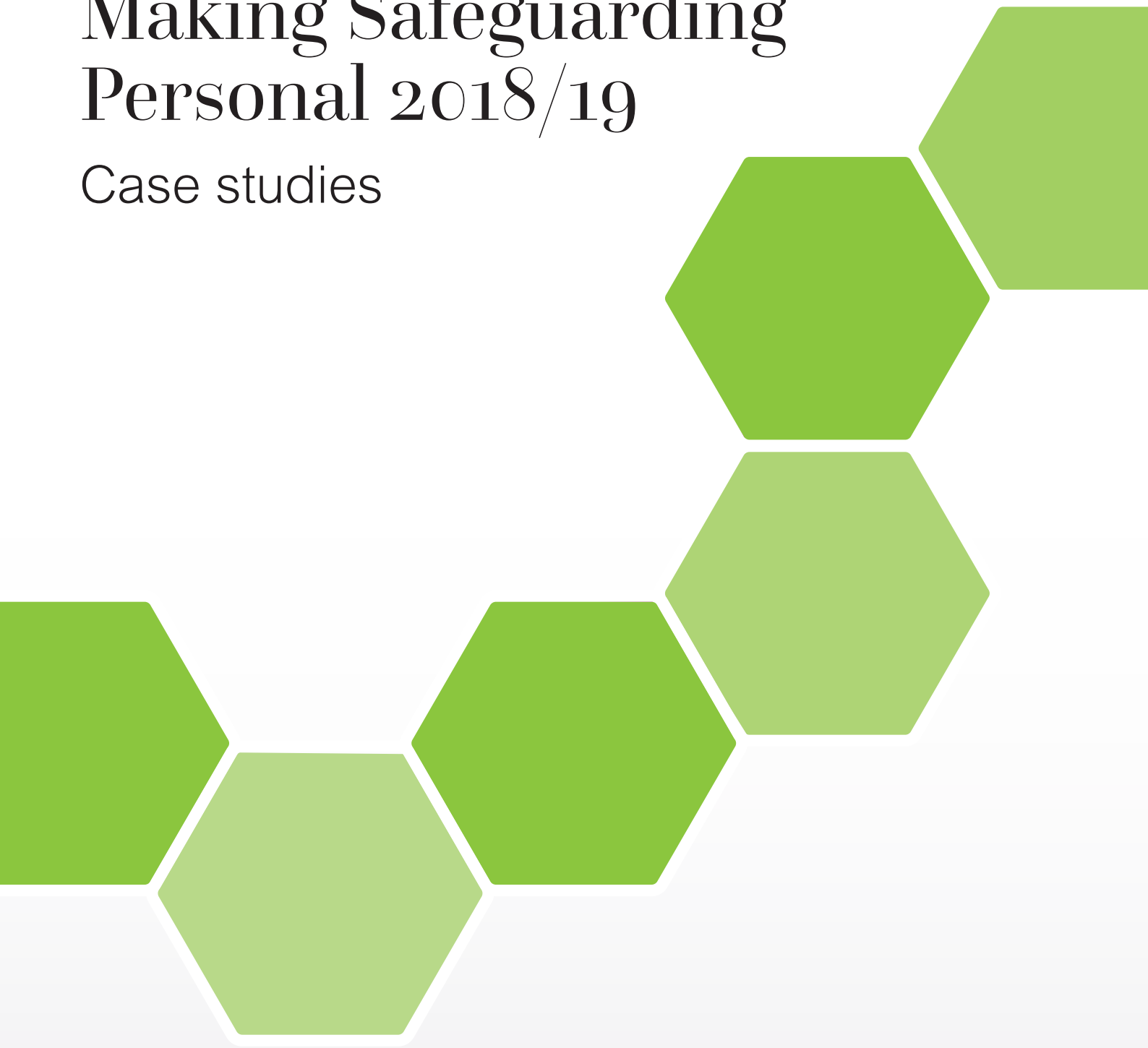


Making Safeguarding Personal 2018/19

Case studies





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1. Introduction

The support for Making Safeguarding Personal for 2019/20 includes the gathering of case studies to support practice in this area.

The case studies that follow, illustrate outcome-focused practice in safeguarding adults in line with the Making Safeguarding Personal approach. They are from nine council areas who put forward case studies. The development of this case study resource remains iterative and local areas are welcome to put forward further case studies to continue to build this resource.

Each case study is linked to a practice area, these are presented in the cross-reference section below. The purpose of this is to highlight which examples best reflect these key categories.

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 reflects that used by the organisations who submitted the case studies.

This case studies document has been collated by Research in Practice for Adults for the Making Safeguarding Personal (MSP) programme in 2018/19

Cross reference

Domestic abuse

See case studies: 1 – 3, 8, 9

Multi-agency contributions

See case studies: 2, 5, 6, 10

Practice around mental capacity

See case studies: 1, 3, 4, 7, 8, 9

Self-neglect and/or hoarding

See case studies: 2 and 10

Advocacy

See case studies: 1, 7, 8, 10

Housing and Homelessness

See case studies: 2, 6

Alcohol and other drug problems

See case studies: 2

Section 42¹ enquiry decisions

See case studies: 3, 6

Working with risk

See case studies: 1, 2, 4, 7, 9, 10

Financial abuse

See case studies: 1, 2, 4, 6, 7

Empowerment

See case studies: 1, 3, 5, 6, 7, 8, 9

Working with carers

See case study: 3

Prevention/establishing resilience

See case studies: 5, 6, 7, 9

1. Birmingham City Council Adult Social Care Team

Practice areas: mental capacity, advocacy, financial abuse, empowering reasoned decisions, domestic abuse, risk enablement

Alan is an 88-year-old man living with dementia who lives in a residential home. He is able to make a lot of decisions for himself but finds making complex decisions (particularly those involving his finances) quite challenging. Alan raised concerns about his son repeatedly asking him for money and made it clear he wanted to have a greater understanding of his financial situation and more control over it. As a result of the safeguarding decisions, Alan's finances were better managed and he continued to see his son regularly and maintained a positive relationship with him. This case reflects the importance of reasoned judgement; empowering Alan to make decisions independently.

Alan is living with dementia and has difficulties with his comprehension and memory. His son managed his finances and was demanding money from him. Alan disclosed that his son had his bank card and PIN number and he trusted his son to do what was right with his money. Whilst there was no evidence to suggest Alan's son had acted fraudulently, some additional checks were carried out to ensure his financial position was not at risk. Both Alan and the social worker agreed together that he needed to obtain a greater understanding of his own finances. The social worker investigated whether Alan's assessed care contribution was being paid, and subsequently discovered Alan owed money to the local authority which amounted to thousands of pounds.

It was important that Alan was not placed at continuing risk of abuse and the required actions completed in a timely manner. From reading the recordings on Alan's file it appeared that another member of Alan's family, his daughter, had a Lasting Power of Attorney (LPA). However, on contacting Alan's daughter she had recently had a stroke and was finding the situation with her dad and her brother very stressful.

She refused to register the LPA and was worried about creating additional tension within the family. However, she wanted the local authority to manage Alan's finances and wanted the police involved because she believed that her brother was abusing Alan. There appeared to be conflict within the family and the social worker was conscious not to create more conflict as a result of further enquiries. There was evidence to suggest that Alan's finances were being mismanaged by his son yet the fact remained that his son still visited regularly and provided social and emotional support. The exact nature of their relationship was called into question by Alan's daughter who believed that what the son was doing amounted to coercion. She believed he would visit regularly in order to keep Alan happy while behind the scenes he was using Alan's income like it was his own.

At this stage Alan had not been made aware of the debt he owed to the local authority and the social worker wanted to ensure he was aware of his own financial circumstances. After speaking to Alan about the debt he was in, he was visibly distressed. Together a decision was made to write a letter to his bank requesting copies of his bank statements to be sent directly to the address of his residential home. Alan understood this would grant him access to additional information about his finances. Once the bank statements arrived Alan and his social worker went through his transactions and identified Alan's son was using his money like it was his own. Alan wished for further action to be taken in respect of this and an agreement was made to work with him to make his finances safe. However, Alan also wanted to give his son another chance to do right by him.

Given the financial mismanagement taking place and Alan's capacity to make decisions about his financial arrangements, the social worker was keen for a mental capacity assessment to be

completed. The purpose of this was to determine his capacity to make the decision regarding whether he wanted his son to continue to manage his finances on his behalf. Alan was unable to understand the salient information required to make the decision and as a result Alan was unable to weigh this up as part of the decision-making process. However, on both occasions Alan appeared somewhat shocked and upset when informed he was in debt as a result of his son mismanaging his finances.

Due to Alan lacking capacity, and the conflict between his son and his daughter it was decided it was appropriate for Alan to have some impartial representation and advocacy with regard to the decision in question and a referral was made to an Independent Mental Capacity Advocate (IMCA) service. Alan was in agreement that the police should be informed about these safeguarding matters. At this stage, Alan's son had not been involved in the process, to avoid jeopardising any police investigations.

The police were part of the safeguarding strategy discussion and investigated further by contacting the son. They decided not to charge him as the action taken was deemed sufficient to achieve the outcomes Alan wanted. These were to make his finances more secure and to give his son another chance in order to maintain the relationship. Police action is an option to consider in the future should concerns arise again and there will be a police log of this first concern raised with them.

The IMCA's report for Alan stated that in order to prevent Alan's finances from further risk of misuse the local authority should support him with his financial management and make decisions in his best interests. The appointeeship team were involved to take over responsibility of Alan's finances and displace Alan's son. Alan was very pleased with the outcome; he was happy that his money was safe and that he still got to see his son. It was positive to know that Alan's son,

even though he no longer managed his father's finances, continued to see Alan regularly and maintained a positive relationship with him.

Social worker's reflections

Research has identified the need for social work professionals to be alert to the risks of financial abuse when working with adults with dementia (Manthorpe and Samsi 2013) and this was something held in regard when working with Alan. Additionally, data for the year 2017/2018 (obtained from the Birmingham safeguarding adults board) identified that where adult safeguarding enquiries were made, financial abuse was the most frequent type of abuse.

I would advise practitioners to never be dismissive of concerns raised by anyone and to explore and request transparency from those in positions that hold responsibility for someone else's finances. Concerns raised by an adult with dementia may be framed as a symptom of their dementia and, consequently dismissed. I do not doubt this happens but I believe social workers need to be alert to this and be thorough in their questioning and exploration of such concerns.

While working with Alan I kept in mind the MSP agenda which incorporates a person-centred and outcome-focused approach to adult safeguarding. I demonstrated an ability to identify possible safeguarding concerns and responded appropriately to gather more information before jumping to conclusions. I ensured that Alan was always at the centre of the process and when liaising with his family, approached the situation sensitively. I kept in mind the six principles of adult safeguarding (empowerment, prevention, proportionality, protection, partnership, accountability) and worked within the realms of the Mental Capacity Act (2005). I believe this case demonstrates exercising reasoned judgement (taking into account legislation, policy and theory).

I had drawn on all these elements as well as my own professional opinion in order to support Alan. I did not go in with a predetermined mind-set on how best to support Alan but provided him with the opportunity to try and make decisions independently. While I had an opinion on what I believed to be in Alan's best interests, he was empowered to access independent advocacy to ensure his wishes and feelings were incorporated as fully as possible into the subsequent best interests' decisions. Throughout my enquiries I never prevented Alan's son visiting him as I did not believe this would be a proportionate response to the risks posed to him and any decisions to do so may have breached his human rights.

Useful resources

LGA, ADASS (2017) *Adult safeguarding and domestic abuse: a guide to support practitioners and managers: Second edition.*

www.local.gov.uk/adult-safeguarding-and-domestic-abuse-guide-support-practitioners-and-managers-second-edition

Michael Preston-shoot, (2015) *Safeguarding in light of the Care Act: Leaders Briefing. Research in Practice for Adults.*

www.ripfa.org.uk/resources/publications/leaders-briefings/safeguarding-in-light-of-the-care-act-leaders-briefing-2015

Research in Practice for Adults (2017) *What are the Deprivation of Liberty Safeguards (DoLS)? Brief Guide – Easy Read version*

www.ripfa.org.uk/resources/publications/brief-guides/what-are-the-deprivation-of-liberty-safeguards-dols-brief-guide--easy-read-version-2017

Lindsey Pike, Paul Skowron, Lorraine Stanforth, Jeanette Sutton (2019) *Safety Matters: Practitioners Handbook – Revised Third edition. Research in Practice for Adults.*

www.ripfa.org.uk/resources/publications/practice-tools-and-guides/safety-matters-practitioners-handbook--revised-third-edition-2019

Deirdre Ford (2019) *Developing strengths-based working: Strategic Briefing. Research in Practice for Adults.*

www.ripfa.org.uk/resources/publications/strategic-briefings/developing-strengthsbased-working-strategic-briefing-2019

LGA (2017) *Making Safeguarding Personal: For safeguarding adults boards*

www.local.gov.uk/making-safeguarding-personal-safeguarding-adults-boards

LGA (2017) *Making Safeguarding Personal: what might 'good' look like for health and social care commissioners and providers?*

www.local.gov.uk/making-safeguarding-personal-what-might-good-look-health-and-social-care-commissioners-and

Jane Lawson (2017) *Making Safeguarding Personal: what might 'good' look like for advocacy? LGA and ADASS.*

www.local.gov.uk/making-safeguarding-personal-what-might-good-look-advocacy

www.local.gov.uk/topics/social-care-health-and-integration/adult-social-care/making-safeguarding-personal-audio-visual-resources

This links to a film clip from Birmingham City Council which is about the case study involving Alan. Select risk enablement from the list of options.

2. East Sussex County Council Adults Safeguarding Team (A)

Practice areas: domestic abuse, multi-agency contributions, self-neglect, homelessness, alcohol and other drug problems, multiagency approach to working with risk

Bob is a 50-year-old man with a history of substance misuse, mental health difficulties and self-neglect, who was experiencing domestic abuse from his partner. At first Bob was reluctant and mistrustful of formal services. However, by working with services who helped him feel safer, he was able to work towards making positive life changes and to stand up against the abuse he was facing. This case reflects the importance of adopting a multi-agency approach in managing risks effectively and in achieving the adult's desired outcomes.

Several years ago, Bob had both his legs amputated as a consequence of developing septicaemia secondary to injecting heroin. As a result, he was cared for informally by his girlfriend, Trudy. The safeguarding concern was initially raised by a substance misuse support worker, who reported that Trudy was often verbally and physically aggressive to Bob. It was alleged that Trudy was taking Bob's benefits to fund her own drug habit, failing to provide him with appropriate care and inviting other drug users in to the property (against Bob's wishes). The police had recently been called out to the property on a number of occasions following complaints from neighbours about arguments and violence. The substance misuse worker had been visiting Bob at home, but had to change arrangements for Bob to come into the office as his living conditions were reported to be extremely poor and the property was covered with used needles and drugs paraphernalia.

Given the significant risks involved, a multi-agency safeguarding meeting was convened to consider the principles of a safe enquiry and how best to engage with Bob. This meeting was chaired by the local authority and included attendance from the substance misuse service, police, Bob's GP and representatives from the housing department. Some immediate protection measures were agreed, which included the police providing regular monitoring of Bob's home and having an increased presence in the local area. It was suggested that as Bob had a good relationship with his support worker from the substance misuse service he would be more likely to agree to see a social worker if the support worker facilitated this.

The joint approach between the social worker and substance misuse worker led to Bob becoming more trusting of the local authority over time. At first Bob did not want the police to take any action against Trudy. He said that he had given her permission to access his account, and that he was to blame for any aggression from her as he was a 'nuisance' because of his disability.

The social worker completed a Domestic Abuse, Stalking and Honour Based Violence risk assessment with Bob, and a subsequent referral was made to a Multi-Agency Risk Assessment Conference (MARAC) to ensure that relevant information was shared with partner agencies and a joint approach to managing the risks was implemented. Bob was referred to an independent domestic violence advisor who helped Bob to draw up a safety and support plan, which included strategies Bob could adopt to minimise risks as far as possible.

With support, Bob was able to identify areas which were a priority for him including the following outcomes:

- I want to be in control of my finances and stop Trudy from accessing my benefits
- I want to be able to move to alternative accommodation and make a fresh start
- I want to continue to access support around my heroin addiction.

A safeguarding plan was agreed based on these outcomes. Bob was provided with temporary accommodation pending support being provided to help him apply for extra care housing. He was also referred to a money advice service, who supported Bob to open another account and arrange for his benefits to be paid into that account. Bob was concerned about threats of reprisals from Trudy and so police continued with monitoring and support, including offering regular visits from community support officers and providing Bob with a panic alarm to ensure his safety. Proactive outreach work from the substance misuse service continued.

Over time Bob was able to accept that the violence Trudy had shown towards him was not acceptable. He was then willing to make a statement to the police as part of their investigations.

The safeguarding enquiry was concluded, following a meeting with Bob in which he expressed that he felt safer and more positive knowing that he could look towards the future and moving into accommodation which would provide the support he needs and opportunities to meet new people.

Ongoing care management support was provided to progress Bob's move into an extra care housing scheme and the police investigation continued which lead to charges being pressed against Trudy.

Useful resources

Michael Preston-shoot, (2015) Safeguarding in light of the Care Act: Leaders Briefing. Research in Practice for Adults.

www.ripfa.org.uk/resources/publications/leaders-briefings/safeguarding-in-light-of-the-care-act-leaders-briefing-2015

Lindsey Pike, Paul Skowron, Lorraine Stanforth, Jeanette Sutton (2019) Safety Matters: Practitioners Handbook – Revised Third edition. Research in Practice for Adults.

www.ripfa.org.uk/resources/publications/practice-tools-and-guides/safety-matters-practitioners-handbook--revised-third-edition-2019

Prof. Suzy Braye, Dr David Orr, Prof. Michael Preston-shoot (2015) Working with people who self-neglect: Practice Tool (updated 2016). Research in Practice for Adults.

www.ripfa.org.uk/resources/publications/practice-tools-and-guides/working-with-people-who-selfneglect-practice-tool-updated-2016/

Deirdre Ford (2019) Developing strengths-based working: Strategic Briefing. Research in Practice for Adults.

www.ripfa.org.uk/resources/publications/strategic-briefings/developing-strengthsbased-working-strategic-briefing-2019

LGA (2017) Making Safeguarding Personal: what might 'good' look like for health and social care commissioners and providers?

www.local.gov.uk/making-safeguarding-personal-what-might-good-look-health-and-social-care-commissioners-and

3. East Sussex County Council Adults Safeguarding Team (B)

Keywords: domestic abuse, practice around mental capacity, Section 42 enquiry decisions, empowering reasoned decisions, carers

Joy is a 76-year-old woman with multiple health concerns which affect her ability to manage her own care and support needs independently. She lives at home with her husband, Arthur who is her informal carer. Concerns were initially raised around the lack of care and the controlling behaviour of Arthur. Joy was given an opportunity to discuss her concerns and the outcomes she wanted to achieve which led to a positive outcome for both her and her husband. This case shows how an adult has been enabled to make choices, by being fully involved and consulted about what can be done to prevent any abuse or neglect in the future.

A safeguarding concern was raised by an ambulance crew who attended Joy's home following a 999 call from her daughter Sue. Sue was visiting her mother and became concerned by her mother's presentation after discovering she had had two falls that day.

Both the ambulance crew and Sue expressed their concerns about Arthur's ability to manage Joy's needs. Safeguarding concerns were raised in regards to the following categories of abuse: physical abuse, neglect and acts of omission, domestic abuse and emotional abuse.

Sue raised concerns that Arthur was acting in a controlling manner towards Joy and stated that the previous formal care arrangement had been cancelled because Arthur did not want carers in the home (and for monetary reasons associated with paying for care). It was later established that there were no concerns in regards to paying for care but Arthur had been reluctant to pay for carers that he had deemed to be unreliable and inconsistent in their caring role. Sue also raised concerns that Arthur discouraged Joy to mobilise and attended to this himself by using un-safe methods; often putting Joy to bed early so that he could go out of the house about his own business.

The ambulance crew raised concerns that Joy was unable to mobilise and transfer safely at home with the assistance of her husband Arthur. They were concerned about the high risk of further incidents and falls. They noted that two falls had occurred that day and they had difficulty transferring Joy with both crew members assisting. In addition, they made note of the daughter's concerns in their referral to adult social care. The vulnerable person's alert was of a high standard and provided details at this initial stage around Joy's ability to consent to the referral.

Joy was admitted to hospital following the 999 call. The decision was made to initiate a Section 42 enquiry with the remit to meet with Joy and establish her views and wishes. When the worker initially met with Joy, he was unable to ascertain whether she wanted to proceed discussing the concerns with Arthur. It was evident that she had some reservations about Arthur visiting her on the ward. Although she did want to see him, she managed to disclose that Arthur did have controlling behaviour. Therefore, as he was unable to fully gain Joy's views at this early stage, he asked ward staff to discretely monitor Joy when and if Arthur visited to ensure her protection and wellbeing. This was a proportionate response as an interim measure whilst Joy was recovering from an episode of breathing difficulties and promoted Joy's rights to live safely and free from abuse or neglect.

It was evident that Joy had the capacity to consent to the safeguarding concern and to make decisions around her care. Joy was supported to be involved and consulted whilst helping her to remain safe. Joy was enabled to make her own decisions about her future. Joy's views (regarding the concerns raised by her daughter and the ambulance crew) were discussed in full with her.

Joy was able to provide insight into what she believed had occurred and what presented an issue and what did not. She had the opportunity to express what she wanted to happen and what she felt would work. Her views were also sought around disclosing the concerns to Arthur, Joy did not want him to know about the concerns and this was respected. Joy was seen alone to discuss these matters so that she was able to freely speak and express her views or concerns. This enabled Joy to make choices, whilst being involved and consulted about how she could be helped to remain safe.

The outcome Joy wanted to achieve was explored in full; she wanted to return home to live with Arthur and stated she did not feel at risk. She wanted to have formal care in place as she felt this would enhance her dignity and respect. She was able to advocate for Arthur and provide details of why he had acted as he did at times; she felt this was due to his increasing caring role. She felt that extra support for her in the home would really help. She provided an insight into why the care had not worked previously; she felt it was around timings and carers not attending at the times she wanted and that suited her needs and therefore it had been cancelled. Joy was asked for her consent to feedback to her daughter who had raised the concerns and Joy consented to this discussion.

A new care provider was discussed with Joy and arrangements were made. The outcome she wanted to achieve of returning home to live with her husband was managed in a well thought out and planned way on discharge from hospital. A review took place approximately two weeks following hospital discharge and Joy's views and the views of Arthur were both gathered. The care has gone really well and both were happy with the care support in place.

Useful resources

Hague, G, Thiara, R, Magowan, P, Mullendar, A. (2007) *Making the Links: Disabled Women and Domestic Violence*

Michael Preston-shoot, (2015) *Safeguarding in light of the Care Act: Leaders Briefing. Research in Practice for Adults.*

www.ripfa.org.uk/resources/publications/leaders-briefings/safeguarding-in-light-of-the-care-act-leaders-briefing-2015

Lindsey Pike, Paul Skowron, Lorraine Stanforth, Jeanette Sutton (2019) *Safety Matters: Practitioners Handbook – Revised Third edition. Research in Practice for Adults.*

www.ripfa.org.uk/resources/publications/practice-tools-and-guides/safety-matters-practitioners-handbook--revised-third-edition-2019

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www.ripfa.org.uk/resources/publications/strategic-briefings/developing-strengthsbased-working-strategic-briefing-2019

Women's Aid (2019) *The Domestic Abuse Report 2019: The Annual Audit, Bristol: Women's Aid*

www.womensaid.org.uk/research-and-publications/the-domestic-abuse-report

LGA (2017) *Making Safeguarding Personal: what might 'good' look like for health and social care commissioners and providers?*

www.local.gov.uk/making-safeguarding-personal-what-might-good-look-health-and-social-care-commissioners-and

4. The Royal Borough of Greenwich Safeguarding Adults Board

Practice areas: practice around mental capacity, understanding and managing risk alongside service users and negotiating outcomes, financial abuse

Ben has advanced Multiple Sclerosis (MS). He lives alone in a specially adapted property and his condition has progressed to the extent that he is now no longer able to mobilise independently. Concerns were initially raised around his apparent difficulty in managing his finances, which subsequently uncovered a case of financial abuse by his teenage daughter, Chloe. Over time, a compromise was negotiated where by Ben's views were respected by the practitioners whilst they continued to work with Ben to manage the situation as far as they were able. This case illustrates how the adult's views and decisions differed from those proposed by the social worker and how there was mutual challenge between Ben and the social worker throughout the MSP process.

Ben relied on two care workers to transfer him in and out of his electric wheelchair using a hoist. Whilst Ben was able to use his electric wheelchair autonomously, he tended to choose to spend the vast majority of his time in bed watching television. In spite of the significant impact the MS had on Ben's quality of life, he presented as affable, cheerful and an extremely likeable person. Prior to becoming ill, Ben was self-employed and made himself a good living.

Ben was referred to the specialist social work team by his neuro occupational therapist (OT) because of concerns that Ben seemed to be struggling with paying bills. Given the precarious state of Ben's finances, his apparent difficulty in effectively managing them and the ambiguity as to where all Ben's money was going, Ben readily agreed to be provided with a personal assistant (PA). The PA was to engage in a short, targeted piece of work with Ben to help him manage his finances.

Ben agreed that the PA be made fully aware of the situation and would help him identify where all his money was going. This quickly brought to light that his teenage daughter, Chloe (who does not live with her father) was making multiple unauthorised withdrawals from his bank account when Ben gave her his debit card to do shopping. Ben, the PA and the social worker subsequently devised numerous strategies to prevent Chloe getting access to his bank card.

However, Ben did not keep to the various safeguarding plans that were devised together because he would consistently allow Chloe's request to be given the card. Chloe had since taken the card to do some shopping for Ben then 'forgot' to return the card and kept it for five days. She had emptied his account, leaving Ben with no means to buy any food or pay any of his bills. He had to be assisted in accessing a food bank.

Ben and his social worker discussed various options of how they could work collaboratively to help safeguard him from further financial abuse by his daughter. Ben was adamant he wanted to continue to address the matter directly with Chloe without any involvement from a third party. Any attempt to reintroduce the idea of approaching Chloe was always met with assertive rejection. His attempts to resolve the issue directly were seemingly ineffective and the financial abuse continued unabated.

As part of the safeguarding enquiry, a formal mental capacity assessment was carried out which concluded that Ben understands exactly what is happening. His neuro OT (who has known Ben for many years) was also aware of the financial abuse and equally felt that Ben was making a capacious, yet arguably unwise, decision in repeatedly giving his debit card to his daughter and in declining the offer for

professionals to assist him in confronting his daughter.

Ben eventually confided that he knew his relationship with his daughter was a highly exploitative one, but that at least it meant that he would see her regularly. He loved his daughter very dearly and stated that she was the biggest achievement of his life. Ben felt these valuable visits would stop if Chloe didn't get any money, as Ben felt he had nothing else to offer her. Ben understood that Chloe was very materialistic and wanted nice clothes. He stated that he was the same at her age.

Ben also stated that his relationship with his daughter would be irrevocably destroyed if the social worker or any other professional became involved in any confrontation. Ben had a poor prognosis for a long life and he was able to articulate that he valued an exploitative relationship with his daughter over paying bills or having enough money to have a comfortable life. At this point Ben's proposed safeguarding plan was not the one favoured by his social worker.

A compromise was eventually negotiated with Ben being assisted to open a second bank account into which he transferred the majority of his money, leaving a much smaller amount in his current account. The plan was for this to be done without Ben telling Chloe, so that she would only be able to steal an amount of money from her father that he felt to be financially sustainable. He did not want her to stop being able to steal some money from him for reasons already discussed. He simply did not want her to be able to steal all his money.

This is an example of an MSP intervention whereby the social worker had significant reservations about the safeguarding plan devised by a capacious service user. Nevertheless, the social worker respected the right of the service user to manage the situation as they felt best, whilst at the same time negotiating outcomes that

supported reducing a significant level of risk. It is also an example of how it took the social worker a while to 'get' where the service user was coming from. The social worker initially assumed that stopping the financial abuse was the most important thing for the service user. However, in time they learned the reality was that the service user actually placed greater value on having a relationship with his daughter.

Social worker's reflections

I remain confident that I would have been able to sort out the financial abuse by adopting a more assertive approach with the daughter. However, I equally acknowledged that it was not my place to attempt to dictate the terms of the safeguarding plan to Ben. I also accepted that Ben had the right to prioritise an exploitative relationship with his daughter over having money in his bank account. Nevertheless, this was a difficult position for me. The social worker often negotiates the difficult balance between respecting the service user's right to autonomy and protecting a vulnerable adult from the risk of harm.

This is a very brief synopsis of a very complex case, but it epitomises Lord Justice Munby's famous quote:

"What good is it making someone safer if it merely makes them miserable?"

Useful resources

Home Office (2015) An information guide on adolescent to parent violence and abuse

www.basw.co.uk/resources/information-guide-adolescent-parent-violence-and-abuse-apva

Michael Preston-shoot, (2015) Safeguarding in light of the Care Act: Leaders Briefing. Research in Practice for Adults.

www.ripfa.org.uk/resources/publications/leaders-briefings/safeguarding-in-light-of-the-care-act-leaders-briefing-2015

Corinne Leverton, Anna Elwood (2018) Ensuring effective training for Safeguarding Adults Boards (SABs): Strategic Briefing. Research in Practice for Adults.

www.ripfa.org.uk/resources/publications/strategic-briefings/ensuring-effective-training-for-safeguarding-adults-boards-sabs-strategic-briefing-2018

Lindsey Pike, Paul Skowron, Lorraine Stanforth, Jeanette Sutton (2019) Safety Matters: Practitioners Handbook – Revised Third edition. Research in Practice for Adults.

www.ripfa.org.uk/resources/publications/practice-tools-and-guides/safety-matters-practitioners-handbook--revised-third-edition-2019

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LGA (2017) Making Safeguarding Personal: for safeguarding adults boards

www.local.gov.uk/making-safeguarding-personal-safeguarding-adults-boards

LGA (2017) Making Safeguarding Personal: what might 'good' look like for health and social care commissioners and providers?

www.local.gov.uk/making-safeguarding-personal-what-might-good-look-health-and-social-care-commissioners-and

5: Herefordshire Victim Support Restorative Justice Team

Practice areas: multi-agency contributions, establishing resilience, empowerment, application of the safeguarding principles, reducing risk, preventing future risk

Michael and Abby are young adults with learning disabilities who are in a relationship. Abby reported an alleged incident of inappropriate touching (sexual) by Michael to the police which was then referred onto the Restorative Justice (RJ) team. Over a six-month period, the team worked with them – along with their families and support workers – reach an appropriate resolution. This case illustrates how creative methods can be used to tailor the format of RJ sessions in order to meet specific needs of individuals.

At the time of receiving the referral, Michael and Abby were in a relationship and both regularly attending a range of activities at a community support service, specifically staffed to support adults with complex needs.

On this particular day as the couple were moving from one room to another Abby (the victim) reported that Michael touched her breast and when she asked him to stop, he continued to put his hand into her top. Abby was very upset by this and reported it to one of the support team, who later called Michael's mother to tell her what had happened. However, the staff did not take any action to address what had happened.

Due to the lack of action, and the distress it had caused Abby, her parents spoke to the local police sergeant and were advised to report it officially. Due to the complex needs of both Abby and Michael, the police were keen to find an alternative way of working with everyone to try to repair the harm. There were clear questions as to Michael's level of understanding and no one wanted to criminalise him. The main concern was to support him to prevent any future 'misunderstandings' but also to safeguard him should another family be less aware of his individual needs. Therefore the police agreed to refer this case onto the RJ team for a voluntary investigation.

The local RJ worker went out to meet with Abby and her parents. Using various restorative approaches to explore what Abby's wishes were, it was clear she wanted to meet Michael face to face and explain how his behaviour had made her feel. For over six months she had become increasingly isolated.

Initially, the RJ script and Abby's dictaphone recordings were used, however it soon became apparent that a more suitable approach for Abby to express her feelings was needed. In one of the sessions, Abby talked about a presentation she had done at college so they started to work through the RJ questions using flip chart paper, coloured pens, sketches and words.

It was decided that Abby would present her journey in this way stood at the front of the conference group with a RJ worker to assist her as she talked everyone through her sheets from what happened; to how she felt at the time; how her family felt about what happened; then on to how she feels about it now and what she wanted to happen in the future. Over our six-month intervention, it was evident that Abby was becoming more confident in how she expressed herself. She was able to plan exactly how she wanted the meeting to go, setting the ground rules for the interaction and deciding on the timing and the venue. This empowerment really enabled her to start thinking about the future.

As the process progressed, Michael's carers were kept informed, whilst ensuring Michael was totally comfortable with the process. Michael expressed that he liked to write letters so a letter was written to invite him to the meeting, explaining how things would be organised. He had a copy of the ground rules before the day so that his carers could discuss them with him and it was agreed to use their code words eg times when he needed to be

like 'Luke Skywalker' and keep absolutely quiet so that he could listen to what was being said.

The meeting was an emotional one with both Michael and Abby in tears as they discussed their time apart. It was explained to Abby's mum that neither the carers nor Michael's mum had been officially informed about what had happened by the community support staff who should have been following official safeguarding procedures². Michael explained how he had become withdrawn and depressed when (with no explanation) he simply just stopped seeing Abby and attending the activities. It turned out both Abby and Michael had been kept away as both thought the other was still attending. Abby was incredibly brave standing in front of everyone and was able to express herself. Michael listened and answered her questions and he also apologised for having upset her. Both of the young adults were able to communicate with each other and to talk about their feelings in a way that each could understand. They were both so pleased to see each other and tentatively plans have been made to continue their communication as pen pals.

Specific outcomes

Health and wellbeing – through the RJ process Abby had been able to reflect on how her feelings have changed from fear, distrust, embarrassment and anger at being disrespected by Michael to wanting and needing to express herself in order to forgive and move on. She is no longer worried about it happening again and is not dismissing future relationships or a friendship with Michael.

Empowerment – Abby was worried that people would not believe her and that both Michael and his parents would be angry with her. None of these things happened. She was believed and respected by the police and by the RJ process which empowered her to move from being a victim to a brave and strong woman able to stand up for herself and explain what was wrong with what happened.

Feeling safe – at the time Abby was fearful, however today she feels much stronger and wants to help Michael learn about boundaries.

Family and personal relationships – Abby had been able to reflect on the wider impact of what happened, in particular how she had been left with no access to services or support networks. She is angry with the staff for failing her and Michael – both individuals lost their social lives overnight and a relationship which was very important to both of them.

Family and personal relationships – throughout the RJ process, Abby's parents were able to ask questions. As Abby's mum reflected she got answers she was not expecting in particular, with regards to Michael's mum. She was reassured to hear that actually they didn't know either.

Re-integration – Michael's carers have offered to send Abby information regarding local services that she may be able to access in the future. Also, contact between the pair will continue by way of letters sent via the RJ team.

Health and Wellbeing – it was clear that Michael had been deeply affected by the sudden loss of his girlfriend and he spoke very fondly of all the things they had done together over the years. Michael felt that he had "done well" in the meeting and he said that he was very pleased to have done it.

² There was valuable learning in this situation for the social care team in the context of safeguarding procedures and legal requirements, as well as for the carers supporting Abby and Michael. The latter are engaged in the support plan set out here.

Re-integration – for the first time, Michael had some form of explanation for why he had stopped seeing Abby. Michael was proud of himself for attending the meeting and felt that he had ‘done well’. Michael’s carers will continue their staying safe work with him and helping him to cope with social situations and accessing new experiences. Michael stated that he was really pleased to have seen Abby again and was happy that they can be friends.

Support received

Emotional support

- Being able to work with Abby in her own home using a more creative approach which went at her pace she was able to prepare for her preferred choice of a face to face meeting.
- By tailoring the format to meet the specific needs of Abby and Michael, both were able to participate in a restorative meeting that enabled them to talk about what happened and how they feel.

Practical support

- Abby and her family were able to deal with the issues which had been left unresolved. The RJ team will help them identify the appropriate channel through which to raise their concerns with how the situation was handled by staff.

Onward referral

- Abby will continue to access specialist counselling – however the RJ team will also look to support the family with accessing local support services for adults with complex needs

Useful resources

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6: Social housing provider

Practice areas: multi-agency contributions, homelessness, Section 42 enquiry decisions, financial abuse, prevention, establishing resilience, financial abuse

Katie is an 84-year-old woman in poor physical health who recently moved into her own property provided by One Vision Housing (OVH). This was following a four-month period of living in temporary accommodation in a homeless hostel. Concerns were raised regarding alleged financial abuse from her son, Tom. A collaborative approach was used to ascertain Katie's wishes and to help Katie become more in control of her own finances. This case illustrates a multi-agency approach to a complex case of financial abuse.

After Katie accepted the offer of accommodation from OVH and moved in, a number of difficulties were encountered. On several occasions, Katie's son, Tom refused Katie's independent living officer access to her property for arranged visits.

Having concerns regarding alleged financial abuse from the son, the officer persisted and eventually gained access to visit Katie at her property. She was found to be in a distressed state, poor health, with little furniture sleeping on the kitchen floor in a sleeping bag and with no food in the property to be able to make a meal.

It later transpired that her son had taken her bank card and her phone leaving her with no means of purchasing food or contacting anyone for help.

The officer worked with Katie in an empathic and supportive manner to identify what Katie wanted to happen. Katie refused to involve the police and wanting to retain her independence, she was adamant that she wanted to maintain a relationship with her son, but on her terms.

Katie identified that she wanted control of her finances, to re-establish contact with her family and to register with a new GP, so that she could manage her health better.

Katie agreed to a safeguarding concern which was raised and within a day Katie was accepted for support by the safeguarding team.

A Section 42 enquiry took place because of Katie's care and support needs, where she was unable to protect herself in regards to financial abuse and also because of self-neglect.

OVH worked closely with Katie's social worker and adopted a collaborative approach to empower her to take decisions to take control of her own safeguarding issues.

Discussions across agencies were also held directly with Katie's son who was found to have stolen all her savings from her bank account. Katie again refused to seek police involvement but with support contacted her bank and changed her details to deny her son access to her account.

The successful interventions and joint working approach, along with Katie's resilience and force of character, have significantly improved her circumstances. She re-established contact with her family, became financially stable, her overall health and outlook have improved and she is making good progress with her personal action plan. Katie has even managed to maintain a relationship with her son with clear ground rules in place to prevent any more financial abuse.

The approach that the officer took initially with Katie had a huge impact in gaining Katie's trust. Secondly, the joint working approach with social care made Katie feel more in control of her decision making, supporting her confidence and resilience for the future.

Useful resources

Michael Preston-shoot, (2015) Safeguarding in light of the Care Act: Leaders Briefing. Research in Practice for Adults.

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7. Optivo Housing Provider (A)

Practice areas: financial abuse, multi-agency contributions, advocacy, risk, MCA, applying safeguarding principles, empowerment

Steve is a young adult who experiences poor mental health and learning difficulties living in his own accommodation. Steve's mother raised concerns that he did not feel safe in his own home due to previous financial abuse by a friend with a criminal record and history of violent behaviour. A number of positive outcomes were advocated and achieved, including avoiding any further abuse and feeling safe and happy to live in his own home. This case illustrates a person-centred and multi-agency approach to a safeguarding issue which was accepted by the local authority but initially not acknowledged by the victim.

Steve had previously been financially abused by Paul (a 'friend' and flat mate) who had since received a prison sentence. Steve was worried that Paul was due for release soon and was starting to feel uneasy. Without giving up his tenancy, he had moved back in with his mum. As a result of this, Steve's mum contacted the housing team.

On a home visit at which both Steve and his mum were present, the housing officer heard how Paul was 'nice, when he got his own way'. He had regularly demanded money from Steve and never paid it back. If Paul wasn't given the money, he would threaten Steve and made a habit of making false allegations against Steve.

The housing officer decided there was a need to raise a safeguarding concern on the basis of continuing financial abuse by Paul. A week later, adult social services began their enquiries. They discovered that Paul had been subject to Multi-Agency Public Protection Arrangements and Risk Assessments (MAPPA and MARAC), a history of violent behaviour, convictions for assault, actual bodily harm and harassment offences.

Steve was happy to talk through his worries with his social worker but did not want anything done for fear of being seen as a 'grass' by the local community. Despite many visits by his social worker, Steve remained reluctant to do anything. The social worker has also determined he had full mental capacity regarding the issues of concern.

The social worker then held a networking meeting to consider what actions needed to be taken and by whom. It was attended by the police, adult social care, housing and services supporting those with learning difficulties. Steve brought an advocate to the meeting and between them they tried to find a solution that balanced safety with Steve's wishes. Collectively the agencies were able to identify another line of enquiry regarding Paul, not involving Steve. So, now not appearing to look like a grass, Steve agreed to support a prosecution which resulted in a further custodial sentence. As a result, Steve felt able to return to his own property and social services helped him to resettle.

This case provides an example of the key principles for safeguarding adults (introduced by the Care Act 2014)³. Further abuse had been prevented by agencies working together (partnership). He felt safer in his own home (protection), he was receiving help from Victim Support and knew who to contact in the event of a concern. Empowered by the process, Steve said he had felt very involved in the safeguarding process and was now happy living in his own home; he felt more confident and his self-belief had returned.

³ Paragraph 14.15 Care and Support Statutory Guidance (DHSC, 2018)

In addition, a number of safety measures have been put in place; his address is now flagged with the police, Steve will be notified when Paul leaves prison, Paul will not be allowed to go near the area where Steve lives and a community alarm has been installed.

Useful resources

Lindsey Pike, Paul Skowron, Lorraine Stanforth, Jeanette Sutton (2019) Safety Matters: Practitioners Handbook – Revised Third edition. Research in Practice for Adults.

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8. Optivo Housing Provider (B)

Practice areas: domestic abuse, practice around mental capacity, alcohol and other drug problems, advocacy

John is an older man with physical disabilities living in a housing association property. He lives with his wife/carer Doreen, who suffers from mental health issues and also his adult son, Peter (an alcoholic). Following an admission to hospital, John alleged he had been physically assaulted by his son. After discussing these concerns with John and his family members, a number of personal outcomes were identified and achieved including: receiving the care he needed, feeling safe at home and improved health. This case illustrates how the desired outcomes from a victim of domestic abuse were achieved, but also the subsequent impact these had on his wife.

John had a number of health complications including heart disease, type 2 diabetes and Parkinson's disease. John's home environment was fairly volatile with Peter drinking two bottles of whisky a day and physical arguments (when police were called) being commonplace. John's daughter Anna lived close by but didn't visit when her brother was at home.

An ambulance call was received from Doreen stating that John had had a 'fall' at home. Upon arrival in hospital, John alleged he had been assaulted by his son. As a result, safeguarding procedures were started by the hospital team. That night John had a serious stroke.

As John's health gradually improved, so discussions began to take place about the outcomes he wanted to achieve from the safeguarding investigation. To help John communicate, the social worker involved a neuropsychologist and speech and language therapist.

They established that John now lacked capacity around major decision making such as accommodation and finances. An advocate was instructed to support his best interests.

The appointed social worker began discussions with John. Very quickly, John decided he wanted to maintain his relationship with his wife and daughter, but not his son. He expressed a wish to move into a nursing home nearby. This differed from his wife who wanted to bring him home but as she had no insight into his physical needs, this would have put John at significant risk.

John moved into the care home with regular visits from his wife and daughter. The son had also moved out of the family home. John now felt safe but was not ready to see his son. Although John's health continued to improve, Doreen had become increasingly isolated as a result of the safeguarding decisions made. Her neighbours were worried that she was not coping and her daughter is now looking to find a solution for her mum. Work to address the need to facilitate contact between John and his wife and to address Doreen's needs is ongoing.

Useful resources

Michael Preston-shoot, (2015) Safeguarding in light of the Care Act: Leaders Briefing. Research in Practice for Adults.

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9. Sefton Metropolitan Borough Council Adult Safeguarding Team (A)

Practice areas: domestic abuse, practice around mental capacity, support in understanding risk, multiagency approach, resilience, addressing organisational culture, working at the person's pace

Alice is a young woman with a mild learning disability who lives in supported housing. Alice's brother Ben, had raped her when she was a child and was showing signs of 'grooming' type behaviour. Alice initially wanted to have contact with Ben and for him to change his behaviour so that he would never abuse her again. Over time Alice grew in confidence with those involved in the safeguarding process and a Sexual Harm Prevention Order was imposed on Ben with extensive conditions so that he may not contact her by any means and not ask third parties to do so. This case gives an example of how over time, trust was built in order to be able to make informed decisions and reduce the risk of abuse.

Alice had started to disclose the escalating 'grooming type' behaviour by Ben a little at a time. She did not like to have many people involved (because she said she had to 'see loads of people' when she was a Looked After Child). Alice was therefore assigned one support worker from Sefton's adult safeguarding team as her main point of contact throughout the safeguarding process – at her request.

Alice initially said that 'after all he is still my brother' and hoped that she could have family contact with all siblings including Ben without the risk of further abuse. She was confused that Ben had not served a prison sentence: Ben was clearly trying to convince her that he had 'had sex with her to show her what it was, to help her', to minimise what he had done. Her support worker told her that Ben was monitored by a police officer from the sex offender unit, and she hoped that he could convince Ben not to abuse her again. The police officer advised Ben of this on his visits. Alice agreed to work with a clinical psychologist and had a number of useful sessions.

Over time, following a number of joint visits to Alice with her support worker, she was able to understand that Ben was gradually trying to convince her to be alone with him at his home. Her support worker told her that in their opinion, Ben posed a very high risk to her and would seriously harm her again, given the opportunity. Alice then decided that she wanted to have no further contact with Ben. Alice's four other siblings encouraged and facilitated contact between Alice and Ben so she requested that they be informed of this decision.

She was agreeable to watching the TV programme, 'Three Girls' (a BBC programme showing victims of grooming and abuse in Rochdale) in 2017 and this had a great impact on her and seemed to strengthen her resolve not to take the risk of being alone with Ben again. Risk management plans were also devised to further safeguard Alice. For example, if she decided to secretly meet with Ben that she arranged to do this only in a public place.

In addition, there were a number of presenting challenges. Because the police officer's advice to Ben and visits to request the other siblings (to not encourage contact) had not worked, it felt proportionate to seek a Sexual Harm Prevention Order (SHPO). It was also felt that the original Sexual Offences Prevention Order did not seem to be restrictive enough. The amount of evidence required for the SHPO was very extensive and time consuming. In addition to this, Alice changed her mind a couple of times, having been persuaded by other siblings to see Ben. However, shortly after being persuaded by her siblings she would make this known to her support worker, so it could be discussed together.

Ben was also buying Alice very expensive gifts at times when she saw him secretly. However, Alice was beginning to inform her support worker of this after they had met. One of the turning points in this case was when she was given the option of her support worker returning the expensive gifts to Ben (to illustrate that his actions were not achieving his aims) – and she chose for her support worker to do so. On review, the SHPO appeared to be working, as Alice reported no further contact from Ben after some months. The support worker's team manager acknowledged that the situation would need lengthy involvement as they needed to work with Alice at her pace. Both the team manager and service manager were also supportive of the need for Alice to live out of area to minimise any accidental contact with Ben: this was at Alice's choice.

It was evident that Alice had capacity to decide whether to have contact with Ben and siblings. As time went on and she gained confidence in the professionals involved in the process and saw that they were genuinely interested in her welfare, she seemed to feel more empowered to take decisions, and to say when she had changed her mind.

Working closely with Alice and enabling her to understand the risks of seeing Ben supported her to avoid further contact with him. Working at her own pace, and developing her confidence in her decision-making seem to be key factors in a positive outcome for Alice.

Useful resources

Michael Preston-shoot, (2015) Safeguarding in light of the Care Act: Leaders Briefing. Research in Practice for Adults.

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10: Sefton Metropolitan Borough Council Adult Safeguarding Team (B)

Practice areas: self-neglect, multi-agency contributions, working with risk alongside service user, advocacy, hoarding

Sarah is an 80-year-old woman who is independent, physically well and has minimal care and support needs. The safeguarding concern was around self-neglect and hoarding which was at a very progressed stage. Sarah was unable to open her own front door due to the amount of clutter. Only one room was accessible by climbing over the clutter. Sarah deliberately isolated herself, due to feeling embarrassed and ashamed. With support Sarah was able to achieve the outcome she wanted; for her home to be safe to live in and use. This is an example of using a multi-agency approach to support an individual who had isolated themselves through self-neglect.

Initially, Sarah was defensive, denying there was a problem not allowing access to the safeguarding team into her home. It was agreed with Sarah to arrange any meetings at the GP surgery in a private room to discuss her wishes. They discussed capacity (no issues evident), offered an advocate, discussed risks to safety due to the amount of clutter, as well as the legal aspects of the situation (involving environmental health) and also the practical and financial aspects of what work was needed to ensure the house was secure.

Work was carried out in liaison with services including (as required) with: the fire service, GP, environmental health, 'Affordable Warmth', advocacy, Helping Hands. Sarah's needs and wishes were kept at the forefront and when the service user felt ready, work was carried out.

Outcomes were reviewed throughout the process. This was because no one knew exactly what would be found once the work began inside the house, due to the amount of clutter and hoarding. Two workers supported Sarah throughout and had daily contact while work was carried out.

Good relationships with colleagues across agencies were built on and support from those colleagues was invaluable. It was essential to involve Sarah throughout and particularly when the work began to clear the property, to ensure she had choice over what was happening as far as possible. The workers contracted to complete the work were a positive influence on Sarah as they developed a good relationship with her. Follow up support after the work was also essential from the two workers to ensure support continued.

The work was completed and the house was fully accessible and safe to use. Joint working was very positive and helpful. However, the challenges in this case were initially around making contact with the service user and developing a good relationship, whilst managing the risks in the situation, due to the hoarding. The advocacy service was also not available immediately and Sarah was understandably anxious and concerned about what was happening.

The desired outcome was to ensure Sarah was safe within her own home, whilst taking into account her wishes, views and concerns. The situation had evidently progressed over many decades and so it was not going to be resolved overnight. Therefore, time was required to develop a relationship and establish her views away from the predominant issues. Supported decision making was a feature of practice throughout and advocacy was useful later on, even though it had not been available earlier. Ongoing support for Sarah continued for some months afterwards and this is essential to her wellbeing and to achieving sustainable change and Sarah's continued cooperation.

This enabled the workers to see how she had improved her self-esteem and confidence, especially by the fact that she could invite family and friends to her home, after years of making excuses to avoid visitors.

Useful resources

Michael Preston-shoot, (2015) Safeguarding in light of the Care Act: Leaders Briefing. Research in Practice for Adults.

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REF 25.143