

Factsheet 78w ● November 2022

Safeguarding older people in Wales from abuse and neglect



Age Cymru Advice

0300 303 44 98

www.agecymru.org.uk

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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; *or*
- 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; *and*
- provide 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.

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, such as 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 5 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 12.

2.2 Legislation and government guidance in regard to safeguarding older people

This factsheet will use the following as the main sources of information, in particular in regard to the parts focussing on the processes for reporting and/or investigating suspected abuse:

- *Welsh Government legislation relating to safeguarding;*
- *Welsh Government Statutory Guidance to accompany the legislation;*
- *Wales Safeguarding Procedures* (developed by the Regional Safeguarding Boards in conjunction with stakeholder groups from across Wales. Further information on Safeguarding Boards can be found in section 8 below).

Footnotes will be provided in the text where these sources are used, so that you can locate the information in the original document, if required. Further details on the main sources can be found in the following table:

Part 7 (Safeguarding) of the Social Services and Well-being (Wales) Act 2014

The Social Services and Well-being (Wales) Act 2014 legislation covers a large range of local authority social services functions – for example, care needs assessments and related rules for arranging and paying for care (in someone’s own home or a care home). 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*.

A copy of the Act can be found at:

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);

These guidance documents provide a framework for key agencies 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. All of these documents can be accessed on the Social Care Wales website at:

www.socialcare.wales/hub/statutory-guidance

<ul style="list-style-type: none"> ➤ 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). 	<p><i>Volume 2 and 5 are not included in the list to the left, as they concern the safeguarding of children.</i></p>
<p>Wales Safeguarding Procedures 2019</p>	<p>As touched upon above, these procedures were developed by the Regional Safeguarding Boards, working with various partners and stakeholder groups from across Wales.</p> <p>It should be emphasised that the <i>Wales Safeguarding Procedures</i> do not replace any of the statutory guidance listed above (and also the legislation – the <i>Social Services and Well-Being (Wales) Act 2014, part 7 Safeguarding</i> – has not been changed).</p> <p>Rather the Procedures aim to “strengthen and clarify” the existing guidance and explain more thoroughly the responsibilities of professionals involved in safeguarding and how they can ensure they meet these responsibilities.</p> <p>The <i>Wales Safeguarding Procedures 2019</i> have been produced as an online tool and can be accessed at:</p> <p>www.safeguarding.wales</p>

Note: Related Welsh Government guidance on older people and domestic abuse

The following guidance may have relevance in some safeguarding cases – for example, see section 3.9 below.

Information and guidance on domestic abuse: Safeguarding older people in Wales, Welsh Government and Older People's Commissioner for Wales (2016):

www.gov.wales/domestic-abuse-safeguarding-older-people

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 “as rights often appear to conflict with each other”.

In elder abuse cases, it may be “necessary to balance the duty to protect the older person with the duty to respect their right to decide for themselves. It is therefore important to consider whether intervention is necessary and, if so, how it should be done”.

“In some circumstances, the state has a genuine interest in ‘interfering’ with a person’s human rights. For example, if they have committed a criminal offence, imprisonment after a trial is a fair response, even though it takes away the person’s freedom. There may also be occasions when it is necessary to interfere with a person’s right to decide for themselves in order to protect the rights of others – if an abuser is a professional carer working with other older people, for example”¹.

¹ Protection of Older People in Wales: A Guide to the Law (3rd Edition), Older People's Commissioner for Wales and Professor John Williams, November 2019

There is also some further information on the relevance of the *Human Rights Act* in section 10 below.

2.3 What is elder abuse?

The charity, Hourglass (formerly Action on Elder Abuse), 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”².

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”³.

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.

² ‘Definitions’, Hourglass Wales website: www.wearehourglass.cymru/wales/definitions (last accessed 2 November 2022).

³ 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 6 and 7 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; *and*
- 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 research:

- institutional / organisational abuse;
- discrimination and hate crime;
- domestic violence / domestic abuse;
- abuse by a stranger; *and*
- ‘mate’ crime.

Note: Each of these categories will be looked at in more detail below in sections 3.1 to 3.11, 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 – i.e. 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.

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 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 money and/or welfare benefits and not giving them all their money (or preventing someone from accessing their money).
- Taking money, or using a credit/debit card without permission.
- Fraud or scamming.
- “Arranging less care than is needed to save money to maximise inheritance”.
- “Denying assistance to manage and/or monitor financial affairs”.
- “Denying assistance to access benefits”.
- “Exploitation of a person’s money or assets, e.g. unauthorised use of a car”.
- “Misuse of a power of attorney, deputy, appointeeship or other legal authority”⁴.

⁴ Wales Safeguarding Procedures 2019, Welsh Government. Available as an online resource at: www.safeguarding.wales

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”.
- A “sudden sale or transfer of [someone’s] home” or, for example, “giving a substantial gift to a carer or other third party”.
- Unusual activity in bank accounts, or the “sudden inclusion of additional names on a bank account”⁵.
- Cheques being signed by other people without someone’s consent.
- “Signatures on official documents...that do not resemble the older person’s own”⁶.
- 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”⁷ – 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.

⁵ Social Services and Well-being (Wales) Act 2014: Working Together to Safeguard People: Volume 1 – Introduction and Overview, Welsh Government, 2016

⁶ Financial abuse, Hourglass Cymru leaflet, June 2021.

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

- Inappropriate granting and/or use of a Lasting Power of Attorney – for example, an LPA “being obtained after the person has ceased to have mental capacity [or] failure to register an LPA after the person has ceased to have mental capacity to manage their finances, so that it appears that they are continuing to do so”.
- “The person allocated to manage financial affairs is evasive or uncooperative” – including, for example, failing “to provide receipts for shopping or other financial transactions carried out on behalf of the person”.
- “Signs of financial hardship in cases where the person’s financial affairs are being managed by a court appointed deputy, attorney or LPA”⁸.

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.

⁸ Wales Safeguarding Procedures 2019, Welsh Government. Available as an online resource at: www.safeguarding.wales

- 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”⁹.
- “Providing care in a way that the person dislikes”.
- “Failure to administer medication as prescribed”.
- “Refusal of access to visitors”.
- “Preventing the person from making their own decisions”.
- “Preventing access to glasses, hearing aids, dentures, etc”.
- “Failure to ensure privacy and dignity”¹⁰.

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.

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

¹⁰ Wales Safeguarding Procedures 2019, Welsh Government. Available as an online resource at: www.safeguarding.wales

- Person has dishevelled appearance.
- Under or overuse 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.
- “Untreated injuries and medical problems”.
- “Inconsistent or reluctant contact with medical and social care organisations”.
- “Accumulation of untaken medication”.
- “Uncharacteristic failure to engage in social interaction”.
- “Inappropriate or inadequate clothing”¹¹.

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 – **however, self-neglect can also 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.**

¹¹ Ibid

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 include:

- Neglecting to care for one's personal hygiene, health or surroundings.
- "Lack of self-care to an extent that it threatens personal health and safety".
- "Inability to avoid self-harm".
- "Failure to seek help or access services to meet health and social care needs".
- "Inability or unwillingness to manage one's personal affairs"¹².

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.
- Very poor personal hygiene and/or unkempt appearance when previously a tidy person; or sudden or uncharacteristic change in lifestyle choice.

¹² Ibid

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 by altering their behaviour – perhaps with assistance from social services to do so (altering their behaviour to avoid threats might include, for example, taking actions to avoid contact with people who may want to exploit or take advantage of them).

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 are also likely to be an important factor – section 7.9 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 issues. It could include:

- Violent acts (e.g. punching, kicking, shaking, pushing, slapping, burning, pulling hair, biting, spitting or choking).
- Rough handling during care giving.
- Confinement or “undue restraint”¹³ – for example, stopping someone from going out; locking them in a bedroom, or tying them to a chair or bed.

¹³ Ibid

- Giving someone medication they don't need, or overusing the medication.
- "Physical punishments".
- "Making someone purposefully uncomfortable (e.g. opening a window and removing blankets)".
- "Forcible feeding or withholding food"¹⁴.

Possible indicators of physical abuse could be:

- "No explanation for injuries or inconsistency with the account of what happened".
- "Injuries are inconsistent with the person's lifestyle"¹⁵.
- Cuts, scratches, sprains or fractures.
- Unexplained falls.
- Oval or crescent shaped bite marks over 3cm across¹⁶.
- Lacerations, weal marks, puncture wounds, finger marks, burns and scalds¹⁷.
- Bruises (particularly if there is a lot of bruising of different ages) and discolouration¹⁸.
- 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.

¹⁴ Ibid

¹⁵ Ibid

¹⁶ 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.

¹⁷ 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.

¹⁸ 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 5 to 7 for information on organisations that can assist in this area.

- Insomnia, fearfulness, unexplained paranoia, anxiety, including “subdued or changed behaviour in the presence of a particular person”.
- “Failure to seek medical treatment or frequent changes of GP”¹⁹.

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.

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.

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’.

¹⁹ Wales Safeguarding Procedures 2019, Welsh Government. Available as an online resource at: www.safeguarding.wales

- 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.

Possible indicators of sexual abuse could be:

- “Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck”²⁰.
- 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.
- “Unusual difficulty in walking or sitting”²¹.
- Withdrawn behaviour.
- Disturbed sleep patterns.
- Demonstrating untypical changes in behaviour – for example, sudden mood changes, aggression or self-harm.
- “Incontinence not related to any medical diagnosis”.
- “Fear of receiving help with personal care”.
- “Reluctance to be alone with a particular person”²².

²⁰ Ibid

²¹ Ibid

²² Ibid

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 or unimportant, including verbal abuse or humiliation. This could include “addressing a person in a patronising or infantilising way”.
- Bullying (including cyber bullying).
- “Intimidation, coercion [and/or] harassment”²³.
- 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, friends or other people who are important to that person (or threatening to deny this).

²³ Ibid

- 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 example²⁴.
- 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, or are otherwise very important to them personally.
- 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.
- “Preventing someone from meeting their religious and cultural needs”.
- “Removing mobility or communication aids or intentionally leaving someone unattended when they need assistance”²⁵.

Possible indicators of psychological and emotional abuse could be:

- Untypical changes in mood, attitude and behaviour.
- “Signs of distress: tearfulness, anger”²⁶.
- Changes in sleep pattern; confusion or disorientation.
- Loss of appetite.
- Incontinence.
- Anger or denial.
- Helplessness, passivity or resignation; low self-esteem, depression or withdrawal.
- Hesitation to talk openly.

²⁴ Social Services and Well-being (Wales) Act 2014: Working Together to Safeguard People: Volume 1 – Introduction and Overview, Welsh Government, 2016

²⁵ Wales Safeguarding Procedures 2019, Welsh Government. Available as an online resource at: www.safeguarding.wales

²⁶ Ibid

- Unclear or confused feelings towards an individual.
- Unusual weight gain/loss.
- “Apparent false claims, by someone involved with the person, to attract unnecessary treatment”²⁷.

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 6 to 9 below on how adult protection investigations will be carried out and section 5.1, which contains information on ‘whistle-blowing’.

²⁷ Ibid

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 could be motivated by the personal characteristics of the victim. This may make it a hate crime”.

Hate crimes “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 and belief, sexual orientation [or that someone is] transgender” (or perceived to be)²⁸.

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*²⁹.

Hate crimes could include:

- threatening behaviour;
- assault;
- robbery;
- damage to property;
- inciting others to commit hate crimes;
- harassment; *or*

²⁸ Social Services and Well-being (Wales) Act 2014: Working Together to Safeguard People: Volume 1 – Introduction and Overview, Welsh Government, 2016

²⁹ ‘What is hate crime?’, True Vision website: www.report-it.org.uk/what_is_hate_crime (last accessed 2 November 2022) – True Vision is an online reporting site operated by the police in England, Wales and Northern Ireland – see section 13 for contact details.

➤ online abuse³⁰.

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*.

Note: 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 [and] an on-going problem for 20, 30, and 40 years or even longer”³¹ (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”³²).

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”³³.

Domestic abuse could include:

- “acts of assault, threats, humiliation and intimidation”;

³⁰ ‘Report hate crime’, GOV.UK website: www.gov.uk/report-hate-crime (last accessed 2 November 2022).

³¹ Domestic abuse and sexual violence: Help and Support for Older People in Wales, Older People’s Commissioner for Wales

³² Information and guidance on domestic abuse: Safeguarding older people in Wales, Welsh Government and Older People’s Commissioner for Wales (2017)

³³ Domestic abuse and sexual violence: Help and Support for Older People in Wales, Older People’s Commissioner for Wales

- “harming, punishing, or frightening the person”;
- “isolating the person from sources of support”;
- “exploitation of resources or money”;
- “preventing the person from escaping abuse”;
- “regulating everyday behaviour”; or
- “‘honour’-based violence”³⁴.

Possible indicators of domestic violence and abuse could be:

- “Low self-esteem;
- someone feeling that the abuse is their fault when it is not;
- physical evidence of violence such as bruising, cuts [or] broken bones;
- verbal abuse and humiliation in front of others;
- fear of outside intervention;
- damage to home or property;
- isolation – not seeing friends and family;
- limited access to money”³⁵.

Further information and assistance:

See section 13 at the end of this factsheet for some specialist organisations that can assist people experiencing domestic violence.

Section 7.2 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 7.9 contains some additional information on domestic abuse and mental capacity issues.

³⁴ Wales Safeguarding Procedures 2019, Welsh Government. Available as an online resource at: www.safeguarding.wales

³⁵ Ibid

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 12 below has further information on ways that people may be able to protect themselves from these sorts of situations.

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, there may be some cases where it could be appropriate to use the safeguarding procedures – for example, an adult protection investigation may 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.

3.11 'Mate' crime

Mate crime is a form of disability hate crime.

“It happens when someone deliberately befriends a vulnerable or disabled person for the sole purpose of exploiting, abusing or taking advantage of them. Perpetrators typically prey upon people with learning and physical difficulties, those with mental health or substance abuse issues, and older people. They may spend considerable time building up a trusting relationship with the other person before they start abusing them”.

“Mate crime usually happens in private and can be difficult to spot”.

“The person who is being befriended may welcome the friendship or relationship and not recognise it as abusive”³⁶.

Mate crime can involve physical, emotional, sexual and financial abuse – see sections above.

4 Who might abuse an older person and why?

4.1 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. This could be due to 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).

³⁶ ‘Mate crime’, Dewis Cymru website: www.dewis.wales/mate-crime (last accessed 2 November 2022).

4.2 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.

4.3 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, plus 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 manage without his help, reminding them of all the things he has done for them.

4.4 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.

4.5 Sadistic abusers

These are people who feel powerful and important through humiliating others. Sadistic offenders enjoy frightening people and inflicting pain or suffering.

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

This section (and sections 6 & 7 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, there are organisations that can provide specialist advice 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 are worried about speaking 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, they could contact:

- in an emergency, the **police**;
- their local authority **social services** department – **this is the main statutory organisation that should respond to cases of elder abuse** (see section 6 below);
- a person that 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 professional³⁷;
- a national **24-hour** helpline run by the charity, **Hourglass** (freephone **0808 808 8141**. *The helpline is confidential and the Hourglass number will not appear on telephone bills*);

³⁷ 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 6.

- if the situation involves domestic abuse, the 24-hour Live Fear Free Helpline on freephone **0808 80 10 800**.

Note: Section 13 has full contact details for the organisations listed above (for example, Hourglass and Live Fear Free can be contacted by text or email, as well as by phone, so these additional details will also be listed).

5.1 Employees who have witnessed or suspect abuse

If you work in the social care or healthcare sector – or are another professional – and witness or suspect abuse, it should be reported as soon as possible to a senior member of staff and/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 relevant regulatory organisation (for example, the Care Inspectorate Wales if the case concerns a social care setting).

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 situations – for example, 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.

Note: Reporting abuse and ‘whistleblowing’

‘Whistleblowing’ 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 13 below for contact details for Protect.

6 Help from statutory organisations in stopping or preventing abuse

6.1 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. This is because they – “alongside the police” – “have statutory powers to investigate suspected abuse or neglect”³⁸.

Therefore, in all cases you should report abuse to the social services.

However, in the following instances you should *also* contact:

³⁸ Wales Safeguarding Procedures 2019, Welsh Government. Available as an online resource at: www.safeguarding.wales

- 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 9 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. a hospital or 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

Depending on the context, 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.

6.2 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”³⁹).
- **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)⁴⁰.

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”.*
-

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

7.1 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 should listen to the situation and decide on an appropriate response.

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

⁴⁰ 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). 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 7.10 below for information on advocacy services).

7.2 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”.

- **“Determination” – i.e. deciding 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”⁴¹ – 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 6 above. *Also see section 7.3 below for further information on investigations.*

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”⁴².

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”⁴³.

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 them⁴⁴.

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”.

⁴¹ Ibid

⁴² Ibid

⁴³ Information and guidance on domestic abuse: Safeguarding older people in Wales, Welsh Government and Older People’s Commissioner for Wales (2017)

⁴⁴ For example, following a general care needs assessment, the person could be provided with homecare services, a home adaptation or, if appropriate, a care home placement. Alternatively, social services may be able to signpost to other organisations that can assist. Age Cymru’s Factsheet 41w *Social care assessments for older people with care needs in Wales* has further information on this topic.

Normally this should be “within SEVEN working days of the referral” (“if an enquiry takes longer than seven days, the reasons should be recorded”)⁴⁵.

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 address⁴⁶.

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 7.10 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”)⁴⁷.

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

As outlined in section 6 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”.

⁴⁵ Social Services and Well-being (Wales) Act 2014: Working Together to Safeguard People: Volume 1 – Introduction and Overview, Welsh Government, 2016

⁴⁶ Ibid

⁴⁷ Ibid

“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”⁴⁸.

7.3 Safeguarding investigations (following an initial evaluation of the situation)

Strategy discussion / meeting

A strategy discussion / meeting will normally **precede** any investigation and must confirm or decide whether an investigation is required and, if it is, whether the investigation will be criminal and/or non-criminal” (emphasis added). A “lead co-ordinator is responsible for making this decision and for keeping a record”.

“The lead co-ordinator must be an individual who is employed within social services and where possible be a qualified social worker registered with Social Care Wales”⁴⁹ (the organisation responsible for regulating and developing the social care workforce in Wales – see section 13 below for contact details).

The following should take place at the strategy discussion / meeting (though this is not an exhaustive list):

- “share information [amongst various organisations involved in the case];
- ensure any interim protection plan originating from screening and the initial evaluation is in place and is protecting the adult at risk from abuse and neglect;
- consider the level of identified risk;

⁴⁸ Information and guidance on domestic abuse: Safeguarding older people in Wales, Welsh Government and Older People’s Commissioner for Wales (2017)

⁴⁹ Wales Safeguarding Procedures 2019, Welsh Government. Available as an online resource at: www.safeguarding.wales

- specify respective roles and responsibilities; specific tasks required; issues of co-operation; communication and the best use of skills, expertise and resources” – i.e. amongst the different professionals and/or organisations involved;
- “consider the wishes of the adult at risk and if they do not have the mental capacity those of their representative”;
- “ensure any assessments are completed” – for example, this could include a care needs assessment by social services;
- “decide on a course of action”⁵⁰ – see the table which follows.

Possible actions following the strategy discussion / meeting

In the *Wales Safeguarding Procedures 2019* the different actions which could be taken are referred to as ‘determinations’:

<p>“Determination 1: Immediate Protection”</p>	<ul style="list-style-type: none"> ● “Remove the adult from immediate risk”; <i>and</i> ● “further strategy meetings (as needed)”; <i>and/or</i> ● put in place a “Care and Support Protection Plan” under Part 4 – ‘Meeting needs’ – of the <i>Social Services and Well-being (Wales) Act</i>⁵¹. ● Further review required once care plan in place. <p>Also see section 7.5 below for more information on care plans.</p>
<p>“Determination 2: Adult not at risk but may have other needs for care and support services”</p>	<ul style="list-style-type: none"> ● Care needs assessment by social services with subsequent care and support plan put in place if required (as per Part 3 and Part 4 of the <i>Social Services and Well-being (Wales) Act</i>). ● Further review required once care plan in place. <p>See Age Cymru’s Factsheet 41w <i>Social care assessments for older people with care needs in Wales</i> for further information.</p>

⁵⁰ Ibid

⁵¹ Ibid

“Determination 3: Adult at risk and action to protect needed”⁵²

- The adult will be deemed at risk, though there will not be a need to take urgent immediate action, as per ‘*Determination 1*’ above. Other than this, all the actions will be the same as Determination 1.

Agreed plan of action

The plan of action should include the actions that each organisation or agency involved will undertake and how they will be co-ordinated, such as:

- “criminal investigations led by the police”;
- “disciplinary procedures led by [an] employer;
- “regulatory breach [and] inspection by [the] relevant regulator;
- how organisations will ensure that the adult at risk is involved in the investigation, including support and communication needs they may have;
- “risk management to ensure no one is left or placed at risk and investigations are not prejudiced”;
- “who will liaise with the adult at risk, and their family, about decisions reached or required”;
- “dates for reporting, completion and next steps”;
- “roles and responsibilities of key officers including which agency and professional should undertake the investigatory role”⁵³.

7.4 Social services reports and case records

Welsh Government guidance advises that the following information should be included in a safeguarding report (the report “is likely to be held in the individual case record of the person suspected to be an adult at risk”):

- 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”.

⁵² Ibid

⁵³ Ibid

- A record of the abuse that is happening “together with [the] supporting evidence”, such as:
 - “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”⁵⁴.

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

Care and support protection 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).

As such, care and support protection plans in abuse cases are put in place via the same legislation – the *Social Services and Well-being (Wales) Act* – as regular care and support plans for people where there are no issues related to abuse or neglect.

Welsh Government guidance confirms that local authorities are **required** to “prepare and maintain” these plans for anyone who is eligible for services from them, be this because of regular care and/or support needs, or due to experiencing abuse and/or neglect⁵⁵.

The *Wales Safeguarding Procedures 2019* advise that:

⁵⁴ Social Services and Well-being (Wales) Act 2014: Working Together to Safeguard People: Volume 1 – Introduction and Overview, Welsh Government, 2016

⁵⁵ Ibid

“The care and support protection plan seeks to remove or reduce the risk of abuse or neglect. The plan should include care and support arrangements” – i.e. how these services will be arranged and delivered, as per plans in non-safeguarding cases – **however, they will also “particularly emphasise the protection or risk management [measures] to support the individual”**.

“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 [protection] plan”⁵⁶.

A low threshold requirement for a care and support protection plan

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 they have 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 alone⁵⁷.

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*.

7.6 A person-centred approach to safeguarding and the balance between this and managing risks

The Welsh Government stresses in various guidance that social services should have a person-centred approach when assessing people and providing care and support plans (there is further general information on this approach in Age Cymru’s Factsheet 41w *Social care assessments for older people with care needs in Wales*) – however, it is also an important element in safeguarding cases. Social services and other professionals should have a clear understanding of:

⁵⁶ Ibid

⁵⁷ Social Services and Well-being (Wales) Act 2014: Part 4 Code of Practice (Meeting Needs), Welsh Government

- “the wishes and feelings of the adult”; *and*
- “the views of any carers or family members”⁵⁸ (provided they have the person’s best interests at heart).

The *Wales Safeguarding Procedures 2019* include an extract from a legal judgement which highlights a dilemma which social services and other professionals may have in balancing autonomy and protection:

We must “avoid the temptation always to put the physical health and safety of the elderly and the vulnerable before everything else. Often it will be appropriate to do so, but not always. Physical health and safety can sometimes be bought at too high a price in happiness and emotional welfare. The emphasis must be on sensible risk appraisal, not striving to avoid all risk, whatever the price, but instead seeking a proper balance and being willing to tolerate manageable or acceptable risks as the price appropriately to be paid in order to achieve some other good – in particular to achieve the vital good of the elderly or vulnerable person’s happiness. What good is it making someone safer if it merely makes them miserable”⁵⁹?

Professionals are advised to maintain a person-centred approach to risk assessment, which can be achieved by recognising:

- “effective decisions are made based on a calculated and reasoned assessment and analysis of the risk”;
- “practitioners and the adult at risk should reach a shared understanding of the concerns”; *and*
- “risk assessment is an ongoing process”.

7.7 Adult protection and support orders (APSOs)

APSOs will not need to be utilised in all cases, but may be an important tool in some abuse investigations. APSOs allow an ‘authorised officer’ from a local authority to obtain an order from the magistrates’ court entitling them to access particular premises.

⁵⁸ Wales Safeguarding Procedures 2019, Welsh Government. Available as an online resource at: www.safeguarding.wales

⁵⁹ Judge Munby on *Local Authority X v MM & Anor (No1)* (2007), cited in *The Wales Safeguarding Procedures 2019*, Welsh Government

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 risk⁶⁰?

The APSO rules also specify that, if required, “a police constable [can accompany] the authorised officer to enter the premises to implement the order”⁶¹.

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 7.10 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 7.9 below);
- an “approved mental health professional under the Mental Health Act 1983”⁶².

⁶⁰ Social Services and Well-being (Wales) Act 2014: Working Together to Safeguard People: Volume 1 – Introduction and Overview, Welsh Government, 2016

⁶¹ Ibid

⁶² Social Services and Well-being (Wales) Act 2014: Working Together to Safeguard People: Volume 4 – Adult Protection and Support Orders, Welsh Government, 2016

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”**⁶³.

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 protection⁶⁴.

7.8 If an adult at risk does not want to participate in the safeguarding proceedings – information if the person has mental capacity

Generally, 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.

However, having said this, in safeguarding cases there may be some situations where some sort of action will need to be taken – see below.

⁶³ Ibid

⁶⁴ Ibid

Where action may need to be taken, even if the adult at risk has mental capacity

The Welsh Government's 2016 safeguarding guidance advises 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 enquiry⁶⁵ (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 6.2 above).

Meanwhile, the *Wales Safeguarding Procedures 2019* discusses reporting possible crimes against an adult at risk of abuse. It advises that, "if the person has capacity and does not want a report made, this should be respected unless there are justifiable reasons to act contrary to their wishes, such as:

- the person is subject to coercion or undue influence to the extent that they are unable to give consent;
- there is an overriding public interest, for example, risk to others;
- prevention of imminent danger or distress [or] in life-threatening situations".

Note: "If a decision is made that the wishes of an adult at risk with capacity is over-riden, the reasons for this must be made clear and documented".

7.9 If an adult at risk does not want to participate in the safeguarding proceedings – information 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 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 protection measures).

⁶⁵ Social Services and Well-being (Wales) Act 2014: Working Together to Safeguard People: Volume 1 – Introduction and Overview, Welsh Government, 2016

The best interests decisions must be made in accordance with the *Mental Capacity Act 2005* and its accompanying *Code of Practice*⁶⁶.

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).

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).

⁶⁶ 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.

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 7.10 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”⁶⁷ (emphasis added).

7.10 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 help⁶⁸.

⁶⁷ Information and guidance on domestic abuse: Safeguarding older people in Wales, Welsh Government and Older People’s Commissioner for Wales (2017)

⁶⁸ The Welsh Government provide some definitions for advocacy within the following guidance: ‘Social Services and Well-being (Wales) Act 2014: Part 10 Code of Practice (Advocacy)’.

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 someone⁶⁹.

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”⁷⁰ (emphasis added).

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 13 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”⁷¹.

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.

⁶⁹ Social Services and Well-being (Wales) Act 2014: Part 10 Code of Practice (Advocacy), Welsh Government

⁷⁰ Ibid

⁷¹ Ibid

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 7.9), an “Independent Mental Health Advocate [or an] Independent Domestic Violence Advocate”⁷².

7.11 The Care Inspectorate Wales (CIW) and Healthcare Inspectorate Wales (HIW)

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. See section 13 below for their contact details.

HIW

HIW is the independent regulator of healthcare in Wales. They inspect NHS services and regulate independent healthcare providers against a range of standards, guidance and regulations.

As with CIW, this could include where poor services have been identified which have led to – or could potentially lead to – neglect or abuse. See section 13 below for their contact details.

Note: Both CIW and HIW will 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.

⁷² Social Services and Well-being (Wales) Act 2014: Working Together to Safeguard People: Volume 4 – Adult Protection and Support Orders, Welsh Government, 2016

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

8.1 Regional Safeguarding Adults Boards and the National Independent Safeguarding Board

Regional Safeguarding Adult Boards

The functions of regional safeguarding adult boards include:

- ensuring “that national policies and procedures are monitored and remain fit for purpose”⁷³;
- to co-ordinate “multi-agency adult practice reviews” in circumstances where a serious incident of abuse or neglect of vulnerable adults has taken place⁷⁴, as well as other “audits, reviews and investigations”, where required⁷⁵;
- “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”⁷⁶.

⁷³ Social Services and Well-being (Wales) Act 2014: Working Together to Safeguard People: Volume 1 – Introduction and Overview, Welsh Government, 2016

⁷⁴ Social Services and Well-being (Wales) Act 2014: Working Together to Safeguard People: Volume 3 – Adult Practice Reviews, Welsh Government, 2016

⁷⁵ Social Services and Well-being (Wales) Act 2014: Working Together to Safeguard People: Volume 1 – Introduction and Overview, Welsh Government, 2016

⁷⁶ Ibid

9 Criminal investigations into elder abuse cases

As noted in section 6 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’.

9.1 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 the following:

Is the evidence 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 make bad witnesses because of perceived frailty, poor memory, borderline capacity or simply older age is ageist”.

“Any unjustified assumptions about the ability of the individual to present evidence must be challenged. Many older people make good witnesses. Whilst...it may cause them some stress, that is not in itself a reason for denying them justice under the criminal justice system”⁷⁷.

“Do the public interest factors against prosecution outweigh those in favour?”⁷⁸ Prosecution may be more likely if:

- the abuser was in a position of trust;
- the victim was vulnerable;
- it is believed the offence is likely to be continued or repeated;

⁷⁷ Protection of Older People in Wales: A Guide to the Law (3rd Edition), Older People’s Commissioner for Wales and Professor John Williams, November 2019

⁷⁸ Ibid

- 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”⁷⁹.

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.

9.2 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 13 below for their contact details.

10 Human rights law and safeguarding adults

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

- “Violating a person’s human rights is abusive – for example, unlawful deprivation of liberty, unnecessary sedation, or ageist ‘do not resuscitate’ policies violate a person’s human rights and are abuse”; *and*
- human rights require the State “to act to prevent abuse, wherever it happens, and to respond to it”. Article 13 of the European Convention on Human Rights “requires that there should be an effective remedy where human rights are violated. Failure by the state to do so will be abusive”⁸⁰.

⁷⁹ Protection of older people in Wales: A guide to the law, Older People’s Commissioner for Wales (2nd edition), March 2014

⁸⁰ Protection of Older People in Wales: A Guide to the Law (3rd Edition), Older People’s Commissioner for Wales and Professor John Williams, November 2019

There is a positive duty on all public authorities (such as a local authority or NHS hospital) to uphold the *Human Rights Act 1998* and “prevent rights being violated, rather than responding after a violation”.

The Act contains a range of rights relevant to the protection of older people from abuse, including 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 protect them. This may include using the criminal law and/or intervention under safeguarding laws and procedures”.

This article could also be seen as protection against:

- “ageist based ‘do not resuscitate’ notices”;
- “failing to intervene in cases of abuse and neglect”;
- “moving an older person to another setting without a proper assessment”; *and*
- misuse of medication”.

● **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 it may fall within this article.

It could include “suffering flowing from illness (physical or mental) where it is, or risks being, worsened by poor treatment for which a public authority is responsible (for example, poor care in a care home of a person living with dementia)”.

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

“We cannot lock up older people in their bedroom, a hospital ward, or a care home. This would be abuse and unlawful, even when the person doing it thinks it is in the older person’s ‘best interests’”.

However, the Article does recognise that there may be exceptions where it is legal and “necessary to take away or restrict somebody’s liberty...where they are at risk of harm” – the **Deprivation of Liberty Safeguards** under the **Mental Capacity Act 2005** being an example (see Age UK’s Factsheet 62 *Deprivation of Liberty Safeguards* for further information)⁸¹.

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

“This is a wide-ranging right. Private life includes the right to decide, being treated with dignity and respect, the right to make what others may think are ‘unwise or eccentric decisions’, and the right to refuse medical treatment. Family life includes being able to maintain contact with family without too many obstacles placed in the way. A person’s home is also important and must be respected. Home is not restricted to a house or flat that an older person may own or rent – it also includes a care home”. Correspondence – phone calls, emails and letters – “must be respected”.

- **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 will include “sex, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth or other status. Although age is not mentioned, it does fall within ‘or other status’”⁸².

Note: *Protection of Older People in Wales: A guide to the law (3rd Edition), Older People’s Commissioner for Wales and Professor John Williams (November 2019)* provides further information. A copy is available at:

www.olderpeople.wales/resource/protection-of-older-people-in-wales-a-guide-to-the-law/

The Equality Advisory & Support Service may also be able to provide additional information on this topic – see section 13 below for contact details.

⁸¹ Ibid

⁸² Ibid

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

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

Using the local authority's complaints procedure

If you are unsatisfied by the way the local authority social services department has handled a safeguarding concern, you can use their complaints procedure. Age Cymru's Factsheet 59w *How to resolve problems and make a complaint about social care in Wales* has further information on this topic.

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.

11.2 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 situation was particularly serious, or the local authority (or NHS) were not carrying out their investigation in compliance with the complaints processes.

12 Preventing elder abuse

12.1 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

12.2 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 13 for contact details) should be able to advise what is in their area.

Also, you can contact Age Cymru Advice or your local Age Cymru organisation in regard to befriending schemes or other projects designed to help older people maintain their independence. A number of other charitable organisations might operate befriending schemes as well.

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 life. 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 111 Wales for advice – see section 13).

Note: Age Cymru runs a number of physical activity programmes to encourage older people to become more active. For more information visit our website, or contact us using the details in section 13 below:

www.ageuk.org.uk/cymru/our-work/physical-activity

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 7.10 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.

12.3 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 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 (see section 13 below for contact details).
- Ask for an identity card from salespeople 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 other correspondence you already have, 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 13 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. **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.

13 Useful organisations

Age Cymru Advice

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

Tel: 0300 303 44 98

E-mail: advice@agecymru.org.uk

Website: www.agecymru.org.uk/advice

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/local

Alzheimer's Society

Provides information and factsheets about all types of dementia. They may also operate services in your area to support people with dementia, along with their families and carers.

Tel: 0333 150 3456

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 work to ensure all older people have homes that are safe, secure and appropriate to their needs. 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 and advice for carers.

Tel: 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: 0800 702 2020

Details of your nearest CAB can be found at:

www.citizensadvice.org.uk/wales

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 111 Wales website at:

<https://111.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. 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.

Equality Advisory & Support Service

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

Tel: 0808 800 0082

Website: www.equalityadvisoryservice.com

Healthcare Inspectorate Wales (HIW)

The 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

Hourglass Cymru

A charity that works to prevent the harm and abuse of older people. They support those experiencing (or at risk of) harm, as well as raising awareness and advocating effective prevention. Hourglass Cymru are part of the UK-wide organisation Hourglass (previously Action on Elder Abuse).

Their helpline is available 24 hours a day 7 days a week.

Helpline: **0808 808 8141** (freephone)

Text: 078 6005 2906 (free text)

E-mail: cymru@wearehourglass.org

Website: www.wearehourglass.cymru/wales

Live Fear Free Helpline

A free helpline that can advise on stopping violence against women, domestic abuse and sexual violence. They can help anyone who is experiencing, or has experienced, abuse or sexual violence.

They can also offer advice if you are concerned about another person, such as a friend, family member or colleague; or a practitioner seeking professional advice.

Their services are available 24 hours a day 7 days a week.

Tel: **0808 80 10 800** (freephone)

Text: 07860077333

E-mail: info@livefearfreehelpline.wales

Website: <https://gov.wales/live-fear-free>

Men's Advice Line

A confidential helpline for men experiencing domestic violence and abuse.

Tel: 0808 801 0327 (freephone)

E-mail: info@mensadviceline.org.uk

Website: www.mensadviceline.org.uk

Neighbourhood Watch

Neighbourhood Watch is a grassroots crime prevention organisation. Schemes are run by volunteer Associations and the Neighbourhood Watch Network, the national umbrella organisation for the movement.

Tel: 0116 402 6111

Website: www.ourwatch.org.uk

NHS 111 Wales

NHS 111 Wales can provide contact details for local services and telephone or web advice on health issues and common illnesses.

Tel: 111

Website: www.111.wales.nhs.uk

Older People's Commissioner for Wales

Independent champion for older people across Wales.

Tel: 03442 640670

E-mail: ask@olderpeople.wales

Website: www.olderpeople.wales

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 call 101 (or if you have a hearing or speech impairment, use textphone 18001 101).

Protect

Protect is an independent 'whistleblowing' charity. They aim to make whistleblowing work for individuals, organisations and society.

Tel: 020 3117 2520

Website: www.protect-advice.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.

Tel: 0300 790 0203

E-mail: ask@ombudsman.wales

Website: www.ombudsman.wales

Samaritans

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

Tel: 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 (*every day 7pm - 11pm*)

E-mail: jo@samaritans.org (*response time estimated at 24 hours*)

Write to the Samaritans at: Freepost SAMARITANS LETTERS

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 111 Wales website at:

<https://111.wales.nhs.uk/encyclopaedia/s/article/sexualhealthclinics>

Social Care Wales

Social Care Wales is responsible for regulating and developing the social care workforce in Wales

Tel: 0300 303 3444

E-mail: info@socialcare.wales

Website: www.socialcare.wales

Social services

Local authority social services departments are the main statutory organisation responsible for coordinating adult protection cases.

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 have internet access, you can search for your local authority using your postcode on the Welsh Government’s website:

www.gov.wales/find-your-local-authority

Alternatively, Age Cymru Advice can provide you with the details – see above.

Stonewall Cymru

Organisation that provides advice and information on LGBT+ rights.

Tel: 029 2023 7744

Website: www.stonewallcymru.org.uk

Trading Standards departments

If someone feels they have been charged excessive amounts of money for services, or pressurised into buying something they did not want by unscrupulous traders, Trading Standards may be able to help. They are operated by local authorities and contact details should be available online. Alternatively, Age Cymru Advice can provide you with the details.

True Vision Cymru

True Vision is an online facility to report a hate crime. It is operated by the police in England, Wales and Northern Ireland.

Tel: 029 2046 1564

Website: www.report-it.org.uk/wales

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.gov.wales

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*.

Website: www.welshwomensaid.org.uk

14 Further information about Age Cymru

14.1 Who we are

Age Cymru is the national charity for older people in Wales. We work to develop and deliver positive change with and for older people.

Our vision is an age friendly Wales.

Our mission is to make life better for older people.

Together with our local partners:

- We provide information and advice.
- We deliver wellbeing programmes.
- We provide independent advocacy.
- We support carers.
- We campaign and research.

Age Cymru

Mariners House
Trident Court
East Moors Road
Cardiff
CF24 5TD

029 2043 1555

www.agecymru.org.uk

Registered Charity 1128436

14.2 How we can help

Age Cymru Advice: our information and advice service for matters affecting people over 50 in Wales

Age Cymru Advice is committed to being the foremost information and advice service to older people in Wales.

We aim to provide effective, accessible, high-quality information and advice while offering a free, impartial and confidential service.

Age Cymru Advice can assist older people themselves, their family, friends, carers, or professionals. All of our guides and factsheets are available to download from our website, or you can contact our advice line to have copies posted to you for free.

Local support

Age Cymru Advice also acts as a gateway to our local services. Face to face support via local offices and home visits may be available to people requiring additional or more specialised support.

Getting in touch

If you want to talk to one of our expert advisers, in Welsh or English, call us on **0300 303 44 98**. Our advice line is open between 9am and 4pm, Monday – Friday.

(Calls are charged at the same rate as a call to a standard 01 or 02 number. They will also be automatically included in any landline or mobile inclusive minutes package).

You can also:

- email us at advice@agecymru.org.uk; *or*
- visit our website at www.agecymru.org.uk/advice



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and advice for the people of Wales



www.facebook.com/agecymru



www.twitter.com/agecymru

Sign up to our newsletter

Our quarterly newsletter contains details of our campaigns, services and how you can support our work. Sign up today by visiting:

www.agecymru.org.uk/agematters

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14.3 How you can help

All the information and advice we provide is free and completely impartial. In many cases our timely intervention can be life changing. We are an ageing population and more people than ever are coming to us for support. You can help us be there for those that need us most.

Make a donation

No matter how small or large, donations make a massive difference and help us continue our important work.

Call: **029 2043 1555**

Visit: www.agecymru.org.uk/donate

Every donation we receive helps us be there for someone when they need us.

- £10 helps towards a fully trained expert advice worker to respond to queries from people who need the support of our information and advice service.
- £20 helps towards the cost of us producing free information guides and factsheets that provide useful advice on issues affecting people over 50.

Fundraise

Whether it is having a bake sale, running a marathon or knitting small hats for the Big Knit, there are so many ways to raise vital funds to support our work.

Call: **029 2043 1555**

Visit: www.agecymru.org.uk/getinvolved

Volunteer with us

All volunteer roles at Age Cymru support us to improve lives and help us work towards an age friendly Wales. However you'd like to get involved, we'd love to hear from you.

Call: **029 2043 1555**

Visit: www.agecymru.org.uk/volunteer

Leave us a gift in your will

With a gift to Age Cymru in your will, you can do so much to make sure older people have the support they deserve in the years to come. Leave a world less lonely.

Call: **029 2043 1555**

Visit: www.agecymru.org.uk/legacy



Creu Cymru oed gyfeillgar
Creating an age friendly Wales