

Safeguarding & Informal Carers: 7 Minute Briefing

1. Introduction – Informal carers

[Carers UK](#) report that the most recent Census 2021 puts the estimated number of unpaid carers at 5 million in England and Wales. This, together with ONS Census data for Scotland and Northern Ireland, suggests that the number of unpaid carers across the UK is 5.7 million. This means that around 9% of people are providing unpaid care. However, Carers UK research in 2022 estimates the number of unpaid carers could be as high as 10.6 million (Carers UK, Carers Week 2022 research report). In Norfolk, we estimate there may be more than 90,000 unpaid carers.

2. Carers and the law

Family carers are not required to meet specific care standards. However, if wilful neglect or mistreatment has arisen, carers may be prosecuted under Section 44 of the Mental Capacity Act (MCA) 2005. Other criminal law may also apply to financial abuse, physical assault, domestic abuse, or other types of abuse. They are not regulated or inspected for the quality of the care they deliver; so it can be challenging for practitioners and other services to know when and how to intervene. Carers may be hidden, not identify as carers, or the role may have built up slowly over time. Remember that carers are given **equal weight** to the cared for person in the Care Act 2014 and are entitled to an assessment of their needs as a Carer.

3. Harm from those they care for

Informal carers may also be at risk of harm from the person they are supporting. For example, they could be caring for someone with a dementia, that could display aggressive or hard to manage behaviour, inadvertently physically and/ or emotionally harming the carer. Or a couple who have been in a domestically abusive relationship for a number of years, where the abuser may now be receiving care from the victim but still subjecting them to abuse.

4. Right to a private life versus intervention

It is not always easy to determine where private decision-making in families and their support networks should end and intervention should begin, to ensure the safety and uphold the rights of the adult with care and support needs and/ or their carer.

The key question is whether the person being cared for is at direct risk of harm, and the extent of any potential or actual harm. The same applies for the Carer. We have to act even if it means entering the difficult territory of cultural differences. If a person is at risk of harm, then we should be prepared to step in. For example:

- hurtful comments or threats to abandon the person are causing them significant distress
- a carer's failure to reposition the person they care for regularly enough is causing pressure ulcers
- the person does not have enough food to eat or warm enough clothes, while the money they have been given is going elsewhere
- the carer is being physically assaulted by the person they care for

5. Practical approaches?

As workers navigating this challenging and complex area, we must consider the pressure that carers may be under and explore the reasons why they take the actions and make the decisions they do. There may be complex dynamics in a Carer and Cared for relationship; we also have to consider the actions and decisions taken by the cared for person – they could be abusing their carer, however unintentionally, as a result of a condition they have. The carer may be doing their best but still struggling. They may put the person at risk because they snap under pressure, rather than intending to cause harm.

6. Proportionate safeguarding response

Obvious abuse or neglect should trigger an immediate safeguarding response. But in many cases, we may need to adopt a twin approach of supporting the carer while safeguarding the person they care for (or vice versa) and considering both their needs at the same time. Our response should be proportionate to the risk that is posed, with the aim of helping families manage their caring responsibilities more easily.

It is important to be honest with Carers and those being cared for about the possible consequences of actions or decisions that cause harm and being clear that preventing abuse is always our key aim, to either Carer or Cared for. Working sensitively with carers to identify what is putting them under the greatest pressure and what type of support would help, will often reduce the risk to the person they are caring for.

7. Prevention

- Encourage Carers to recognise their role and to talk about what they may be finding more difficult before it reaches crises point – help them to think about **emergency plans** (e.g. if they fall ill, what care would need replacing), and if they feel at risk from the person they care for, **safety plans** (e.g. what practical action can they take, is there a close neighbour they could go to, can they keep their mobile phone on them or exit the house quickly?)
- Make sure every Carer you meet is offered a Carers assessment
- Recognise that Carers may hide their real feelings through fear or shame (e.g. being seen as not coping, or afraid of the reaction of others, or the person they care for)