

## Consultation Response Form

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### National action plan to prevent the abuse of older people

**1. Do you agree that the three overall objectives are appropriate? If not, what should they be?**

**Agree Strongly**

**Tend to Agree**

**Disagree strongly**

**Tend to Disagree**

**Unsure**

Please comment:

We feel that the overall objectives set out in this consultation are missing some of the main concerns faced by older survivors of violence against women, domestic abuse, and sexual violence (VAWDASV), and the specialist services that support them.

While addressing the specific barriers to older survivors accessing services and making sure these services are accessible is crucial, there is still much work to be done on recognising VAWDASV in older survivors, particularly among professionals.

There is not enough focus on knowledge of or understanding the needs of older women and concerted work in this area would improve support for older women prior to them experiencing VAWDASV. Ultimately, accessing services is important but this needs to come alongside clear strategies to identify older women who have experienced VAWDASV and prevent it from happening in the first place. Therefore, this strategy would benefit from clear objectives that improve recognition of the specific needs of older women in terms of early intervention and prevention, not just accessibility of services.

**2. Are the specific issues facing older people in respect of potential abuse and neglect captured appropriately and set out in a clear and useful way? If not, what else should be captured (and how)?**

Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Unsure <input type="checkbox"/>
<p data-bbox="188 277 432 309">Please comment:</p> <p data-bbox="188 383 1406 501">Whilst we acknowledge this strategy contains wide-ranging acknowledgement of many of the issues facing older people, we have some reservations about the scope of this strategy as follows:</p> <ul data-bbox="240 555 1406 2020" style="list-style-type: none"> <li data-bbox="240 555 1406 965">• The strategy lays out some of the major issues facing older people including ensuring that older people are supported to live independently, ensuring support from safeguarding services when they are at risk of abuse or neglect, and ensuring older people who are survivors of VAWDASV are able to access specialist services. However, we feel that the strategy looks at these in a siloed way and the specific issues need to be addressed in a more holistic manner. For example, many of those placed in care will be survivors of VAWDASV, and it is important that their needs are considered together, not separately. Concerns around such an approach will be covered within our answer to Question 3 of this consultation.</li> <li data-bbox="240 1021 1406 1518">• Related to the above, there must be formal acknowledgement that VAWDASV, particularly against older people, is not always perpetrated by a partner or classified as intimate partner abuse, but is often perpetrated by families, children, and grandchildren. Whilst wider data is extremely limited, data from a <a href="#">2016 report from Safe Lives</a> found that among survivors aged 60 and over, 40% of perpetrators were current partners, but 44% of primary perpetrators were adult family members. Conversely, for those aged 60 and under, 28% of perpetrators were current partners whereas just 6% of primary perpetrators were adult family members. As such, the strategy needs to address the fact that abuse may look very different to older survivors and that all forms of abuse perpetrated against older people must be formally acknowledged, and equivalent support provided.</li> <li data-bbox="240 1608 1406 2020">• A major issue lacking in the strategy is steps to improve the understanding of VAWDASV perpetrated against older people. The <a href="#">Leave No one Behind</a> Report identified that there is relatively little public understanding of the abuse faced by older people, and a <a href="#">2021 paper</a> by Hourglass (formerly Action on Elder Abuse) found that nearly a third of UK residents surveyed did not see acts of domestic violence perpetrated at an older person as abuse, including inappropriate sexual acts. Further, there is still broad feeling amongst specialist services that older people think of domestic abuse as solely encompassing acts of violence, and there is concern that non-violent forms of abuse are being missed. As such, we are disappointed that this strategy lacks clear actions to</li> </ul>		

address this both among the public and professionals in relation to the types of VAWDASV experienced by older adults. We urge the Welsh Government to urgently commit to Wales-wide campaigns to educate professionals and the public as to what VAWDASV perpetrated against older survivors may look like so as not to minimise or normalise the experiences of older people.

- Across all the types of abuse mentioned in the strategy, there are no mutually agreed-upon definitions of 'older people.' We acknowledge that this may be purposeful, as set out in the [Age friendly Wales strategy](#), so as to ensure people of all ages engage with this work, however, we believe it is important to acknowledge that older people are not a homogenous group, and strategies to identify and support survivors of violence against women may look very different for those in their 50s to those in their 80s and beyond. We welcome the recent [announcement](#) by the Office for National Statistics to include survivors of domestic abuse aged 75 and over in the Crime Survey for England and Wales. We are aware that large numbers of survivors are in the upper echelon of this age bracket and without high-quality data, it is hard for specialist support services to compete for funding to provide support to these survivors, many of whom have additional and intersecting support needs.
- Many intersecting barriers exist that prevent older survivors from accessing services, such as class, language and general stigma surrounding VAWDASV. We know that many people do not report abuse, and this is more prevalent among older survivors, often due to feeling as though they are a burden or feeling as though services aren't 'for them.' This was also identified in the [Leave No one behind](#) report, and we support the call for a rapid assessment to be undertaken to evaluate what support is available to older people who have experienced VAWDASV and the actions needed to ensure appropriate support is available.
- Within the section on 'Older People and Domestic Abuse,' there must be formal acknowledgement that most of the support for survivors of VAWDASV in Wales, including older adults, comes from specialist services and there are specific challenges being faced by these services. Although the strategy acknowledges that other sectors, such as domiciliary care, have been impacted by recruitment and retention challenges, it falls short of acknowledging these as universal challenges also present across the third sector. Many specialist services in the VAWDASV sector have reported challenges relating to short-term funding which is making it hard to recruit and retain staff, particularly when wages in the statutory sector can be much higher and offer more stability. Services are also increasingly reporting challenges relating to the cost of amenities such as water, gas, and electricity, which are placing them in financial precarity.

Consequently, services have less capacity provide support to the increasing number of survivors of VAWDASV that are referred into them. This means that services are often further away from survivors, particularly those that live rurally, and are increasingly harder to access for older survivors. We urge the strategy to acknowledge the sector-wide challenges faced by the third sector and to include tangible steps to improve this, including a commitment to long-term funding cycles and regular spending reviews to align with changes in the cost-of-living and inflation.

**3. Are approaches to meeting the care and support needs of older people at risk of abuse or neglect set out in a clear and useful way?**

**Agree Strongly**

**Disagree strongly**

**Unsure**

**Tend to Agree**

**Tend to Disagree**

Please comment:

Specialist services raised many concerns around the way that care and support needs are identified in older survivors of VAWDASV that we recommend be clarified within this strategy.

Firstly, the needs of survivors of VAWDASV must be acknowledged within care and support plans of older survivors if they are placed in care, and the way risk is assessed, and care and support needs are defined for older survivors need clarification. Specialist services told us they feel as though thresholds in terms of adult safeguarding do not match the way that social services work, and anecdotal evidence shows that care plans often involve either visits from or co-habitation with families and partners, without regard to their status as a survivor/perpetrator. We believe the dynamics of abusive relationships must be considered in care and support plans across the statutory and non-statutory sectors, ensuring that survivors have access to specialist VAWDASV services regardless of their care needs, and are ultimately believed if they make a disclosure.

Further to the above, the strategy does not acknowledge that abuse may be linked to end of life, especially where there are linked issues with capacity and consent. We are aware of circumstances where the input of perpetrators is sought during the development of care and support plans for those receiving end of life care. Research has suggested that [intimate partner violence may be exacerbated during end of life](#) care due to stressors such as physical, emotional, social and financial

burdens and that a better understanding of both intimate partner violence and [abusive family relationships](#) is needed to identify and respond to in order to provide holistic palliative care.

Together, these show that there needs to be clearer strategies that address the care and support needs of older people who are in care, particularly at the end of life, and are also survivors of VAWDASV and we believe these must be incorporated into the strategy.

**4. Do you agree that the Action Plan addresses the major risk factors facing older people at risk of abuse or neglect? If not, what else should be addressed?**

**Agree Strongly**   
**Tend to Agree**

**Disagree strongly**   
**Tend to Disagree**

**Unsure**

Please comment:

We believe the strategy is missing direct aims to address some of the major risk factors facing older survivors of VAWDASV as follows:

- Whilst we appreciate the acknowledgement that older people are survivors of some forms of VAWDASV such domestic abuse, neglect, and financial abuse at increasing levels, there is no acknowledgement that older people also experience other forms of VAWDASV. Our member organisations return quarterly data on those accessing different forms of support services for survivors of VAWDASV. Since the 2019/20 financial year, member organisations have seen a 56% increase in the number of survivors accessing refuge aged 65 and over, and a 150% increase in the number of survivors accessing sexual violence services within this age bracket. As such, it is clear that the experiences of older survivors cannot be contained to domestic abuse alone, and support and funding must be provided for support services for older survivors of all forms of violence against women.
- With [estimates](#) that 1 in 3 people in the workforce in Wales is aged over 50, and data from Welsh Women's Aid's [No Grey Area](#) report that 4 out of 5 women in Wales have experienced some form of sexual harassment in the workplace, there must be acknowledgement of sexual harassment faced by older people in the workplace. We welcome the acknowledgement in the VAWDASV strategy that sexual harassment in the workplace must be

tackled but given the increasing ageing population and the ongoing cost-of-living crisis, it is evident that the number of people beyond retirement age that remain in the workforce will grow accordingly, and strategies to ensure their safety must be incorporated within this proposal.

- Whilst the strategy does include the aim to ensure older people who experience VAWDASV can access support services, which we welcome, it falls short of the clear promises that are needed for specialist services to be able to support them. The strategy needs to include direct promises for better refuge provision that is suitable for older people because if they cannot access support that is suitable for them and their needs, they are more likely to remain at home, often with the perpetrator, and therefore remain at risk. Indeed, [data from the Office for National Statistics](#) shows that 22% of the domestic homicides in England and Wales were aged over 65, with the majority of these aged over 70. Further, as outlined above, the number of survivors aged 65 and over accessing support services run by organisations that are members of Welsh Women's Aid is growing year on year. Combined, these show there is a need for services and direct refuge provision that is suitable for older survivors, and for these services to be adequately resourced and available at the point of need.
- There is a strong feeling among specialist support services that statutory services, particularly social services, work separately rather than alongside them. There is a feeling that they do not understand the needs of older survivors, and this leaves them, for example, going to and from MARAC when this may not be the best route for them to seek support. Relatedly, specialist services have reported that issues with the way that statutory services acknowledge VAWDASV remain prevalent across Wales. There are general feelings that support and care needs are not well-enough defined and there are issues with the ways these should be identified and acknowledged in older survivors.

**5. We would like to know your views on the effects that the Welsh Government Action Plan on Preventing the Abuse of Older People would have on the Welsh language, specifically on opportunities for people to use Welsh and on treating the Welsh language no less favourably than English. What effects do you think there would be? How could positive effects be increased, or negative effects be mitigated?**

Please comment:

We wish to highlight the importance of providing services for older survivors of VAWDASV in both Welsh and English. The most [recent data](#) from Statistics Wales shows that beyond those of school age, the highest amount of Welsh speakers are among the 65+ age group, and data shows that Welsh speakers in [this age group](#) are more likely to be fluent Welsh speakers. As such, we believe it is important to provide services in Welsh and English, and for these to be provided directly rather than through secondary means such as via interpreters. Staff from specialist support services told us that it is vital for survivors of all forms of VAWDASV to be able to discuss their experiences in their preferred language, especially when discussing their feelings and experiences which may include serious trauma.

Staff from specialist services also expressed their concern around other services that are not provided in both Welsh and English, and the barriers this created to older survivors accessing support. Concerns were raised around the inaccessibility of healthcare settings, namely hospitals, and the feeling that older people struggle to explain their medical history outside of their preferred language, for example, being able to explain clearly how they sustained an injury. This also creates a feeling of otherness and given that [data](#) shows older people, on average, take twice as long to report abuse, sustained work and strategies which break down such communication barriers are vital and are lacking from this strategy. In sum, we believe that the positive effects of this strategy on Welsh language use can be increased by committing to providing all statutory and non-statutory services in Welsh and English to all survivors of VAWDASV, regardless of where they reside.

Further, whilst we acknowledge the importance of providing services in English and Welsh, services must also be provided in other languages directly at the point of contact. The most recently available census [data](#) from Wales shows that after English and Welsh, the most prevalent languages spoken in Wales are Polish (0.6%), Arabic (0.2%), Bengali (0.2%), and Chinese (0.2%). Specialist services across Wales who contributed to this consultation feel as though there are large parts of these communities that are not accessed, and that this group will grow as generations age. Often, technical language does not translate well into other languages and older people rely on their families to translate information for them, leaving them open to isolation and making vital services much harder for them to access. Services and communications around services that are provided meaningfully in other languages would help to ensure all older survivors of VAWDASV can access the services they need at the earliest opportunity.

**6. We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please use this space to report them:**

Please comment:

As far as we are aware, no dedicated perpetrator programmes exist for older perpetrators, and there is a feeling among specialist services that younger and middle-aged men generally access such programmes more often. Indeed, a three-year [evaluation](#) of the Drive project, which was piloted across Essex, South Wales, and West Sussex between 2016 and 2019 found that although the ages of men accessing programmes ranged from 17 to 81 years, the average participant age was 32 years. There is much evidence for the success of perpetrator programmes. The [evaluation](#) of the Drive project remains to be the largest evaluation of a perpetrator programme using randomised-controlled design in the UK to date, and found that intervention substantially reduced high-risk behaviours including physical abuse, sexual abuse, harassment and stalking behaviours and jealous and controlling behaviours. Further, this reduction was markedly stronger than a control group. We believe that early intervention and prevention is key to eliminating all forms of VAWDASV, so we believe this strategy would benefit from a focus on ensuring perpetrator programmes are both designed for and accessible to older men.

Further, we wish to feedback on the strategy proposal for a Citizen Voice Body (CVB). We welcome the promise to include people with lived experience at the heart of a whole-system approach to health and social care and we strongly advocate for representative panels that ensure citizens' voices are heard. However, we would like to see firm guarantees from the Welsh Government that such a body will include survivor voices and that those be representative of the diversity of lived experiences of survivors across Wales. Further, more detail is needed on the mechanics of the CVB, with firm guarantees needed that the language used will be meaningful and that they will be community-based and accessible, especially where access needs are intersecting, to ensure that it is truly representative.

Finally, specialist services still feel that some parts of the health and social care sector still do not recognise VAWDASV as a public health issue. Particularly among older people, there is a feeling that it is seen as a private issue between partners or families. Indeed, [recent data](#) from Women's Aid Federation of England found that of over 2,000 UK adults sampled, 4.2% felt that domestic violence was a private matter and a further 8.7% did not know. This shows that Welsh Government communications work needs to continue to highlight that VAWDASV is a public health issue, and it should be universally treated as such.



**Responses to consultations are likely to be made public, on the internet or in a report. If you would prefer your response to remain anonymous, please tick here:**