

# 4. Carers and Safeguarding

## 4.1 Introduction

This chapter relates only to informal carers – family members, friends etc. For safeguarding situations which relate to formal carers – paid staff, volunteers etc. – reference should be made to the Allegations Management procedures which are available on [www.rochdalesafeguarding.com](http://www.rochdalesafeguarding.com)

Circumstances in which a carer (for example, a family member or friend) could be involved in a situation that may require a safeguarding response include:

- a carer may witness or speak up about abuse or neglect;
- a carer may experience intentional or unintentional harm from the Adult they are trying to support or from professionals and organisations they are in contact with; or,
- a carer may unintentionally or intentionally harm or neglect the Adult they support on their own or with others.

## 4.2 Potential barriers for Carers to share concerns

The barriers to carers sharing concerns are likely to be similar to those identified in relating to other comments and concerns mechanisms within health and social care. They may shape carer responses to safeguarding concerns and are likely to embrace:

### a) **Issues relating to understanding and awareness**

- lack of awareness or being unsure if it is wrong or not; being unclear about rights and standards or what “abuse” means;
- organisational and staff attitudes to concerns - defensive not responsive.

### b) **Issues relating to communication**

- uncertainty about who to go to, how to do so and opportunities to do so
- lack of someone to talk to or a source of trusted advice and support
- difficulty in communication (access, availability, means, or sensory) including language and literacy barriers
- respect or deference to people in “authority” roles (sometimes age related)
- unsatisfactory earlier experiences around sharing or raising concerns
- staff don’t seem to listen or appear to understand concerns
- nothing changed or no feedback; “confidentiality”

### c) Issues relating to consequences of saying something

- feelings of the person they are concerned for: asked not to say or make a fuss, minimisation of events, brought it on themselves etc.
- worries about the impact on the care of the person supported
- difficulty recalling what happened or a fear of not being believed or wrong
- guilt or fear of personal comebacks or being seen as a nuisance or ungrateful for care being given by others
- lack of confidence in following up concerns linked to carer's own emotional pressure and stress
- fear of social services involvement and unwanted care alternatives

Carers can help us to understand what is going on and about the risks faced by the person they support and know well. Carers are often well placed to spot distress and to offer support during a safeguarding investigation where this is appropriate. Their knowledge as “expert partners” and often as “advocates” for the person they support can be helpful in scoping and managing risks in a proportionate, enabling and sustainable way. Where carers are not involved or treated as partners who are listened to, the chances of unrecognised or unreported risks of abuse and neglect may well increase. We should always listen carefully to what a carer has to say and to retain an open mind about this.

Staff, volunteers, communities along with carers all have an important role in speaking up for people who may be vulnerable, more at risk of harm and less able to protect themselves.

Getting this message across is one of the keys to prevention, recognition, reporting and responding to neglect and abuse; in enabling people to feel supported and to maintain a sense of choice and control over their situation.

## 4.3 Carers at Risk of Harm

The risk of deterioration in carers' health and well-being as a consequence of their caring responsibilities is well documented. For some this is seen as something that comes with the territory: the price of caring. There is a point, however, where the behaviour of the person supported, intentionally or not, can fall into the category of abuse. Recognition, reporting and responding to carers at risk of harm in these circumstances may not be easy. The situation may be complicated by carer denial, or guilt, or by a sense of shame in asking for help, or by the existence of some areas the carer may not be confident about.

Risk of abuse increases where the carer is isolated and not getting any practical and/or emotional support from their family, friends, professionals or paid care givers.

Such risk factors tend to be greater where the carer lives with a person with dementia or is a partner or close relative. Timely and careful assessment is critical in such circumstances, and the focus of local safeguarding work invariably embraces potential needs for support on both parts.

This may include exploration of capacity for change in order to decrease the risk of further harm. Even where support is available some carers may still feel unsupported and unrecognised. Information and advocacy support may help.

Dementia is a progressive disease and care givers are often faced with escalating demands. These may include emotional, social, physical and financial burdens and having to cope with behavioural and personality changes that are of concern. Carers can become “hidden victims” of abuse. There is some evidence that carers of people with dementia are more at risk of experiencing depressive symptoms. These can be overlooked or go undiagnosed and untreated.

There may be risks of financial abuse where carers who are trying to support a relative involved in serious substance misuse. Where carers feel powerless they may feel less able to report that they are experiencing abuse. The possible consequences for the supported person of sharing concerns about, for example, violence directed towards them or stealing, may also lead to silence.

#### 4.4 Carers Who Harm

Some of the situations that place carers more at risk of harm also have within them factors that increase the risk of carers being involved in causing harm. This potential vicious circle is something that early intervention, information, sensitive assessment and skills in carer support and recognition can help to avoid.

Risks tend to be greater where the carer:

- has unmet or unrecognised needs of their own
- are themselves vulnerable
- has little insight or understanding of the Adult’s condition or needs
- has unwillingly had to change his or her lifestyle
- are not receiving practical and/or emotional support from other family members
- are feeling emotionally and socially isolated, undervalued or stigmatised
- has other responsibilities such as family or work
- has no personal or private space or life outside the caring environment
- has frequently requested help but problems have not been solved
- are being abused by the Adult
- feels unappreciated by the Adult or exploited by relatives or services

Common reasons where it is reasonable to consider the risk of abuse or neglect include:

- Carers with problems of their own e.g. psychological, alcohol
- People with dementia who are left alone all day
- People in households where too much alcohol is drunk
- Carers who get very angry about the burden of caring
- People with dementia who are violent towards their carer
- Carers who are unable to meet properly the needs for daily care of the Adult
- People living with an Adult with a severe personality disorder

## 4.5 Unintentional Harm

Abuse or neglect does not have to be deliberate, malicious or planned. Sometimes events and actions may be clouded by stress and isolation brought on by caring. Often, carers will be trying their best and some may not have the information they need. Carers may not know what is or is not the right way to do things [e.g. moving and handling]. They may feel what they are doing is alright if it keeps the person safe [e.g. restraint or no independent travel]. It may involve a reluctance to change or to listen to the case for change. The need for change may be seen as criticism or as a lack of real understanding about their situation. This may be a particular issue for some parent carers of adult “children” for whom they have given a lifetime commitment. Pressures on such carers can increase at times of service change and the emphasis on more independence, choice and control. The process of ageing will take its toll on both carer and cared for. This can lead to *mutual caring*, the extent of which may not be disclosed. It may also lead to inappropriate restrictions on choice and daily living.

In some cases both the carer and the supported person can be considered to be at risk of harm. The needs of the adult who is the alleged subject of abuse should be addressed separately from the needs of the person alleged to be causing them harm. The risk of further abuse must always be considered along with the extent to which the abuse or neglect flows from the needs of the person causing or at risk of causing significant harm.

There may also be situations where a previously dominant parent has become dependent and role reversal has taken place. Increasing dependence can be perceived as being “difficult”. Role reversal may be resented or become a source of anxiety to the carer. The potential for adverse impacts on understanding, care and support suggest careful assessment.

## 4.6 Intentional Harm

Some actions by carers or their impacts may be unintentional and arise from lack of coping skills or unmet needs. Others may be intentional. The issue is always one of impact on the individual affected by the carer’s actions or lack of action.

Outcomes should be person centred and not process driven. Careful assessment; risk enablement; consistency and competence in safeguarding functions; and, in working with carers are all essential.

Families and carers make an invaluable contribution to society. Support of carers is seen as integral to the way agencies seek to work. We need to keep in mind, however, the potential of “*the rule of optimism*” to affect professional perceptions and recognition of risk of harm, abuse or neglect.

This may arise from:

- generalised assumptions about “carers”;
- uncritical efforts to see the best;
- concerns about consequences of intervention;
- minimising concerns;
- not seeing emerging patterns or not ensuring a consistent focus on the Adult.

Situations where harm is not inadvertent but arises from harmful intent on the part of the carer may not be seen as such. Exclusion of agencies may be accepted with a consequent impact on ability to protect from harm. Deliberate acts of harm or omission leading to neglect should always engage safeguarding procedures and police referral as appropriate. Professional curiosity should be exercised to address disguised compliance.

## **4.7 Carers right to an assessment**

Where an individual provides or intends to provide care for another adult and it appears that the carer may have any level of needs for support, Rochdale Adult Care must carry out a carer’s assessment. This will help ensure that early help, appropriate signposting and preventative measures are put in place to support the carer in their role.

Where an adult provides care under contract (e.g. for employment) or as part of voluntary work, they should not normally be regarded as a carer, and so Rochdale Adult Care would not be required to carry out the assessment.