



In conjunction with



This toolkit is published as the culmination of three years work on an advocacy training project undertaken by Action on Elder Abuse and funded by the Department of Health. It will provide practical advice for those involved in managing and delivering advocacy services for older people.

Elder Abuse Advocacy Toolkit

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Introduction

This toolkit questions the relationship between advocacy and elder abuse and explores how advocacy can be used to empower older people to tackle abuse and protect and prevent abusive situations arising. The Advocacy Project was a three year funded training programme targeted at experienced working advocates. The toolkit is the culmination of this work where the existing knowledge and skills of Action on Elder Abuse have been utilised to deliver training on the nature and dynamics of elder abuse and the legislative and policy options for advocating on behalf of abused older people.

We anticipate that the toolkit will encourage advocacy schemes for older people to continue in their efforts to address elder abuse and empower older people to tackle the abuse that they suffer. Far too few advocacy schemes advertise their function in tackling abuse, yet advocacy has a critical role in prevention and empowerment.

The toolkit will be of interest to individual advocates and examines a number of dilemmas which may arise in cases of elder abuse. It will also be of interest to managers of advocacy schemes and senior managers of organisations that have secured funding for advocacy work or are contemplating seeking such funding. A section of the toolkit focuses on what advocacy schemes need to have in place (policies, procedures) to support individual advocates who are working with abused older people.

We also anticipate that the toolkit will stimulate thought within statutory services; many of which will engage with advocacy on a daily basis. Despite such regular engagement there still exists misunderstandings between the two sectors and the toolkit should lead to a greater understanding and better working relationships.

This elder abuse advocacy toolkit does not stand alone as an aid for advocates who deal with elder abuse issues on a daily basis. It should form part of a coherent training and development package for what is a difficult and complex subject area.

Hopefully such a toolkit should contribute to the improvement of the lives of abused older people who at times suffer unbelievable hardship and suffering.

Section One – What is elder abuse?

1.1 Defining elder abuse

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.

This definition is focused upon a breach of trust. This is important as it allows us to concentrate on those abuses where it would be reasonable for the older person to have trusted the abuser (for example family members, social care staff). This definition excludes random abuse perpetrated by strangers such as muggings.

The definition used by Action on Elder Abuse differs from the one used in The No Secrets (Department of Health 2000) guidance.

No Secrets defines abuse as :

A violation of an individual's human and civil rights by any other person or persons.

This is a useful starting point. It attaches a necessarily high level of gravitas by defining abuse as a violation of individual's rights.

1.2 What do we know about the Prevalence of Elder Abuse?

Very little is actually known about the prevalence of elder abuse in the UK. Whilst we may have lots of information on the prevalence of domestic violence in our society we do not know how many older people have been abused:

National prevalence study

Verbal abuse – experienced by:

- Up to 5% of people aged 65 and over – i.e. between 50,000 and 1,000,000 people.

Physical and financial abuse – experienced by:

- Up to 2% of people aged 65 and over – i.e. between 94,000 and 500,000.

Source: Ogg, J and Bennett, G (1992). Elder abuse in Britain. British Medical Journal, 305, pp 998-999.

This information has been taken from the only prevalence study to be undertaken in this country on the incidence of elder abuse. We are pleased to say that Comic Relief and the Department of Health have commissioned a new prevalence study which is due to report in 2007.

1.3 Factors that can lead to Elder Abuse

Very little work has been done with perpetrators who abuse older people, so there is a lot that we don't know about elder abuse. However the following are a number of key factors that can lead to elder abuse:

- **Social isolation** *Those who are abused usually have fewer social contacts than those who are not abused. Abuse is also more likely when a carer (whether paid or unpaid) is isolated and lacks relationships which give social, physical and emotional satisfaction and support;*
- **Poor quality long-term relationships** *There is a greater risk of abuse if there are enduring problems in the relationship between the person who is being abused and the person abusing them;*
- **Pattern of family violence** *For example, the person who abuses may have been abused as a child. There may be an increased likelihood of abuse if the perpetrator has been socialised in an abusive situation whether in a domestic or institutional setting;*
- **Dependency** *This can be an issue not only when the person being abused is dependent on the abuser, but also when the abuser is dependent on the person being abused (eg for accommodation or financial support). Problems can also emerge as a result of role reversal – e.g. a parent becoming dependent on a child. The potential for abuse occurring increases with increased dependency – e.g. the person being abused has an illness which impairs their intellect, memory, physical functions, or emotional responses;*
- **Alcohol, drug and mental health problems** *Abuse is also more likely if the abuser has mental health problems or misuses alcohol or drugs. Some abused older people may also be vulnerable to abuse due to alcohol, drug or mental health issues;*
- **Minority status** *If a person is in a minority they may be more vulnerable to abuse – e.g. the only black person attending a day centre, or if they are gay or lesbian.*

1.4 Factors which are specific to abuse in institutional settings

- Poor staffing levels and working conditions. *Staff group feels undervalued and/or work in isolation.*
- Lack of training, supervision and support.
- No procedures or policies on abuse.

- Lack of respect for, and protection of boundaries
- Poor communication. *Between staff and managers, between staff and colleagues, between staff and residents. This could include staff not being made aware of any policies and procedures that do exist.*

1.5 Identifying Abuse

It is worth recognising that abuse may be obvious e.g. where there is a visible injury but the evidence may also be more subtle. Abuse may be of one of the types listed below or a combination of many of them.

Abuse can and does occur in any setting, and the indicators must be taken in the context of an overall assessment of the individual situation.

The presence of indicators does not mean that abuse definitely does or does not exist and care must be taken not to depend entirely on them.

However the presence of the following indicators should give cause for concern and should always warrant a further examination or investigation.

Physical abuse

Hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions:

Possible Indicators

- Multiple bruising not consistent with explanation given
- Cowering and flinching
- Black eyes and other marks resulting from a slap/kick, other unexplained bruises
- Abrasions around neck, wrists and ankles
- Unexplained burns especially on back of hands
- Hair loss, scalp sore to touch
- Unexplained fractures
- Malnutrition, ulcers, bed sores and sores due to lack of care for incontinence

Sexual Abuse

Rape, sexual assaults or sexual acts to which the vulnerable adult has not consented, or could not have consented to, or where pressure was applied to secure their consent:

Possible Indicators

- Unexplained changes in behaviour
- New tendency to withdraw and spend time in isolation

- Recent development of openly sexual behaviour/language
- Deliberate self harm
- Incontinence/bed wetting
- Disturbed sleep
- Soreness/bleeding of genital area
- Stained or torn underclothing with blood or semen
- Sexually transmitted disease

Emotional Abuse/Psychological Abuse

Verbal abuse, psychological abuse, threats, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, isolation or withdrawal from services or supportive networks:

Possible Indicators

- Disturbed sleep or increased tendency to want to sleep
- Loss of appetite or over eating at inappropriate time
- Anxiety/confusion
- Extreme submissiveness or dependency
- Sharp changes in behaviour in presence of certain persons
- Extreme self-abusive behaviour
- Extreme weight loss
- Loss of confidence

Neglect

Ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of necessities such as food, medication, drink, and heating:

Possible Indicators

- Poor hygiene and cleanliness of a person who needs assistance with personal care
- Unsuitable clothing for weather conditions
- Untreated physical illness
- Dehydration/weight loss/malnutrition
- Repeated infections
- Repeated and unexplained falls
- Pressure sores
- Incontinence issues not addressed
- Failure to ensure the taking of medication appropriately

Financial Abuse

Theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions. Misuse or misappropriation of property, possessions or benefits:

Possible Indicators

- Sudden inability to pay bills
- Unexplained withdrawal of money from accounts

- Contrast between known income and standard of living
- Loss of personal possessions without reasonable explanation
- Someone has taken responsibility to pay bills but is clearly not paying them

1.6 Finding out that a person is being abused

There are many ways in which you can uncover abuse-

- The older person tells you they are being (or have been) abused.
- A third party (neighbour, relative, social care worker, district nurse) tells you they have seen an older person being abused.
- You see signs that an older person has been abused i.e. an unexplained bruise, unaccounted withdrawals from older persons bank account, untreated pressure sores
- You witness abuse occurring.

1.7 Responding to abuse

There are some basic steps you should consider when responding to abuse

- Ensure the older person is safe. *If there is an immediate danger of physical harm to the person, yourself, or anyone else, call the emergency services. If it appears that a crime might have been committed, do not touch or remove anything that might be potential evidence, unless concerns for life or safety override the need to preserve evidence.*
 - Support and reassure the older person.
 - Do not discuss the subject with, or challenge the abuser. *It could make the situation worse.*
 - Know and follow your organisation's confidentiality procedure *Do not promise secrecy that your policy does not permit.*
 - Report the situation to your line manager as the earliest opportunity *It is not your responsibility to deal with the situation alone.*
 - If your line manager is not available – or you know or suspect they are the abuser – speak to another senior manager.
 - Make a written record of the situation as soon as possible.
- If you are unsure what steps to take – call the Elder Abuse Response helpline: **080 8808 8141; Republic of Ireland 1800 940 010 (open Mon to Fri, 9am-5pm)**

Section Two – Defining advocacy

2.1 History of Advocacy

Advocacy has existed in the UK for 25 years and during this time, a wide range of advocacy models and schemes have emerged. It is estimated that there are nearly eight hundred advocacy schemes in the UK. In addition to this a number of national and regional networks have been established to promote best practice in advocacy provision and to provide a voice in central and local Government policy developments.

2.2 What is Advocacy?

There are many different definitions of advocacy, however a useful definition is found in the Advocacy Charter (2002), developed by Action for Advocacy. Advocacy is defined as "taking action to help people say what they want, secure their rights, represent their interests and obtain services that they need. Advocates and Advocacy schemes work in partnership with the people they support and take their side. Advocacy promotes social inclusion, equality and social justice"

2.3 What does an advocate do?

Advocacy and the role of an advocate are unique and fundamentally different from the role of an advice worker or befriender. In many ways the difference can best be explained by the control over the relationship that is given to the older person. The following are a few key examples of what advocates do for older people:

- Speaks up on behalf of older people
- Ensures that the voice of older people is heard
- Encourages and empowers older people to speak for themselves
- Takes the side of the people they are representing
- Respects and protects the decisions and choices made by older people
- Promotes older peoples rights
- Promotes social justice for older people

2.4 Advocacy Schemes and Organisations

Advocacy schemes take many different forms. A large number of advocacy schemes for older people are attached to larger organisations such as local Age Concern's. There are many different independent providers of advocacy services for older people.

Whilst not advertising themselves as either being an advocacy scheme or providers of advocacy; many community groups offer advocacy type services to members of particular communities.

Section Three – Tackling abuse through advocacy

3.1 How can Advocacy and Advocates help older people tackle abuse?

Older people are entitled to be in control of their own lives, but sometimes, whether through frailty, disability, financial circumstances or social attitudes, they may often find themselves in a position where their ability to exercise choice or represent their own interests is limited. It is in these circumstances where advocacy and an advocate can help ensure that an individual's views and needs are heard, respected and acted upon.

Older people face unique barriers to reporting abuse - such as fear of loneliness, fear of being institutionalised, fear of not being believed, fear of being separated from family, and fear for the impact on the abuser – particularly if they are a family member. The outcome for older people – what they want to see achieved from an intervention – may not be what someone else wants to see for them.

Elder Abuse Advocacy should be essentially an empowering process, a flexible process and something that is responsive to the circumstances of each case.

3.2 A Unique Relationship

An advocate will have an opportunity to see an older person's life as it really is, rather than a sanitised version which may be "offered" to someone from a statutory service such as a social worker or police officer. Due to this an advocate may find themselves in a "privileged" position of being able to spot abuse that is occurring within someone's life.

This position may allow an advocate to spot and/or uncover abuse almost by accident. For example an older person may engage with an advocate to sort out a problem concerning incorrect charges for a community care service and as a result of developing a clear relationship may uncover that the older person is suffering abuse by witnessing their daily routine.

The relationship that an advocate has with an older person is fairly unique within the health and social care field. Unlike a social worker it is not a relationship that is defined by legislation such as the Community Care Act. Unlike a social care worker in a residential or domiciliary care setting it is not a relationship designed to meet a particular physical need.

By its very definition the relationship an advocate has with an older person is a relationship based on empowerment of the older person, intended to improve the quality of the older person's life. This is a relationship that is largely controlled by the older person. The continuation of the relationship between an advocate and an older person rests to varying degrees on the

continued satisfaction of the older person, and may continue for an extended period of time, in some cases over a number of years.

3.3 Demanding Appropriate Interventions

We know that successful interventions into the lives of older people who are being abused are those which are actually based on the reality of older peoples lives; thus avoiding a one size fits all approach.

An advocate has a unique opportunity to empower a vulnerable adult to demand appropriate interventions and to remain in control of their lives whilst tackling the abuse that they are suffering. Advocacy should help keep the abused older person at the centre of any processes designed to tackle the abuse they are suffering.

However, whilst concluding that advocacy has a privileged role in both identifying and tackling abuse there remain a number of challenges for advocates if they are to successfully fulfil the role they can and should play in tackling abuse.

Practice Issues and Dilemmas

3.4 Making Informed Choices

The Health select Committee Inquiry into elder abuse noted that most abuse remains unreported as people are “too frightened, ashamed or embarrassed to speak out”. Many older people can be reluctant to challenge abuse and abusive situations if they believe by speaking out they may increase or intensify the abuse that they suffer. They may fear becoming increasingly isolated, feel ashamed at being a “victim”, fear the possible consequences for a loved one and they may believe that there is no possible end to the abuse they suffer. This cannot be taken routinely or casually as a choice to remain in an abusive situation or as a general lifestyle choice.

- **Advocacy and advocates have a clear role in assisting older people to make decisions about their own lives based on informed consent. The advocate has a role in providing information to older people facing abuse so that they are able to make decisions based on knowledge rather than ignorance, fear or shame.**
- **The advocate may also play a crucial role working together with statutory agencies in managing and minimising the risk to the older person who remains in an abusive situation.**
- **The advocate has a role in shaping the interventions of statutory services in the lives of abused older people so that**

such interventions are responsive to the needs of the older person.

Informed consent may be achieved in a relatively short period of time. However in most cases this is something which is likely to be the result of a lot of work, over a long period of time and set in the context of a strong relationship having been developed between the advocate and the older person.

3.5 Confidentiality and Secrecy

The issue of confidentiality must be seen in the context of continuing to tackle abuse and empower older people to tackle the abuse that they suffer. Confidentiality should not in any way be confused with secrecy. Abuse thrives in secrecy and should be challenged at every opportunity.

An older person may disclose that they are the victim of abuse or that they are aware of an abusive situation but they may also make it clear that they do not wish this information to be disclosed to a third party. They may even threaten to terminate the relationship they have with the advocate if the “confidentiality” is breached. In such cases it would not be reasonable for the advocate to break confidentiality without being aware of and sensitive to the possible implications of this. The relationship with the advocate may be the only trusted relationship that remains for the older person. A breaking of this relationship may further increase the isolation and exclusion of the older person. Clearly the advocate has a responsibility to point out to any older person being abused the potential options for support and that the older person has the right to live free of abuse. However it may also be necessary for the advocate to place a higher priority on maintaining the relationship than breaking the confidentiality and possibly destroying the relationship. **In such cases an advocate should discuss the case with a manager, an assessment of risk should take place and a clear strategy of empowering the older person to tackle abuse should be put in place.**

There may well be a number of occasions when an older person discloses abuse by someone who potentially has access to a number of other older people. This will often be (but not limited to) a paid social care worker. The older person who has made the initial allegation of abuse may not wish for it to be repeated to a third party. It is also possible that the older person in question may not wish to report the abuse as they genuinely do not want to lose a worker that they are familiar with or have established a relationship with.

The advocate must consider the desire to respect the wishes of the older person with the obligation to report as an abuser someone who has access to numbers of other older people. **It may well be in the “public interest”**

to break confidentiality and report abuse but it must be judged against the particular circumstances of individual cases of abuse.

3.6 Advocating for an Abuser

It is quite possible for an advocate to find themselves advocating for an older person who is either committing acts of abuse or caught up in perpetuating an abusive situation.

In many cases the advocacy will be for something completely removed from the abusive act or situation. This is clearly a difficult situation for an advocate to find themselves in and we would not want to pretend that there are easy solutions. However there are a number of clear principles and suggested approaches that can be applied in such circumstances.

The advocate should not ignore the abuse or the abusive situation, despite the relationship that they may have with the older person.

The advocate may have a crucial role in helping the abuser address the abusive aspects of their behaviour, such as accepting that their behaviour is abusive and accepting help and/or support.

Following on from this the advocate may have a crucial role in ensuring that interventions from statutory agencies take into account the needs of the older person committing the abuse or caught up in the abusive situation.

The following examples are actual situations where the presence of an advocate has either helped to address the needs of an older person who is an abuser or equally could have helped to address the needs of an abuser.

EXAMPLE A

Geoff who is 91 lives independently with his wife Margaret who is 72. Margaret has severe mental health problems and a learning disability. Margaret has spent a large proportion of her life in institutional care. Margaret has an alcohol and cigarette addiction and a condition of her last discharge from institutional care was that she be able to consume large amounts of alcohol and cigarettes on a daily basis. The responsibility for administering the cigarettes and alcohol was given to Geoff.

Geoff had engaged an advocate in order to resolve an outstanding charge for community care services. Geoff disclosed to the advocate and a social worker that Margaret often pesters him in the early hours of the morning for cigarettes and alcohol and on occasion he had physically assaulted her when he had been woken up.

The social worker initiated the Protection of vulnerable Adult procedure and it became clear that Margaret did want the abuse to stop but did not want to leave or have Geoff prosecuted. The advocate was able to support Geoff in

arguing that a crucial part of addressing his abusive behaviour lay in finding alternative arrangements for the administering of cigarettes and alcohol. The advocate was also able to encourage Geoff to attend counselling to address his behaviour.

EXAMPLE B

Valerie is 77 and fought very hard to have her husband at home following a long period of hospitalisation. Both Valerie and her husband were extremely resistant to any external support and only accepted one daily visit from a domiciliary care agency.

At a six monthly review, Valerie disclosed to a social worker that when she left her husband at home on his own she restrained him to the bed in order that he did not fall and injure himself.

The full Protection of Vulnerable Adult procedure was instigated and ultimately Valerie's husband moved into full time residential care.

Clearly an advocate could have played a crucial role in advocating for Valerie to receive extra support that could have kept her husband at home.

Different Advocacy Approaches to Tackling Elder Abuse

3.7 Non Instructed Advocacy

Advocates should take instruction from older people wherever possible but this may be difficult if an older person lacks capacity. When this is the case the role of the advocate is to help the older person to participate in the decision making process, to encourage and help them speak up for themselves and to make sure that their views are heard and rights respected.

It should be remembered that people's capacity may change over time and an advocate's role in working with that person will change accordingly. A range of "non - instructed" advocacy approaches have been developed within the advocacy sector and these are briefly described below.

3.8 Rights Based Approach

A rights based approach focuses on fundamental issues and rights as defined in Law. Key questions for such an approach would be:

- What is the person communicating about their views? How can we help them understand and communicate more?
- What are the person's legal and human rights?
- What are other people's or organisation's responsibilities and duties towards the person?
- Are they being treated fairly?

3.9 Person Centred Approaches

Such an approach ties in with an emphasis on person centred approaches, and encourages engagement, time and patience. Key questions for a person centred approach include:

- What is the person communicating about their views? How can we help them understand and communicate more?
- What is life like for this person? How do they experience the world? What would it be like to be in their shoes?
- What is important for them?
- What might their hopes and dreams be?

3.10 Holistic Approach

A holistic approach to advocacy offers a structure for decision making. It provides a way of not just depending on what an individual is expressing, but also thinking inclusively about what really matters for the person. Some key questions would include:

- What is the person communicating about their views? How can we help them understand and communicate more?
- If we wait will they be more able to decide?
- How can we increase involvement in the decision?
- What are their wishes and feelings?
- What do they believe in?
- If they understood, what factors would they weigh up?
- What do other people think?

A code of practice for advocates has also been developed by Action for Advocacy based on the Advocacy Charter and provides useful guidelines aimed at providing clarity, support and boundaries for practice.

Section Four - Raising the Profile of Elder Abuse Work in your Organisation

The following pull out is designed to provide you with an effective audit tool for your organisation on dealing with and responding to issues of elder abuse:

It is important to answer the questions as honestly as possible. The answers should help you to judge how effectively your organisation is dealing with the issues of elder abuse. It should help to identify where the gaps currently are in your organisation. Dealing with such gaps will help to raise the profile of elder abuse work in your organisation. **More importantly it will support the work of you advocates to improve the lives of abused older people.**

- Does your advocacy scheme advertise a clear role for supporting older people who have been abused? Please provide examples
- Does your organisation have its own elder abuse/protection of vulnerable adult's policy?
- In the last twelve months how many abused older people have your organisation supported? Of those cases can you list what went well and what didn't?
- Can you demonstrate that ALL STAFF AND VOLUNTEER ADVOCATES are aware of your organisations policy on elder abuse/protection of vulnerable adults?
- Can you demonstrate that ALL STAFF AND VOLUNTEER ADVOCATES are aware of the local multi agency adult protection policy?
- Can you provide details of the training that ALL STAFF AND VOLUNTEER ADVOCATES have received in abuse awareness?
- Does your local organisation have a seat on the local multi agency Adult Protection committee?

✓

- Do you receive minutes from your local Adult Protection Committee?

- Has your organisation ever made a Protection of Vulnerable Adults referral using your local procedures? If yes; please answer the following:

a) *Were you aware of where to make the referral?*

YES/NO

b) *Was the referral accepted?*

YES/NO

c) *Were you invited to strategy meetings and case conferences? If so what was your role?*

YES/NO

d) *Did you receive any feedback on your referral?*

YES/NO

e) *Were you involved in the outcomes for the abused older person?*

YES/NO

- Do your staff and volunteer advocates feel confident in dealing with cases of elder abuse?

Section Five - Organisational Responses to Elder Abuse

In recent years the Advocacy Sector has addressed the issue of accountability and developed its own guiding principles for practice. Action for Advocacy have published a code of practice for advocacy and quality standards for advocacy organisations based on the Advocacy Charter.

We would recommend that this be seen as the starting point for all advocacy schemes who work with older people and that organisations and advocates adopt the charter in action quality framework that consists of the quality standards for advocacy organisations and code of practice for advocates.

The following checklist based on both the code of practice and charter should assist Advocacy Schemes in supporting advocates who deal with cases of elder abuse:

- **Advertise a clear role in tackling abuse – A clear statement that says your scheme assists victims of abuse**
- **Advocacy Schemes supporting older people who have been victims of abuse should seek to avoid any conflicts of interest which prevent them acting on behalf of older people**
- **Elder Abuse Advocacy should be directed by the wishes of the people who use the service – abused older people**
- **Elder Abuse Advocacy should promote the empowerment of abused older people**
- **Tackling elder abuse is to tackle all forms of discrimination, social inequality and exclusion**
- **Elder Abuse Advocacy schemes should be accessible to ALL the older people they seek to represent**
- **Elder Abuse advocates should be accountable to those who use the service**
- **Elder Abuse Advocates will be fully supported by the advocacy scheme including regular training**
- **Elder Abuse Advocacy schemes will have a clear policy on confidentiality including a statement on when such confidentiality may be broken**
- **Older people will have the opportunity to provide feedback to the advocacy schemes.**

Section Six - Legislation

Since 2001 three systems have been put in place to ensure that those working in care services are regulated.

- Criminal Records Bureau checks
England, Wales and N.Ireland. Disclosure Scotland for Scotland
- POVA (protection of vulnerable adults) list – Workforce Vetting and Barring Scheme *England and Wales*
- Registration by the General Social Care Council *England and Wales* or
- Care Council for Wales. This currently applies to Social Workers but will be extended to cover “social care workers” which includes workers in Care Homes and Domiciliary Care Agencies.
- Some forms of abuse are clearly criminal acts – e.g. theft, assault – and covered by general criminal law.
- There are times when people working with vulnerable adults feel powerless to take action – *e.g. when a service user is being abused by a relative and does not want action taken.*
- Comparisons with child protection – where neglect and abuse are categorically against the law – are not always useful. *The crucial difference is the right of all adults to self-determination, privacy, confidentiality and choice.*
- However, there are laws, policy and guidelines that can offer protection against harm or provide redress after harm has taken place.
- It is not the individual worker’s responsibility to have an in-depth knowledge or understanding of legislation.

No Secrets Guidance 2000/In Safe Hands

This guidance was issued with Section 7 status by the government in 2000. It establishes a multi agency framework for responding to and investigating allegations of abuse. Although the guidance identifies social services as the lead agency for this process it clearly covers all agencies including but not limited to:

- Health agencies
- Social Services
- Voluntary Sector
- Police

- Care Providers
- Ambulance Crews
- Many more

The adult protection process is responsible for the co-ordination of a multi agency response to any and all allegations of abuse. The process is designed to enhance disciplinary and criminal justice procedures rather than replace them. Allegations of abuse should be treated seriously and investigated in accordance with recognised procedures.

Referrals, concerns and allegations made under this procedure will usually be made under to local social service teams. However this may vary in different locations so it is worth checking your local procedures.

- **Referrals under this procedure can be made by anyone and can be made anonymously.**
- **This policy only covers those adults deemed vulnerable – please check local definitions**
- **This policy covers any allegation of abuse against those adults deemed vulnerable regardless of the perpetrator and/or setting**
- **Concept of policy is investigation plus intervention**
- **Policy may be known as Adult Protection, Protection of Vulnerable Adults or Safeguarding Adults**
- **Has no legislative framework or ring fenced finances attached**

Care Standards Act 2000

The Care Standards Act sets out National Minimum Standards for Care Homes and Domiciliary Care Agencies. National Minimum Standards are designed to ensure a minimum standard of service across the country for users of the aforementioned services.

The Care Standards Act 2000 also brought into being The Commission for Social Care Inspection (CSCI) (formerly known as National Care Standards Commission). This is the body that carries out inspections of care homes and domiciliary care agencies and regulates them against National Minimum Standards. The Commission for Social Care Inspection is responsible for the registration of such agencies as well as the registered managers of care homes.

The Protection of Vulnerable Adults (POVA) List which has previously been mentioned is part of the Care Standards Act 2000.

Failures to meet or breaches of national minimum standards will be investigated by CSCI either as part of a complaint or as part of their general inspection work.

Details of your local CSCI office along with Care Home Inspection reports can be found on www.csci.co.uk

Domestic Violence Crime and Victims Act 2004

This provides the new offence of "Familial Homicide". This is where a child or vulnerable adult has died and it is not possible to prove beyond reasonable doubt who was responsible for the death. This allows for the prosecution of those who could have been reasonably expected to safeguard the child or vulnerable adult.

The Human Rights Act 1998

Whilst it does not cover private Care Homes (Leonard Cheshire ruling) the Human Rights Act gives people the right to be free from cruel and inhumane treatment, the right to privacy, possessions and family life.

Section Seven Useful Contacts

Action for Advocacy

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info@actionforadvocacy.org.uk

www.actionforadvocacy.org.uk

Action for Advocacy (A4A) acts as the central point of information on advocacy for advocacy providers, the wider voluntary and community sectors, policy makers and members of the public looking for advocacy support. They aim to: support the development of independent advocacy schemes, promote good practice and information sharing, facilitate effective networking and 'advocate for advocacy' at a strategic policy level. They provide a range of information, training and capacity building services, including the publication of Planet Advocacy, a quarterly magazine for the sector. They also produced the Advocacy Charter in 2002, a document designed to define and promote key advocacy principles and which has now been used to develop a code of practice for advocates and quality standards for advocacy schemes.

Action on Elder Abuse

Astral House
1268 London Road
London
SW16 4ER

080 8808 8141 – Freephone helpline, open Mon-Fri 9am – 5pm

1800 940 010 – Freephone from Republic of Ireland 9am – 5pm

www.elderabuse.org.uk

Action on Elder Abuse was the first charity to address the problems of elder abuse, and still remains the only charity in the UK working exclusively on the issue. We work to protect, and prevent the abuse of, vulnerable older adults. Our freephone helpline is the only one of its kind in the UK and the Republic of Ireland, where our trained staff are able to provide support and information to those who have experienced or are concerned about abuse.

Age Concern England

Astral House
1268 London Road
London
SW16 4ER

0800 009 966

www.ageconcern.org.uk

Age Concern England is the federation of over 400 local Age Concern groups in the UK. Many local Age Concern services provide advocacy as well as advice and information, day centres and lunch clubs, drop-in and leisure activities, home visits. They also have a range of factsheets on issues affecting older people.

Dementia Advocacy Network

WASSR

55 Dean Street
London W1D 6AF
020 7297 9384
dan@wassr.org

The DAN is a practitioners support network for anyone in the country who is working as an advocate for people with dementia. It meets six times a year and provide peer support, networking opportunities and training. There is a DAN newsletter which is sent to all who register their details with us and a sub-group currently working on developing a good practice guidance document for dementia advocacy. It also provides a confidential over the phone / e-mail support service for individual advocates wishing to discuss challenging issues and cases. The DAN runs six training events a year all focussed on different aspects of dementia and dementia advocacy and it is happy to visit other organisations to give presentations or run face to face support meetings.

Healthcare Commission

Finsbury Tower
103 - 105 Bunhill Row
London EC1Y 8TG
0845 601 3012
feedback@healthcarecommission.org.uk
www.healthcarecommission.org.uk

The Healthcare Commission is the independent inspection body for both the NHS and independent healthcare. In England, it is responsible for assessing

and reporting on the performance of both NHS and independent sector organisations. In Wales, the work is more limited and relates mainly to working on the national reviews that cover both England and Wales. Its vision is to make a difference to the delivery and quality of healthcare by inspecting, informing and improving.

Mind

15–19 Broadway

Stratford

London E15 4BQ

T: 020 8519 2122

F: 020 8522 1725

w: www.mind.org.uk

MindinfoLine

Call 0845 766 0163 from anywhere in the country for the cost of a local call.

Open Monday to Friday 9.15am until 5.15pm.

Deaf or speech impaired enquirers can contact us on the same number (if you are using BT Textdirect add the prefix 18001).

You can also write to Mind, PO Box 277, Manchester, M60 3XN or email info@mind.org.uk

Mind's mission is to work for better mental health for everyone

Mind influences changes in policy, through lobbying and campaigning, supporting local groups and a network of local campaigners, Mind works to improve the lives of people with mental health problems. It does this in consultation with Mind Link, a network of service users who inform and advise on Mind's policies and campaigns.

Mind informs on all aspects of mental health, and offers a wide range of information available at www.mind.org.uk

Mind supports a wide and diverse community

Mind works with over 200 community-based local Mind associations (LMAs) throughout England and Wales. They provide over 1,000 services including supported housing, information helplines, drop-in centres, counselling, befriending, advocacy, employment and training schemes.

Support for minority groups

Diverse Minds helps make mental health services more responsive to the needs of Black and Minority Ethnic communities, while Rural Minds works to improve mental health services for people in isolated country areas.

Mind Cymru

3rd Floor Quebec House
Castlebridge 5–19 Cowbridge Road East
Cardiff CF11 9AB
T: 029 2039 5123
F: 029 2034 6585
w: www.mind.org.uk

Older People's Advocacy Alliance (OPAAL) UK

Beth Johnson Foundation
Parkfield House
64 Princes Road
Hartshill
Stoke on Trent
ST4 7JL
Tel: 01782 844036 or 01736 740991
www.opaal.org.uk

Chair: John Miles

OPAAL's aims are to promote independent advocacy with older people, to contribute to the development of standards, and to develop better practice in the field. OPAAL also works to develop an evidence base to determine the impact of advocacy, influencing national and local policy to enshrine advocacy as a right at key defined times in an older person's life. OPAAL works with advocacy schemes and alliances in other fields of concern, and works with its members to build the involvement of older people in the organisation. Its key principles are independence, empowerment and inclusion.

Refuge

www.refuge.org.uk

Freephone 24 hour National Domestic Violence Helpline, run in partnership between Women's Aid and Refuge, 0808 2000 247

Refuge is the country's largest single provider of specialist accommodation and support to women and children escaping domestic violence, supporting over 900 women and children on any one day. Offering safe, emergency accommodation through a growing number of refuges, Refuge also provides culturally specific support and community outreach projects.

Scope - about cerebral palsy. For disabled people achieving equality.

Cerebral Palsy Helpline - Freephone: 0808 800 33 33

Scope, PO Box 833, Milton Keynes, MK12 5NY

(Please include SAE for a reply)

cphelpline@scope.org.uk

If you need support, information, advice or just someone to talk to, get in touch with the Cerebral Palsy Helpline. It is free, friendly and confidential.

The Helpline is staffed by qualified counsellors who can provide in-depth knowledge of cerebral palsy, related disability issues and Scope services. Helpline staff can also give emotional support and initial counselling.

Staff at the Helpline will be able to help directly and/or refer you to more specialist support. Referrals to Scope's Community Teams and other Scope services can also be made through the Helpline.

Open

9am – 9pm weekdays

2pm – 6pm weekends

You can leave a phone message outside of these hours but we need full contact details including your area telephone code. All calls are free in the UK.

Victim Support

National Office

Cranmer House

39 Brixton Road

London SW9 6DZ

Telephone: 020 7735 9166

Fax: 020 7582 5712

Email: contact@victimsupport.org.uk

Victim Support provides free and confidential support and information to victims of crime and runs a witness support program. It also works to promote and advance the rights of victims and witnesses.

Witness

Delta House

175 -177 Borough High Street

London

SE1 1HR

0845 4500300 (Helpline)

www.witnessagainstabuse.org.uk

Witness offers information, support and advocacy to victims of physical, sexual, emotional and financial abuse by health and social care professionals. Witness also provide assistance to others, such as carers, friends, concerned professionals and patients who believe that abuse may be occurring. This includes an opportunity to talk through issues and examine possible courses of action. (Formally called POPAN)

Women's Aid - *working to end domestic violence against women and children.*

0808 2000 247 - Freephone 24 hour National Domestic Violence Helpline, run in partnership between Women's Aid and Refuge
www.womensaid.org.uk

Women's Aid is the national domestic violence charity that co-ordinates and supports an England-wide network of over 500 local services, who work to end violence against women and children and support over 200,000 women and children each year. Women's Aid also works internationally on service development.

Keeping the voices of survivors at the heart of its work, Women's Aid campaigns for better legal protection and services, providing a strategic 'expert view' to government on laws, policy and practice affecting abused women and children. Women's Aid runs public awareness and education campaigns, bringing together national and local action, and developing new training and resources. Women's Aid provides a package of vital, 24 hour lifeline help and information services through its publications, websites for women and children (www.womensaid.org.uk and www.thehideout.org.uk) and the Freephone 24 Hour National Domestic Violence Helpline, run in partnership with Refuge.

Section Eight – Organisations who have received training

The following organisations have all received elder abuse training as part of the project:

Advocare - Caring for Carers 01202 749 170	Andover Advocacy Alliance 01264 336 380
Advocate, CP Centre, Portsmouth 023 9267 1846	Basingstoke Advocacy Service 01256 328 080
Advocacy in Barnet 020 8201 3415	Bramely Elderly Action 0113 236 1644
Age Concern Barking and Dagenham 020 8270 4946	Brighton and Hove Age Concern 01273 720 603
Age Concern Camden 020 7837 3777	Bromsgrove and Redditch Advocacy 01527 520 809
Age Concern Carlisle & District 01228 536 673	Bucks Association for the Blind 01494 565 269
Age Concern Coventry 024 7623 1999	CALL Advocacy Lincolnshire 01522 511 114
Age Concern Eden 01768 863 618	Choices Advocacy 023 8033 7735
Age Concern Harrow 020 8861 7980	Citizen Advocacy 01292 268 873
Age Concern Havering 01708 796 600	East Hampshire Advocacy Scheme 01962 870 500
Age Concern Hillingdon 01895 431 331	Gateshead Voluntary Organisations Council 0191 478 4103
Age Concern Isle of Man 01624 613 044	Hospital Advocacy for older people
Age Concern Leeds 0113 245 8579	Leeds Advocacy 0113 244 0606
Age Concern Northampton & County 01604 611 200	Leeds Black Elders Assoc 0113 237 4332
Age Concern Oxford 01235 849 400	Leeds Centre for Intergrated Living 0113 214 3599
Age Concern South Lakeland 01539 728 118	Leeds Mental Health Authority 0113 247 0449
Age Concern Tower Hamlets 020 8981 7124	NRC Adviser A/C South Lakeland 01539 728 118
Age Concern Walsall 01922 638 825	Older Citizens Advocacy York (OCAY) 01904 676 200
Age Concern Waltham Forest 020 8558 5512	Portman House, Southampton 023 8063 5131

Age Concern West Sussex 01903 731 800	Richmond Hill Elderly Aid 0113 248 5200
Age Concern Buckinghamshire 01296 431 911	WASSR (Westminster Advocacy Service for Senior Residents) 020 7439 3131
Age Concern Hertfordshire 01707 323272	Speakeasy Advocacy Basingstoke 01256 332 795
Age Concern, Barrow-in-Furness 01229 831 425	