



Older people's care / referral pathway

Guidance notes

About this document

The aims of the referral/care pathway and guidance notes are:

- To map out the process for practitioners, in order to guide them through a disclosure from an older person, to the implementation of a risk assessment, and referral to specialist and statutory services.
- To offer a common tool to agencies who refer into the Marac process.
- To ensure that, at local level, the Independent domestic violence advisor (Idva), (where they are not the same professional), work in parallel partnership with the Marac and adult social care and/ or Health, in order to ensure an effective process and good outcomes for the older person, both victim and perpetrator, if care/health needs are prevalent.

The Single point of contact role

- 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 appropriate health professional to perform this role if they are already working with the victim. This decision should be made prior to the strategy meeting or at the Marac, having ascertained whether domestic abuse or health is the more prevalent issue.
- 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.

The referral/care pathway

Disclosure of domestic abuse from an older person

At the point of disclosure, it is imperative that the victim's safety is considered and appropriate action is taken to ensure this. Professionals need to follow their agency's safeguarding procedures under the duty of care. A best practice response for a client is likely to reflect an integrated approach which combines adult safeguarding and high risk domestic abuse expertise, along with other partner agencies if appropriate, coordinated by a single point of contact and tailored to each person's needs. It is important to involve the victim in the process as much as possible.

The Government definition of domestic violence and abuse is:

'Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 and above, who are or have been intimate partners or family members, regardless of gender or sexuality'. This can encompass, but is not limited to, the following types of abuse:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.'

Risk Assessment

Older people, who have disclosed domestic abuse, or any form of abuse as described in the definition, will need to be assessed using the SafeLives-DASH Risk Identification Checklist. If the Checklist is not undertaken by the referrer (unless by the Idva), they should ensure that this is embedded into local process with clear identification as to where the ultimate accountability for its completion rests. This referral or/and discussion may also be necessary with medium and standard risk victims as there may well be safeguarding concerns, whatever the risk assessment outcome

Refer to Idva and Marac: Protocols may depend on local pathways in relation to referral procedure but if partner agencies refer straight to Marac and have concerns relating to safeguarding, contact the local Idva service or adult social care worker for advice. A good local pathway and multi agency response will ensure work begins at the point of identification or disclosure

Refer/discussion with ASC: The referral to, assessment or consequently involvement with adult social care can be triggered after disclosure/identification or simultaneously with a referral to Idva; or this may be the Idva who carries it out. There may also be instances where this is actioned for varying reasons at the Marac.

SafeLives has added adult social care to the 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. 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.

As with all risk assessment, a practitioner's professional judgement is crucial. It is very important to listen to the older person and carefully explore their situation with them. Wherever possible, the practitioner should make every effort to ensure that the victim does not continually have to repeat their story to other colleagues, as this can be distressing and time consuming. They will also need to ensure that the specific policies/practice of individual agencies are built into the assessment process.

For example:

- Confidentiality policy.ⁱⁱ
- Safeguarding policy.ⁱⁱⁱ
- Information sharing policy and protocols.
- Marac referral policies and protocols.

Older people identified as high risk will be supported by the Idva and adult social care worker, depending on who is the most appropriate lead professional.^v

Older people who are identified as not immediate high risk, but still require help support and information, should be referred to a specialist domestic abuse service by the referrer, where case management procedure will be followed. Other services that may be included are drugs and alcohol, health, mental health or housing services.

Strategy/professionals discussion/information sharing may be appropriate, prior to the Marac if high risk, with relevant domestic abuse professionals, adult safeguarding and health, 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. This is a key forum for agencies to ensure that the victims risk and current situation are assigned to appropriate support, through the adult social care route and the Marac. The facilitation of this discussion will adhere to local process. Appropriate agencies to attend the discussion will be decided at local level, but it would be expected that statutory agencies such as health, Adult social care, the police and domestic abuse services (Idva) would be key participants and that all agencies would continue to work closely together throughout the process.

Perpetrators

Maracs must ensure that safeguarding is comprehensive: 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. 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 the victim's vulnerability if being cared for by the perpetrator, or if they are the carer. The perpetrator may be identified as having specific care and support needs and still be able to perpetrate serious harm to the victim.

Marac meeting

The single point of contact may be decided here in order to coordinate the support/package. All nine core agencies (Police, Idva, children and young people's services, adult social care, housing, mental health, substance misuse, probation, health) should be around the table consistently and of the right seniority in order to create a comprehensive and smart action plan. All representatives should come to the meeting having researched each case and prepared to share relevant and proportionate information; offering actions in this robust risk focused meeting. The multi agency approach should continue after the meeting. Throughout the pathway safeguarding issues will be a parallel consideration at all times, emphasising the importance of working in close partnership with all the relevant partners. The Idva will support the co-ordination of the strategy discussion and ensure that the appropriate pathway is followed. The plan will be implemented and may include care assessment and domestic abuse support from each relevant agency bought together by one lead. Health will also be an integral part of this when working with older people.

Governance

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 might access support. Carrying out a case audit can bring greater focus on older victims and enable you to look at areas for development. Tackling domestic abuse is a key priority for Local Safeguarding Adult Board (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 local adult safeguarding board. 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.

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.

Engaging with older people

It is anticipated that practitioners working with older people will be equipped with all of the necessary skills for engagement in order to ensure that the client feels secure with the process and the environment. As we know, older people engage with services in a different way to younger adults and the agencies will need to be adaptive in their working practices to retain meaningful contact with them. 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 this dynamic within the relationship. 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 may have a huge impact on the whole family. Engaging with older people may be via other routes; for example those within rural communities or in other settings such as the Women's Institute, local community centres or places of worship.

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 safeguarding is comprehensive: 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.

Useful resources

[SafeLives. \(2011\). The principles of an effective Marac. Bristol: SafeLives](#)
[Spotlight #1: Older people and domestic abuse](#)
