

Making Safeguarding Personal 2013/14:

Case studies

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Case studies

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Introduction

The Making Safeguarding Personal work for 2013/14 has five components:

Making Safeguarding Personal 2013/14: Guide
Making Safeguarding Personal 2013/14: A summary of findings
Making Safeguarding Personal 2013/14: Report
Making Safeguarding Personal 2013/14: Case Studies
Making Safeguarding Personal 2013/14: Selection of tools used by participating councils

The case studies that follow, illustrate outcome-focused practice in safeguarding adults in line with the Making Safeguarding personal approach. They are from 18 council areas. These have been selected from a large sample of cases.

Each case study is linked to 8 key headings based on the combined key statements from the main findings that are set out in the Making Safeguarding Personal 2013/14: report of the findings. These are presented in the Cross Reference section below. The purpose of this is to highlight which examples best reflect these key statements.

The following case studies encompass a range of examples, yet all have demonstrated the effect of using outcome-focused practice, which has benefited councils and those who receive safeguarding support.

Please note the use of language/terminology in the following case studies reflect that of the councils used in the impact statements submitted.

This case studies document has been collated by Research in Practice for Adults for the MSP programme in 2013/14

Cross reference

1. Vulnerable adults who have felt more **empowered** as a result of their representative being involved from the start. (Key Statement 1)
See case studies: 1, 4 – 6, 10, 12 – 13 & 17
2. Vulnerable adults who have benefited from **participation** in outcome focused safeguarding meetings (Key Statement 3)
See case studies: 1, 2, 4 – 7, 8 & 10 – 17
3. Vulnerable adults who have benefited from simplified **information guides**. (Key Statement 4)
See tools
4. Councils who have **reviewed outcomes** to support greater clarity in ending safeguarding support. (Key Statement 6)
See case studies: 2, 4, 6, 8, 9, 11 – 14 & 17
5. Councils that have involved the person and or their representative from the start of safeguarding to increase **involvement** of advocates, IMCAs and significant others. (Key Statement 9)
See case studies: 5, 9 – 11, 13 & 17
6. Councils that have reflected upon the importance of **sound practice** in applying MCA DoLS in safeguarding. (Key Statement 10)
See case studies: 1, 2, 3, 8 & 14
7. Councils that have developed **staff competencies** in assessment & management of risk and person-centred safeguarding. (Key Statement 11)
See case studies: 1, 2, 3, 4 – 6 & 9
8. Councils that have developed **staff competencies** underpinned by a good evidence base, and a working understanding of the legal framework. (Key Statement 14)
See case studies: 2, 12 & 16

Case studies

Case Study 1: Slough Borough Council

This is a case study about a woman with a moderate learning disability (living in a shared house with minimal support). She was experiencing difficulties in her relationship with her boyfriend, and had a history of experiencing sexual abuse and tolerance of violence. Her initial desired outcomes were not realistic. However, through discussions with practitioners, she felt empowered to develop them into more realistic wishes in a way that she could understand.

Susi is a female age 55 who lives in a supported living shared house with minimal support (11 hours per week). Susi has a moderate learning disability. She has good practical skills that enable a high level of independency. Susi has a wide range of coping strategies developed over the years and is able to communicate verbally.

Susi has been married twice (widowed and divorced). Susi has one child who is in permanent care, with no contact. Susi grew up within a dysfunctional family; historic concerns of grooming and sexual abuse from older males within the family have led to an acceptance by Susi of unwanted sexual relationships and tolerance of violence. Susi has family living locally but were unable to be considered a protective factor.

There have been previous safeguarding referrals alleging sexual abuse against Susi by her boyfriend, which had been reported, but no Police action was taken as Susi wanted to remain with her boyfriend. Initially her boyfriend was included in the current safeguarding process.

The outcomes Susi wanted to achieve were at the centre of the safeguarding process. It was decided that Susi has capacity to decide about her relationship with her boyfriend. The initial outcomes Susi wanted were:

- boyfriend to practise safe sex
- boyfriend to treat her differently
- police/ social worker to change boyfriend's behaviour.

During the safeguarding process Susi began to realise that her initial outcomes were not achievable. She was supported with this by intensive work from the participating safeguarding agencies. Susi attending the safeguarding meetings enabling her to express to all professionals what she wanted and dismiss the suggested outcomes being made by the professionals.

Susi adapted the outcomes she originally desired during the safeguarding process by recognising the limitations of the agencies involved and what was necessary to enable her to feel safe and minimise risk.

A number of agencies were involved in the process with Susi, including, Social Work, Community Nurse, Sexual Health Clinic, Police, Support agency, Psychology, Legal and Speech and Language Therapy.

Professionals working with Susi identified the following outcomes:

- Prevent Susi from having sexual relationship with boyfriend until he underwent treatment for STI.
- Ensure she and her boyfriend practised safe sex.
- Prevent Susi from accessing the community without being accompanied by staff.
- Place Susi in residential care to protect her.

During the process, the safeguarding meetings were divided into two parts, with Susi attending the second part of the meeting, this proved to be very positive.

In the first part of the safeguarding meetings, professionals were able to openly discuss the case and the legal representative could give a view of what was and what was not possible. Including Susi in this would have been difficult because of the sensitive nature of the discussions, potentially intimidating Susi due to her limited understanding and ability to follow topics and language of discussions. Information from the police with regard to her boyfriend, Susi's family and the social clubs she attended could not be shared with Susi as this could have jeopardised potential criminal proceedings.

Limiting the number of professionals who attended the second part of the meeting with Susi provided a group that Susi was comfortable with and discussions could be on a level that she could comprehend. Arranging meetings when all agencies could be present, rather than sending a report, assisted discussions and understanding and holding meetings in a venue Susi was familiar with and not a business environment was positive experience for her and less threatening.

A legal presence ensured other agencies appreciated the limitations of actions that were enforceable and Susi's rights within the law.

Susi identifying her outcomes meant engagement and recognition that she and her boyfriend had a responsibility for their own safety. Positive risk assessments were a useful tool especially to share with other professionals.

Intensive 1-2-1 work with Susi by social and health care professionals made it possible for her to recognise the risk and how her and her boyfriend's actions increased the risk. Continued work with Susi made it possible for her outcomes to be identified and represented in subsequent meetings when the outcomes changed during the safeguarding process and prevented professionals' outcomes becoming the priority.

Meetings centred on Susi's outcomes and her involvement made it possible to action a long-term solution rather than professionals agreeing a solution to the immediate risk only.

During the process Susi made it clear that she realised that her boyfriend's behaviour towards her would not change and she expressed a desire to leave her boyfriend and locate somewhere else in the town to start afresh. This was facilitated.

Case Study 2: Halton Borough Council

This case study is about an adult with a mental health diagnosis who had been financially abused by a friend. The friend was in prison but due to be released and the adult felt at risk due to this. Outcomes were discussed with the agencies and family members involved. As a result, he felt he had achieved his desired outcomes and knew whom to contact when he felt he was at risk.

A safeguarding alert was raised regarding Mr B, a 47-year-old male who had a history of low mood and of experiencing panic attacks. Adult social care, housing and police knew Mr B due to on-going input/concerns raised regarding people that he associated with, management of tenancy and concerns in relation to mismanagement of medication putting his condition of diabetes at risk.

It was claimed that a 'friend' who was currently in prison but soon to be released who had financially exploited Mr B. This friend had resided at Mr B's property prior to being imprisoned. Mr B was quite happy to discuss the situation, but would not commit to any safeguarding measures being put in place. He informed the social worker that he did not want to be perceived as a "grass" by the local community, although he admitted that he was scared of the prospect of his 'friend' being released and coming back to his house.

Mr B referred to his friend as someone who was very nice "as long as they got their own way". The friend of Mr B would continually ask him for money but not give the money back. If Mr B denied his friend some money, he would receive a threat towards Mr B or a person close to them. The friend also threatened to make false allegations of abuse by Mr B to his friend's girlfriend, whom, he said, would confirm this to the police.

Due to his very real fears Mr B was residing at his mother's property however, Mr B's mother voiced her concerns to her own social worker and asked that Mr B moved back to his own property (she was sole carer of Mr B's brother who had complex physical and learning disabilities).

Further background checks highlighted the serious risk of further exploitation; Mr B's 'friend' had previously been subject to Multi Agency Public Protection Arrangements and Multi Agency Risk Assessment Conference. He had a history of violent behaviour, convictions for Assault Occasional Actual Bodily Harm along with offences for harassment.

Despite follow up visits Mr B continued to refuse to allow police involvement although he was happy for the social worker to share his concerns with them. The social worker was unsure whether Mr B had capacity to fully assess the risks and there was reference to Mr B having a learning disability although the social worker could not find any evidence to corroborate this; for these reasons the social worker felt that further assessment was needed. Mr B's capacity was clarified and he was found to have full capacity regarding the issues of concern. In addition he was assessed as having learning difficulties as opposed to a learning disability.

When the social worker discussed with Mr B what was working/not working he responded that he wanted to return to his own property and feel safe. The imminent release of Mr B's friend was uppermost in his mind and he did not envisage this happening in the future.

As Mr B was unwilling to allow active police involvement and as such, was choosing to remain

in a harmful situation the traditional approach may have required the social worker to accept that nothing further could be done and to close the case. However despite the fact that the risks could not be managed through the provision of care services, or by removing the person from harm, the decision was made to hold a 'network type' meeting.

The meeting was attended by partner agencies including representation from Mr B's advocate, the police, adult social care, housing services and learning disability services. All partners were willing to forego traditional safety measures and were prepared to take extra steps/actions to provide safe contingency measure whilst trying to balance them with Mr B's wishes. However as a result of information from one of the partner agencies the police were able to look at another line of enquiry that did not involve Mr B. The discussions and actions of the meeting were fed back to Mr B and as a result of him not being the sole person disclosing abuse and hence in his eyes not being perceived as a 'grass', he agreed to make a statement to the police with support.

As a result Mr B's friend received a further custodial sentence and was not released from prison. Mr B returned to his own property and Mr B's social work team agreed to make follow up contact once he had had time to resettle in his property.

When contact was made by a different social worker it was first thought that Mr B may be guarded or refuse to engage as his previous presentation was one of mistrust if unfamiliar to him. The response was quite the reverse with Mr B extremely happy to engage and inform how his life was beginning to change.

He informed the social worker that he was beginning to feel safer in his own home, he was receiving victim support and as a result he felt better able to protect himself, stating that he would contact the police in future if he needed and that he knew how to access this support. When asked he expressed that he had felt very involved in the safeguarding process and that he was happy living in his own home.

In addition the following additional safety measures are in place to protect Mr B:

- A critical watch flag marker was placed on Mr B's address by the police.
- Mr B has been informed that when perpetrator is released from prison that this will be with strict restriction in place. Under no circumstances is perpetrator to enter the area or have contact by any means with Mr B.
- Community Alarm now in place to contact support in an emergency.

The process highlighted in this case study enabled Mr B to make decisions and feel empowered despite the risks that this posed and has also helped Mr B to increase his confidence, self-esteem and, self-belief; it has also supported him them to lead a more independent life where he feels in control and safer.

Case Study 3: West Sussex County Council

This is a case study about an older man who experiences financial abuse from a relative who tried to divert the attention of the caseworker. This case shows the importance of ensuring the person's opinions are heard and their best interest is looked after.

A and his sister lived together until his sister's death 9 months ago. They were both elderly and frail, having multiple health conditions and poor mobility, and they each received a care package to assist with personal care and daily living tasks. After his sister's death A's package was increased slightly to additionally receive meals on wheels each day, plus visits from community nurses when necessary to dress sores on A's legs and feet. A spends most of the day and night in a chair in the lounge but is able to mobilise short distances with a frame to access the bathroom. A has poor hearing, but if spoken to slowly and clearly, he is able to understand what is being discussed and has the capacity to make his own decisions.

A's only relatives are two nephews, one living in 60 miles away and one living out of the UK. A rarely sees them and is unable to hear the telephone, but they visit when they can and appeared to want to support A.

A neighbour, S, visited regularly and often provided assistance with shopping and domestic tasks but one of the nephews expressed concern that S was being paid for more than they were doing. When A told a carer that money had been withdrawn from bank account without A's knowledge or consent, a safeguarding alert was raised. A social worker visited A with a representative from the care agency, and his nephew was present when we arrived. The nephew (living in the UK) accused S of taking the money.

The police were informed but the investigation was soon closed as there was no clear evidence of who was responsible for taking the money and A had been giving his card and PIN number to people when needing cash withdrawn. A also asked for no police action to be taken as A did not believe S was responsible and did not want to lose the only friend he had.

A was advised not to give his bank card and PIN number to anyone and the agency that provided personal care took over responsibility for doing shopping and domestic tasks, with A's consent. As A was unable to leave the house, his nephew arranged to visit about once a month to withdraw cash. A had already arranged with the bank for the nephew to have third party authority to make transactions on the account and the nephew would take A's bank card to the bank and return it to A with the cash he had withdrawn, as A was now insistent to hold on to bank card.

All seemed well for a short period but further concern was raised by agency carers when another bank statement showed large cash withdrawals that A knew nothing about, and the account was again left overdrawn to the maximum allowed, leaving A with no money for regular needs and expenses.

As A has capacity and it was not known who had been taking the money, A was visited alone at home to discuss what he would like to happen. The social work team spent some time talking about the previous concerns raised and the fact A had not wanted anything done at that stage. The discussion included the impact the withdrawals were having on A's everyday life and the need to prevent the situation from continuing and what needed to change.

A stated that the thefts needed to be stopped and A now wanted action taken against whoever was responsible. A wanted to know who was doing this but consistently said it wasn't S or his nephews.

Numerous visits were made to A, always at home and on each occasion we discussed A's desired outcomes and whether A's wishes had changed. Even when the information being gathered suggested one of the nephew's may be responsible, A continued to want to know who was responsible, A wanted them prevented from taking any more of money and wanted action taken for the theft that had taken place.

The bank manager was very helpful and acted very quickly to investigate what transactions had been made and where, He identified that withdrawals had mostly been made in the same postcode as the nephew lived. A signed forms to revoke the third party authority and the bankcard was cancelled. It was believed the nephew held an active card and had given his uncle an old cancelled card (previously thought to have been lost) knowing that his uncle would not be able to get to the bank himself.

A new card and cheque book was issued and a bank worker visited A to provide cash initially while the new card and cheque book were being issued and to explain how to make a cheque payable to cash and a specified person (carer) who could then go into the bank with identification to make a withdrawal on A's behalf.

The nephew's insistence that the neighbour was responsible at the beginning now appears to have been a diversionary tactic. His presence at the initial meeting with A and an agency worker may have been unhelpful and his forceful manner encouraged a course of action which was to his benefit not his uncle's.

The bank are unable to repay the money or take any action against the nephew as A gave him third party authority to make transactions on A's behalf. However, taking money without A's knowledge or consent is a criminal offence and the Police could take action for fraud and deception.

At the time of writing, the Safeguarding process is not yet concluded but A has expressed gratitude that the theft has been stopped and that the bank and all visiting professionals continue to monitor the situation and prevent this from happening again. The bank should be given credit for the speed with which they acted and their advice and co-operation in this matter, which was excellent.

A's friendship with S has resumed but A was upset that S was suspected of stealing the money and could have lost the friendship due to this.

A still does not believe the nephew could be responsible and the Police investigation to determine this is only beginning, but the nephew appears to have avoided responding to all attempts to contact him and has made no enquiry as to why the third party authority has been revoked at the bank, which we would expect him to have discovered some weeks ago.

Case Study 4: Rochdale Metropolitan Borough Council

This is a case study about a safeguarding alert raised regarding neglect and institutional abuse by a care home. Mr A was supported through the process to make his own choices with the support of his wife to get the best outcomes for them both (avoiding placements into different homes). This example also shows the services and reviews that were put in place to ensure this doesn't happen to others.

Mr A had been placed in a rehabilitation bed at a local care home after being discharged from a hospital ward. During this period of placement safeguarding concerns were made in relation to alleged neglect & institutional abuse towards Mr A by the care home. A safeguarding alert was created and allocation to investigate was actioned.

After gathering relevant information from the care home manager and looking through the care file and talking with the alerter of the alleged abuse, a visit was arranged to Mr A and his partner, who was also the advocate for Mr A. Mr A was supported by his partner due to Mr A being hard of hearing and the partner being the best person to relate information to him.

In relation to outcomes, Mr A had been discharged from the care home and was now residing in their home which had minimised the potential risk and therefore alleviated any concerns around the protection plan.

The approaches used during this case were person centred, task centred (in relation to outcomes), crisis intervention (minimising risk/protection plan) and a systems approach (the safeguarding procedures).

Mr A and partner were unaware of the safeguarding concerns and wanted a better understanding of the process. This was explained to them. Mr A and partner were clear that Mr A did not or would not go into a care home again, as this had further deteriorated their functioning and therefore their independence, which is very important to them.

Mr A and partner also wanted feedback on the safeguarding investigation once it had been concluded. Mr A's partner also wanted support as a carer.

The outcomes were reviewed once the safeguarding investigation had concluded. The safeguarding investigation had been completed once the final risk assessment, protection plan, gathering all information and summarising the case investigated had been achieved, prior to a decision being made whether to go for a case conference, closure or any other outcome.

Mr A and his partner were contacted to discuss how they were at this time and to explain the conclusion to the investigation as had been arranged during the first visit with them and allowing for further discussions as to how they have perceived the investigation and if there were any questions they would like to discuss over the process.

In this case both Mr A and his partner were satisfied that the safeguarding investigation had found no evidence to substantiate any alleged abuse against the care home. This was important to both Mr A and his partner as they explained that the care home had been very good and caring while Mr A resided there to the point where the staff had done too much to support Mr A at that time.

One outcome identified was from the partner/main carer of Mr A and therefore further discussion was had around referring for carers support for information, advice and guidance. A referral was offered to the partner of Mr A in relation to their caring role.

Another desired outcome was in relation to the care home doing too much for Mr A while residing there, which had impacted negatively on their independence.

Letters were sent to the appropriate services in charge of placing people in care homes for rehabilitation and explained Mr A's experience during this time and how this had frustrated and upset them, which in turn had upset the people close to Mr A.

The care home and other professionals have also been involved in working towards these outcomes, not only for Mr A but for other temporary residents as well, now and in the future.

A desired outcome form has been developed from this process and our administration has uploaded the forms onto the secure system. All outcome forms have been collated to achieve a better understanding of the desired outcome process and to inform professional practice individually and with in the safeguarding team.

Case Study 5: London Borough of Sutton

This is a case study about a person who was experiencing financial abuse. The council took a person led approach instead of restricting independent access to money. As a result, the person at risk felt empowered through the process.

A safeguarding alert had been raised concerning the vulnerable adult to do with someone he knew stealing his bankcard. A safeguarding meeting was arranged with the person at risk attending.

The vulnerable adult was able to express what he wanted to happen and also hear first-hand how decisions were reached. He had an appointee at the council and also his individual bank account.

It would have been easy for social services to take a restrictive viewpoint about his vulnerability and arrange for all his money to be deposited with the appointee, meaning he would have to come into the office to collect his money.

However, at the meeting, after hearing the vulnerable adult's point of view, including how he handled the situation and what measures he took to keep himself safe, the decision was made for him to be able to continue to hold the bank account. The person at risk had taken appropriate steps to keep himself safe by calling the police and calling the bank to cancel his card.

In this instance, the person at risk was able to express that he wanted to remain empowered and as a result, he now feels safe and has appropriate support in place.

This project has highlighted problems caused by not making safeguarding personal and the benefits of moving away from a process focused quasi-legalistic approach.

Engagement and involvement of the vulnerable adult has been shown to be possible and to bring the following benefits (illustrated by a quotation from a social worker or team manager):

- Improved effectiveness: "Having the vulnerable adult present is more effective because the decisions are made with the clients at the safeguarding and the individual is able to supply the information."
- Improved efficiency: "Able to seek clarity from the person affected. This had an impact on the process as their voices are heard directly as opposed to through a third party. There is great value in having the person at risk involved with the process rather than just conversations between professionals. Issues of communication back to the person at risk and if attending, they are able to hear information directly".
- Empowerment: "A positive experience for the vulnerable adult as at the onset they are focusing on the outcomes they wanted from the safeguarding process.
- The transformation of relationships: "As an individual is involved in decisions, paternalism is decreased".

Case Study 6: Bracknell Forest Council

This is a case study about a woman who lives alone with some sight loss and needs support in the home. She had experienced issues with a neighbour asking for money, which she didn't feel she could refuse. Through discussing her desired outcomes, she was empowered to discuss the issue with her neighbour.

Joyce is a 55-year-old woman who lives alone. Joyce has sight loss and requires some support with tasks around the house. Joyce had been experiencing issues with her neighbour, who had been asking her to lend him money.

Joyce reported this to her social care practitioner, and indicated that this had been happening for several years, and that she doesn't feel she can say no to him. However, Joyce said she didn't want 'anything to be done' as he was 'very kind' and visits her 2-3 times a week and didn't want him to stop visiting her.

Following a discussion between the practitioner, the designated safeguarding manager and Joyce, the following was agreed:

- The practitioner and Joyce would talk through her options i.e. informing the police, talking with her neighbour and explaining that she couldn't lend him money or the practitioner talking to the neighbour on Joyce's behalf.
- The Council would take no action on this without Joyce's permission unless either of the following applied:
 - The neighbour posed a threat to others.
 - It was in the public interest.

Following further discussion between the practitioner and Joyce, Joyce said that she would like to speak with her neighbour on her own, but she wasn't sure how to start the conversation. Therefore the practitioner provided Joyce with some coaching about how she might start the conversation and what she wanted to get out of it.

Joyce then felt able to talk with her neighbour about the issues. Whilst the neighbour was initially defensive, saying that he would never pressurise her to give him money, after a day or so he reflected on what Joyce had said to him and he visited her again to apologise for putting Joyce in the position where she didn't feel she could say no to his request.

Following on from this Joyce talk to him about her experience of sight loss and why this had affected her confidence and self-esteem. Although Joyce reports that her relationship with her neighbour is 'a bit fragile' since she talked to him he is still visiting her and hasn't asked her for money since she spoke with him.

When a member of the safeguarding team meet with Joyce to talk with her about her experience and view of the safeguarding practice, she said that she felt she was listened too and that we wouldn't do anything unless she said we could. However she had felt anxious about meeting the practitioner and the designated safeguarding manager.

Case Study 7: Gateshead Council

This case study is about an older man with physical disabilities who was at risk of domestic abuse in his own home. After admission to hospital a safeguarding alert was raised. Following discussion on the outcomes he desired, a best interest assessment, a risk assessment and negotiation of outcomes, he moved into a nursing home.

Mr A is a 79 year old man who lived in a privately owned house with his wife and his son, B. He also has a daughter, C, who lives nearby. Mr A has a past medical history of Chronic Obstructive Pulmonary Disease, Type 2 Diabetes and Parkinsonism. His wife has acted as main carer for her husband for several years, frequently asking for support then declining services following assessment. It was apparent that her mental health was not good.

The home environment can be volatile, son B drinks to excess, allegedly one to two bottles of whisky a day, and there are frequent arguments within the home, often leading to Mrs A calling police and alleging assault or abusive behaviour by her son.

Mr A was admitted to hospital following a fall/collapse at home; on admission he was found to have been drinking alcohol. It was alleged that his son may have assaulted him, the police investigated this and safeguarding procedures were implemented. Following admission to hospital Mr A had a dense stroke.

Mr A's social worker discussed the outcomes that Mr A would like to achieve from the safeguarding investigation; this was done while Mr A was still in hospital prior to planning for discharge. Mr A had expressive and receptive dysphasia and cognitive impairment as a consequence of the stroke therefore the social worker requested input from the neuropsychologist, and speech and language therapist in order to establish the best form of communication with Mr A. It was established that Mr A lacked capacity around major decision making such as accommodation and finances; following this an advocate was instructed to support with best interest decisions.

Mr A wanted to maintain his relationship with his wife and daughter but not his son. He wanted to be in a safe and supportive environment where his care needs could be adequately met. As a result of a best interest assessment, and assessment of all of the risks, the outcomes were negotiated and Mr A was admitted to a nursing care home.

Mr A does have capacity in relation to deciding who he wants to have contact with therefore this is continually reviewed in regard to contact with his son. Mr A is also consulted about his feeling of being safe within the care home environment at regular intervals.

Challenges were faced in relation to Mr A's desired outcomes, which differed from his wife's preferred outcomes. Mrs A wanted to continue to care for her husband at home but this would have put Mr A at significant risk as his wife had no insight into Mr A's needs. During her visits with Mr A she would often present with some challenging behaviour associated with her mental health condition which caused difficulties for care staff to manage and keep Mr A safe from further harm.

However, it was possible to facilitate their wish to maintain as much contact as possible whilst continuing to consider any risks inherent in this to Mr A.

Case Study 8: Swindon Borough Council

This is a case study about a vulnerable adult who was in hospital when the safeguarding alert was first raised and when there were initial doubts about her capacity to discuss the concerns and make the relevant decisions. The practitioner revisited the person when she had regained capacity to ascertain her wishes. The outcomes she wanted were discussed and she was supported to pursue those outcomes.

Mrs T is a retired teacher who has from time to time experienced poor mental health. She has been suffering with extreme depression and has been an inpatient within a local mental health unit.

She has no immediate family but recently as she has been unwell, some extended family members have been visiting her. They have heard that she has made a will and the main beneficiary is a younger person who has been living in the same property for a number of years paying a nominal, small rent. The family members are also concerned about the “state of the house”. They raise a safeguarding alert citing financial/material abuse and neglect at the hands of the “lodger” (although there is no indication that this person has caring responsibilities).

The investigating officer (IO) and investigating manager (IM) visited Mrs T on the ward and although some discussion took place, there was some lack of clarity and concerns that Mrs T did not have capacity. She understood that there was a lodger in the house and could name him, but could not discuss the financial matters in any great detail. She also agreed for the IO to visit the house to consider if there would be any need for assistance once she was discharged home. She was not able to discuss her Will or talk about the relationship between her and the lodger (this was not pursued at any stage as Mrs T is a very private person and it was considered inappropriate to explore this any further (although if the relationship was closer than simply “lodger/landlady” it would account for what was considered to be generous financial arrangements)).

The IM felt that she could not conclude one way or the other whether anything untoward was taking place or even if there was anything to indicate a need for any type of investigation. The IM approached the adult safeguarding manager to get an agreement that in the interests of making safeguarding personal, the timescales laid down within the policy and procedures for safeguarding adults can be relaxed to allow time for Mrs T to recover and regain her mental capacity (which was anticipated to return once she made a recovery).

A visit to the house by the care coordinator took place, and no concerns regarding neglect were noted. The house was adequately tidy, may be a little dusty but not unsanitary or unsafe.

After two or three weeks, a conversation was held with Mrs T where she was able to discuss in detail, the arrangements she had with the “lodger” and her views about her recent contact with extended family members. Mrs T was able to talk fondly of the lodger and felt the contribution he made to the household budget was adequate and that he was good company. He also was very helpful to her with shopping, taking her out and carried out minor repairs to the property when necessary.

The safeguarding adults process was explained to her, as a result of this, she did not want any further action taken with this regard. However she was supported with regards to speaking to her family members who were also informed of the outcome of their alerts. They accepted this and the case was closed.

Case Study 9: London Borough of Croydon Council

This is a case study about a young woman with learning disabilities in supported living. She is emotionally abused by her older brother. She was left more confident as a result of the safeguarding process despite being unable to meet her desired outcomes.

The learning disability team received a referral from a care provider with concerns that one of their vulnerable adults was being emotionally abused by an older brother who has supported her for several years since the death of both parents. The vulnerable adult currently lives in supported living accommodation and is being supported by the care provider to live more independently with regard to her wishes and feelings, and have more control over her finances. She echoed the view that the relationship with her brother was breaking down and wished to resolve the issues she felt were a barrier to her and her brother communicating positively and effectively.

Following the strategy meeting, contact was made with the vulnerable adult over the phone in order to get her wishes and feelings in regard to the referral and ensured that she had given consent for the referral to be progressed as it came from the care provider. She was invited to come into the office to discuss her desired outcomes. It was important to express to her that although she wanted a positive conclusion, it may not have been possible in this instance.

This young woman had been through the safeguarding process before with similar issues about her brother and accepted that the previous outcomes could not be reached due to his lack of engagement and criticisms of the process. She was hoping to engage her brother in the safeguarding process this time round. She wanted to look at her brother's reluctance to accept that he had to some degree caused, and was still causing her emotional distress. She wanted to look more positively to the future to ensure that their relationship became less controlling. She wanted to make her own decisions without fear of emotional abuse from her brother. She brought with her to the meeting over forty questions that she wanted to ask her brother as part of the outcome. It was advised that not all her questions could be answered at the case conference due to time constraints, however we could look at the possibility of her having another less formal meeting with her brother, her advocate and the care provider present to look at the issues in more depth.

The vulnerable adult worked with her care provider and advocate to draft some questions to ask her brother which she wanted to use in the process of the case conference. She had a long history of negative communication with him and felt as though the questions she had always wanted to ask had never been addressed. She was hoping that her brother would provide her with all the answers to all her questions about her life. The main objective from this meeting would give her the opportunity to keep a personal record of responses and a 'social story', which she could refer back to when she could not remember what had been said.

This young woman wanted to achieve more independence and exert more control over her finances and decisions in regard to her work plans, social life, and other relationships. She wanted to do this without negative criticism from her brother and hoped to engage better with him in the future. She wanted answers in regard to some personal questions she had about when she was younger and the impact it had on her and the whole family.

The outcomes were reviewed following the case conference at approximately four weeks with a meeting involving the vulnerable adult and her brother, the care provider and the advocate. She

was able to discuss her desired outcomes more fully with her brother in this less formal setting (the meeting was held at the young woman's home).

Following this meeting, a decision was made to have a review led by the Chair approximately four weeks later so as to not let the case drift. Some of her desired outcomes had to change as her brother was determined to make things difficult, as he could not accept that this young woman had raised concerns against him in the first place.

Unfortunately in this instance the outcomes for this young woman were not fully achieved due to her brother refusing to accept the substantiated allegation of emotional abuse. She has made some progress in regard to feeling more confident about making decisions and making attempts to take control of her finances with support from the care provider.

The brother was unhappy with the referral and the outcome, and although he initially agreed to work with her care provider and advocate, the relationship between the two of them appeared to have suffered due to the brother feeling that the safeguarding process was unfair towards him.

This case was particularly difficult with much time spent mediating between the young woman and her brother, both with strong views in regards to what they wanted as the outcome.

It was good for the young woman to have the opportunity to meet with her brother again to discuss her concerns about the safeguarding referral. She expressed that although all the outcomes were not positive for her, she was glad for the support given from all professionals involved. She feels more confident in being able to express her feelings and wishes for more independence. She is in the process of continuing this work with the advocate and her brother, with a view to the brother agreeing to sign over responsibility for her finances to herself and to be supported with her finances by her care provider.

Case Study 10: Nottinghamshire County Council

This is a case study about an older man who has dementia. He receives a private care package and reports that he had money stolen from his room. This case study was a good example of the dichotomy that can exist in safeguarding assessments between outcomes identified by the person at risk and those identified as organisational outcomes.

Mr P is a 79 year old man who lives alone. He has the early signs of dementia and is supported by a private care package of five calls a day provided by X home care agency. Over a period of 4 days, Mr P reported that £350 had been stolen from his bedroom.

There were no identified suspects and there was no sign of forced entry. There were potentially twenty-seven different people with lawful access to Mr P's home during the dates given. These include carers, a cleaner, a gardener and the District Nurse. It appeared that a permitted guest had taken the money from Mr P's home.

To provide some context to this case, three months previously Mr P had also been a victim of a fraud when someone had used his bankcard details to spend £1600. This was reimbursed by his bank.

The police were able to establish that Mr P's son accesses cash from his father's account by cashing in a cheque and making this available to Mr P. Mr P has approximately £500 in cash on alternate weeks, giving him access to cash at home. He uses this to pay the cleaner (who also purchases groceries for him) an amount of money two to three times a week and the gardener once a week. Mr P will use the rest of the money for his newspapers, lottery and other essentials. Mr P tended to keep the money in a dresser drawer in his bedroom, which can potentially be accessed by any individual who has access to the room. There is no lock and the money is often on view if the drawer is left open.

An interview was undertaken with Mr P at his home and he was well supported by his son and grandson. There was some discussion about investigating the incident as a crime in order to prevent further possible incidents and other potential victims. It was difficult to get Mr P to express his views in order to record his outcomes as he wanted to forget about the incident and was resistant to discussing it fully. Mr P wanted to forget about the whole incident because he stated he felt it was his own fault for not securing his money.

However, as the discussion continued he was able to identify an outcome he wanted which was to make sure his money was secure and safe in the future. In order to achieve this outcome he was keeping money in the house to a minimum and had arranged for his son to pay bills directly to the cleaner, gardener etc. This was what he wanted to happen in order to meet his outcome.

Mr P's family were also able to offer him practical help. They purchased a clock monitor sensor on his behalf. This will sit on Mr P's dresser draw and the sensor will react to any movement, which will trigger the camera to start recording. Mr P stated he was happy with the carers from X home care agency on the whole and had a good relationship with them.

Finding an alternative care agency was discussed, as was Mr P employing a personal assistant and this was something he and his family may consider in the future. Mr P is amenable to the police continuing with their investigations, which they continue to do including liaison with X home care agency.

Thus despite Mr P's initial reluctance to engage with the investigation and the concept of 'outcomes' he was able to identify what he wanted from the safeguarding process and was enabled to meet this outcome with practical measures supported by his family.

This case study was a good example of the dichotomy that can exist in safeguarding assessments between outcomes identified by the person at risk and those identified as organisational outcomes.

The vulnerable adult is rightly focussed on more 'personal' outcomes. However whilst agencies such as Adult Social Care and Health are also committed to these 'personal' outcomes they, together with agencies like the police, are also focussed on broader issues. These can include actions such as establishing evidence to support prosecution and wanting to identify perpetrators to prevent future abuse of other adults at risk. Sometimes then these two types of outcomes can be mutually inclusive however at other times they can be diametrically opposed.

Case Study 11: London Borough of Redbridge

This is a case study about a man with motor neurone disease who raised a safeguarding referral in respect of his NHS care package. He was supported by his sister and professionals to develop his desired outcomes. The systems developed as a result had a positive impact on his continuing care, which enabled them to achieve his desired outcomes.

Mr X who is suffering from Advanced Motor Neurone Disease raised a safeguarding referral against an NHS organisation for psychological/emotional abuse and neglect.

The local authority had implemented a care package and had applied for continuing health care funding, which had been delayed for months. Mr X felt the delay was unacceptable and had meant that the right level of care from appropriate professionals had not been provided, thus making him feel stressed about his circumstances.

At the beginning of the process Mr X was supported by his sister, a social worker and an occupational therapist to establish his views with difficulty due to his impaired communication. The two professionals had built up a good working relationship with Mr X and his sister and they were able to interpret his body language i.e. nodding, shaking his head and saying words with difficulty. All parties agreed that he is able to understand everything but had difficulty speaking and adequate patience is required to allow him time to express himself.

The following desired outcomes were established:

- Mr X was clear that he wanted the issues that he had raised to go through the safeguarding process.
- He wanted an investigation to establish why the funding had been delayed, which had affected his care and which he felt had made his condition deteriorate further.
- Mr X wanted systems in place that will prevent a delay in providing appropriate health funded care packages.

The safeguarding process was initiated and a full and thorough investigation carried out. Mr X was involved throughout the process, although requested that his sister represent him at meetings. It had been offered that the meetings take place in his home but he declined stating he would rather his sister attend the meetings.

Feedback was provided to him throughout and his wishes established. The occupational therapist was outstanding in how she supported Mr X and at the final meeting; Mr X had his sister read out a note from him to express his gratitude.

Mr X confirmed that the outcomes he wanted at the beginning of the process had been achieved.

Different units of the NHS have all been involved. As a result of this particular case, systems have been implemented that have had a positive impact on how continuing health care applications are now currently being processed in the borough in a timely manner. The agencies involved have been NHS and the local authority.

During this case, the following things were identified that worked well:

- A clear understanding of the local authority role and being consistent in the approach to the safeguarding procedures.
- Mr X's engagement in the process and the support provided by his sister whom he had chosen to represent him. Mr X was very determined that things needed to change in order for others not to go through the experience he had.
- The occupational therapist was outstanding advocating on behalf of Mr X.

The following challenges were also identified; the lack of understanding of safeguarding adults procedures and including the application of the Mental Capacity Act in practice by the NHS staff in this particular case, which caused some tension in the working relationship at times.

Case Study 12: Redbridge Council

This case study is about a man with learning disabilities and speech impairment. A safeguarding alert was raised because his family were struggling to get in contact with him. When his family visited, they found that his home had been used by drug users and offenders who had stolen from him. At first he was reluctant to engage with the social worker but by working with the police to make him feel safer, they managed to achieve his desired outcomes.

Mr X is a 52 year old man with a learning disability. Four years ago he had a stroke, which resulted in left side weakness and left him with a speech impairment. He uses mobility aids both indoors and outside.

Mr X was supported by his mother who died in 2013. She left a three bedroom house and a substantial amount of money for Mr X and his brothers. The safeguarding concerns were raised by his brothers who reported that they were experiencing difficulties contacting him, and when they visited they found that his home had been used by local drug users and offenders to store stolen goods and deal in illegal substances. They found that these individuals had taken many of Mr X's personal items and that the phone had been disconnected due to unpaid bills.

Mr X was reporting to his brothers that he had invited these individuals into his home believing that they were his friends, but of late, he was feeling threatened by their presence, and reported that they had used threats against him as a means of extorting money from him. He was worried about his safety and how he was going to get himself out of his situation.

Mr X was screened into the Making Safeguarding Personal pilot, where he was allocated to one of the social workers involved. She visited Mr X in his home with one of his brothers present to talk through the safeguarding process and to establish his three wishes/outcomes.

Mr X was reluctant to engage with the social worker initially, reporting that he was concerned that by doing so, the individuals involved might retaliate placing him at increased risk of harm. The social worker was able to reassure him that they would work with him, which meant that the service would not do anything without his consent; she also explained to him the concerns that others had about his welfare and the reasons why they felt that something needed to happen with regards to his situation. She encouraged him to speak openly about his concerns and supported him in exploring his anxieties and deciding what he wanted to happen next.

Mr X agreed he wanted to progress the investigation and together with the social worker they were able to establish the following three wishes:

- I want to be in control of what happens to help me and when and how it happens.
- I would like to stay in my own home.
- I would like to stay in control of my own finances.

A strategy meeting was held and an action plan was agreed, based around the outcomes that Mr X identified. Joint work was done alongside the police to address the criminal elements of the information disclosed. Because of threats of reprisals against Mr X, the police implemented special measures including regular monitoring of the house and Mr X by community police officers (three visits per week), and increased patrols in the area to increase police visibility. They also provided him with a panic alarm and other equipment designed to ensure his safety and

the safety of his property. Whilst the investigation progressed Mr X's brothers continued to offer increased support and visited or contacted him by telephone. These measures enabled Mr X to remain in his own home, which he had identified as important to him.

While these things were in place the police continued with their investigation. The social worker met with Mr X regularly, and once the security measures were implemented she spoke with him again about his three expressed wishes/outcomes. Mr X reported that he was happy with the measure that had been taken to keep him safe to date, and reported that although he had initially reported that he wanted to stay in his home, he no longer wanted this. It was the view of the social worker involved that providing Mr X with an opportunity to revise and review his outcomes enabled Mr X to revisit what he had initially felt was important to him.

It was agreed that the social worker would work with him to move him to extra care housing. In terms of this decision the social worker used a person centred approach to explore with Mr X what was important to him in relation to any move, and it was established that he wanted a number of things, most importantly he wanted to stay close to his brothers and the area in which he grew up.

The social worker asked if Mr X wanted to move immediately and he reported that he did not. Mr X felt that he continued to be in control of what was happening and that he was in control of his finances as the individuals involved no longer had access to him or his property.

The police continued with the security measures that they had implemented, and agreed that these would stay in place up until the time that Mr X moved to extra care housing. The police investigation was concluded and the outcome was fed back to Mr X with the social worker and one of his brother's present.

The safeguarding episode was concluded, with Mr X's consent, and with agreement that this would not conclude the involvement of the social worker to continue to pursue his wish to move. Mr X subsequently moved as a priority into extra care housing where he is settling well.

Mr X's feedback from the process was that he was happy with the steps taken to support him and that he felt safe. The social worker reports that she felt that the process of asking Mr X what his wishes were at the beginning and during the safeguarding episode gave her a clear focus on what Mr X wanted, she reported frequently revisiting these herself alongside other professionals involved to help her maintain a person centred approach, throughout the safeguarding process. She also felt that this approach really enabled Mr X to engage with what was happening within the process, by making it personal for him, furthermore he could see that the professionals involved were focused on what he wanted throughout, which reassured him and gave him confidence in the process.

Case Study 13: Solihull Metropolitan Borough Council

This is a case study about a man who experienced physical and financial abuse by his son who has alcohol issues. An advocate was involved throughout the safeguarding process, mainly to talk through his concerns. This intervention resulted in this man receiving the support he required, resulting in some positive outcomes.

Mr W experienced physical and financial abuse by his son who has alcohol issues.

Mr W's experience of the safeguarding adults process was overall positive. He said he was kept informed of what was going on throughout the process, was listened to and was offered a lot of support.

Mr W said a positive outcome from the process was the renewed contact he now has with his daughter that had ceased because of his son's behaviour.

He concluded by stating he felt much safer following the process and now has a good rapport with local neighbourhood police, an identified housing liaison officer, some telecare equipment, and he had received support to take out an injunction to stop his son visiting.

The Advocate's feedback

On receipt of the referral, the advocate contacted Mr W's social worker, who provided some brief details and some health and safety details which the advocate was grateful of. Following this conversation the advocate decided not to meet Mr W at his home address.

The advocate contacted Mr W by phone, who said he was willing to meet with the advocate and agreed a place and time to meet. The advocate explained to Mr W he could bring someone with him if he wanted to but this was declined.

The meeting went well and Mr W was articulate and shared a lot of information. The advocate stated the meeting was lengthy, almost three hours. Whilst she had advised Mr W he did not have to tell her everything Mr W appeared to take this opportunity to share everything (including his life history) and was open with the advocate about how he felt. He said he felt ashamed, he felt he was to blame for his son's behaviour and he felt saddened at the action he has now taken.

The advocate felt at the end of the meeting Mr W was in a positive frame of mind – he thanked the advocate for contacting him and listening. He said it had been good to look back at what had happened and he was particularly glad because he was believed by everyone and now felt a lot safer.

Case Study 14: Waltham Forrest Council

This is a case study about an older man, who lives in his own home with his wife. He has dementia and experienced financial abuse. The evidence from this case presented a number of issues. The Social Worker had to question whose vulnerability they were assessing, whilst dealing with the safeguarding alert and the outcomes sought.

Mr A is a 77 year old married man who lives with his 70 year old wife in a privately rented property.

Prior to his retirement Mr A had worked as a craftsman, with his wife looking after their daughter and keeping house. They had both enjoyed good health until ten years ago, when Mr A developed dementia and Mrs A experienced severe bouts of depression, which on occasions necessitated hospital admissions.

As their health deteriorated, they began to rely more on their daughter. Mr A's abilities deteriorated to the point that he was no longer able to manage his financial affairs, which resulted in Mrs A successfully applying for a Deputyship for his financial affairs via the Court of Protection. Mrs A held two bank accounts, one in her name and the other in joint names, which contained all of her husband's monies and some of her own.

She managed these accounts well via use of a "cash card", and was able to pay bills, ensure adequate foods were available and pay for any sundries. She was reluctant to accept services as she stated that she was able to cope with her husband's needs with the additional support of her daughter, who incidentally also had her own child. There was some concern from the allocated social worker that the reluctance may be due to the possibility of having to pay for the support.

Safeguarding procedures came into effect when Mrs A's allocated mental health worker raised a concern in respect of financial abuse in relation to Mr A. It was understood that Mrs A had required urgent hospital admission due to her mental health. On informal admission, she had provided her daughter with the "cash card" and accompanying PIN number for the joint account.

She had been in hospital for some two weeks whilst her daughter took over the care of her husband, including management of the financial affairs. However, on discharge, and subsequent return of the cash card, she identified that some £3,000 had been taken from the account.

The social worker had advised Mrs A to alert the police, as this was theft, and had further commented that the monies had actually been stolen from Mr A as well. Mrs A refused to do this, stating that she did not want to cause trouble with her daughter, and that she had clearly learnt from the incident. In line with this she identified that she would be contacting the bank to ensure that the PIN number was changed, further explaining that she would not provide this form of financial access if she required hospital admission again. She said that she would either ask somebody else or insist that it was returned after a single use.

The social worker struggled with this response and was initially of the opinion that the police should be involved and that the daughter should be challenged as to the theft.

Further discussion with the safeguarding team assisted in clarifying the importance of capacity in safeguarding proceedings. In this case, whilst it is acknowledged that Mr A does not have capacity to manage his financial affairs, Mrs A is able to undertake this role.

Her understanding of the situation was rational both in her understanding of the consequences of involving the Police, and the subsequent protection plan that she had identified of her own volition.

However, the social worker was able to further establish that the situation had not left her unable to pay bills, etc. There was further discussion with Mrs A to agree that the social worker could raise the issue of the financial incident with her daughter on behalf of Mr A. This seemed a positive intervention, as it alerted the daughter to the fact that the social care team were aware of the issues. The daughter refused to speak with the social worker.

The social work team agreed to ensure that both parties were monitored for any change in support needs. The team also made a referral to the Carers Centre.

The questionnaire completed by Mrs A indicated that she was satisfied with the outcome, although she was reluctant to accept any further support.

The case highlighted a number of factors, including:

- Whose vulnerability are we assessing?
- Issues of duress, and its impact upon capacity.
- “Reasonableness” of understanding and proposed protection plan.
- Understanding of the consequences of intervention/police action.
- The role of the Local Authority.
- The provision of a monitoring check to ensure proposed protection plan is adequate.
- Eventual shared agreement on the protection plan which involved the social worker making contact with the daughter in order to illustrate the involvement of the LA in a monitoring role for both Mr & Mrs A.

Case Study 15: Wolverhampton City Council

This is a case study about an older woman in sheltered accommodation with short-term memory problems experiencing financial abuse. The main challenge in this example is she does not want to do anything to help achieve her outcomes.

An alert was raised with regard to an older woman who lives alone in sheltered accommodation and has short-term memory problems. The alert was raised regarding allegation of financial abuse as a significant amount of money has been stolen.

The person who raised the alert was asked at the very beginning about their desired outcomes and the alerter sat with the adult at risk and talked about expected outcomes.

The social worker met with the adult at risk and family/carer and derived the following outcomes; to stop losing money, to live safely and to have trust.

The outcomes are reviewed during the course of the investigation and at the end of the investigation process, however, at the time of writing, this case is still on-going.

Currently the adult at risk has decided they do not want to make a complaint to the police.

As a result of this case, outcomes are now recorded on electronic safeguarding documentation, however previously views or desired outcomes were not captured.

Currently the adult at risk does not want to pursue the investigation; therefore the challenge is that they will continue to lose money. The social worker is working with the adult at risk to identify alternative ways to safeguard money, as they had previously kept large sums of cash in their flat.

Case Study 16: Royal Borough of Kingston upon Thames

This is a case study about a young man who suffers with mental health issues and Multiple Sclerosis and lives with his mother (main carer). Through using different techniques to discuss the desired outcomes he was able to receive extra care and his carer was provided with respite to avoid relationship breakdown.

A is 27 years old and has Multiple Sclerosis (MS). It affects both his mobility and to a lesser extent, his cognition. He lives with his mother, B, who is his main carer. During a home visit it became apparent that A's mental state is declining; he expressed very low mood and suicidal ideation, his beliefs around his condition appear to be very delusional, his anger and frustration towards his mother seems to have intensified.

His mother was spoken to separately who said that she is so distressed she can no longer cope and was very tearful. She reported that he has become increasingly more challenging and aggressive towards her and other family members over the last couple of weeks. She is becoming more concerned about the two of them being in close quarters and specifically mentioned her discomfort at being in the car with him whilst he is being abusive, adding that she has almost lost control of the wheel on one occasion. There is a high risk in relationship breakdown between A and his mother. His mother is at risk of emotional or physical breakdown due to the stress of trying to manage A's challenging behaviour - but also the stress of issues with the agency over the last two weeks.

A risk identification checklist was completed in which B expressed that she 'felt very vulnerable' she also feels that she is at potential risk of physical abuse from A stating that 'his legs and mind are weak, but his arms are still strong'. She said that he cornered her with his walking frame last week and said 'next time I will use my hands'. B would like to arrange for respite for as soon as possible. She explained that as soon as A's regular carer (C) returns from holiday, the risk will be minimised significantly and B will have her life back.

It was discussed with both A and B that the current situation was extremely concerning and that action needed to be taken to prevent relationship breakdown and ensure that things improved for them rather than worsened.

The safeguarding process was explained and framed it in a way that focused on the potential positive outcomes of finding helpful solutions and strategies to protect them both and improve their health and wellbeing both. The protection plan was discussed along with the fact that this would give us an opportunity to sit down and discuss outcomes they wanted to achieve and how we might go about meeting them.

These discussions were held both the day after the safeguarding alert was raised, separately at first and then together. They were both responsive and agreeable to the investigation progressing to the next stage.

At the time of writing, the safeguarding investigation is still in progress.

B identified her outcomes to be:

- Improving her relationship with her son.
- Having some immediate relief from the current situation in the form of emergency respite.

- To relinquish her role as main carer and identify a long term solution to ensure that A receives adequate care.
- To restore her own mental and physical health.
- To get her life back.

Elements of the solution focused approach were employed e.g. 'In an ideal world, my situation would look like....and A's care would be provided by....' OR 'What one thing do you think will improve the current situation and minimise the current risks?' – this was posed to both A and B along with:

- What do you want to do now to ensure that you are safe?
- What do want longer term to ensure that both of you are protected from harm?
- What do you think will improve your relationship?

The outcomes will be reviewed following the emergency respite when B may be in a position to review at least some of her outcomes relating to her own mental and physical health and regaining some of her freedom.

The outcomes will also be identified in the protection plan and discussed at the case conference. The following progress has been made towards achieving their outcomes:

- A is now in an emergency respite placement and his mother is now having a much needed break from caring.
- A new support plan has been drawn up with both A and B to identify the best way for his care to be provided in the future.
- A meeting has been scheduled to set up A's personal budget and employment of C.
- A referral has been made to look at initial assessment and hopefully long term goals towards managing A's mood in conjunction with the management of his MS.

Case Study 17: Northumberland County Council

This is a case study about a young person who has autism, living at home with family members. The safeguarding alert was raised as her college had concerns that she was being neglected. She was unable to speak, however she communicated well through typing and was able to convey her desired outcomes. These were met despite her mother attempting to disengage her from the process.

The alleged victim was living at home with her mother and two brothers. She contacted her college via email stating she was extremely unhappy with her current situation and wanted to leave home. The alleged victim has a diagnosis of Autistic Spectrum Disorder, with elective mutism and difficulties in communication and response to change.

Urgent assessment was carried out. The alleged victim was living in an uninhabitable property; she was covered in lice and appeared unkempt. The property was due to be repossessed and they were about to be evicted. The alleged victim and her mother initially agreed to a period of respite until the property situation could be resolved.

Allegations were made around the level of care her mother was providing to the alleged victim. As the alleged victim did not verbally communicate her views were obtained via written form. She was extremely competent on the computer and this was used to try and engage.

Different methods were tried to obtain the mother's views and outcomes however she refused to engage with services. The social workers provided support around her housing issues as a means of trying to promote engagement.

The alleged victim's desired outcomes were:

- To live nearer her mother but not with her.
- To live in an environment in which there were similar people to herself.
- To attend College.
- To participate in community activities.

At each Safeguarding meeting, outcomes were discussed by the Chair with all professionals involved to determine these continue to be the same and as a reminder the alleged victim was being kept central to the process.

The alleged victim's mother was reluctant to engage with services and was instrumental in trying to persuade the alleged victim to also disengage. Through the use of an advocate the social workers continued to attempt engagement. They discovered a sister was involved who spend positive time with the alleged victim. They invited the sister to a safeguarding meeting and she worked alongside professionals to encourage the alleged victim to attend a meeting to discuss her outcomes.

The alleged victim continues to be in safeguarding procedures; however she now attends all meetings and has been actively involved in choosing her future placement.

Case Study 18: Central Bedfordshire Council

This case study is about an older woman with dementia who lacks capacity. She lives in sheltered accommodation and her daughter is her advocate. Safeguarding alerts were made about missed medication, and as a result, a review of her care plan was carried out, giving her daughter a greater sense of safety.

Mrs C lives in sheltered accommodation; she has a diagnosis of dementia and lacks mental capacity to answer the questions in the safeguarding questionnaire. Her daughter is her advocate and has power of attorney and was able to answer questions on her behalf, with Mrs C present.

A series of safeguarding alerts were made about missed medication over a period of time, impacting on Mrs C's behaviour. There was no sign of improvement in care from the agency concerned. This culminated when Mrs C was discharged from being admitted to hospital and subsequently found in a distressed and soiled state, having had no change of clothes, food or medications.

Mrs C's daughter scored a 3 (where 1 is very safe and 5 is very unsafe) when asked about her mother's safety, but said; "These incidents are happening more frequently and my mother deserves better".

The three things she identified to make her mother feel safer or happier were; better communication, regular staff who knew her mother and the chance to stay living in her flat (where she had resided for three years). One of the outcomes identified to help carers to know Mrs C better, was for them to spend time working with her daughter to create a memory board.

The social worker was able to identify the specific problems that needed to be addressed with the agency and acknowledged that Mrs C had no control over any of these failures, making her very vulnerable. This prompted a review of the care agency's procedures for following Mrs C's care plan.

On revisiting at the end of the safeguarding intervention, Mrs C's daughter scored a 2 for her mother's safety, indicating that there had been increased involvement from carers; they were undertaking tasks such as helping her mother to eat in the communal lounge. Mrs C's daughter felt that communication had improved and that risk had been reduced. The social worker also agreed that risk had been reduced.



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