



Crimes against, and abuse of, older people in Wales (January 2015)

Report weblink:

[http://www.olderpeoplewales.com/Libraries/Uploads/Access to support and justice - working together report.sflb.ashx](http://www.olderpeoplewales.com/Libraries/Uploads/Access_to_support_and_justice_-_working_together_report.sflb.ashx)

Good Practice

Whilst there was evidence of good practice across all local authorities, there were four areas that were particularly innovative in their practice when responding to older victims of domestic abuse. These were **Bridgend, Cardiff, Caerphilly** and **Carmarthenshire**. The high level of training and awareness-raising on the MARAC, the IDVA, the IMCA and the Mental Capacity Act 2005 was evident. In addition, health boards were more integrated into referral pathways and processes. The practitioners interviewed in these areas had an extensive knowledge base, prioritised an early intervention approach and used a holistic response incorporating a multi-agency framework. These four areas also demonstrated an awareness of the need to address both victims' needs and support perpetrators in changing their behaviour. There were particular aspects of practice where the local authorities were excellent.

Bridgend

A content analysis of the AAPC report and the qualitative and quantitative data demonstrated a very strong understanding of domestic violence specific to older people, where choice and empowerment for service users was prioritised. There was also evidence of excellent multi-agency action, good integration with health and recognition of the need to develop advocacy links in cases involving older people.

[Bridgend CBC – Safeguarding Adults from Abuse in Bridgend](#)

Cardiff

Cardiff and Vale University Health Board had an impressive POVA training package including level one 'induction'; level two 'recognition and referral' and level three 'designated line manager' and higher level training. There was a mandatory training policy for all staff, GP training, monthly 'Public Protection Days' incorporating domestic abuse and POVA training by Safeguarding teams. There was strategic and operational level commitment to tackling domestic abuse, and evidence of learning from the user experience. Practitioners were aware of the interdependency and coercion issues in cases of domestic abuse older people, and prioritised a 'person centred' approach. The significant increase in referrals from Health (Area Adult Protection Committee, 2012-2013) highlighted an increased awareness of domestic abuse in older people by frontline staff in detecting the abuse, asking the questions through routine questioning and making accurate referrals. There was a sound understanding of domestic abuse relationship dynamics. Cardiff understood that it was unlikely that an individual would suffer just one form of abuse and emphasised the need to explore the psychological impact of the abuse on the individual's wellbeing. There was also evidence of effective follow-up action - where cases fell under the threshold the referrer was contacted with advice on safety management.

[Cardiff CC – Protection of vulnerable adults](#)

Caerphilly

Caerphilly were a well-structured and well managed team in post since 2008. Each member of the POVA team had specific background expertise in policing, probation, housing and nursing experience which complimented the other team members skill set, thus the team felt they were in good position to incorporate both justice and welfare responses and challenge other agencies decision- making given their prior experience of the law and policy across different organisations.

[Caerphilly CBC – Protection of vulnerable adults](#)

The multi-agency chronology model

The chronology model was based on a piece of comprehensive research undertaken by Caerphilly. The rationale was to examine referrals involving repeat victims and produce a more effective response in

stopping the abuse of victims. The research involved looking at previous decision-making in a sample of case studies where people were repeat victims of abuse. The findings showed that each time a repeat referral had entered the process; the same actions were being taken each time with the same referral on each occasion it entered the process, rather than adopting a different approach to address the abuse. Thus there was a need to evaluate the success of the strategies previously employed with a repeat victim, and decide how to amend their current response accordingly.

‘The reason they [service users] are back in the POVA process was because users hadn’t consented to the safeguarding process, people didn’t consent to what we as professionals thought would reduce the risk of further abuse.’ (POVA Coordinator: 9)

According to the Caerphilly team, chronology models were mandatory in child protection cases. It was felt that adopting a ‘chronology’ approach in vulnerable adults would increase the likelihood of a successful response, improve client engagement and reduce the number of repeat referrals entering the system.

Current practice was informed by the research and so when a referral entered the process, practitioners would scan the system and observe what had been previously tried in terms of the various approaches employed by POVA. These previous details were then available to the practitioners from initial risk assessment and at every successive risk assessment.

‘Initially if a report comes in and the allegation is neglect, I would be going through the chronology to see if there is a pattern of neglect involving the same person who was implicated in previous investigations, but also I would be looking at the bigger picture to establish the level of vulnerability, risk is mainly a dynamic process, but whatever I feel the level of risk is will determine what I do next at that specific moment in time... also in terms of the chronology we can find out what type of investigation there has been, what the outcome of the allegation was, any specific safeguarding measures was put in place.’ (POVA Coordinator: 9)

The team said that the chronology process was very useful at multi-agency meetings because other agencies could then assist in building up a detailed picture of their own activities and the subsequent outcome of any actions. The Caerphilly team also, saw that the chronology approach was invaluable to victims of abuse who attended meetings and encouraged engagement with the POVA process:

‘So then when you take the chronology [information] to a strategy meeting it gives all the other agencies a holistic picture of what has been done before and what we need to do differently, so you can see, for example, maybe this is the fifth allegation of domestic abuse and a victim has fluctuating capacity and nothing has been done previously so we need to address this, so it gives you the opportunity to think more creatively to get that consent, to find a way in to stop the abuse. Other agencies can give their intelligence and add to what we know, and on occasions at meetings the vulnerable adult has been at the meeting and given input and the chronology has helped them, especially in domestic abuse, they may only think about the most recent event, so victims then can see whether the abuse has got more severe it maybe makes them realise that they need our support to stop the abuse...’ (POVA Coordinator: 9)

The research undertaken by Caerphilly also found that vulnerable adults stated that during the actual process there was considerable input by frontline workers, but vulnerable adults commented that once the action plan was in place, and the case was closed, there was no monitoring of the outcome nor contact with POVA practitioners, thus vulnerable adults could suddenly feel quite isolated. It was decided by the team that for repeat victims, there would be a follow-up six week review so see if the action plan was being successfully adopted by the service user. The criteria for a follow –up review was based on the victim’s request, the details of the case, any new measures that have been implemented, and the level of complexity and risk.

The Caerphilly team was also very innovative in informing vulnerable groups about the work of POVA in community settings. This was to dispel myths and stereotypes about statutory agencies and to increase communication between the public and Caerphilly local authority. Rather than employing a top-down PowerPoint presentation, more informal, dialogic approaches were adopted to facilitate a more tailored question and answer session relevant to the community group involved.

Carmarthenshire

Carmarthenshire were perceived to be similar to Cardiff in their commitment to staff training, their joint working practice with health, and evidence of learning from their own and others practice.

Emphasis was given to the effectiveness of a co-ordinated and joined up approach to achieve good quality of service for users. Carmarthenshire

was committed to raising awareness of safeguarding across partner agencies and the general public. Awareness training involved inviting both senior and junior members of staff to safeguarding meetings in order to familiarise them with the system process and outcome:

‘I think it’s inviting more people to meetings that are appropriate. For example, if we invited the Lead from the Hospital, we would also invite the Ward Sister and maybe somebody junior. So they all get to understand the process.’ (Adult Safeguarding and Improvement Team: 1)

Carmarthenshire adopted an open door policy where agencies could observe the daily workings of social care services and adult protection departments:

‘It’s an open door policy where people can come in and be involved in the process, sit in the office for the afternoon and see what’s going on and talk through the process and talk through cases and ask for any information. It’s the open door policy that’s going to support that.’ (Adult Safeguarding and Improvement Team: 1)

It was believed that the open door policy allowed other practitioners to understand the process in greater depth and appreciate the workload of adult protection officers:

Interviewer: ‘In your opinion what do you think other practitioners knowledge of the POVA threshold is like?’

Interviewee: ‘I think it is getting better. I don’t think other professionals appreciate the amount of work involved unless they come and sit in. At every strategy meeting now, as part of the process, we invite other professionals. Health for example, Ambulance, Police, Case Managers, it could be the provider agency, any of those. They have a better understanding of the process because they are involved from start to finish.’ (Adult Safeguarding and Improvement Team: 1)

There was emphasis on victim empowerment. The POVA team actively went out into the local community and ran a series of local publicity events to raise awareness of the POVA process. Carmarthenshire demonstrated excellent knowledge of domestic abuse and the relationship dynamics. They recognised that, in some circumstances, individuals maybe experiencing coercion when they are providing consent. They actively explored whether or not consent was given under duress and if it was they would override consent and share information with other agencies if it was deemed to be in the person’s best interests:

Interviewer: 'If we look at the issue of consent what happens if the client refuses to give consent for you to share information?'

'Interviewee: 'It depends. If there is criminal activity we can override that. If there is undue influence we can override that because if a vulnerable adult is capable of giving consent, then obviously we must seek that consent from them. If the consent to abuse was given under duress you are looking at exploitation, pressure and fear of intimidation, then we can disregard that consent. We can share information in any way with third parties as we do.' (Adult Safeguarding and Improvement Team: 1)

[Carmarthenshire CC – Protecting vulnerable adults from abuse](#)