



The Princess Royal Trust
for Carers

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a positive partnership between The Princess Royal
Trust for Carers and Crossroads Care

Summary: Carers and Safeguarding Adults

Association of Directors of Adult Social Services, July 2011

ADASS [published guidance](#) on how to protect carers from abuse and neglect, and also how to prevent cases where the carer is overloaded which can result in the carer themselves abusing or neglecting the person needing care. This guidance had its origins in a presentation from a Carers' Centre CEO and then Carers' Centre feedback at The Princess Royal Trust for Carers Network Conference 2010.

ADASS would also welcome good practice examples, reports or pilots to add to the evidence base used for this review. Send practice examples to: adasscarers@warwickshire.gov.uk

What the guidance covers

ADASS focus on four safeguarding scenarios which feature abuse, neglect or isolation:

- Carers speaking up about abuse or neglect within the community or within different care settings.
- Carers who may experience intentional or unintentional harm from the person they are trying to support or from professionals and organisations they are in contact with.
- Carers who may unintentionally or intentionally harm or neglect the person they support.

Risk Factors for carers suffering abuse, neglect or isolation

Indicators of where the carer may be suffering abuse, neglect or isolation include

- Aggressive, abusive or frightening behaviour of the cared-for
- The carer is unable to meet the needs of the cared-for, especially if this happens over an extended period and there is no support from family, friends or professionals
- Poor relations and/or communication between the cared-for and carers, including lack of respect or courtesy
- The cared-for does not appear to consider the needs of the carer or family members or how their situation may impact upon them
- The cared-for takes control over all aspects of daily living (finances, property etc)
- The cared-for refuses help and support from anyone other than the carer but also refuses to be left alone
- The cared-for takes out their anger about their situation on the carer

ADASS advise that such risk factors tend to be greater where the carer lives with a person with dementia.



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ADASS advise that these risks can be exacerbated where carers are not involving in support planning or treated as partners in care, or even if professionals simply fail to listen to the carer or fail to recognise carers who are seeking to share concerns. They also advise that excessive emphasis on the requirements of confidentiality can place carers at serious risk, especially in the area of mental health. [Guidance](#) on application of confidentiality rules by The Princess Royal Trust for Carers and The Royal College of Psychiatry should be considered and applied.

ADASS highlight four reasons why carers won't report abuse or neglect:

- organisational and staff attitudes to concerns - defensive rather than responsive
- lack of someone to talk to or lack of a source of trusted advice and support
- worries about the impact on the care of the person supported
- fear of social services involvement and unwanted care alternatives

Risk factors increasing risk of carers causing abuse, neglect or isolation

ADASS identify the following factors that increase the risk of abuse where carers

- have unmet or unrecognised needs of their own
- are themselves vulnerable
- have little insight or understanding of the vulnerable person's condition or needs
- have unwillingly had to change their lifestyle
- are not receiving practical and/or emotional support from other family members
- are feeling emotionally and socially isolated, undervalued or stigmatised
- have frequently requested help but problems have not been solved
- feel unappreciated by the vulnerable person or exploited by relatives or services

ADASS advised of the most commonly reported situations by GPs where there was a risk of elder abuse or neglect:

- Carers with problems of their own e.g. psychological or alcohol related
- Older people with dementia who are left alone all day
- Older people in households where too much alcohol is drunk
- Carers who get very angry about the burden of caring
- Older people with dementia who are violent towards their carer
- Carers who are unable to meet properly the needs for daily care of the older person

ADASS also quote a Social Care Institute for Excellence (SCIE) guide which has also advises that financial difficulties, issues of who manages finances, whether there is a lasting power of attorney/appointeeship and long standing relationship difficulties can also increase risk of abuse.



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What should health and social care professionals do?

ADASS recognises a central concern is that sometimes professionals place “undue confidence in the capacity of families to care effectively and safely.” Effectively, health and social services should be more aware that they should not automatically rely on families to provide care because if carers are unsupported or put under significant stress it can increase the chances of the carer or cared-for suffering abuse, neglect or isolation. ADASS later advise that there should be “no assumptions about caring capacity or willingness”.

Other recommendations include:

1. Social services should evaluate how carers are included in care assessments and planning and how their role supporting the cared-for is supported; whole family working should be encouraged
2. Carers should have access to information, advice and advocacy that is understandable and empowers them to share concerns and change harmful circumstances.
3. Carers should be able to share their concerns regarding the risk of abuse and neglect without fear of automatic referral for adult protection or risk of removal of the supported person
4. Safeguarding Adults Boards should ensure their policies, procedures and practice recognise the need to support carers and also to work with carers who are experiencing or causing harm or abuse
5. Safeguarding Adult Boards should engage with carers and local stakeholders and work together for better safeguarding practice
6. Local strategies should address the need to prevent and/or reduce the stress imposed on carers providing substantial care for someone with dementia with whom they live
7. Local strategies should include steps to reduce carer anxiety and depression

What should carers' organisations do?

1. **Approach councils regarding this ADASS guidance:** ADASS advise that councils work with carers' organisations to grow capacity for self-protection of carers and to improve choice and control for carers too. They also advise that carers should be able to access information and advocacy services.
2. **Offer to go where councils cannot:** ADASS recognise that some do not want statutory agencies involved but accepting this can impact upon ability to prevent harm. Charities, such as carers' organisations, may be able to reach families statutory



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agencies cannot. Linked to the above regarding carers accessing information and advocacy services, these are arguments for greater investment in the third sector.

- 3. Ask whether the carer's contribution to the support plan is being recorded:**
When the cared-for is being assessed, the level of needs being met by the carer should be recorded as well as the needs being met by social services. Many councils do not do this and record the level of need after considering what the carer is contributing. This means councils do not know how much care carers are providing or even where there is a carer involved. This puts carers at an increased risk of becoming overburdened which, in turn, increases the risk of abuse, neglect or isolation. Recording the contribution of carers will also automatically increase the number of carers identified .
- 4. Offer assistance to Adult Safeguarding Board regarding implementation of this ADASS guidance:** ADASS have made it clear that lack of support for carers is a safeguarding issue and that these Boards should be engaging local carers' organisations.

Further reading

The BMA have also published a Safeguarding Vulnerable Adults [toolkit](#) for GPs, which includes carers as being vulnerable to abuse or neglect because of stress, isolation and overburden. The BMA advise it is "crucial" to involve carers in discussions and that respite care and support can be important to both the carer and patient.

Social Care Institute for Excellence [SCIE] Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse, SCIE January 2011 "Pan London Procedures 2011" – Adapted]

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