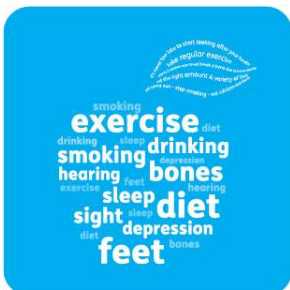
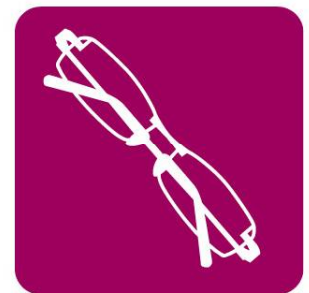


Factsheet 78w ● November 2018

Safeguarding older people in Wales from abuse and neglect



Age Cymru Advice

08000 223 444

www.agecymru.org.uk

Contents

1	Information about this factsheet	4
2	Background to elder abuse, neglect and safeguarding	4
	2.1 Introduction	4
	2.2 Legislation and government guidance in regard to safeguarding older people	5
	2.3 What is elder abuse?	8
	2.4 What is neglect?	8
	2.5 What is meant by safeguarding?	8
3	Different types of abuse	9
	3.1 Financial abuse	10
	3.2 Neglect	12
	3.3 'Self-neglect' – potential relevance in abuse cases	13
	3.4 Physical abuse	15
	3.5 Sexual abuse	17
	3.6 Psychological or emotional abuse	18
	3.7 Institutional / organisational abuse	20
	3.8 Abuse motivated by discrimination, including potential instances of hate crime	22
	3.9 Domestic violence / abuse	24
	3.10 Abuse by a stranger	25
4	Who might abuse an older person and why?	26
5	Risk factors in elder abuse	28
6	Making the first step if someone is experiencing abuse – how to put a stop to it	30
	6.1 If you are a paid carer or other professional and have witnessed or suspect abuse	31
7	Help from statutory organisations in stopping or preventing abuse	32
	7.1 Local authority social services departments are the main responsible body, but the NHS, police and regulatory bodies may also have a role to play	32
	7.2 The statutory duties 'to report and enquire' in the Social Services and Well-being (Wales) Act	33

8	What should happen when a safeguarding / adult protection issue is reported to the local authority social services department?	34
	8.1 Initial steps by the person reporting abuse	34
	8.2 How social services should respond when elder abuse is brought to their attention	35
	8.3 Social service reports into elder abuse cases	38
	8.4 Care and support plans for an older person experiencing, or at risk, of abuse	39
	8.5 Adult protection and support orders	40
	8.6 What if the vulnerable person does not want to participate in the safeguarding proceedings?	42
	8.7 Local authority duties in regard to advocacy – how these relate to the safeguarding procedures	45
	8.8 The Care Inspectorate Wales (CIW)	47
9	Other elements of the statutory safeguarding system (as detailed within the Social Services and Well-being (Wales) Act)	47
	9.1 Regional Safeguarding Adults Boards and the National Independent Safeguarding Board	47
10	Criminal investigations into elder abuse cases	48
	10.1 Decisions to prosecute	48
	10.2 Assistance from Victim Support	49
11	Human rights law and safeguarding adults	49
12	If you have reported a concern about abuse, but are not satisfied with the response	51
	12.1 Concerns raised with social services and/or the health service (NHS)	51
	12.2 The role of the Public Services Ombudsman for Wales	52
13	Preventing elder abuse	52
	13.1 The Disclosure & Barring Service (DBS)	52
	13.2 Actions that someone may take to reduce the chances of suffering abuse	53
	13.3 Preventing abuse by a stranger	55
14	Useful organisations	56
15	Further information about Age Cymru	63

1 Information about this factsheet

This factsheet is designed to help you if:

- You are an older person who is being abused or neglected, or may be at risk of this.
- You are concerned on an older person's behalf that they are being abused. In these instances – whether you know the individual involved through your role as a professional, carer, relative or friend – you may have an important part to play in safeguarding them from abuse.

Any form of abuse is unacceptable, no matter what justification or reason may be given for it. The information in this factsheet aims to:

- Raise awareness and understanding of the issue of abuse.
- Provide details on approaches to safeguarding – including relevant legislation, statutory guidance and policies – together with practical steps that can be taken to stop abuse.
- Outline help and support that may be available to report abuse.
- Information on ways that people can minimise the risk of abuse.

Note: The information given in this factsheet is applicable in Wales. Different rules may apply in England, Northern Ireland and Scotland. Contact Age UK, Age NI and Age Scotland respectively for further information – see section 15 for their contact details.

2 Background to elder abuse, neglect and safeguarding

2.1 Introduction

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. 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.

Abuse is always unacceptable because:

- It violates, or goes against someone's basic rights as a person.
- It is controlling behaviour which makes someone feel intimidated and afraid.
- It stops someone from being able to make choices that are important to them.
- It can stop them from seeing people that matter to them.
- It can be illegal.

Important: A number of sections which follow in this factsheet examine topics including the definitions for different types of abuse, why someone might abuse and relevant legislation and guidance.

If, however, you want information specifically on reporting abuse and who you will need to contact to do this, you could skip to section 6 onwards.

Information on ways that abuse might be prevented from happening in the first place, or the likelihood of it occurring reduced, can be found in section 13.

2.2 Legislation and government guidance in regard to safeguarding older people

This factsheet will use the following legislation and accompanying Welsh Government guidance as a basis for a number of sections of this factsheet, in particular in regard to the parts focussing on the processes for reporting and/or investigating suspected abuse. Where this is the case, references will be included, so that you can source the information in the original document, if required.

The guidance provides a framework for key agencies, such as social services or health services (the NHS), to prevent, identify and respond to the abuse (or potential abuse) of vulnerable adults. Local authority social services departments, and other organisations or agencies involved, must comply with and follow the guidance:

● **Part 7 (Safeguarding) of the Social Services and Well-being (Wales) Act 2014¹:**

www.legislation.gov.uk/anaw/2014/4/pdfs/anaw_20140004_en.pdf

● **Statutory Guidance in relation to Part 7 of the Social Services and Well-being (Wales) Act:**

- Working Together to Safeguard People: Volume 1 – Introduction and Overview (Welsh Government, 2016);
- Working Together to Safeguard People: Volume 3 – Adult Practice Reviews (Welsh Government, 2016);
- Working Together to Safeguard People: Volume 4 – Adult Protection and Support Orders (Welsh Government 2016)
- Working Together to Safeguard People: Volume 6 – Handling Individual Cases to Protect Adults at Risk (Welsh Government 2018)².

All of the above can be accessed on the Social Care Wales website at:

www.socialcare.wales/hub/statutory-guidance

● **Other Welsh Government guidance:**

- Information and guidance on domestic abuse: Safeguarding older people in Wales, Welsh Government and Older People's Commissioner for Wales (2017):

www.gov.wales/topics/people-and-communities/communities/safety/domesticabuse/publications/safeguarding-older-people-in-wales

¹ The Social Services and Well-being (Wales) Act 2014 legislation covers a vast swathe of local authority social services functions; for example: care needs assessments; related rules for arranging and paying for care (in someone's own home or a care home); and the guidance documents that local authorities must use to ensure that they comply with the Act. Therefore, safeguarding is one element of many that are covered as part of the Social Services and Well-being (Wales) Act, but will obviously be the focus of this particular factsheet. Further information on the Act in general can be found in Age Cymru's Factsheet 41w *Social care assessments for older people with care needs in Wales*.

² Volume 2 and 5 are not included in this list as they concern child safeguarding.

Note: The *Social Services and Well-being (Wales) Act*, together with the accompanying Welsh Government guidance detailed above, have replaced the previous guidance for social services and other key agencies on safeguarding – the Welsh Government’s *In Safe Hands: implementing adult protection procedures in Wales (2000)* and, more recently, the *Wales Interim Policy and Procedures for the Protection of Vulnerable Adults from Abuse (Second Version – January 2013)*³.

There is the occasional reference to content from the ‘*Interim Policy and Procedures*’ within this factsheet where it may be useful as general background information on safeguarding (where this is the case it will be referenced in footnotes).

The human rights basis of safeguarding (principles which underpin the safeguarding elements within the *Social Services and Well-being (Wales) Act 2014*)

The safeguarding elements set down in the Act complement broader human rights protections. The *Human Rights Act 1998* includes a right not to be subjected to inhuman or degrading treatment (article 3) and a right to enjoy private, family and home life without unjustified interference from public authorities (article 8). Serious abuse can be a violation of article 3.

However, having said this, “it is important not to over-simplify how human rights work in practice. Often there needs to be a careful balancing act. In elder abuse cases, it may be necessary to balance the duty to protect an older person with the duty to respect their right to decide for themselves. Do we intervene or not? If we do intervene, how should we do it? There may be occasions when it is necessary to interfere with a person’s right in order to protect...another one of their rights [or] to protect the rights of others”⁴.

There is also some further information on the relevance of the *Human Rights Act* in section 11 below.

³ This latter guidance was commissioned by the chairs of four regional Adult Protection Fora in Wales. It was written in accordance with ‘In Safe Hands’, but provided more in-depth information and guidance.

⁴ Protection of Older People in Wales: A Guide to the Law (2nd Edition), Older People’s Commissioner for Wales and Professor John Williams, Aberystwyth University, March 2014

2.3 What is elder abuse?

The charity, Action on Elder Abuse (AEA), defines elder 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”⁵.

Note: This wording has also subsequently been adopted by the World Health Organization⁶.

2.4 What is neglect?

The *Social Services and Well-being (Wales) Act 2014* provides the following definition:

“neglect” means “a failure to meet a person’s basic physical, emotional, social or psychological needs, which is likely to result in an impairment of the person’s well-being” – for example, an impairment of the person’s health”⁷.

Note: Sometimes the issue of ‘self-neglect’ may become a relevant issue in an abuse case, though it is not specifically mentioned in the *Social Services and Well-being (Wales) Act* or the accompanying guidance. However, further information on the topic of self-neglect can be found in section 3.3 below.

2.5 What is meant by safeguarding?

The term ‘safeguarding’ means a range of activities aimed at upholding an individual’s fundamental right to live in safety, free from abuse and neglect.

⁵ ‘What is elder abuse?’, Action on Elder Abuse website: www.elderabuse.org.uk/what-is-elder-abuse (last accessed 22 November 2018)

⁶ Ibid

⁷ *Social Services and Well-being (Wales) Act 2014: Working Together to Safeguard People: Volume 1 – Introduction and Overview*, Welsh Government, 2016

Various statutory organisations, including social services, the health service (NHS) and police, all have roles to play in preventing or stopping abuse – further information on these roles and the way that safeguarding investigations should proceed can be found in sections 7 and 8 below.

3 Different types of abuse

Abuse can take many forms. The main categories are:

- Financial abuse.
- Neglect and acts of omission.
- Physical abuse.
- Sexual abuse.
- Emotional or psychological abuse.

Other types of abuse

Although they may not be specifically mentioned – or only touched upon briefly – in the *Social Services and Well-being (Wales) Act* and/or accompanying guidance, there are also additional types of abuse that may be a factor in elder abuse cases. These are listed below and have been identified by various organisations or sources of research⁸:

- Institutional / organisational abuse.
- Discrimination and hate crime.
- Domestic violence / domestic abuse.
- Abuse by a stranger.

⁸ For example, the previous guidance in Wales – the *Wales Interim Policy and Procedures for the Protection of Vulnerable Adults from Abuse (Second Version, January 2013)* – mentioned most of these other forms of abuse and explained that “abuse always falls into one of the five [main] categories...but important work has been undertaken into particular forms and contexts of abuse that can inform action taken both to prevent abuse and in response to abuse taking place”. The additional forms mentioned in this factsheet are also included in the Department of Health’s guidance for English local and health authorities to accompany the *Care Act* in England. The English guidance also covers an additional form of abuse that is not covered within this factsheet – ‘modern slavery’. This is defined as encompassing deception and coercion to “force individuals into a life of abuse, servitude and inhumane treatment”, including “slavery; human trafficking; forced labour and domestic servitude”.

Note: Each of these categories will be looked at in more detail below in sections 3.1 to 3.10, including possible **indicators** that a particular type of abuse may be occurring. However, it should also be borne in mind that the presence of an indicator might not mean that abuse is necessarily the cause – there could be another explanation. It is useful, though, to have an awareness of the issues and to be alert to the possibility of abuse.

Complexities of abuse

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.

3.1 Financial abuse

Financial abuse is illegal or unauthorised theft or use of a person's property, money, or other assets or possessions. It could involve:

- Relatives, friends or a care worker pressurising someone to lend/give money to them (this could include frequent requests for small amounts of money).
- Pressurising or threatening someone to sign over a house or property, or to change a will.
- Family members moving into someone's home without their consent and without a prior agreement on sharing costs.
- Taking charge of a person's benefits and not giving them all their money.
- Taking money, or using a credit/debit card without permission.

Possible indicators of financial abuse could be:

- Unexplained loss of money (and possibly resultant inability to pay bills – overdue rent, Council Tax, or heating bill etc).
- Someone unable to access their own money or check their own accounts.
- “Reluctance or anxiety [displayed] by the person when discussing their financial affairs”⁹.
- A “sudden sale or transfer of [someone’s] home” or, for example, “giving a substantial gift to a carer or other third party”¹⁰.
- Unusual activity in bank accounts, or the “sudden inclusion of additional names on a bank account”¹¹.
- Cheques being signed by other people without someone’s consent.
- Inappropriate granting and/or use of a Lasting Power of Attorney.
- Sudden change or creation of a will to benefit an individual significantly.
- Missing personal belongings such as art, jewellery and silverware.
- “A sudden interest by a relative or other third party in the welfare of the person”¹² – for example, from a relative who has previously been estranged from the person or rarely visited them etc.
- Deterioration in standard of living (this could include a lack of amenities such as a TV, or appropriate clothing or personal care items that the person could normally afford. This could in turn potentially lead to a deterioration in health and hygiene).
- Attempts by the abuser to deliberately isolate the person from friends or family, so that they can more easily control decision-making.

⁹ Social Services and Well-being (Wales) Act 2014: Working Together to Safeguard People: Volume 1 – Introduction and Overview, Welsh Government, 2016

¹⁰ Ibid

¹¹ Ibid

¹² Ibid

Example: Mrs B's grandson has been helping her to buy 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 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 purchases. 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 and is unable to buy any new warm clothes.

3.2 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 this – be it no care at all, or care that is clearly not of an adequate standard to meet the person's needs. As such, neglect can be deliberate, or can occur as a result of not understanding what someone's needs are. It could include:

- Not giving someone proper food, or assistance with eating or drinking.
- Failure to provide a warm, safe and comfortable environment.
- Not providing someone with appropriate clothing.
- Failure to prevent physical harm, such as not providing appropriate equipment to avoid excessive risks to mobility or transfers from a bed or chair (this could include not providing a walking stick or frame, wheelchair or grab rail that someone needs).
- If someone has a carer or support worker, a failure to read and follow the care plan and provide basic standards of care.
- Ignoring someone's health needs – for example, by not allowing them to go to the doctor for treatment or regular check-ups, or not giving medication in accordance with what the doctor has prescribed.
- Ignoring calls for help.
- Not assisting someone to keep clean in the way that they would choose – for example if they have incontinence.

- “Emotional neglect”¹³.

Possible indicators of neglect could be:

- Signs of malnourishment – for example, sunken eyes, loss of weight.
- Signs of dehydration.
- Dirt, urine or faecal smell in a person’s environment.
- Pressure sores (bedsores); other rashes or skin infections.
- Prolonged isolation or lack of stimulation; loneliness; depression. The person has withdrawn behaviour.
- Person has dishevelled appearance or is dressed inappropriately.
- Person has an untreated medical condition.
- Under or over use of medication.
- Home environment does not meet basic needs – for example, there is no source of heating in the house.
- Someone 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.

Example: 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.

3.3 ‘Self-neglect’ – potential relevance in abuse cases

Most forms of neglect or abuse are perpetrated by another person and the law generally presumes there is a perpetrator as well as a victim – an exception is self-neglect.

¹³ Ibid

This covers a range of behaviour related to neglecting to care for one's personal hygiene, health or surroundings and can include behaviour such as hoarding. It may also involve where a person is living in such a way that puts their health and safety, or well-being, at risk – i.e. it is not just that they are neglecting their health and/or surroundings, but the potential consequences of this is that their home may become dangerous to live in. Older people who might be more likely to neglect themselves include people with mental health issues (such as depression or dementia), or alcohol or drug problems. Alternatively, it can indicate the onset of other illnesses.

Self-neglect could be a cause for concern in terms of safeguarding as, for example, a person in this situation could become a target for unscrupulous doorstep selling, or people carrying out scams.

Possible indicators of self-neglect could be:

- Inability to manage personal finances (squandering money or failure to pay bills); hoarding.
- Inability to manage activities of daily living (including personal care, housework, shopping, preparing meals).
- Suicidal acts, self harm or self isolation.
- Lack of toilet facilities or hot and cold running water at the person's home.
- Animal-infested living conditions (lice, fleas etc).
- Not taking important medication required to manage a serious medical condition.
- Unkempt appearance when previously a tidy person; or sudden or uncharacteristic change in lifestyle choice.

Note: Evidence of self-neglect on its own may not be sufficient to trigger a formal safeguarding enquiry. An assessment must be made on a case by case basis and the decision on whether a safeguarding response is required may depend on the adult's ability to protect themselves from threats (including people who may want to exploit or take advantage of them) by altering their behaviour; perhaps with assistance from social services to do so.

Self-neglect is a difficult area due to the fundamental human right to private life. In other words, if someone chooses to live in a particular way, however worrying that is, there are limited circumstances when the law can intervene. This consideration must be balanced with the right to safeguarding, which is also based on human rights protections. Mental capacity issues of the person concerned is also likely to be an important factor – section 8.6 below has further information on this issue.

If you know someone no longer looking after themselves, the local authority adult social care team should be notified as they may be able to offer constructive help. They should, at the very least, attempt to engage the older person and try to carry out an assessment for further care or support – see Age Cymru's Factsheet 41w *Social care assessments for older people with care needs in Wales* for further information.

3.4 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:

- Violent acts (e.g. punching, kicking, shaking, pushing, slapping, burning, pulling hair, biting, spitting or choking).
- Rough handling during care giving, or force feeding.
- Confinement or “undue restraint”¹⁴ – for example, stopping someone from going out; locking them in a bedroom, or tying them to a chair or bed.
- Giving someone medication they don't need, or overusing the medication.

¹⁴ Ibid

Possible indicators of physical abuse could be:

- Cuts, scratches, sprains or fractures.
- Oval or crescent shaped bite marks over 3cm across¹⁵.
- Lacerations, weal marks, puncture wounds, finger marks, burns and scalds¹⁶.
- Bruises (particularly if there is a lot of bruising of different ages) and discolouration¹⁷.
- Any injury or condition that has not received proper care (for example, hypothermia or untreated pressure sores).
- Poor skin condition or poor skin hygiene.
- Loss of hair, loss of weight and change of appetite.
- Insomnia, fearfulness, unexplained paranoia, anxiety.

Example: 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 can be 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, anxious and increasingly withdrawn as a result of Jane's actions.

¹⁵ A person may explain a bite mark by blaming an animal or young child, which may appear a reasonable explanation. Human bites are oval or crescent shaped and if the size of the mark is more than 3cm across, it would suggest it has been caused by someone with permanent teeth.

¹⁶ It is difficult to distinguish between accidental and non-accidental burns, but as a general guideline burns or scalds with clear outlines are suspicious, as are burns of uniform depth over a large area and also splash marks above the main burn area (caused by hot liquid being thrown). Small circular burns may be cigarette burns.

¹⁷ 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 sections 6 to 8 for information on organisations that can assist in this area.

3.5 Sexual abuse

Sexual abuse can be defined as when coercion or force is used to directly or indirectly involve someone in sexual activity without their consent. People who do not fully understand what is happening to them – due to reduced mental capacity, for example – are unable to consent to sexual activity.

The charity, *Action on Elder Abuse*, has stated that the sexual abuse of older people “is a subject that is rarely discussed, but is nevertheless a reality. In a small number of cases it is the result of opportunism (e.g. a careworker seeing a chance to assault a dependent person), but more often it is planned by someone known to the older person – sometimes it is the continuation of domestic violence into old age, in some cases it is about exercising power and control, and in some cases it is associated with an incestuous relationship”¹⁸.

Sexual abuse could include:

- Rape or sexual assault – forcing someone to have sexual intercourse, or perform other sexual acts that they:
 - a) do not want to do *and/or*
 - b) are unable to consent to due to reduced mental capacity *and/or*
 - c) were pressurised into ‘consenting’ to.
- Inappropriate looking or touching – for example, of intimate bodily areas (but also other parts of the body, depending on the context).
- Indecent exposure.
- Serious innuendo or ‘teasing’.
- Sexual harassment.
- A person forcing someone to watch pornographic material or sexual acts.
- Spying on someone when they are undertaking personal care activities.
- Enforced or coerced nakedness.
- Photographing a person in sexually explicit ways.

¹⁸ ‘What is elder abuse: Sexual Abuse’, Action on Elder Abuse website: www.elderabuse.org.uk/sexualabuse (last accessed 22 November 2018)

Possible indicators of sexual abuse could be:

- Emotional distress.
- Expressions of feelings of guilt or shame.
- Unexplained venereal disease or genital infections and/or itching, soreness, bruises or lacerations.
- Torn, stained, or bloody underwear.
- Difficulty in walking or sitting.
- Withdrawn behaviour – for example, choosing to spend the majority of time alone.
- Disturbed sleep patterns.
- Demonstrating untypical changes in behaviour – for example, sudden mood changes, bed-wetting, aggression or self-harm.

Example: Mrs B is 70, lives alone and is in poor health. She has a neighbour, aged 55, who visits her every day to assist with her daily living tasks. Recently, on a number of occasions, he has watched pornographic material on her computer while visiting her. When Mrs B saw this she found it very upsetting and distressing. Mrs B's neighbour is aware that she has seen him watching pornography but has, nevertheless, carried on with his actions and has also tried to engage her in conversations regarding the sexual acts that he has been watching. 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 and feels too ashamed to discuss the situation with anyone else.

3.6 Psychological or emotional abuse

Psychological abuse, also referred to as emotional abuse, is a form of abuse characterised by a person subjecting or exposing another to behaviour that, whilst not necessarily harming them physically, can cause significant emotional distress. It is often associated with situations of power imbalance, such as abusive relationships. It can involve:

- Words or actions which put someone down and make them feel unworthy, unwanted, unimportant or ignored, including verbal abuse or humiliation.
- Not respecting someone's right to privacy and dignity – for instance, opening their mail without permission, or entering their bedroom without knocking.
- Not respecting someone's belongings.
- Denying access to children, grandchildren, partners or other people who are important to that person (or threatening to deny this).
- Not allowing access to help from community services (such as doctors or people who can provide someone with information and advice about matters that are important to them), or withdrawing the person from informal "supportive networks" where they socialised with other older people, for example¹⁹.
- Denying someone choices – for example, what food they want to eat or clothes to wear, particularly if such choices have spiritual or religious meaning to them.
- Threatening harm or abandonment; threatening to move out of the person's home and withdraw care and/or 'put' them into a care home.
- Confinement – for example, stopping someone from going out.
- Overprotection – for example, someone not allowing the person to make choices and assuming that they know what is best for them.
- Cyber bullying.

Possible indicators of psychological and emotional abuse could be:

- Untypical changes in mood, attitude and behaviour.
- Changes in sleep pattern; confusion or disorientation.
- Loss of appetite.
- Incontinence.
- Anger or denial.

¹⁹ Social Services and Well-being (Wales) Act 2014: Working Together to Safeguard People: Volume 1 – Introduction and Overview, Welsh Government, 2016

- Excessive fear or anxiety – cowering on approach.
- Helplessness, passivity or resignation; low self-esteem, depression or withdrawal.
- Hesitation to talk openly.
- Unclear or confused feelings towards an individual.
- Unusual weight gain/loss.

Example: 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, makes fun of his appearance, and constantly threatens to put him in a care home unless he "shuts up". As a result Mr A now feels depressed and anxious and has skipped meals, as he doesn't seem to have much of an appetite at the moment. He has also become socially withdrawn and has lost his sense of independence.

3.7 Institutional / organisational abuse

Institutional abuse (also referred to as 'organisational' abuse) is repeated instances of poor care, be it through neglect or poor professional practice resulting from inadequate policies, processes or structures 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 and the development of a more caring and person centred approach.

Important: 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.

See sections 7 to 10 below on how adult protection investigations will be carried out and section 6.1, which contains information on 'whistle-blowing'.

Possible indicators of institutional abuse – in relation to individual service users – could include:

- Inappropriate approaches to continence issues, such as toileting 'by the clock' as opposed to when a person wishes to go to the toilet.
- In relation to the above, the use of pads on people who don't have problems with continence, but need, for example, assistance to get to and/or use the toilet (pads may be used inappropriately on people in this situation if there are insufficient staff to assist them).
- 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 someone's personal care needs. Also, a failure to knock on a door before entering – for example a bedroom or bathroom.
- No access to personal possessions.
- 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.
- People being given unnecessary medication (for example, what have been termed 'chemical cosh' medicines as an alternative to providing an appropriate level of care to manage complex needs).
- Dehumanising language.
- Infantilising older people – speaking to or treating them like a child.
- Locking people in their rooms.

Example: 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 hoist because it slows them down too much and there are too many other residents for them to see in the time they have available.

Possible indicators of institutional abuse – in regard to cultural and management practices

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. The following 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 services when they are 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 and/or low staff morale and staff 'burn-out'.

3.8 Abuse motivated by discrimination, including potential instances of hate crime

Discriminatory beliefs and practices limit the lives of the people upon whom they are imposed. For example, discrimination may lead to the following:

- Withholding services from a person without a proper justification.
- The absence of an equal opportunities policy in an organisation.
- Presumption of a particular sexual orientation or gender identify (including hostility to accepting otherwise).
- Presumption of a lack of capacity without proper investigation of this.
- 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).

Hate crime

The Welsh Government’s safeguarding guidance advises that various “forms of abuse [can] be motivated by the personal characteristics of the victim. This may make it a hate crime”.

“These involve a criminal offence perceived by the victim *or any other person*, to be motivated by hostility or prejudice based on a person’s *actual or perceived disability, race, religion...sexual orientation [or] transgender [status]*”²⁰ (emphasis added).

Note: As highlighted by the above quote from the safeguarding guidance, the police currently monitor five different strands of hate crime: “*disability; race or ethnicity, religion or belief; sexual orientation [and] transgender identity*”²¹.

Hate crimes could include:

²⁰ Ibid

²¹ ‘What is hate crime?’, True Vision website: www.report-it.org.uk/what_is_hate_crime (last accessed 22 November 2018) – True Vision is an online reporting site operated by the police in England, Wales and Northern Ireland. True Vision provides “information about hate crime or incidents and how to report it”. On their website you can “find out what hate crimes or hate incidents are; find out about the ways you can report them; report using the online form and find information about people that can help and support you if you have been a victim”

- “threatening behaviour;
- assault;
- robbery;
- damage to property;
- inciting others to commit hate crimes; or
- harassment”²².

3.9 Domestic violence / abuse

Domestic violence and abuse is any incident, or repeated incidents, of controlling, coercive or threatening behaviour by a person towards an intimate partner (or someone who used to be an intimate partner), regardless of their gender or sexuality.

Other family members may also be affected too – for example a child living in a home where domestic abuse takes place.

Domestic violence and abuse may consist of physically violent acts (including so called ‘honour’ based violence) and/or psychological or emotional abuse.

Cases of elder abuse may *also* contain elements of domestic violence or abuse and *vice versa*.

²² ‘Report hate crime’, GOV.UK website: www.gov.uk/report-hate-crime (last accessed 22 November 2018)

- For some older people it may be that the abuse they are suffering is a continuation of an existing domestic abuse situation into older age that could potentially have been a “feature for most of their adult lives...an on-going problem for 20, 30, and 40 years or even longer”²³ (as such, the Welsh Government has advised professionals that it should be recognised that “older victims may need prolonged interventions due to their abuse being [potentially] sustained over a longer period”²⁴).
- Alternatively, for others “domestic abuse [and/or] sexual violence [may start for the first time] when they reach older age and/or become frail or cognitively impaired”²⁵.

Further information and assistance:

See section 14 at the end of this factsheet for some specialist organisations that can assist people experiencing domestic violence.

Section 8.2 below also has some information on Welsh Government guidance for social services departments where an elder abuse case also involves domestic abuse (or vice versa). Section 8.6 contains some additional information on domestic abuse and mental capacity issues.

3.10 Abuse by a stranger

Abuse of an older person by a stranger could be perpetrated by, for example, a corrupt salesperson, builder or solicitor. Strangers will sometimes take advantage of older people and will over-charge for services (such as minor building works on a property), or put pressure on people to buy things they cannot afford, or do not want.

Sometimes people will pose as a meter reader or utility worker to gain entry into homes, with the intention of committing crimes such as robbery – section 13 below has further information on ways that people may be able to protect themselves from these sorts of situations.

²³ Domestic abuse and sexual violence: Help and Support for Older People in Wales, Older People’s Commissioner for Wales

²⁴ Information and guidance on domestic abuse: Safeguarding older people in Wales, Welsh Government and Older People’s Commissioner for Wales (2017)

²⁵ Domestic abuse and sexual violence: Help and Support for Older People in Wales, Older People’s Commissioner for Wales

Note: The statutory safeguarding procedures – issued as part of the *Social Services and Well-being (Wales) Act 2014* and outlined in this factsheet – will not necessarily be applicable where abuse takes place of a vulnerable adult by a person with whom the adult has had no previous contact and is unlikely to have future contact (such as a doorstep selling scam). However, in some cases it may be appropriate to use the adult protection procedures – for example, an adult protection investigation could be required if the person is being **persistently targeted** because of their vulnerability.

In all instances, the police must be informed at the earliest opportunity if a criminal act may have taken place.

Age UK's information guide, *Avoiding scams*, may be helpful in regard to this topic.

4 Who might abuse an older person and why?

An abuser could be someone from any walk of life; for example:

- a family member (partner, child or other relative);
- friend or neighbour;
- a paid or volunteer carer;
- a social services or health service professional;
- a tradesperson; or
- legal professional.

It can be argued that there are five main types of abuser²⁶:

²⁶ Ramsey-Klawnsnik H. Elder-abuse offenders: a typology. *Generations journal* (issue 24, pages 17-22), 2000; cited in Gallahue F.E & Melville L.D. *Emergency Care of the Abused*. Cambridge University Press, 2008.

Overwhelmed abusers

People in these situations want to provide adequate care (and entered into the care giving arrangements expecting to be able to provide this), but are unable to fully meet the needs of the person they are trying to help due to – for example – the level of needs involved and/or other pressures that they are under.

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. The adult child may be unable to provide help at all times it is needed by the older person because of the other demands on their energy and time. As a result, some people in this situation could end up losing their temper and/or neglecting the older person.

Although this type of abuser is likely to abuse unintentionally, this can still have a devastating effect on the older person.

Carers need access to support to ensure that they do not become overwhelmed. In this example the local authority social services may be able to assess what both the older person and family needs and provide services to help them cope (Age Cymru's Factsheet 41w *Social care assessments for older people with care needs in Wales* contains further information on the care and support needs assessment process for older people and their carer/s).

Impaired abusers

These are people who have issues, such as mental ill health, substance misuse, or physical disabilities, which make them unable to provide adequate care for others.

Narcissistic abusers

This type of person is motivated by personal gain (the 'what's in it for me?' mind-set, rather than a desire to help others) and may be likely to neglect or financially exploit other people.

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 £180,000. 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 £90,000 and says that the older person can live in it rent free for the rest of their life. He also raises the issue of the older person making changes to their will and seeks to convince them that they wouldn't be able to manage without his help, reminding them of all the things he has done for them.

Domineering or bullying abusers

This type of abuser believes their actions are justified and the victim 'deserved it'. The abuser may have been abused or felt mistreated themselves in the past and they might blame the older person for not protecting them from the previous abusive situation (there could be a cycle of family violence). 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 frightening people and inflicting pain or suffering.

5 Risk factors in elder abuse

Vulnerability to abuse could be increased due to the following. However, these are general points – judgement calls would have to be made based on individual situations:

- "Social isolation – those who are abused usually have fewer social contacts than those who are not abused".
- An illness such as dementia "which may affect [a person's] intellect, memory or physical functions and cause unpredictable psychological or physical behaviour".

- Someone with other “behavioural problems or major changes in personality which result in repetitive behaviour, wandering or aggression”.
- Someone who is ‘compliant’ and “may not know that they are being abused or exploited” – for example some people who have learning disabilities.
- A person demanding or needing “a level of care beyond the capacity of the carer”²⁷. As touched upon in the previous section in regard to ‘overwhelmed abusers’, “the stress of caring for a physically and/or mentally frail adult without adequate support can lead to abusive behaviour towards the adult”. Other events may have occurred to exacerbate the situation for the carer, such as:
 - “a job loss...or financial problems” and/or they are “dependent upon the person they abuse for accommodation”;
 - “the death of a significant other”;
 - they lack “support and social contact”;
 - they feel “disempowered and trapped” (“a relationship which has been strained for a number of years may deteriorate when there is a need and expectation for the carer to be providing care”);
 - “the carer has made frequent requests for help from health and social services without any resolution”;
 - they are in “a role reversed relationship where for example [a] domineering parent becomes dependent”;
 - they lack “self esteem and feel un-cared for” and/or suffer “severe stress or are exhausted through lack of sleep and or heavy physical demands”. They might also feel exploited by other relatives or service providers²⁸.
- A family history of violence (“some families use abuse as a means of dealing with conflict within the family setting. Domestic violence may have been a longstanding pattern of relationships in the family. Abusive behaviours and abusive role models may have become embedded in the way family members treat each other”²⁹).

²⁷ These quotes are from the ‘Wales Interim Policy and Procedures for the Protection of Vulnerable Adults from Abuse (Second Version – January 2013)’. As outlined in section 2.2 above, this is older guidance that has now been replaced by the statutory guidance on safeguarding, issued as part of the *Social Services and Well-being (Wales) Act 2014*. However, this general information on risk factors will still be useful background information and relevant to safeguarding older people.

²⁸ Ibid

²⁹ Ibid

- Someone living in a setting, such as a care home, where poor workplace practices are in place (for example “rigid workplace routines geared to the needs of staff and managers not vulnerable people; low staffing levels over a long period of time; low staff morale...where staff teams are dysfunctional, overworked [and] disempowered to challenge practices”³⁰).

6 Making the first step if someone is experiencing abuse – how to put a stop to it

This section (and sections 7 & 8 which follow) will be relevant in both of the following situations:

- **you are personally experiencing abuse and want to put a stop to it; or**
- **you have concerns about another person who you know – or suspect – is being abused and you wish to help them.**

It is possible 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 with someone, 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:

³⁰ Ibid

- Someone they trust – for example, a close family member, friend, or a minister of religion (additionally, if living in a care home, they might feel that they could speak to a senior carer or the home manager).
- Their GP, or other health professional³¹.
- Their local authority **social services** department – **this is the main statutory organisation that should respond to cases of elder abuse** (see section 7 below).
- A national helpline run by the charity, **Action on Elder Abuse (AEA)** (freephone **080 8808 8141**. *The helpline is confidential and AEA's number will not appear on telephone bills*).
- In an emergency, the **police**.
- If the situation involves domestic abuse, the **24-hour Live Fear Free Helpline** on freephone **0808 80 10 800**.

Note: Section 14 has full contact details for the organisations listed above.

6.1 If you are a paid carer or other professional and have witnessed or suspect abuse

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, the local authority social services department, the police, or the Care Inspectorate Wales (CIW) – see section 8.8 below.

³¹ As an example, if someone is unable to get out much due to an illness or disability and has become isolated, it could be that the only people they might see are the doctor or district nurse. Potentially, someone's isolation might make it 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 then be able to alert the relevant statutory organisations – see section 7.

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. In these circumstances it is essential 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 situations³².

Note: 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* (i.e. usually this should be attempted first).

The *Public Interest Disclosure Act 1998* 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 the charity, **Protect** (formerly Public Concern at Work), or a trade union representative, or solicitor. See section 14 below for contact details for Protect.

7 Help from statutory organisations in stopping or preventing abuse

7.1 Local authority social services departments are the main responsible body, but the NHS, police and regulatory bodies may also have a role to play

The local authority social services department are responsible for coordinating adult protection cases.

³² Professionals such as doctors, social workers or nurses working in any environment with vulnerable adults should have regular training on safeguarding issues. This is in line with professional conduct standards required by their governing bodies 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.

Therefore, in all cases you should report abuse to the social services, though in the following instances you should *also* contact:

- The **police** if it is suspected that a crime has been committed, as they will lead any investigation into this (all of the abuse categories listed in section 3 above have the potential to involve illegal activity). A joint investigation with other agencies may well be necessary and in particular the police are likely to liaise closely with social services (also see section 10 below for further information on criminal investigations).

Also, in an emergency – for example, the older person is thought to be in immediate physical danger – the police should be contacted.

- The **health service (NHS)** – if the alleged abuse took place in a health setting (e.g. hospital, GP surgery) or if the alleged perpetrator is a health employee and the alleged abuse is in their work role. The health service may well take the lead in coordinating the investigation in these circumstances, though they should also ensure that the social services department is made aware of the issue.

Other organisations

The following organisations and bodies may also have a role to play in assisting the social services department with their investigation:

- care home and homecare service providers/managers;
- the relevant regulatory bodies;
- the local authority Environmental Health department;
- voluntary / charitable organisations.

7.2 The statutory duties ‘to report and enquire’ in the Social Services and Well-being (Wales) Act

The *Social Services and Well-being (Wales) Act* imposes the following statutory duties:

- **Local authorities must “make, or cause to be made, such enquiries as it considers necessary to decide whether a person is an adult at risk; and to decide what action, if any, should be taken”.**

- **‘Relevant partners’ must “report to a local authority if it is suspected that an adult is...at risk”** (the main relevant partners include the police; “a Local Health Board [or] NHS Trust providing services in the area of the authority”; or “any other local authority with which the authority agrees that it would be appropriate to co-operate”³³).
- **A local authority must “report to another local authority if an adult suspected of being an adult at risk is living in or moving to [the new authority’s] area”** (this would include if the new authority were “in England” and, although the guidance doesn’t explicitly say so, presumably other parts of the UK)³⁴.

Note: ‘Adult at risk’

The *Social Services and Well-being (Wales) Act 2014* defines an ‘adult at risk’ as an adult who:

- a.) *“is experiencing or is at risk of abuse or neglect”;*
 - b.) *“has needs for care and support (whether or not the authority is meeting any of those needs)”;* and
 - c.) *“as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it”.*
-

8 What should happen when a safeguarding / adult protection issue is reported to the local authority social services department?

8.1 Initial steps by the person reporting abuse

When the local authority social services department are contacted by a person who is being abused – or someone concerned about another person’s welfare – they will listen to the situation and decide on an appropriate response.

³³ Social Services and Well-being (Wales) Act 2014: Working Together to Safeguard People: Volume 1 – Introduction and Overview, Welsh Government, 2016

³⁴ Ibid

As touched upon in section 2.2 above, the processes that an authority must follow when deciding on their response are contained in the Welsh Government’s safeguarding guidance. Further details are outlined below.

If you ring the local authority’s main number, you should ask to be put through to the ‘*adult safeguarding team*’ or ‘*protection of vulnerable adults team*’, so that you can report your case directly to the most relevant department (alternatively, if you use the authority’s website you should be able to find a direct number for the safeguarding team, or it might be quoted in a general telephone directory, listed under the name of the local authority).

If you are ringing outside normal office hours, there may well be an ‘out-of-hours emergency duty team’ number that you can ring instead.

Local social services departments will have a ‘Safeguarding Adults’ policy with guidelines outlining agreed procedures and actions to take in cases of abuse. Information about the procedures should be widely publicised – for example on their website.

Note: Social services will probably need to ask additional questions. As this can be a difficult thing to go through if the person experiencing abuse is making the contact, they could make notes beforehand about what they want to say. Having a trusted person with them for support may also be helpful (see section 8.7 below for information on advocacy services).

8.2 How social services should respond when elder abuse is brought to their attention

The Welsh Government’s guidance advises that in general the social services department should follow a three stage process:

- **Screening**

“To check general factual accuracy of any referral”.

- **Initial evaluation**

“Collecting, reviewing and collating information”.

- **Decide what action/s to take**

“Given the outcome of the screening/initial evaluation what, if anything, should be done? This may include initiating a single or multi agency investigation”³⁵ (i.e. depending on the specific details of the case, it may be an investigation that only involves social services, or alternatively, they may call upon the expertise of other statutory bodies or independent organisations – see section 7 above).

The authority “may make the enquiries itself, or may cause them to be made by another body”. However, “*the duty to determine the nature of the enquiries required remains with the local authority even where another body is carrying out the enquiries*”. Local authorities “should record in writing why they consider the enquiries they are making, and the form that they are taking, to be necessary”³⁶.

When carrying out investigations, social services staff should also be mindful that abusers may use “coercive controlling behaviour [and] can manipulate professionals by scene-setting or getting into character before the professional arrives which portrays them to be a caring person, reinforcing the victim’s fear that they will not be believed”³⁷.

If initial enquiries lead the social services department to conclude that the issue is not a concern in terms of safeguarding, social services must still consider whether the person might need other services from them³⁸.

³⁵ Ibid

³⁶ Ibid

³⁷ Information and guidance on domestic abuse: Safeguarding older people in Wales, Welsh Government and Older People’s Commissioner for Wales (2017)

³⁸ For example, the person may need a general care needs assessment and could be provided with homecare services, disability equipment, a home adaption or, if appropriate, a care home placement. Alternatively, social services may be able to signpost to other organisations that can assist the person (perhaps with ‘lower level’ needs that they might have). Age Cymru’s Factsheet 41w *Social care assessments for older people with care needs in Wales* has further information on this topic.

How quickly should a local authority respond to a report of elder abuse?

The local authority must record the date that they begin to look into a case, so as to ensure that investigations are “completed in a timely manner” – normally this should be “within SEVEN working days of the referral” (“if an enquiry takes longer than seven days, the reasons should be recorded”)³⁹.

However, **more immediate action** may be required, depending on individual circumstances (i.e. if the person is at high risk of harm).

Note: Another factor that may play a part in how urgently a case is handled involves “whether the perpetrator is providing care or support for another adult at risk or [a] child” – the guidance specifically mentions this as a question that an authority should address⁴⁰.

The need for advocacy for the older person?

The Welsh Government’s safeguarding guidance advises local authorities that they must consider “whether there is a need to involve an advocate under any statutory or voluntary advocacy scheme”, so as to support the older person through some or all of the stages of an enquiry or investigation – see section 8.7 below for further information on advocacy.

Whether or not advocacy support is needed, “the wishes and feelings of the adult at risk” must be taken into account during an investigation into abuse (though the authority must also consider the possibility that the person may “not [be] making decisions freely”)⁴¹.

³⁹ Social Services and Well-being (Wales) Act 2014: Working Together to Safeguard People: Volume 1 – Introduction and Overview, Welsh Government, 2016

⁴⁰ Ibid

⁴¹ Ibid

Note: Guidance for social services departments where an elder abuse case also involves domestic abuse

As outlined in section 7 above, “where an older person is an ‘adult at risk’, all agencies should utilise the statutory safeguarding processes. If a case [also] includes disclosed or suspected domestic abuse, it is important that the safeguarding process also draws in expert resource relating to domestic abuse and where appropriate utilises additional multi agency forums which can assist”.

“Utilisation of both safeguarding and domestic abuse pathways should ensure that the older person receives the safeguarding resources appropriate to the characteristics of the abuse. It is, of course, important that roles and pathways are discussed at strategic and operational levels to determine which cases would benefit more from one process than another, and at what point an integrated approach should be adopted”⁴².

8.3 Social service reports into elder abuse cases

When the local authority social services department examines a case that has been brought to their attention, they will need to produce a report containing:

- A summary of the evidence illustrating that there is “reasonable cause to suspect” the older person is at risk of, or experiencing, abuse.
- A chronology of events; “a list of people who provided information [and] a list of people interviewed during the enquiries”.
- A record of the abuse that is happening “together with [the] supporting evidence”, such as:

⁴² Information and guidance on domestic abuse: Safeguarding older people in Wales, Welsh Government and Older People’s Commissioner for Wales (2017)

- “The nature of the abuse” and the length of time that it has been going on for.
- “The frequency and intensity of the abuse” and the impact on the victim.
- “The wishes and feelings of the adult at risk”.
- “The alleged perpetrator of the abuse and the relationship” – if any – to the older person.
- “Whether the alleged perpetrator provides care and support” for the older person.
- “The presence of any other person in the household who may be...at risk” (e.g. another vulnerable adult or a child).
- Details of other agencies or third sector organisations who are aware of “or involved in working with the adult at risk”⁴³.

8.4 Care and support plans for an older person experiencing, or at risk, of abuse

Care and support plans are not specific to the safeguarding process – that is, they are a general part of the social services care needs assessment procedure for people who may need help at home (or a care home placement). Someone’s care and support plan documents the services they have been assessed as needing and how these will be arranged and delivered.

Local authorities are **required** to “prepare and maintain” these plans for anyone who is eligible for services from them and this *includes* where someone needs services because they are experiencing, or have experienced, abuse or neglect⁴⁴.

“The conclusions of any enquiries made when an adult is suspected to be an adult at risk must be recorded in this care and support plan”⁴⁵.

⁴³ Ibid

⁴⁴ Ibid

⁴⁵ Ibid

Note: Under the *Social Services and Well-being (Wales) Act* the local authority's duty to draw up a care and support plan – where it appears “necessary to meet the person's needs in order to protect [them] from abuse or neglect” – exists **even** if under other circumstances the level of needs might not actually meet the criteria. In other words, if protection from abuse is required, the authority will have a duty to put in place a care and support plan on that basis alone⁴⁶.

For general information on care and support plans see Age Cymru's Factsheet 41w *Social care assessments for older people with care needs in Wales*.

8.5 Adult protection and support orders

This element of the safeguarding vulnerable adults process was introduced from 6 April 2016 as part of the *Social Services and Well-being (Wales) Act*. It is not something that will need to be utilised in all cases, but may be an important tool in some abuse investigations.

Adult protection and support orders (APSOs) allow an 'authorised officer' from a local authority to obtain an order from the magistrates court entitling them to access particular premises. An APSO can be utilised if this is the only way that social services believe they can speak in private with a person who may be experiencing abuse.

The aim of the orders is to allow the authorised officer to ascertain whether the person is at risk and if any action is required.

In making this calculation, the authorised officer (and any other professionals in attendance – see below), will need to assess whether the person is genuinely making decisions freely – for example, “is the particular decision the person is taking untypical and out of character based on what the authorised officer [and/or] those accompanying him or her know or have been told” about the person thought to be at risk⁴⁷?

⁴⁶ Social Services and Well-being (Wales) Act 2014: Part 4 Code of Practice (Meeting Needs), Welsh Government

⁴⁷ Social Services and Well-being (Wales) Act 2014: Working Together to Safeguard People: Volume 1 – Introduction and Overview, Welsh Government, 2016

The APSO rules also specify that, if required, “a police constable [can accompany] the authorised officer to enter the premises to implement the order”⁴⁸.

Additionally, depending on the individual circumstances of the case, other specified people may be able to attend the premises, alongside the authorised officer (and police constable if they are also attending). When applying to the court for the APSO, the authorised officer will need to outline the rationale for wishing to include the additional specified person/people. These could include:

- a social worker, domiciliary care worker, GP or other NHS professional;
- an advocate (see section 8.7 for further information on advocacy in regard to safeguarding cases);
- a family member or friend;
- a best interests assessor (this relates to assessments about a person’s mental capacity – see section 8.6 below);
- an “approved mental health professional under the Mental Health Act 1983”⁴⁹.

Note: Making decisions freely

As touched upon above, “one of the purposes of the APSO is to ensure that the [person] suspected of being at risk is ‘making decisions freely’. It follows that [professionals] involved in...the APSO should ensure that they do not exercise undue influence. They must be aware that the adult suspected of being at risk may feel intimidated by the use of statutory powers and the presence of a number of strangers in their home, [potentially] including a [police] constable”. Therefore, **“an advocate may be necessary to ensure that the person is able to challenge the views of practitioners”⁵⁰** (see section 8.7 below for some further information about advocacy).

⁴⁸ Ibid

⁴⁹ Social Services and Well-being (Wales) Act 2014: Working Together to Safeguard People: Volume 4 – Adult Protection and Support Orders, Welsh Government, 2016

⁵⁰ Ibid

The Welsh Government's guidance advises that an APSO may sometimes not be appropriate

For example, if by granting one it “might leave the individual at greater risk”; or “other less interventionist approaches have not been considered”, then other methods may need to be utilised. Also, in some instances “the use of a Domestic Violence Protection Order where the wrong-doer may be removed from the property” might be more appropriate and provide the person with better protection⁵¹.

8.6 What if the vulnerable person does not want to participate in the safeguarding proceedings?

If the person has mental capacity

People are free to choose **not** to receive help from social services, including where there are safeguarding concerns and the person is thought to be experiencing abuse. If someone has sufficient mental capacity, then social services have no powers to force someone to receive assistance from them, even if this appears to outsiders to be an unwise decision by the person concerned – i.e. that they are choosing to remain in a situation where they are being abused and/or neglected.

Note: The Welsh Government's guidance does advise local authorities that a “refusal to participate” by the person at risk “does not automatically relieve the...authority of its duty [to make enquiries into suspected abuse] but may reduce the effectiveness of the enquiry⁵² (e.g. this refers to the duty to report and enquire as part of the safeguarding elements of the *Social Services and Well-being (Wales) Act*, as outlined in section 7.2 above). Also, even if a victim has said they do not want to receive help, an investigation may well still need to take place if it appears that “a crime has been committed [or] when there are risks to other vulnerable people, including children”⁵³.

⁵¹ Ibid

⁵² *Social Services and Well-being (Wales) Act 2014: Working Together to Safeguard People: Volume 1 – Introduction and Overview*, Welsh Government, 2016

⁵³ ‘Wales Interim Policy and Procedures for the Protection of Vulnerable Adults from Abuse (Second Version – January 2013)’ – as outlined in section 2.2 above, this is older guidance now replaced by the statutory guidance on safeguarding, issued under the *Social Services and Well-being (Wales) Act 2014*. However, the general principle would still seem to apply.

If the person may lack mental capacity

If it is determined that the older person at risk lacks sufficient mental capacity to make an informed decision about whether to refuse to participate in the safeguarding process, the views of the person at risk are still important and must be taken into account, though ultimately social services and other professionals involved in the case can make *'best interests'* decisions on their behalf (for example, in regard to whether and how to proceed with the safeguarding investigation and any resultant measures to protect the person).

The best interests decisions must be made in accordance with the *Mental Capacity Act 2005* and its accompanying *Code of Practice*⁵⁴.

The Act 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 least restrictive of the person's rights and freedoms).

⁵⁴ This Act and best interests decisions are relevant in a whole host of decisions that sometimes need to be made for someone who lacks capacity, for example in relation to medical treatment or where to live – i.e. it is not specific to safeguarding cases only.

Note: Independent Mental Capacity Advocates (IMCAs) – a statutory advocacy service provided under the Mental Capacity Act for people who lack capacity to make certain decisions

An IMCA should represent and support the person, finding out – as far as possible – their views, outlook and beliefs and assisting them to participate in the decision making process that concerns them. The IMCA must act in the best interests of the person they are representing (as per the standards in the *Mental Capacity Act* discussed above).

In some circumstances an IMCA should be appointed automatically (where a major decision needs to be made in regard to long-term changes to living arrangements, or serious medical treatment is proposed; the person lacks capacity to decide for themselves; and there is no one “appropriate to consult”, such as close family or friends). In other cases – perhaps where there are safeguarding issues – an IMCA *might* be appointed, even though there are family and friends available to consult with (but, for example, they are felt to wield undue influence on the person and/or may be suspected as perpetrators of abuse and so the person requires an independent figure to protect their interests and give them a voice).

An IMCA is different from other types of advocacy services/advocates – see section 8.7 below.

For further information on the *Mental Capacity Act*, see Age UK’s Factsheet 22 *Arranging for someone to make decisions on your behalf* and Factsheet 62 *Deprivation of Liberty Safeguards*.

Mental capacity and domestic violence affecting older people

Welsh Government guidance states that “assessing capacity can be particularly challenging in cases involving domestic abuse and sexual violence. It may be the case that the person is cared for by, or lives with, a family member or intimate partner and the person makes decisions relating to these relationships which appear to place them in danger.

In such cases it will be necessary to seek to understand whether these decisions are ‘unwise decisions’ which the person has capacity and freedom to make, **or decisions not made freely, due to coercion and control, and therefore part of the abuse**. Skilled assessment and intervention is required to make this consideration”⁵⁵ (emphasis added).

8.7 Local authority duties in regard to advocacy – how these relate to the safeguarding procedures

If someone has difficulty in expressing their views and preferred outcomes and could feel overwhelmed when dealing with social services, an advocacy service may be of help⁵⁶. In some instances, the duties that fall on the local authority are to make people aware of the availability of advocacy support, should they wish to utilise this. However, in other situations the authority will have a *specific duty* to “arrange an independent professional advocate” for someone⁵⁷.

General advocacy duty

The Welsh Government guidance on advocacy in the context of the *Social Services and Well-being (Wales) Act* states that, in all cases, “an individual must be able to feel that they are [an] equal partner in their interactions with professionals”, including in discussions, meetings or investigations regarding safeguarding. “It is, therefore open to any individual to exercise choice and to **invite any advocate** to support them in expressing their views, wishes and feelings”⁵⁸ (emphasis added).

⁵⁵ Information and guidance on domestic abuse: Safeguarding older people in Wales, Welsh Government and Older People’s Commissioner for Wales (2017)

⁵⁶ The Welsh Government provide a number of definitions for advocacy, for example: “Advocacy supports and enables people who have difficulty representing their interests, to exercise their rights, express their views, explore and make informed choices. Independent Advocacy supports the person regardless of the demands and concerns of others. It challenges the causes and effects of injustice...and abuse and upholds human rights. (OPAAL National Forum, 2008)” and “Advocacy is taking action to help people say what they want, secure their rights, represent their interests and obtain services they need. Advocates and advocacy schemes work in partnership with the people they support and take their side. Advocacy promotes social inclusion, equality and social justice. (Action for Advocacy, 2002)” – *Social Services and Well-being (Wales) Act 2014: Part 10 Code of Practice (Advocacy)*, Welsh Government

⁵⁷ *Social Services and Well-being (Wales) Act 2014: Part 10 Code of Practice (Advocacy)*, Welsh Government

⁵⁸ Ibid

In this context, someone could ask a close and trusted family member or friend to act as an informal advocate, or they could contact a charitable or voluntary organisation that operates an advocacy service. **Age Cymru Advice** may be able to advise if there are any suitable schemes in your area – see section 14 below for contact details.

The appointment of an ‘independent professional advocate’

Local authorities “**must** arrange for the provision of an independent professional advocate when a person can only overcome the barrier(s) to **participate fully in [an] assessment [or] safeguarding processes** with assistance from an appropriate individual, but there is no appropriate individual available”⁵⁹.

In other words, this would be where an individual is finding it difficult to express their views, but there are no immediate – or suitable – family or friends to help them, nor is the individual able to independently access, for example, an advocacy service provided by a voluntary organisation.

Note: Different types of advocacy

Welsh Government guidance advises that if an advocate is necessary, social services “need to be clear what type...is required”; for example, it may be a general advocacy service offering overall support through the process, or it could be one of a number of different forms of advocacy with a statutory footing, such as an Independent Mental Capacity Advocate (as discussed above in section 8.6), an “Independent Mental Health Advocate [or an] Independent Domestic Violence Advocate”⁶⁰.

⁵⁹ Ibid

⁶⁰ Social Services and Well-being (Wales) Act 2014: Working Together to Safeguard People: Volume 4 – Adult Protection and Support Orders, Welsh Government, 2016

8.8 The Care Inspectorate Wales (CIW)

CIW is the independent body responsible for inspecting, regulating and maintaining standards in social care services in Wales. They have a range of powers to investigate and enforce changes on a service provider and then to carry out subsequent reviews. This could include, for example, where poor services have been identified which have led to – or could potentially lead to – neglect or abuse.

They have a duty to act promptly in urgent cases, which would involve liaising with the local authority as the lead for local safeguarding duties, or with the police where a crime has been committed.

9 Other elements of the statutory safeguarding system (as detailed within the Social Services and Well-being (Wales) Act)

9.1 Regional Safeguarding Adults Boards and the National Independent Safeguarding Board

The functions of regional safeguarding adult boards include:

- ensuring “that national policies and procedures are monitored and remain fit for purpose”⁶¹;
- to co-ordinate “multi-agency adult practice reviews” in circumstances where a serious incident of abuse or neglect of vulnerable adults has taken place⁶², as well as other “audits, reviews and investigations”, where required⁶³;

⁶¹ Social Services and Well-being (Wales) Act 2014: Working Together to Safeguard People: Volume 1 – Introduction and Overview, Welsh Government, 2016

⁶² Social Services and Well-being (Wales) Act 2014: Working Together to Safeguard People: Volume 3 – Adult Practice Reviews, Welsh Government, 2016

⁶³ Social Services and Well-being (Wales) Act 2014: Working Together to Safeguard People: Volume 1 – Introduction and Overview, Welsh Government, 2016

- “to disseminate information about best practice and learning arising from reviews” and “to facilitate research into protection from, and prevention of, abuse and neglect of...adults at risk”;
- “to review the training needs of...practitioners working in the area of the Board [and] ensure training is provided on an interagency and individual organisational basis to assist in the...prevention of abuse and neglect”.

The National Independent Safeguarding Board

The National Board provides support and advice to the regional safeguarding boards and makes “recommendations to the Welsh Ministers as to how [safeguarding] arrangements could be improved”⁶⁴.

10 Criminal investigations into elder abuse cases

As noted in section 7 above, the police will lead on investigations where it appears that a crime has taken place. It should be noted that in criminal investigations, evidence needs to be ‘beyond all reasonable doubt’.

10.1 Decisions to prosecute

Once the police have completed their investigation, the Crown Prosecution Service (CPS) is the body responsible for deciding whether to prosecute. They do this by assessing the evidence via a two stage test – ‘*The evidential test*’ and ‘*Is the prosecution needed in the public interest?*’. For example, the CPS will analyse whether:

“The evidence [is] sufficient to provide a ‘realistic prospect of conviction?’” and “will the witness ‘stand up at trial?’”

Although this may be difficult to assess, any assumption “that all older people will not ‘stand up at trial’ because of perceived frailty, poor memory, borderline capacity or simply older age must be challenged. Any unjustified assumptions about the ability of the individual to present evidence must [also] be challenged”.

⁶⁴ Ibid

“Do the public interest factors against prosecution outweigh those in favour?” Prosecution will be more likely if:

- “the defendant was in a position of trust”;
- “the victim was vulnerable, has been put in considerable fear, or suffered [a] personal attack”;
- It is believed that “the offence is likely to be continued or repeated”;
- the offence was motivated by “discrimination against the victim’s ethnic or national origin, gender, disability, age, religion or belief, political views, sexual orientation or gender identity”; or
- a prosecution would have “a significant positive impact on maintaining community confidence”⁶⁵.

Note: Prosecution may be less likely if there is a high chance that the victim’s physical or mental health will be seriously affected. However, the seriousness of the offence will always have to be borne in mind when reaching this sort of decision.

10.2 Assistance from Victim Support

Victim Support is an independent charity for victims (and witnesses) of crime. They can provide information about police procedures and what to expect from the criminal justice system, as well as assistance to navigate through the different stages that may be involved.

A crime doesn’t necessarily need to have been reported – Victim Support can still offer their help and services to you. See section 14 below for their contact details.

11 Human rights law and safeguarding adults

“Human rights are relevant to adult safeguarding and protection in two different ways”:

⁶⁵ Protection of older people in Wales: A guide to the law, Older People’s Commissioner for Wales (2nd edition), March 2014

- Actions contrary to human rights “may constitute abuse – for example, unnecessary sedation or ‘do not resuscitate’ policies [in a hospital or care home] are a violation of a person’s human rights and amount to abuse”; and
- human rights “require the State to take necessary action to prevent abuse, wherever it happens, and to respond to it appropriately. Article 13 [of the] European Convention on Human Rights requires that there should be an effective remedy in cases of violation”.

There is a duty on all public authorities to uphold the *Human Rights Act 1998*. Under the Act a public authority – such as a local authority or NHS hospital – “must not act in a way that is incompatible with any of the rights in the European Convention on Human Rights [which] contains a number of rights relevant to elder abuse”⁶⁶. For example:

- **Article 2:** *Everyone’s right to life shall be protected by law*

“In circumstances when an older person’s life is threatened by abuse or neglect, the state has a duty to provide appropriate protection. This may include the protection of the criminal law and/or intervention by a public authority under the safeguarding procedure”.

- **Article 3:** *No one shall be subjected to torture or to inhuman or degrading treatment or punishment*

“Abuse is inhuman and degrading and if it is severe enough will fall within this article”.

- **Article 5:** *Everyone has the right to liberty and security of person.*

- **Article 8:** *Everyone has the right to respect for their private and family life, home and correspondence.*

- **Article 10:** *Everyone has the right to freedom of expression.*

- **Article 14:** *“The enjoyment of the rights and freedoms [in the European Convention on Human Rights] shall be secured without discrimination on any ground”*

This includes “discrimination on the grounds of age”⁶⁷.

⁶⁶ Ibid

⁶⁷ Ibid

The Equality Advisory & Support Service may be able to provide additional information on this topic – see section 14 below for contact details.

12 If you have reported a concern about abuse, but are not satisfied with the response

12.1 Concerns raised with social services and/or the health service (NHS)

Using the local authority's complaints procedure

If you are not satisfied with the way that the local authority social services department have responded to a safeguarding concern, you can use their complaints procedure.

Note: Further information on this can be found in the following Welsh Government guidance: *'A guide to handling complaints and representations by local authority social services'* (August 2014)⁶⁸.

The complaints procedure has two stages:

- **Stage One** will involve an attempt at *'Local Resolution'* with the same local authority that made the original decision.
- **Stage Two** would be a *'Formal Investigation'*⁶⁹. At the formal stage of the complaints process, an *'Independent Investigator'* must be appointed⁷⁰.

⁶⁸ A copy of the guidance can be found at: www.gov.wales/topics/health/socialcare/complaints

⁶⁹ The complaints guidance advises that: "The Formal Investigation stage may commence if the seriousness of the complaint means that it is inappropriate to deal with [it] at Local Resolution Stage, or the complainant remains dissatisfied at the end of the Local Resolution Stage".

⁷⁰ This is defined as "a person who is [not an] officer of the local authority to which complaints have been made, or the spouse or civil partner of such a person". They may be an employee of a different authority...or an "independent expert in the matter being investigated" – *A guide to handling complaints and representations by local authority social services*, Welsh Government, August 2014

Using the NHS Wales complaints procedure

If you are unsatisfied by the way an NHS organisation has handled a safeguarding concern, you can use the NHS Wales complaints procedure. Age Cymru's Factsheet 66w *Resolving problems and making a complaint about NHS care in Wales* has further information on this topic.

12.2 The role of the Public Services Ombudsman for Wales

If you have used either the local authority or NHS complaints procedures, but remain unsatisfied with the outcome and/or handling of your complaint, you can escalate your case to the Public Services Ombudsman for Wales. The Ombudsman is impartial and independent from local authorities, the NHS and other government bodies.

They will normally expect you to have gone through the complaints procedure in full with the organisation concerned, prior to contacting them, though this is not necessarily the case – for example, if the case was particularly serious, or the local authority (or NHS) were not carrying out their investigation in compliance with the complaints processes.

13 Preventing elder abuse

13.1 The Disclosure & Barring Service (DBS)

The DBS is a government body whose primary role is to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable individuals or groups.

The DBS carries out criminal record checks for anyone employed in a 'regulated activity'. This covers the provision of health and/or social care in the form of personal care, as well as other care such as domestic assistance for adults who require this due to age, illness or disability.

The DBS has the power to bar people from working with vulnerable adults and/or children. Some criminal convictions carry an automatic bar, whereas others leave it to the discretion of the DBS as to whether or not a person should be barred from this work.

Note: Further information can be found on the GOV.UK website at:

www.gov.uk/government/organisations/disclosure-and-barring-service

13.2 **Actions that someone may take to reduce the chances of suffering abuse**

Planning for the future

In order to ensure that someone's wishes are known and respected in the event that they are no longer able to express them – perhaps because of illness, an accident or disability – planning for the future could be an important step in preventing abuse.

For example, making a will and/or setting up a Lasting Power of Attorney (LPA). An LPA enables a trusted person to manage your financial affairs and/or healthcare and personal welfare decisions, should you lack the mental capacity to do so yourself in the future.

It is important to ensure that the person helping to make major decisions about your future is sufficiently independent and trustworthy. For further information see Age UK's Factsheet 22 *Arranging for someone to make decisions on your behalf*.

Staying active in the community

Becoming socially isolated can potentially leave someone more vulnerable to abuse, so maintaining as much contact as possible within the community in which they live can help. There are many reasons why someone might become isolated, perhaps due to the death of a partner or friend. As they become older it may become more difficult for someone to be able to get out and about as much as before.

However, there are voluntary organisations and transport schemes that can help people to remain socially active. A local Age Cymru organisation (see section 14 for contact details) should be able to advise what is in their area. Some Age Cymru organisations offer befriending schemes or other projects designed to help older people maintain their independence. There are also a number of other charitable or voluntary organisations who operate various types of befriending schemes.

Staying healthy in later life

Research has suggested that for those aged over 85, the incidence of neglect was more likely for those in very bad health or for those people who suffer from a long term limiting illness. Adopting a healthy lifestyle in earlier years can greatly improve the chances of having better health in later life⁷¹. Ways in which someone can stay healthy as they get older include:

- keeping mentally and socially active;
- maintaining a good balanced diet;
- where possible, getting out of the house and taking regular exercise (or ask your GP about light exercises that could be done at home); or
- giving up smoking (contact NHS Direct Wales for advice – see section 14).

Make sure you are involved in care planning and decision making and that regular reviews of your care needs are carried out

The local authority social services department (and other statutory services, such as the NHS), should involve someone in any planning or decisions being made about their care needs. It is important that the staff involved in your assessments understand what your wishes are in order to decide on the most appropriate services to meet individual needs. Age Cymru's Factsheet 41w *Social care assessments for older people with care needs in Wales* has further information. There may be times when someone needs additional support to ensure their wishes are heard and acted upon. Independent advocacy services can provide support in these circumstances – see section 8.7 above.

Local authorities should review the needs of service users at set times and a care plan should include a review date. If you felt that you were not being involved sufficiently in decisions that affect you, then the complaints procedure could be used – again see *Factsheet 41w* for further information on these issues.

⁷¹ UK Study of Abuse and Neglect of Older People: Prevalence Survey Report, National Centre for Social Research and King's College London (report prepared for Comic Relief and the Department of Health), June 2007. A copy of the report can be found at: <http://assets.comicrelief.com/cr09/docs/elderabuseprev.pdf>

13.3 Preventing abuse by a stranger

- Make sure your home is secure – e.g. door and window locks, alarms, door chains. Contact your local police station (their number should be in the local telephone directory) and ask if they can provide you with information and advice on home security (or refer you to another reputable organisation who can offer this). Neighbourhood Watch schemes can provide people with information and advice – and in some cases equipment – to make homes more secure.
- Ask for an identity card of sales people or callers to your home. If you've seen identification, but are still unsure, check who they are by phoning the company they represent. Get the number from a bill or your phone book rather than calling a number they give you, as they could be putting you through to an accomplice. You can always ask the caller to come back at another time when someone will be with you. A genuine caller won't mind you taking these precautions.
- Password schemes – many providers of gas and electricity now have schemes where a customer can arrange to have a password to verify that the caller is genuinely working for the provider. This will give peace of mind from bogus callers pretending to be from a legitimate energy company.
- Speak to your local Care & Repair organisation (if you are a homeowner, or rent your home privately) to make sure the property does not fall into disrepair. **This can indicate that someone vulnerable resides there and lead to people being targeted by criminals and/or unscrupulous tradespeople.** See section 14 below for contact details for Care and Repair Cymru. If you live in a local authority or housing association property, contact their repairs department.
- Be extremely cautious of callers who want to come in – to use the toilet; asking for a glass of water; wanting to make a telephone call. This is often how a distraction burglary starts.
- If someone receives letters saying that they have won a prize and they are being asked to send money to claim it, this is often just an attempt to obtain money from them. It is highly likely that the promised prize will not be received. By not sending any money at all the person is preventing themselves from being financially abused.

Also, importantly, replying to such mailings often leads to more and more of them turning up, as people become repeat targets.

Age UK's information guide, *Avoiding scams*, provides additional information on this topic.

14 Useful organisations

Action on Elder Abuse (AEA)

A charity that works to prevent the abuse of vulnerable older adults.

UK Helpline: **080 8808 8141** (freephone)

E-mail: enquiries@elderabuse.org.uk

Website: www.elderabuse.org.uk

Age Cymru Advice

Free and confidential information and advice on matters affecting the over 50s in Wales.

Tel: 08000 223 444

E-mail: advice@agecymru.org.uk

Age Cymru organisations (local)

Your local Age Cymru may be able to provide advice and support on a range of issues. **Age Cymru Advice** can provide details of your local Age Cymru (see above), or visit the Age Cymru website at:

www.agecymru.org.uk

Alzheimer's Society

Provides support to people affected by all types of dementia. They also offer information and advice to relatives and carers. There are local branches across the UK.

National Dementia Helpline: 0300 222 1122

Website: www.alzheimers.org.uk

C.A.L.L. Helpline (Community Advice & Listening Line)

This is a mental health helpline offering a confidential listening and support service. It offers emotional support and information on mental health and related matters to the people of Wales.

C.A.L.L. Helpline: 0800 132 737 (or text 'help' to: 81066)

Website: www.callhelpline.org.uk

Care & Repair Cymru

Care & Repair Cymru are a national charitable body that aims to ensure older people have homes that are safe, secure and appropriate to their needs. They can assist people who are owner occupiers or living in private rented housing. There is a network of local Care & Repair Agencies across Wales.

Call your local agency on: 0300 111 3333

Website: www.careandrepair.org.uk

Care Inspectorate Wales (CIW)

CIW inspects and regulates care and social services in Wales.

Tel: 0300 7900 126

E-mail: ciw@gov.wales

Website: www.careinspectorate.wales

Carers UK

A national charity providing information, advice and practical and emotional support for carers.

Advice Line: 0808 808 7777

Website: www.carerswales.org

Citizens Advice Bureaus (CABs)

National network of free advice centres offering confidential and independent advice, face to face or by telephone.

Tel: 03444 77 20 20

Details of your nearest CAB can be found at: www.citizensadvice.org.uk

Community Health Councils (CHCs)

CHCs are a statutory and independent voice in health services in Wales. They work to enhance and improve the quality of local health services. For information on the CHC covering your area, see the NHS Direct Wales website at:

www.nhsdirect.wales.nhs.uk/localservices/communityhealthcouncils

Counsellors and therapists

Some people find counselling beneficial. This may particularly be the case where, for whatever reason, someone feels unable to discuss such matters with those they are close to, or feels they need extra support. GPs or social services staff should be able to give further advice on counselling and help to find a suitable counsellor. It is important to consider whether or not the counsellor has recognised academic qualifications and adheres to a professional code of conduct. It is also worth checking whether they have the necessary experience in the area in which support is required.

Equality Advisory & Support Service

A helpline that can advise people on equality and human rights issues.

Tel: 0808 800 0082

Website: www.equalityadvisoryservice.com

GP (General Practitioner)

Some people may find it helpful to talk to their GP who is duty bound to offer confidential advice on all medical issues and will be able to help put patients in contact with appropriate groups, agencies, organisations, or refer for further NHS medical services.

Healthcare Inspectorate Wales (HIW)

HIW is the independent inspector and regulator of NHS healthcare and independent healthcare organisations in Wales.

Tel: 0300 062 8163

E-mail: hiw@gov.wales

Website: www.hiw.org.uk

Live Fear Free Helpline

A free helpline offering advice and support to those affected by violence against women, domestic abuse, or sexual violence.

Tel: **0808 8010 800** (*lines are open 24 hours a day, 7 days a week*)

E-mail: info@livefearfreehelpline.wales

Website: <https://livefearfree.gov.wales/>

Note: The Live Fear Free Helpline is managed by **Welsh Women's Aid** – there is a separate entry for them below.

Men's Advice Line

A confidential helpline for men experiencing domestic violence and abuse.

Tel: **0808 801 0327**

E-mail: info@mensadvice.org.uk

Website: www.mensadvice.org.uk

NHS Direct Wales

NHS Direct Wales can provide contact details for local services and telephone or web advice on health issues and common illnesses.

Tel: 0845 46 47

Website: www.nhsdirect.wales.nhs.uk

Older People's Commissioner for Wales

Independent champion for older people across Wales.

Tel: 03442 640670

E-mail: ask@olderpeoplewales.com

Website: www.olderpeoplewales.com

Police

If there is a serious danger that an older person may be in imminent risk of harm and the situation warrants immediate attention, the police can be called. **In an emergency, it is appropriate to dial 999.** Otherwise, for less urgent matters, the number of the local police station will be in the general telephone directory.

Protect

Protect (previously called Public Concern at Work) is an independent 'whistleblowing' charity. They aim to protect society by encouraging people to whistleblow about serious wrongdoing in the workplace.

Advice Line: 020 3117 2520

E-mail: whistle@protect-advice.org.uk

Website: www.pcaw.org.uk

Public Services Ombudsman for Wales

The Ombudsman looks to see whether people have been treated unfairly or have received a bad service from a public body, such as a local authority social services department.

Tel: 0300 790 0203

E-mail: ask@ombudsman-wales.org.uk

Website: www.ombudsman-wales.org.uk

Relatives & Residents Association (The)

Provides advice and support to older people in care homes and/or their relatives and friends.

Tel: 020 7359 8136

E-mail: info@relres.org

Website: www.relres.org

Samaritans

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

Confidential Samaritans Helpline: 116 123

Available free of charge on any phone and is available 24 hours a day, 365 days a year.

Welsh Language Line: **0808 164 0123**

E-mail: jo@samaritans.org

Write to the Samaritans at:

Freepost RSRB-KKBY-CYJK, PO Box 9090, Stirling, FK8 2SA

Website: www.samaritans.org

Sexual health clinics (also known as GUM clinics)

GUM clinics (Departments of Genito-Urinary Medicine) can offer tests for sexual and urinary health problems. Everything discussed at a visit to a GUM clinic is completely confidential. Someone's GP will not be told about the visit, unless the person provides permission to do so.

Further information on sexual health clinics, including a link to find a local service in your area, can be found on the NHS Direct Wales website at:

www.nhsdirect.wales.nhs.uk/encyclopaedia/s/article/sexualhealthclinics

Social services

Local authority social services departments are the main statutory organisation responsible for coordinating adult protection cases. The contact details for the local social services department will be listed in the telephone directory (under the local authority's name). You can also find the details on their website.

You can ask to be put through to the '**adult safeguarding team**' or '**protection of vulnerable adults team**', so that you can report your case directly to the most relevant department. If you can't find the contact details, a voluntary organisation – such as your local Age Cymru – will be able to provide you with them.

Trading Standards

Trading Standards offices are run by local authorities. 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. Their contact details should be listed in the local telephone directory (under the name of the local authority) or online on your local authority's website.

Victim Support

An independent charity for victims and witnesses of crime.

Supportline: 08 08 16 89 111

Website: www.victimsupport.org.uk

Welsh Government

The devolved government for Wales.

Tel: 0300 060 4400

E-mail: customerhelp@gov.wales

Website: www.wales.gov.uk

Welsh Women's Aid (WWA)

WWA are a national charity for Wales who work to end domestic abuse and all forms of violence against women. They are an umbrella organisation, representing local Women's Aid Groups situated across the country that can provide advice and also direct services for women who are experiencing domestic abuse – for example, counselling, support groups or access to a refuge (or other safe accommodation).

Helpline: WWA manage the 24-hour **Live Fear Free Helpline** – see the entry above for contact details

For more general queries, contact the main Welsh Women's Aid office:

Telephone: 02920 541 551

E-mail: info@welshwomensaid.org.uk

Website: www.welshwomensaid.org.uk

15 Further information about Age Cymru

Age Cymru is the leading charity for all older people in Wales. We campaign, we research and we fundraise to make sure we build a better life for all older people. We ensure older people's voices are heard, we challenge and change attitudes, we fight discrimination wherever we find it and we tackle elder abuse in all its forms. Together with our local Age Cymru partners we provide vital services in communities across Wales.

The Age UK family

Along with Age UK, Age Scotland and Age NI, Age Cymru is a member of the Age UK family.

Age UK (Age UK Advice: 0800 169 65 65; website: www.ageuk.org.uk)

Age NI (Age NI Advice: 0808 808 7575; website: www.ageni.org)

Age Scotland (Tel: 0845 833 0200; website: www.agescotland.org.uk)

Our information materials

Age Cymru and Age UK publish a large number of free Information Guides and Factsheets on a range of subjects, including money and benefits, health, social care and housing.

Some resources, such as this factsheet, are produced 'in-house' by Age Cymru, whilst others are branded Age UK and – depending on the subject matter – contain either information which is applicable in England and Wales, or for the whole of the UK.

Contact details

Age Cymru Advice

Tel: 08000 223 444

E-mail: advice@agecymru.org.uk

Website: www.agecymru.org.uk



www.facebook.com/agecymru



www.twitter.com/agecymru



www.youtube.com/agecymru

Contact us if you would like:

- To order copies of any factsheets or information guides.
- Further advice if you cannot find the information you need in this factsheet.
- Details of your nearest local Age Cymru organisation.

Disclaimer and copyright information

This factsheet is not a comprehensive statement of the law in this subject. Age Cymru cannot give individual legal or financial advice and some rules may have changed since the publication of this factsheet. Please note that the inclusion of named agencies, companies, products, services or publications in this factsheet does not constitute a recommendation or endorsement by Age Cymru. Whilst every effort is made to ensure accuracy, Age Cymru cannot be held responsible for errors or omissions.

© Age Cymru 2018. All rights reserved. This factsheet may be reproduced in whole or in part in unaltered form by local Age Cymru organisations with due acknowledgement to Age Cymru. No other reproduction in any form is permitted without written permission from Age Cymru.

Age Cymru is a registered charity 1128436 and a company limited by guarantee 6837284.

Age Cymru
Ground Floor, Mariners House
Unit A, Trident Court
East Moors Road
Cardiff
CF24 5TD

Can you help Age Cymru?

Please complete this donation form with a gift of whatever you can afford and return to: Age Cymru, FREEPOST RLTL-KJTR-BYTT, 13/14 Neptune Court, Vanguard Way, Cardiff CF24 5PJ. Alternatively, you can phone 029 2043 1555 Monday to Friday 9am – 5pm or visit www.agecymru.org.uk/donate. Thank you.

Personal details

Title:	Initials:	Surname:
--------	-----------	----------

Address:
Postcode:

Tel:	Email:
------	--------

By providing your email address and/or mobile number you are agreeing to us contacting you in these ways. You may contact us at any time to unsubscribe from our communications.

Your gift

I would like to make a gift of: £

I enclose a cheque/postal order made payable to Age Cymru

Card payment

I wish to pay by (please tick) MasterCard Visa CAF CharityCard

Maestro American Express

(Maestro only)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Signature X
----------------------	----------------------	----------------------	----------------------	----------------------	--------------------

Expiry date / Issue no. (Maestro only)

Gift aid declaration

(please tick) Yes, I want Age Cymru to treat all donations I have made for the four years prior to this year, and all donations I make from the date of this declaration until I notify you otherwise, as Gift Aid donations. I confirm I pay an amount of income tax/capital gains tax to cover the amount that all charities and Community Amateur Sports Clubs will reclaim on my donations in the tax year. Date: ___/___/___
I understand that other taxes such as VAT and Council Tax do not qualify.



Age Cymru is a registered charity 1128436. Company limited by guarantee and registered in England and Wales 6837284. Registered office address: Tŷ John Pathy, 13/14 Neptune Court, Vanguard Way, Cardiff, CF24 5PJ. We work in partnership with local Age Cymru partners to provide direct help to over a million people every year. © Age Cymru 2015

We'd like to keep you informed about our vital work. Please tick or circle the areas you're interested in: Arts [] Campaigns [] Events [] Fundraising [] Information and Advice [] Policy/Public Affairs [] Physical Activity [] Volunteering []

Would you like to hear from us, please tick or circle - by post [] email [] telephone [] all []

You can unsubscribe at any time. Call 029 2043 1555 email unsubscribe@agecymru.org.uk or tick / circle this box []

Your details will be kept on a secure database and we will not share your details with any organisations unless required by law.

