives and Residents Association**

Gives advice and support to older people in care homes and their relatives and friends.

Tel: 020 7359 8148

Website: [www.relres.org](http://www.relres.org)

Advice line: 020 7359 8136 (Mon–Fri 9.30am–4.30pm)

## **Samaritans**

The service provides emotional support for people who are experiencing feelings of distress or despair, including those which may lead to suicide.

A confidential Samaritans helpline on 08457 90 90 90 (lo-call rate) is available 24 hours a day.

Website: [www.samaritans.org](http://www.samaritans.org)

## **Solicitors for the Elderly**

Produces a booklet for solicitors that gives details about financial abuse and actions solicitors can take if they have concerns.

Tel: 0870 067 0282

Website: [www.solicitorsfortheelderly.com](http://www.solicitorsfortheelderly.com)

## **Trading Standards**

If someone has experienced a situation where they feel they have been charged excessive amounts of money for services provided, or pressurised into buying something they did not want by unscrupulous traders, Trading Standards may be able to help.

The Trading Standards Central website has details of the location of local offices at [www.tradingstandards.gov.uk](http://www.tradingstandards.gov.uk)

Consumer Direct, a part of Trading standards, can also be contacted on 08454 040506.

## Victim Support

Victim Support is the independent charity for victims and witnesses of crime in England and Wales. It has offices across England and Wales, including a National Centre in London.

Telephone Victim Supportline on 0845 30 30 900 for support over the phone or to get details of a local office.

Typetalk users should dial 18001 0845 30 30 900.

Website: [www.victimsupport.org.uk](http://www.victimsupport.org.uk)

## Women's Aid

A national charity working to end domestic violence against women and children. Supports a network of over 500 domestic and sexual violence services across the UK.

National Domestic Violence Helpline: 0808 2000 247 (free phone Mon–Sun 24 hours)

Website: [www.womensaid.org.uk](http://www.womensaid.org.uk)

## Note on information sources used for this factsheet

A wide range of sources of information were used in writing this factsheet. One of the main sources was a document published by Age Concern Cymru in 2009 entitled *Safeguarding older people*. This was published with the assistance of Comic Relief and the Big Lottery Fund. Please see Age UK Cymru's contact details below if you would like to obtain a copy of this document.

## 13 Further information from Age UK

Visit the Age UK website, [www.ageuk.org.uk](http://www.ageuk.org.uk), or call Age UK Advice free on 0800 169 65 65 if you would like:

- to order copies of any of our information materials mentioned in this factsheet
- to request information in large print and audio
- further information about our full range of information products
- contact details for your nearest local Age UK/Age Concern.

## Books from Age UK

We publish a wide range of books for older people and those who care for and work with them. The following title may be of particular interest:

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### **Your rights to money benefits 2010–2011**

All you need to know about the full range of benefits available in retirement.  
£5.99

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To order this book visit [www.ageuk.org.uk/bookshop](http://www.ageuk.org.uk/bookshop) or to request a free books catalogue please call our book order line 0870 44 22 120 (lo-call rate).

## Age UK

Age UK is the new force combining Age Concern and Help the Aged. We provide advice and information for people in later life through our publications, online or by calling Age UK Advice.

Age UK Advice: 0800 169 65 65  
Website: [www.ageuk.org.uk](http://www.ageuk.org.uk)

In Wales, contact:  
Age Cymru: 0800 169 65 65  
Website: [www.agecymru.org.uk](http://www.agecymru.org.uk)

In Scotland, contact:  
Age Scotland: 0845 125 9732  
Website: [www.agescotland.org.uk](http://www.agescotland.org.uk)

In Northern Ireland, contact:  
Age NI: 0808 808 7575  
Website: [www.ageni.org.uk](http://www.ageni.org.uk)

## Support our work

Age UK is the largest provider of services to older people in the UK after the NHS. We make a difference to the lives of thousands of older people through local resources such as our befriending schemes, day centres and lunch clubs; by distributing free information materials; and through calls to Age UK Advice on 0800 169 65 65.

If you would like to support our work by making a donation please call Supporter Services on 0800 169 80 80 (8.30am–5.30pm) or visit [www.ageuk.org.uk/donate](http://www.ageuk.org.uk/donate)

## **Legal statement**

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