

ABUSE GUIDANCE

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Physical Abuse:

The use of force, which results in pain or injury or a change in the person's natural physical state.

The deliberate infliction of pain, physical harm or injury including: hitting, slapping, pinching, pushing, kicking, hair pulling, restraint, withholding or misuse of medication.

Indicators include:

- multiple bruising
- a history of unexplained falls and/or minor injuries
- fractures not consistent with falls or explanations or the injury
- unexplained loss of hair, in clumps
- cuts that are not likely to be explained by self-injury
- finger marks
- burns not consistent with possible explanations
- excessive consumption of alcohol by the adult at risk or care giver
- deterioration of health without obvious cause
- increasing immobility
- dehydration
- over or under use of medication
- withdrawal
- flinching
- nervous speech, not previously obvious

Psychological and Emotional Abuse:

Any pattern of behaviour by another that results in the psychological harm to an adult at risk and may include humiliation, insults, ridicule, bullying, threats, enforced isolation, coercion, lack of privacy or choice, denial of dignity.

A form of behaviour that has a harmful effect on the adult at risk's emotional health and development or any other form of mental cruelty that results in:

- *mental distress*
- *the denial of basic human and civil rights such as self expression, privacy and dignity*
- *the negation of the adult at risk choices, independent wishes and self-esteem*
- *behaviour that causes isolation or over dependence and has a harmful effect on an adult's emotional health, development or well-being.*

Indicators include:

- strain within the relationship

- indications that the abuser acts differently with the worker present than at other times with the adult at risk
- an air of silence in the home when the alleged abuser is present
- a general lack of consideration for the adult at risk's needs
- refusal to allow the adult at risk an opinion of their own
- denial of privacy in relation to their care, feelings or other aspects of their life
- a denial of access to the adult at risk, especially where the adults is in need of assistance which they will consequently not receive
- denial of freedom of movement, e.g. locking the person in a room
- alterations in the psychological state, possibly withdrawal or fear

Sexual Abuse:

Any sexual act carried out without the informed consent of a adult at risk and may include fondling, sexual intercourse, offensive or suggestive language, inappropriate touching.

The involvement of the adult at risk in sexual activity or relationships which:

- they do not want or have not consented to
- they cannot understand or lack the capacity to give consent to
- they have been coerced into because the other person is in a position of trust, power or authority – such as within a care given situation/a neighbour/a volunteer /a paid carer
- are against the law

Indicators include:

- unexplained bruising around the vaginal or genital areas
- unexplained difficulties in walking
- reluctance of the person to be alone with an individual known to them
- unexplained behaviour change
- unexplained bleeding from vaginal or genital areas
- stained or bloody underclothing

Financial Abuse:

The use of a person at risk's property, assets, income, funds or any resources; without their informed consent or authorisation.

Financial or material abuse occurs where an individual's funds or any resources are being used inappropriately by a third person. It can include the withholding of money, to the unsanctioned use of a person's money or property. It can also include entry of the adult at risk into contracts or a transaction which they do not understand and are to their disadvantage and which has been as a result of duress, undue influence or pressure of some kind.

Financial Abuse is the misappropriation of the funds or property of a adult at risk and may include misuse of finances, exploitation, theft or fraudulent use of money, misuse of property or possessions or embezzlement (the fraudulent use of other's money or property for one's own use).

Indicators include:

- situations where, despite having a personal income/pension, the adult at risk is without money soon after its receipt, particularly where that person is not able to spend money without assistance
- unexplained shortage of money despite a seemingly adequate income
- perhaps loss of weight due to lack of food
- unexplained withdrawals from savings accounts
- unexplained disappearance of financial documents, e.g. building society books and bank statements
- items missing from the people we support home

Neglect and Omission:

The repeated deprivation of assistance that the adult at risk needs for important activities of daily living, which is dangerous to the adult at risk or to others.

This abuse may be deliberate or by default where the abuser is not able to or not willing to provide the care/support needed or may not recognise the need for that care/support to be given. The abuser may also be neglecting themselves or may be feeling overwhelmed by the needs of the abused person.

Indicators include:

- persistent hunger
- loss of weight
- poor hygiene
- inappropriate dress
- consistent lack of supervision for long periods, especially during activities which hold danger for them

- denial of religious or cultural needs
- constant fatigue or listlessness
- physical problems and medical needs that are not attended to

Discriminatory Abuse:

Exists when values, beliefs or culture results in a misuse of power that denies opportunity to some groups or individuals.

It is the exploitation of a person's vulnerability, resulting in repeated or pervasive treatment of an individual, which excludes them from opportunities in society e.g. education, health, justice, civic status and access to service and protection.

The principles limiting and preventing discriminatory abuse are embodied in legislation including the Race Relations Act 1976, the Race Relations (Amendment) Act 2000, the Disability Discrimination Act 1995, the Sex Discrimination Act 1975, and the Human Rights Act 1998 and give rise to criminal offence or grounds for action under civil law.

The European Equal Treatment Directive (Article 13) specifically outlaws both direct and indirect discrimination. Incitement to discriminate is also treated as equivalent to actual discrimination.

Discriminatory abuse has been added to the list in the "No Secrets" government guidance issued in March 2000. It can manifest itself in any of the above ways and frequently will include a combination of forms of abuse. What differentiates it from the other categories is that the abuse is motivated by prejudice and discrimination against the individual because he or she is perceived to belong to a specific group; this may be gender, sexual orientation, race, religion or disability amongst others.

Indicators include:

- derogatory remarks;
- not providing equal access to services;
- not treating all equally;
- racism;
- Homophobia.

Organisational abuse

The mistreatment or abuse of a adult at risk by a regime, or individuals, within an institution It can be through repeated acts or poor or inadequate care/support and neglect or poor or professional practice.

Institutional abuse occurs when the routines, systems and norms of an institution compel an individual to sacrifice their own preferred lifestyle and cultural diversity to the needs of the institution.

Indicators include:

- the rules of the home or the regime or routines of support or its staff are geared to the benefit of the organisation and/or its staff rather than the people they support;
- use of facilities is regimented and inflexible;
- tenants and the people we support are denied rights to access, use or consume items provided to them by visitors, relatives and friends. For example, sweets, food, books and gifts.
- tenants and the people we support are denied the right to form relationships with each other or with other people;
- tenants and the people we support are denied the right to wear their own clothes, for whatever reason, or if they are forced to share another person's clothes, dentures, spectacles etc.;
- tenants and the people we support are subject to routines or practices that discourage independence; s and the people we support are subject to intrusive or over-controlling observation by staff, for example, by having their ability to move freely curtailed;
- staff do not respect the privacy and private space of tenants/people we support;
- lack of flexibility and choice for tenants/people we support in waking/bed times;
- lack of opportunity to obtain drinks and snacks;
- lack of procedures in financial management, medical requirements and other matters pertaining to the person's care and support

In Registered Care Homes indicators may include:

- lack of privacy in personal care, such as bathing, dressing, editing mail, restricting visits
- derogatory remarks
- public discussion of matters private to tenants/people we support
- restraint of tenants/people we support that cannot be justified
- lack of action to deal with abuse

In supported and sheltered housing indicators may include:

- staff using master keys without due cause
- staff entering flats/rooms without permission or not waiting for reply after knocking
- breaches of tenants' confidentiality
- restrictive practices in the use communal facilities

Modern slavery

This includes human trafficking, forced labour, domestic servitude, sexual exploitation, such as escort work, prostitution and pornography, debt bondage – being forced to work to pay off debts that realistically they never will be able to

Indicators include

- Signs of physical or emotional abuse

- Appearing to be malnourished, unkempt or withdrawn
- Isolation from the community, seeming under the control or influence of others
- Living in dirty, cramped or overcrowded accommodation and or living and working at the same address
- Lack of personal effects or identification documents
- Always wearing the same clothes
- Avoidance of eye contact, appearing frightened or hesitant to talk to strangers
- Fear of law enforcers

Domestic Violence

Domestic violence and abuse includes any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been, intimate partners or family members regardless of gender or sexuality. It also includes so called 'honour' based violence, female genital mutilation and forced marriage.

Domestic violence or abuse can be characterised by any of the indicators of abuse outlined relating to psychological; physical; sexual; financial; and emotional abuse.

Coercive or controlling behaviour is a core part of domestic violence. Coercive behaviour can include:

- acts of assault, threats, humiliation and intimidation
- 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.

Indicators include

- Low self-esteem
- Feeling that the abuse is their fault when it is not
- Physical evidence of violence such as bruising, cuts, 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

Self-neglect

Self-neglect includes lack of self-care to an extent that it threatens personal health and safety, neglecting to care for one's personal hygiene, health or surroundings
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

Indicators include

- Very poor personal hygiene
- unkempt appearance
- Lack of essential food, clothing or shelter
- Malnutrition and/or dehydration
- Living in squalid or unsanitary conditions
- Neglecting household maintenance
- Hoarding
- Collecting a large number of animals in inappropriate conditions
- Non-compliance with health or care services
- Inability or unwillingness to take medication or treat illness or injury

What causes abuse in services?

Research has shown that the risk of abuse is likely to be greater if the staff:

- receive little support from the management
- lack training
- receive inadequate guidance
- have low self-esteem
- have poor personal standards
- work in isolation

Risk of abuse is also greater in services with:

- poor management
- too few staff
- little direction from the outside
- poor communication with the world outside
- a closed culture

It is not uncommon to find that in many situations several different categories are present. For example, where an adult at risk is the subject of financial abuse, they may also be being neglected or subject to psychological or emotional abuse.

Abuse of Trust

There is often particular concern when someone who is in a position of power or authority and who uses his or her position to the detriment of the health, safety, welfare and general well being of a person at risk perpetrates the abuse.

Where the alleged abuser is in a relationship of trust with the adult at risk, the adult at risk

may be deterred from making a complaint or of taking action out of a sense of loyalty, fear of abandonment or fear of repercussions.

Abuse by Strangers

Abuse by strangers will warrant a different kind of response from that appropriate to abuse in an ongoing relationship or in care/support location.

In some instances, where a stranger has abused an adult at risk, it may be appropriate to work closely with other agencies in order to ensure that the person at risk receives the service and support that they need.

Consultation with the police will be important to explore what action can be taken against perpetrator.

Patterns of abuse/abusing

Patterns of abuse and abusing vary and reflect very different dynamics. These include:

- serial abusing in which the perpetrator seeks out and “grooms” vulnerable individuals. Sexual abuse may fall into this pattern, as do some forms of financial abuse.
- long term abuse in the context of an ongoing family relationships, such as domestic violence between spouse or generations
- opportunistic abuse, such as theft occurring because money has been left around
- situational abuse which arises because pressures have been built up and/or because of difficult or challenging behaviour
- neglect of a persons needs because those around him or her are not able to be responsible for their care/support, e.g. if the carer has difficulties, attributable to such issues as debt, alcohol or mental health problems
- organisational abuse which features poor care/support standards, lack of positive responses to complex needs, rigid routines, inadequate staffing and insufficient knowledge base within the service
- unacceptable treatment or programmes which include sanctions or punishments, withholding food and drink, seclusion, unnecessary use of control and restraint (physical interventions) or over medication
- failure of agencies to ensure staff receive appropriate guidance on anti-racist and anti-discriminatory practice
- a “closed” culture existing within an organisation which will deter people reporting their concerns
- failure to access key services such as health care, dentistry and prosthetics
- misappropriation of benefits and/or use of the person’s money by other members of the household
- fraud or intimidation in connection with wills, property, or other assets.

Circumstances where abuse may occur

Abuse can take place in any context

- abuse may occur when a person at risk is:
- within a nursing home
- in hospital
- in a custodial situation

- receiving support services in their own home
- in other place assumed safe
- in public place
- living alone with a relative

Who is the abuser?

Adults at risk may be abused by a wide range of people including:

- professional staff
- paid support workers
- volunteers
- other tenants/people we support
- relatives and family members
- friends and associates
- people who deliberately exploit vulnerable people
- strangers

When the abuse constitutes a crime

Many categories of abuse are actions that may constitute criminal offences. Such actions include:

- assault whether physical or psychological
- sexual assault and rape
- theft
- fraud and other forms of financial exploitation
- discrimination on the grounds of race, gender or disability (hate crime)
- false imprisonment

When a complaint about alleged abuse suggests that a criminal offence may have been committed, it is imperative that reference should be made to the police as a matter of urgency in consultation with the alleged victim.

In situations where the abuse may constitute a criminal offence, adults at risk are entitled to the protection of the law in the same way as any other member of the public.

In cases where a crime has been committed and a criminal investigation is being conducted, all other investigations will be conducted in consultation with the police.

Co-ordinating action and involving others

Adult Services have a duty in collaboration with all other involved agencies to assess the needs and provide care/support to adults at risk.

No Secrets, 2000 was the first national guidance relating to adults at risk of abuse and appointed the Local Authority as lead agency for Safeguarding adult at risk. This has now been superseded by the Care Act 2014 which puts some aspects of adult safeguarding on a statutory footing (see Care Act guidance

(www.gov.uk/government/uploads/system/uploads/attachment_data/file/315993/Care-Act-Guidance.pdf).

A referral should be made to the Local Authority if a person we support appears to have been or is at risk of being abused. This might be via a link social worker, a social worker already working with the person we support, the local area team via a duty social worker or intake team, or a hospital social worker if the person is in hospital.

Staff should become familiar with local arrangements for referring safeguarding incidents to local authority safeguarding teams.

The Local Authority may undertake any or all of the following:

- act as a key worker co-ordinating the involvement of appropriate parties and if necessary organising multi-agency case conferences
- arrange a package of care/support which might include home care/support, day care, meals provision etc
- assess the needs of the victim's carer relief to support the situation
- monitor the situation and provide emotional support to the victim and family
- instigate Court of Protection or other methods of handling victim's finances
- work with other agencies to resolve accommodation issues

Involving the Police

Sexual abuse, physical abuse, some forms of psychological abuse, financial exploitation, theft or fraud constitutes criminal offences.

In such cases, early referral and consultation with the police is essential, either directly or through Adult Social Care and in consultation with the alleged victim.

Police must always be informed immediately if sexual abuse is suspected

The police have a duty to the alleged victim to assist, support and obtain evidence of alleged offences, and a responsibility to investigate a reported crime as well as interview any identified suspects. The best interests of the alleged victim as well as their wishes should be taken into consideration. This process may not always result in criminal proceedings.

The following points should be kept in mind:

- early referral or consultation with the police will enable them to establish whether a criminal act has been committed and this will give them the opportunity of determining if, and at what stage, they need to become involved
- early involvement of the police will help ensure that forensic evidence is not lost or contaminated
- police officers have considerable skill in investigating and interviewing, and early involvement may prevent the alleged victim being interviewed unnecessarily on subsequent occasions

- a higher standard of proof is required in criminal proceedings (beyond reasonable doubt) than is required for civil, disciplinary or regulatory proceedings

Involving Health Services

Health services are broadly divided between:

1. Purchasers – Clinical Commissioning Groups - who determine how money is spent,
2. Providers who actually deliver health services to the public in hospitals or in a variety of community settings.

There are a range of healthcare providers, employed by trusts or part of the primary healthcare team (GP surgery), who may be involved in assessing and meeting the needs of a victim of abuse and determining capacity. These could include:

In the community

- *Ambulance Service* – call 999 in an emergency or 111 for non-emergencies, although where a crime is suspected, the police should be contacted first and they will arrange for an ambulance. These paramedics often save lives through stabilising a situation.
- *General Practitioners (GPs)* are the first port of call in non-emergency abuse situations where the victim's mental or physical health has been affected. They are also in a key position to spot signs and symptoms of abuse in their patients. The GP is also often the gateway to other health services including district nurses or specialist health professionals
- *District Nurses and Health Visitors* are part of the primary care team and are accessed either via the GPs or through direct referral.
- *Community Psychiatric Nurses (CPNs)* – These are usually part of an NHS trust. They may be involved where a mental illness (including dementia) of the victim or the abuser is a contributory factor. Access routes to CPNs vary across the country but Social Services Care Management staff will know how to involve them if appropriate.
- *Specialists* such as *geriatricians, psycho-geriatricians, nutritionists, occupational therapists, physiotherapists* and so on may be called in depending on the needs of the situation. Psycho-geriatricians have a particular contribution to make establishing the capacity of an adult at risk.

In hospital

- *Hospital personnel* including *doctors, nurses, occupational therapists, physiotherapists* and *other health specialists* play an important part in responding to an emergency and setting the wheels in motion to ensure the future safety and well-being of the victim. They also have a key role in spotting the signs and symptoms of abuse which may have been overlooked in the community.

Health providers like other agencies are required under recent government guidance to work in a collaborative, multi-disciplinary way.

Enquiries

Any investigation by the police will be completed before any other enquiries.

No internal investigations will take place while the police are involved or without their permission, but strategy meetings led by the local authority will take place.

Staff may be suspended during this period, please refer to the Disciplinary Procedure for further details.

Staff are expected to co-operate with all investigations and enquiries and to maintain total confidentiality, i.e. not discuss any related issues with anyone other than those conducting the investigation/enquiry.

If an internal investigation is required the Area Manager / Head of Service in consultation with the respective Director will appoint an investigating officer. Investigations will be conducted in complete co-operation with the relevant local authority.

Where an external enquiry is required, Social Care will appoint an Adult Social Care Manager/Investigating Officer who will lead the enquiry. Advance staff will co-operate fully to ensure that a thorough enquiry can take place by providing all advice, information and reports as required.

The purpose of the enquiry is to protect the person from serious harm and ensure their welfare is paramount.

Advance staff attending Safeguarding meetings must ensure that the Area Manager, if not in attendance, has a full report immediately after each meeting. They should also ensure that the alleged victim is also offered the opportunity to attend, unless there are specific reasons that they should not.

Guidelines for Writing Reports

Remember any notes taken may be part of any subsequent criminal investigation, external enquiry or internal investigation

- They should be in black ink and legible.
- Never use correction fluid or an eraser.
- If a word is written wrongly put a single line through it.
- Write down what you hear. If that is only single words write them down. An explanation can be added subsequently, e.g. "x was crying at this point and I could only hear the occasional word".
- Sign, date and time the notes
- Never make assumptions about what the person was thinking or feeling

The manager dealing with the incident may need to write a full report.

This should include:

The person at risk

- The situation in which they are living

- Details of their family or significant other people
- Their mental capacity (in relation to what decision/assess capacity)/disability/sensory impairment
- Whether they are aware that a referral has been made
- Their view of the situation and what action they would like taken
- Services received/agencies that have contact with them including the GP.

Details of alleged abuse

- The reasons/incidents that are causing concern and that have led to the referral
- The degree of immediate danger that the person at risk is perceived to be in.

The alleged abuser

- Their relationship to the alleged victim
- Their mental capacity/disability/sensory impairment
- Their whereabouts and the likelihood of contact or the risk to other people
- Services received/agencies that have contact with them including the GP.

The referrer's judgment of the situation

- Action already taken
- Any immediate action that the referrer thinks should be taken
- The perceived risk to others including children/other adult at risk.

Other agencies already involved

- Information about any actions taken by health care professionals
- Any other agencies that have been involved in the identification of abuse.
- Care Quality Commission.

Useful local contact numbers

Use this section to record local contact details for safeguarding teams and other useful contacts.

Name/Organisation	Address	Contact details (telephone/email/etc)

National Organisations Contact Details

Ann Craft Trust

The Ann Craft Trust, Centre for Social Work, University of Nottingham, University Park, Nottingham, NG7 2RD. A national charity working with staff in the statutory, independent and voluntary sectors in the interests of disabled children and adults who may be at risk from abuse.

Tel: 0115 9515400

www.anncrafttrust.org/

Domestic Violence

If you or someone you know, is experiencing, or has experienced physical, emotional or sexual violence in the home, the Women's Aid 24 hour national Domestic Violence help line can give you support, help and information over the phone for the cost of a local call, wherever you are in the country. You do not have to be in an emergency situation to contact the help line. This helpline will be able to give information about Refuges. Women's Aid is the key national charity working to end domestic violence against women and children. They support a network of over 500 domestic and sexual violence services across the UK.

National 24hr Domestic Violence Helpline: 0808 2000 247

www.womensaid.org.uk/

MIND Infoline

Information relating to mental health related issues. Help in finding out options and local services.

0800 123 3393 Tel (Monday to Friday, 9.00am to 6.00pm)

www.mind.org.uk

MIND Legal Advice

Mind LAS, PO Box 277, Manchester M60 3XN. Tel: 0300 466 6463 Email:

legal@mind.org.uk

Respond

For anyone with a learning disability or people connected to them who have been affected by institutional abuse. . 3rd Floor, 24-32 Stephenson Way, London NW1 2HD. Tel: 020 7383 0700 Helpline 0808 808 0700 (Thursday 10am – 4pm)

www.respond.org.uk

SANELINE

National helpline for anyone coping with mental illness. SANE

St. Mark's Studios, St Marys House, 14 Chillingworth Rd, London N7 8QJ

Phone: 0300 304 7000

6pm -11pm daily. email: info@sane.org.uk

www.sane.org.uk

Action on Elder Abuse (AEA)

A confidential helpline service works to protect and prevent the abuse of older adults at risk. Raises awareness of elder abuse and provides information. Mitcham Lane, London SW16 6LQ Tel: 020 8835 9280
Freephone 0808 808 8141 (Monday to Friday 9am – 5pm)
www.elderabuse.org.uk

Counsel And Care

This organisation has particular expertise in mental health and nursing home care and runs an advice line for older people, Carers and relations. Twyman House, 16 Bonny Street, London NW1 9PG. Tel: 020 7241 8555.
Advice Line: 0845 300 7585 (Monday-Friday, 10 - 12 and 2- 4pm except Wednesdays afternoons)
www.counselandcare.org.uk

Alzheimer's Society

Advice and information and has local branches. Alzheimer's Society. Devon House, 58 St Katharine's Way, London, E1W 1JX.
020 7423 3500. Helpline: 0300 222 1122. (9am - 8pm Monday to Wednesday 9am - 5pm on Thursday and Friday 10am - 4pm on Saturday and Sunday)
www.alzheimers.org.uk

Care Quality Commission

Register, regulate and inspect health and social care services. Care Quality Commission National Correspondence: Citygate, Gallowgate, Newcastle upon Tyne NE1 4PA. General enquiries:
03000 616161 (Monday to Friday 8.30am to 5.30pm).
www.cqc.org.uk

Languageline Interpreting Service

Provides interpreters.
Tel: 0800 169 2879
www.languageline.co.uk

Mankind

Advice for men who are victims of domestic abuse or violence. This line can assist access to male refuges. Mankind 1 Brunswick Road Hove BN3 1DG 01273 911680 Email:
admin@mankind.org.uk / www.mankind.org.uk

PASA

Practitioners Alliance for Safeguarding Adults. This organisation seeks to generate positive outcomes in working with adults at risk by empowering and informing practitioners. For all correspondence please address to The Chief Executive at PO Box 821 Great Missenden HP16 6AN
07917 892350. Email: pasauk@hotmail.com
www.pasauk.org.uk

Public Concern at Work

This organisation provides legal advice to individuals concerned about malpractice at work. The service is free and strictly confidential. Suite 301, 16 Baldwin Gardens, London EC1N 7RJ
020 7404 6609 (9.00am-6.00pm)
Email: helpline@pcaw.co.uk
www.pcaw.co.uk

Relatives and Residents Association

The Relatives & Residents Association exists to provide a consumer voice to promote the well-being and represent the interests of older people in care settings. 24 The Ivories, 6-18 Northampton Street, London, N1 2HY.
Tel: 020 7359 8148
Helpline: 020 7359 8136 (Monday-Friday, 9.30am to 4.30pm)
www.relres.org *Section 7*

