

Guidance for Maracs Older People at Marac

Aim of this report

Historically, older people (60+) experiencing domestic abuse have formed part of a 'hidden' group. There is a need to focus on their experiences and the barriers they face when being identified as victims of domestic abuse (or perpetrators) and also in being provided with safe and appropriate services.

There are various reasons why this is not happening in a consistent way across the UK. Services are typically set up with younger clients in mind, older people are less likely to call 999, and particular cultural or generational attitudes often exist towards marriage and family life. Abuse can often be hidden behind other physical and mental health conditions, and a lack of awareness among some professionals prevents recognition of this underlying cause.

There has been an expectation that the introduction of the Care Act 2014 would improve the identification, reporting and response to older victims of domestic abuse, and significant work in Wales and in some areas of England has begun to raise awareness around the specific needs of older victims and perpetrators. Maracs must ensure that wider safeguarding concerns are addressed; this is especially pertinent in older people's cases where there may be an increased chance that the perpetrator and/or victim will require support relating to physical or mental health needs.

What's different about older victims' experiences of domestic abuse?

Engagement with services

- Victims may be more reluctant to engage with services due to their age, as they may see services as being for younger people
- They may be isolated, or in the position of being the perpetrator's carer, or cared for by the perpetrator
- Health issues may mean they can't physically access support, or the health issues of the perpetrator may mean there is additional pressure to remain in the relationship and in the home
- Identification can also be a challenge, as older victims may not recognise they are experiencing abuse
- There may be a cultural misconception by professionals that older victims do not experience these issues
- Hospitals and care settings may have a lack of awareness of the dynamics of domestic abuse within older people's relationships

What does the data show?

- Older victims are most likely to be referred to Marac by the police. Health has the second highest referral rate, although this is still extremely low at only 9%, particularly given adults over 60 are more likely to have had hospital admissions. They are less likely to access services through self-referral.
- Older victims who disclose abuse may have been in that abusive relationship for decades. We see from SafeLives' Insights dataset that 80% of older adults are not visible to services at all.
- While the majority of older victims are female there is a much higher proportion of older men experiencing abuse (16%) compared with those under 60 (4%)

When identification finally happens it can be the first domestic abuse report for the victim and the first reported offence for the perpetrator. Victims may fear disclosing due to the change in family dynamics that can occur. Other family members may not identify domestic abuse in the relationship, or may have

witnessed the abuse growing up – whatever the scenario, the disclosure and any subsequent actions can have a huge impact on the whole family.

Financial and housing issues

Victims and perpetrators may have jointly owned a home for a long time. This can be challenging, proving harder for the victim to move away, especially if they have long term support networks nearby.

Financial issues can exacerbate this situation which may be increased with the victim never having coped alone or been financially independent, or the perpetrator controlling the finances as part of the abuse, particularly if the victim has other issues such as dementia. This can include the perpetrator having legal control of the finances through either an Ordinary or Lasting Power of Attorney.

Health/mental health issues

These issues can have an enormous impact on both victim and perpetrator and consequently need full consideration when action planning with both parties. Professionals need to identify any vulnerabilities the victim may have such as being cared for by the perpetrator, or being the carer themselves. The perpetrator may be identified as having specific care and support needs yet still be able to perpetrate serious harm to the victim.

Hospital discharge plans are common within older people's cases and are therefore relevant to discuss at the Marac or with specialist domestic abuse professionals outside of the meeting. If the victim is the carer, or the perpetrator has health issues, this can exacerbate feelings of guilt and a need to look after or feel responsible for the perpetrator.

Prior to Marac

We recommend that all Marac representatives have working knowledge of the Care Act 2014 and/or ***Adult safeguarding and domestic abuse: A guide to support practitioners and managers*** (Adass and Local Government Association, 2015).

Set up a single point of contact with a trusted professional. This professional must support and represent the victim, and lead in identifying the risks they face and addressing their needs. This is usually the Idva but, in cases involving older people, it may be more appropriate to appoint an adult social worker or relevant health professional to perform this role if they are already working and have a trusted relationship with the victim.

These professionals will also have specialist knowledge and skills in relation to concurrent issues older victims may be experiencing, such as dementia. In any case it will be important that the Idva and, where relevant, health professional or adult social worker work closely together.

Arrange a strategy/professionals meeting with relevant domestic abuse professionals and adult safeguarding, invited for their expertise. This can enable an immediate assessment to agree a single point of contact, having ascertained whether domestic abuse or health is the more prevalent issue.

Get the right people around the table

A full induction to the Marac process for each representative ensures they have a clear understanding of their role and responsibilities.

Adult social care

SafeLives has added adult social care to the eight core agencies we recommend should always be in attendance at Marac. This is due to the changes in the Care Act 2014 and the role adult social care plays in supporting vulnerable adults experiencing abuse. We hope this will increase the identification of older people as victims, as addressed by this briefing and in order to meet the duties as set out in the Care Act.

As a core agency, a representative from adult social care should always attend Marac. It is important that the same representative attends on a consistent basis, and is senior enough to be able to confidently make decisions and allocate resources on behalf of their organisation. They may also be the agency that takes the lead as a single point of contact, coordinating the care package and ensuring communication between the relevant agencies is managed appropriately. The adult social care assessment should take into account the discussion at Marac.

Mental health and health

Mental and physical health services are core agencies at Marac. They may have contact with both the victim and the perpetrator due to age-related physical or mental health issues. Mental health services are often linked in due to the diagnosis of issues such as dementia and it is paramount that this is shared at the Marac. Professionals working in A&E or GPs may be the first to identify victims and perpetrators who present with physical or mental health issues. They may also be in a good position to identify when a repeat incident has occurred.

If the Marac is unable to engage any of these partners in the process, this should be escalated to the local governance structure to address. It is essential that each Marac has their operational work supported by a local or regional overarching governance structure – this could be a specific steering group or other relevant strategic forum. Its aim should be to oversee the performance of the Marac. To carry out this role effectively the group should consist of those senior to representatives at the Marac and hold positions of strategic responsibility. Visit the [SafeLives website](#) for Marac governance templates and guidance.

Other relevant agencies

In addition to the core agencies, the strategic partnership for Marac should ensure that other agencies such as A&E (if not present as the core health representative), youth offending service and the fire service regularly attend or are reached by core representatives as part of their research into cases.

There are also agencies who won't regularly be able to attend or who aren't present locally but are helpful to involve in the research and information sharing process, where appropriate and relevant. These may include the local Age UK, local statutory and third sector agencies working with older people, and relevant housing associations.

Do your research

Wherever possible, representatives should bring information to Marac which identifies the impact the abuse is having on the victim, and any views or wishes expressed by victim.

Maracs must also consider any safeguarding issues relating to the grandchildren of the victim and/or perpetrator, where relevant. Information regarding the perpetrator should be brought which highlights the risks they pose and, due to the prevalence of physical and mental health needs among older people, any risks they face themselves and any additional care requirements. This will be especially significant if the perpetrator is in hospital and has care needs, as it will have an impact on where they are discharged to if returning home is not an option.

Where proportionate and relevant, representatives should offer the following: **Adult**

social care

- Details of any current and historical adult safeguarding proceedings, and an outline of any concerns
- Details about the capacity of both the victim and the perpetrator, where appropriate
- Dates of upcoming or recent adult protection conferences, strategy meetings and professionals meetings
- Details of any current care packages/plans in place

Police

- Details of incident or past incidents if relevant, plus referrals made and action taken to safeguard
- Relevant convictions – both recent and historical
- Any relevant warning markers eg suicidal, mental health problems, weapons

Health/mental health

- Any current and historical support and outline of any concerns
- Information regarding diagnosis and medication if relevant and proportionate to share
- Current or recent hospital admissions
- Contact with GP or relevant health practitioner
- Upcoming or recent strategy meetings

All representatives

- Information about the victim's experience of the domestic abuse and the impact it is having on them and any children (eg grandchildren)
- Child protection concerns about adolescent on parent/grandparent violence

- Information from partner agencies who do not normally attend Marac or from agencies in other local authorities
- Information about the perpetrator

You can find more details on the type of information agencies can equip themselves with in **SafeLives' Marac toolkits**.

Effective action planning

Some key questions to consider when action planning might be:

Has entry been denied to a professional during a visit (planned or unannounced)?

Consider expedited action to visit again.

Has any agency had meaningful engagement with the victim?

If not, consider any opportunities for joint working to achieve this. Identify a lead agency which has built a trusted relationship with the victim – for example GPs, other health professionals or third sector organisations.

Have the victim's views been expressed?

If not, ensure an organisation is identified which can engage with the victim, offer support and seek their views.

Is the statutory responsibility being fulfilled?

Local authorities have a duty to safeguard and promote the welfare of vulnerable adults with care and support needs and/or those experiencing domestic abuse.

Are the appropriate experts taking the lead, and a single point of contact nominated? This will either be adult social care, (mental) health or the Idva, depending on which is the most prevalent issue and who has developed a relationship with the victim.

Are appropriate protocols/plans in place and have they been communicated to all relevant agencies?

This is necessary to ensure that all professionals are working to an established care plan. This may involve hospital discharge plans or contain details of provision of care if the perpetrator or victim returns home or requires residential long term care.

Have the victim's finances been considered?

There may be financial implications when perpetrators or victims need residential care – involve specialist organisations such as the local Age UK in these discussions.

Have cultural barriers or differences been identified?

They may be preventing access or have influenced decisions not to intervene. Culture or tradition should never be a barrier to taking appropriate safeguarding action.

Are you following your local policies, protocols and procedures for safeguarding adults?

Can the fire service assist with welfare checks?

Could Marac agencies (such as the Idva service or adult social care) facilitate engagement with victims through other organisations?

For example, those within rural communities or in other settings such as the Women's Institute, local community centres, or places of worship.

All risks identified should be addressed in a comprehensive action plan. Potential actions that may be relevant in these cases are:

- Identify a single point of contact.
- Amend or create hospital discharge plans which ensure the safety of the victim whilst addressing the care needs of the perpetrator. It is essential that plans are communicated and clearly documented with the single point of contact.
- Create opportunities to work jointly – for example Idva and social workers sharing expertise or housing and health working together to ensure appropriate discharge plans are joined up
- Marac representatives to flag files and inform relevant frontline professionals of the Marac action plan

- To focus housing solutions around the risk and needs of the victim in order to reduce isolation and vulnerability, or to look at residential care where necessary
- If they are going to remain in the relationship, ensure a care package is put in place with expertise of both adult social care and domestic abuse services, and that victims know how to get help
- Ensure action plans are consistently SMART (specific, measurable, achievable, realistic and timely)
- Agencies to continue to refer back to Marac any repeat incidents which meet the definition
- Probation and CRC to feed relevant information into the Marac and liaise with services to ensure the perpetrator's needs are addressed, especially if there are health issues
- Police and the fire service to carry out welfare checks as part of the routine follow up with all older victims
- Consider using the domestic violence disclosure scheme (DVDS) and the potential for domestic violence protection orders (DVPOs) to be set up
- Write to the GP to inform them a Marac discussion has been held regarding the family

Outside the Marac meeting

If you're part of a Marac strategic or governance group

Establish a local referral pathway with relevant agencies that is accessible to older victims. It should be considered how clients who do not speak English as a first language, or have additional needs such as a disability, might access support. Carrying out a case audit can bring greater focus on older victims and enable you to look at areas for development. SafeLives can provide you with tools to help you do this – get in touch at knowledgehub@safelives.org.uk.

If you're a commissioner

Support the development of domestic abuse services that are accessible to older victims. Ensure that local domestic abuse campaigns proactively reach out to older victims. Training is an important factor in skilling up professionals to identify older people who are experiencing domestic abuse, and should be available to people in situations where older victims may be engaged – for example housing, health and older people's support agencies. SafeLives can provide you with tools to help you do this – get in touch with our Consultancy team at commissioning@safelives.org.uk

Maracs and local safeguarding adult boards (LSABs)

Tackling domestic abuse is a key priority for LSAB business planning. To fulfil its statutory functions, it is essential that this forum sees domestic abuse and engaging with the Marac as part of its responsibility and core business. Joint governance can be shared by ensuring the adult social care representative on the Marac governance group also sits on the adult safeguarding board.

As a minimum, we recommend that LSABs monitor the number of older people being discussed at Marac and give details of the outcomes of these cases in their annual report. If Idva services are using SafeLives Insights data, this can also be used to monitor the number of older people accessing their services. This local embedding of Maracs should assist in developing clearer working arrangements and ensure that systems are put in place around vulnerable adult referrals where domestic abuse has been identified.

As outlined overleaf, SafeLives has now added adult social care as a core agency at Marac, which requires a representative from the local area to attend every meeting. Get in touch at knowledgehub@safelives.org.uk if you would like further support or information on this.

If you're a health/mental health professional

Local hospitals and mental health units should have the appropriate domestic abuse protocol and training to support victims and properly respond to patients who are also perpetrators. This should cover safe and appropriate communication with the victim and take into account the Marac action plan and the victim's wishes.

If you work in Wales

The Welsh Government is currently implementing a formal policy of targeted enquiry for violence against women, domestic abuse and sexual violence across public services. This will go some way to skilling up a wider group of professionals to respond more effectively to older people experiencing domestic abuse in Wales.