



# Dementia and Safeguarding

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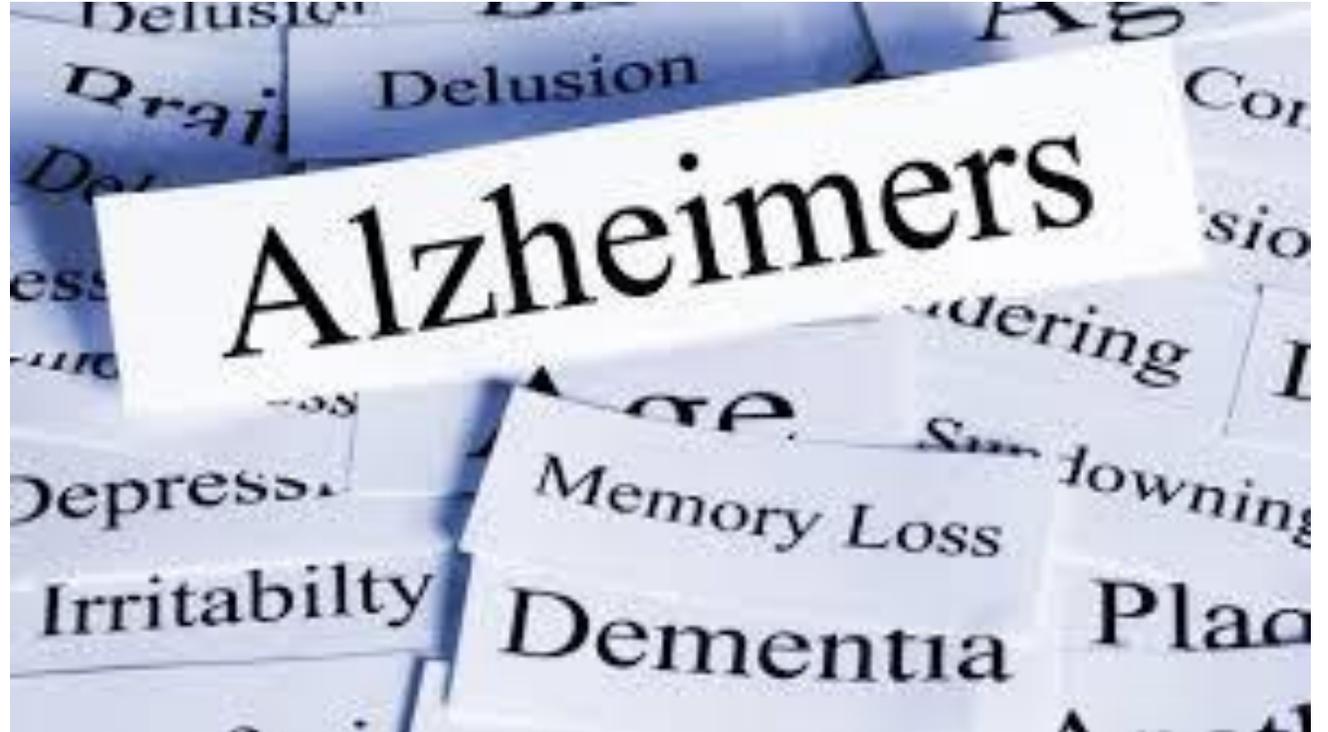
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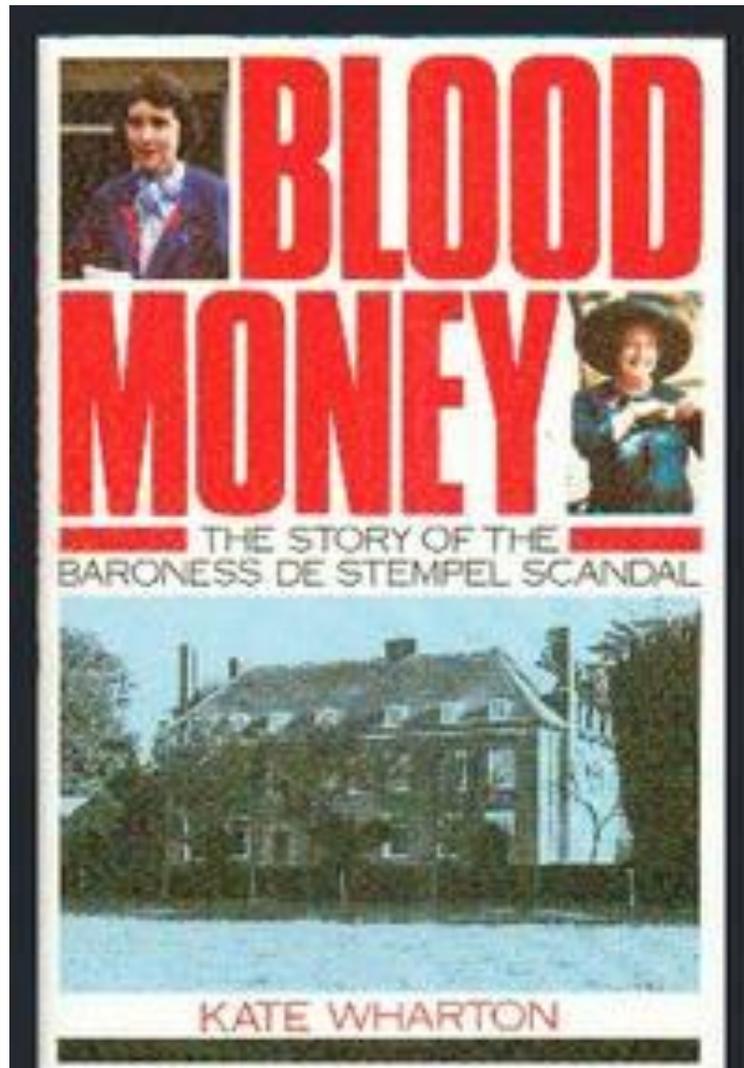
# Introduction

The victim has dementia...

- Images
- Stories
- Practice
- Policy



# Images



# Worry about dementia – worry about abuse



## Key questions

- What features of dementia lead to greater vulnerability to abuse or neglect?
- What is the impact of focusing on deficits of dementia?
- What might be protective?

# Are the risks related to dementia?

- Or to the settings?
- Or lack of support?
- Or staff shortages?
- Or to system failings?

Examples: understaffed care homes, impaired judgements, stressed supporters, fraudster ease, memory failings ...



# Fear among providers of seeming abusive

Example – police arrive at care home...

As from 3 April 2017, under the Policing and Crime Act section 178, there is no longer an automatic duty for a coroner to carry out an inquest if a person dies while under a DoLS authorisation.



# Little known about the impacts of abuse



- Easy to interpret some behaviours as abuse – but not always (finance has trail)
- Harms need to be considered, eg breach of trust, pain, distress, lack of dignity ... in the moment or over time
- Impacts on others – witnesses or family

# What about prevention?



- For people with dementia many other preventions apply eg DBS
- But some extended eg Approved Person for Direct Payments
- Provisions of Mental Capacity Act 2005 and including DoLS, LPAs, Court of Protection, etc
- Settings often regulated
- More surveillance but also dementia friendly communities

# Secondary prevention



Principles of good practice in safeguarding apply, such as:

- Collecting evidence
- Good recording
- Enlisting other professional opinion
- Seeking advice
- Pattern recognition
- Good management and support

# Practice responses



- Making Safeguarding Personal provisions apply – with proxy views
- Modified problem solving approaches
- Links to post-diagnostic support and care planning
- Complications around ‘unwise decisions’ and acting in best interests

# Legal provisions

- MCA – and other ways to hear from alleged victims
- Higher sentences if position of trust etc or vulnerable victims



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Press release

**Jail term increased for robbers who targeted elderly**

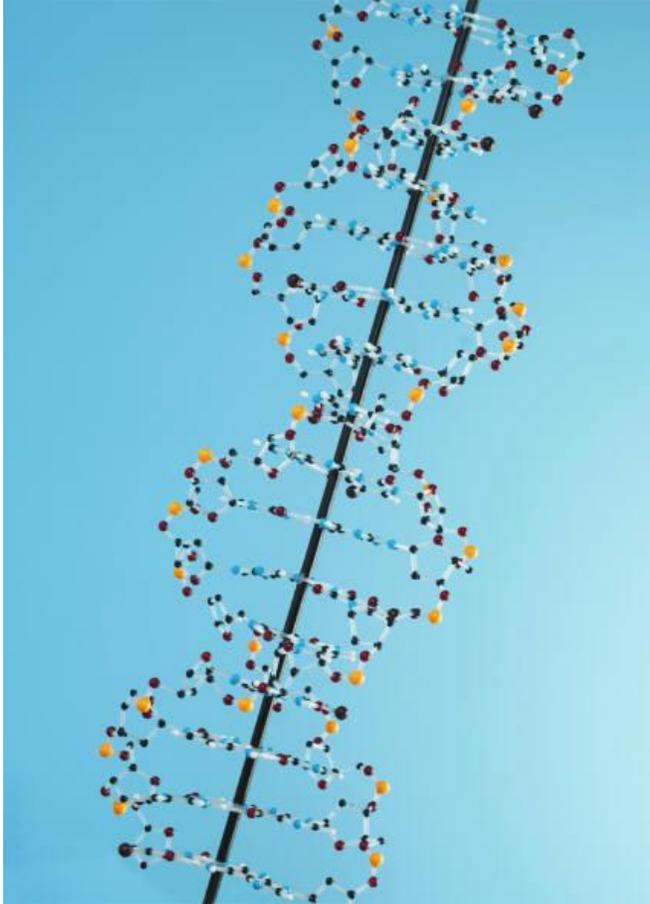
Gang of robbers have their sentences increased after the Solicitor General's intervention

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From: **Attorney General's Office** and **Robert Buckland QC MP**

# Complexities of dementia include



- Distressing and distressed symptoms
- Other complications
- Ideas about ownership and entitlements
- Framing of the problems of dementia as stressful or transgressive
- Lack of reward for care and caring
- Powerlessness attracting others with problems

# Example – pressure ulcers



- Not always safeguarding concerns but need thinking about and recording
- Seek advice
- May signify problems of care
- When is it poor practice or abuse? (professional views and court views)

# People with dementia may come to attention not only as victims

More than a third of people with frontotemporal dementia (FTD) act out criminal behaviours.

Liljegen M, Naasan G, Temlett J, Perry DC, Rankin KP, Merrilees J, Grinberg LT, Seeley WW, Englund E, Miller BL. (2015) Criminal behavior in frontotemporal dementia and Alzheimer disease. *JAMA Neurology*, 72(3): 295-300.

NB 'Defendants with advanced and irreversible dementia should have no place in the criminal justice system'. Rozenberg BBC Jan 2016

# Where does this leave us?



- Need to understand risks of under and over protection
- Risk assessments are appropriate – part of care planning and post-diagnosis support
- Managing risks – both intrinsic and extrinsic
- Will we come to focus more on neglect – like children’s services?

# Endpoints



- Potential for dementia friends and communities to reduce risks
- Questions remain about how best to inspect and regulate – and where thresholds should lie
- Dementia adds some complications but many overlaps with other vulnerabilities
- Individual abilities to assist, comfort, stand up and speak out need reaffirming

# Disclaimer and acknowledgments

This presentation draws upon research conducted for the Department of Health and Social Care. The views expressed in this presentation are those of the authors and not necessarily those of the Department of Health and Social Care or the NIHR.

Thanks for listening

