



Carers as Adults at risk from Harm or Abuse

A carer spends a significant proportion of their time providing unpaid support to a family member, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems

The risk of deterioration in carers' health and well-being as a result of their caring duties is well-understood. This can be seen as 'the price of caring'. However, sometimes the behaviour of the person being cared for, intentionally or not, can fall into the category of abuse. Recognition, reporting and responding to carers at risk of harm in these circumstances can be challenging and can be complicated by denial, guilt, or a sense of shame in asking for help.

The Care Act 2014 puts much greater emphasis on the importance of the informal caring role and the need for carers to be properly supported. It is therefore important to identify the time when carers are at most risk from harm and to make sure that support plans are put in place to keep them safe.

Where there is concern about alleged abuse of carers, **directly as a result of their caring role**, then the Safeguarding Adults procedure should be followed

When Risk Increases

Risk of abuse can increase where the carer is isolated and not getting practical and/or emotional support from their family, friends, professionals or paid carers.

Carer abuse/harm is more likely to occur when communication and relationships are difficult and, in particular where one/some of the following issues affect the person cared for:-

- has health and care needs that exceed the carer's ability to meet them; especially where this has gone on for a long time;
- does not consider the needs of the carer or family members;
- treats the carer with a lack of respect or courtesy;
- rejects help and support from outside; including breaks;

- refuses to be left alone at any time;
- has control over financial resources, property and living arrangements;
- engages in abusive, aggressive or frightening behaviours;
- has a history of substance misuse, unusual or offensive behaviours;
- does not understand how what they do has an impact on their carer;
- is angry about their situation and seeks to punish others for it;
- has sought help or support but did not meet thresholds for this; and

Such risk factors tend to be greater where the carer lives with a person with dementia or is a partner or close relative. Pan-London procedures recognise that a carer may also be an adult at risk.

Timely and careful assessment is important. In these circumstances, the focus of local safeguarding work invariably covers 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 are trying to support a relative involved in serious substance misuse. When 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.

Some carers and the person they support can be the target of anti-social behaviour by people in their local community because of the nature of their care and support needs. Analysis of Serious Case Reviews shows that there should be greater awareness of the impact of anti-social behaviour and grooming on those affected, the importance of joined up responses and the scope for holistic action for people at risk of harm. A rapid, multi-agency response and integrated protection plan can address this.

Reflecting Rights

Carers have rights and professional staff have a responsibility to respect and to inform carers about them. A systematic and general failure in this respect could amount to abuse if the tests of vulnerability or significant harm can be evidenced. Just as there are pressures on carers there are also pressures on professionals. Some of these pressures have the potential for *professional abuse* of carers and users.

The dividing line between professional insensitivity, rudeness or not involving carers as partners and the threshold for safeguarding is far from clear. The sorts of

behaviours that in some circumstances may place people at risk of harm might include:

- deliberately ignoring or not listening to carers or being dismissive
- consistent failure to recognise or respond to carers who seek to share their concerns or needs with professional
- making wrong assumptions about their situation and coping capacity when making decisions about assessment, care and support
- exploiting feelings of disempowerment or deference to people in authority or insensitivity to cultural needs
- arguing in front of carers about agency responsibilities or funding so that they are an object of discussion, excluded, distressed or feel humiliated
- excessive emphasis on the requirements of “confidentiality”, within mental health and other areas, notwithstanding guidance on this issue, that may place carers at serious risk of harm
- poor management systems, weak care monitoring, lack of supervision and leadership mean that what happens is not picked up or seen as poor practice or neglect that can lead to service failure or significant harm.

Such situations are not always recognised or reported by carers or by staff. Carers may not always complain about lack of assessment or failure to consider their needs and wishes. It can be particularly complex where unresolved disputes around care and support and subsequent actions by carers may call into question whether the carer is acting in the best interests of the supported person.

Whilst the evidence is limited, there are indications that some older carers and those from black, Asian and minority ethnic groups find difficulty with, or are intimidated by, organisational behaviours. Carers in this situation may come to feel that it is “*OK not being OK*” when it is not and be left to get on with life.