



Report to Scrutiny

Item Number: 6

Contains Confidential or Exempt Information	No
--	----

Subject of Report:	Ealing Adult Social Care – Risks and Responses to Violence Against Women
Meeting:	Scrutiny Review Panel 1 – Violence Against Women and Girls 16 November 2017
Service report author:	Valerie Wilson, Mental Health Commissioning Manager Wilsonv@ealing.gov.uk 0208 825 7704
Scrutiny officer:	Anna-Marie Rattray, Scrutiny Review Officer rattraya@ealing.gov.uk 0208 825 82274
Cabinet Responsibility:	Councillor Hitesh Tailor – Health and Adults’ Services
Director Responsibility:	Kim Carey, Interim Director Adult’s Services CareyK@ealing.gov.uk
Brief:	The report considers how effectively violence against women and girls is being tackled by Ealing Adult Social Care.
Recommendations:	It is recommended that members consider and comment on the information provided and identify any areas of development and good practice.

Violence against Girls and Women Ealing Adult Social Care

1. Introduction

- 1.1 The duties and role of adult social care in relation to violence against girls and women are mostly in respect of safeguarding vulnerable adults. Safeguarding duties apply whether or not the Council is meeting a person's needs for care and support.
- 1.2 As is explained in detail later in this paper, the Council's safeguarding duties are implemented differently according to whether or not a person has mental capacity in relation to decisions about any action taken.
- 1.3 Where a concern is raised about a person who has mental capacity to make decisions in relation to addressing the concern (which can be assessed under the Mental Capacity Act 2005), then the person must be central to the process and there must be consent to undertake an investigation or any action in relation to the concerns raised. This was entrenched in law through the Care Act 2014. Close diligence is applied as to whether a decision is freely taken not to pursue a response, or whether this is through coercion and part of the abuse.
- 1.4 Where the person is assessed as not having capacity to make this decision, then a different process applies, which is described in detail in paragraph 8, page 8 within this report. This will most often apply to people with dementia, but could be due to a brain injury, a learning disability or a severe mental health issue.
- 1.5 As well as through safeguarding duties, adult social care will also be part of a response to concerns about violence and abuse against girls and women through signposting and the provision of high quality information and advice. Ealing also commissions services which are part of the network which works to support women experiencing abuse and to prevent abuse. This work is outlined later in this report.
- 1.6 This area of work is dependent on excellent partnership working, and the multiagency approaches are central to how Ealing responds to making the borough a safe place to live. Adult social care's role in these approaches is outlined as part of this report.

2. Who does safeguarding adults apply to?

- 2.1 People's wellbeing is at the heart of the Care Act 2014, and the prevention of abuse and neglect is one of the elements identified as making up a person's wellbeing.
- 2.2 In the context of the legislation, specific adult safeguarding duties apply to any adult who:
 - has care and supports needs and
 - is experiencing, or is at risk of abuse or neglect, **and**
 - is unable to protect themselves because of their care and support needs.
- 2.3 Safeguarding duties apply regardless of whether a person's care and support needs are being met, whether by the local authority or by anyone else. These duties also apply to those who are paying for their own care and support services.

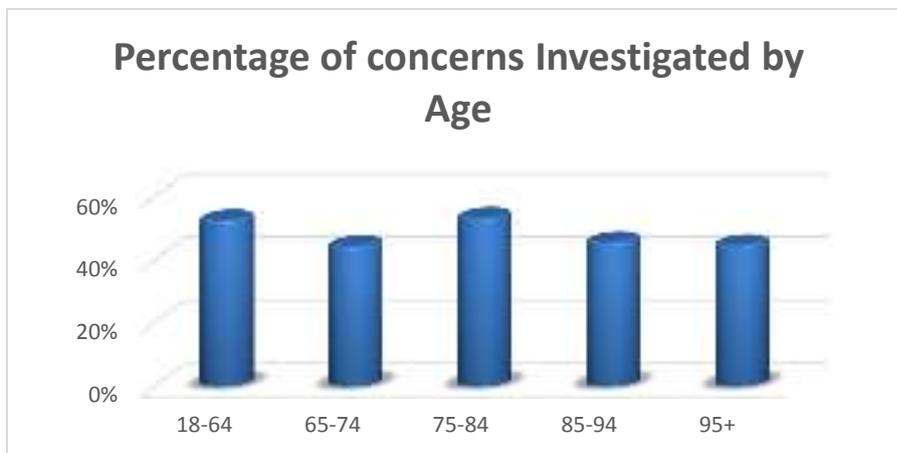
2.4 An adult with care and support needs may be:

- an older person
- a person with a physical disability, a learning difficulty or sensory impairment
- someone with mental health needs, including dementia
- a person with a long-term health condition
- a person who misuses drugs or alcohol to the extent that it affects their ability to manage their day-to-day living.

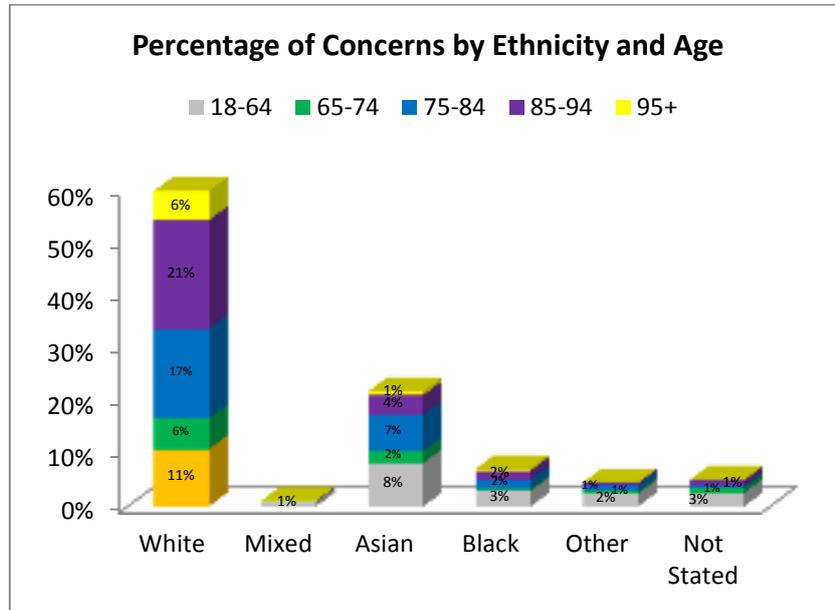
Who do we hear about? Number of safeguarding concerns raised:



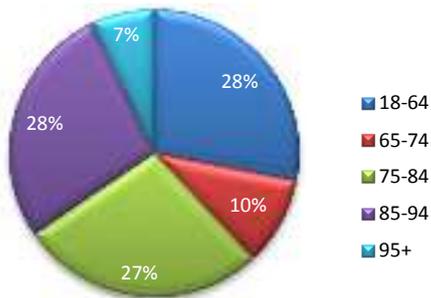
Of the 541 safeguarding concerns raised about women at risk, 50% went on to be investigated, which is consistent across age groups and ethnicity. A slightly higher percentage was investigated in the 75 – 84 age group.



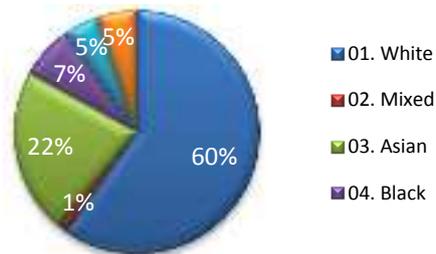
By age and ethnicity:



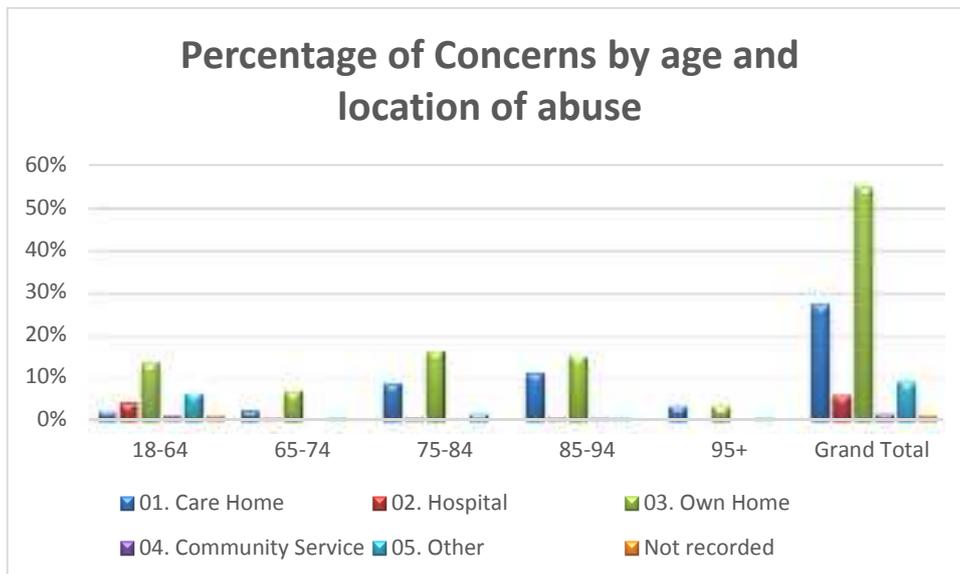
By age



By ethnicity



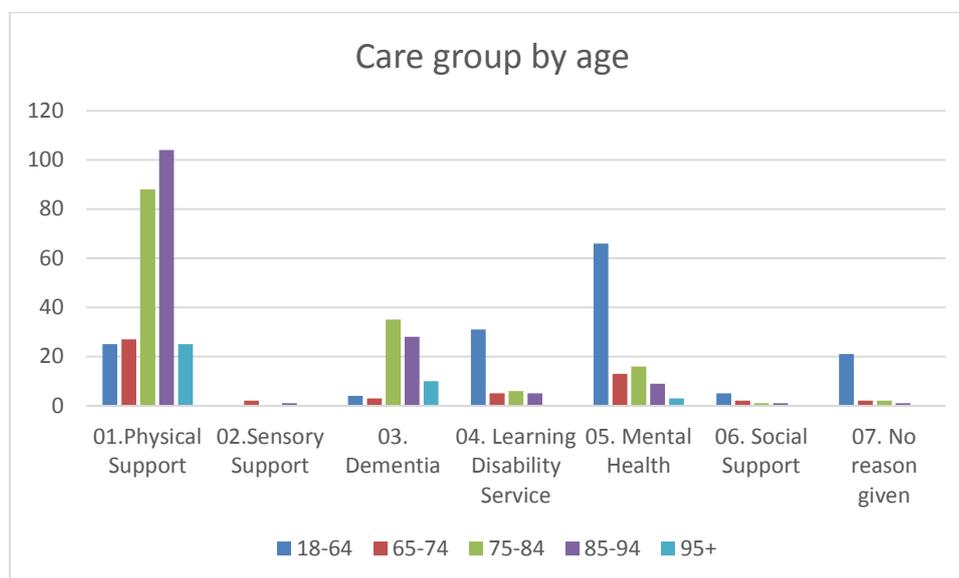
Concerns by age and location



3. Age, disability, mental health and domestic abuse

- 3.1 Guidance and research recognises that older and disabled people can be both victims and perpetrators of abuse. Research has also found that domestic abuse is experienced by women regardless of age, disability, ethnic background or mental health.
- 3.2 There has been research into disabled women's experience of domestic abuse which shows that more than 50 per cent of disabled women in the UK may have experienced domestic abuse in their lives and this can include assault and rape at a rate at least twice that of non-disabled women (this vulnerability is perhaps due to their dependence on their abuser for care and support).
- 3.3 Other vulnerabilities might include the physical and financial barriers preventing them from leaving their partner, or even from seeking help. Low self-esteem is also a big factor in women's experience of domestic abuse and often these women may lose their confidence, due to the abuse they experience.
- 3.4 A 2007 UK study of abuse and neglect of older people found that the majority of interpersonal abusers in domestic circumstances were men, mostly older people. In the same study older women were found to be at risk of neglect, and older men more likely to be at risk of financial abuse.

Number of concerns raised by care group of woman at risk, and age



4. Family and inter-generational abuse

- 4.1 The Metropolitan Police reported in 2014 that they had more recorded incidents of domestic abuse perpetrated on parents, or grandparents, where perpetrators were children or grandchildren; this has been found to be a primary factor in some of the cases that have warranted safeguarding enquires.

- 4.2 More focus is now being given to family and inter-generational abuse, where the perpetrator is the adult victim's sibling, child or grandchild, and on the ways this may differ from partner-to-partner violence.
- 4.3 In Ealing, information recorded about the alleged perpetrator where safeguarding concerns are raised shows alleged financial, physical and psychological abuse to be most frequently carried out by partners or other family members.

5. Context principles and Values underpinning Safeguarding Adults Work

- 5.1 The Care Act 2014 put adult safeguarding on a legal footing. The London Multi Agency Adult Safeguarding Policy and Procedures policy was implemented in August 2106; this procedure consolidates best practice in order to better safeguard adults throughout London. The policy and procedures are based on six principles that underpin all adult safeguarding work:
- Empowerment
 - Prevention
 - Proportionality
 - Protection
 - Partnership
 - Accountability
- 5.2 The Care Act and guidance puts 'wellbeing' as a core value which should guide practice and assessments. Wellbeing is defined in the Care Act in section 1 (2) as:
Wellbeing in relation to an individual means that individual's wellbeing as relating to any of the following –
- personal dignity (including treatment of the individual with respect
 - physical and mental health and emotional well being
 - protection from abuse and neglect;
 - control by the indivial over day-to-day life (including control over care and support, or support provided to the individual and the way this is provided)
 - participation in work, education, training or recreation
 - social and economic well being
 - suitability of living accommodation
 - the individual's contribution to society
- 5.3 Safeguarding should be person-led and engage the person, or their support network (family friends, advocates), to address their needs from beginning to end of the process. Safeguarding needs to be outcome-focused; this person centred approach is called 'Making Safeguarding Personal'.
- 5.4 Locally, in Ealing, the approach has been embedded into social work practice and customers, or those who are supporting them, are always asked from the beginning what outcomes they wish to achieve from the safeguarding process.
- 5.5 Good practice involves social workers having conversations with adults who may be at risk of harm about how to respond to the safeguarding

situation in a way that might enhance the service user's involvement, choice and control of the process, as well as improve the quality of their life, their wellbeing and their safety.

- 5.6 This is actually a shift from a process supported by conversation, to a series of conversations supported by a process. In addition to the national guidance, the London Borough of Ealing Safeguarding Adults Board has produced an abridged policy and procedure for practitioners: 'London Borough of Ealing Addendum to the Pan London Safeguarding Adults Policy and Procedure, 2017'.

6. Types of Abuse

- 6.1 The Care and Support statutory guidance identifies types of abuse, but emphasises organisations should not limit their view of what constitutes abuse or neglect. The current accepted definitions in the Care Act (2014) are:

- **Physical abuse** - e.g. assault, hitting, slapping, pushing, misuse of medication
- **Restraint or inappropriate physical sanctions.**
- **Domestic Abuse** - including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence.
- **Sexual abuse** - including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting).
- **Psychological abuse** – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
- **Financial or material abuse** – including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- **Modern slavery**– encompasses slavery, human trafficking, forced labour and domestic servitude.
- **Discriminatory abuse** – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.
- **Organisational abuse** – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home.
- **Neglect and acts of omission** – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating

- **Self-neglect** – this covers a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding

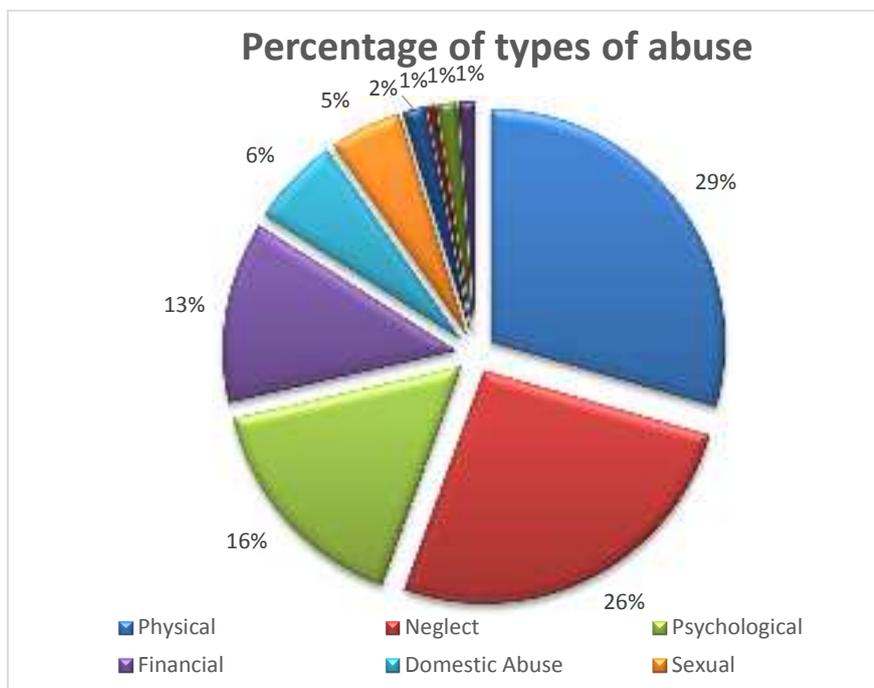
6.2 The March 2013 Home Office of Domestic Abuse defines domestic abuse as:

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over, who are or have been intimate partners or family members regardless of gender or sexuality.

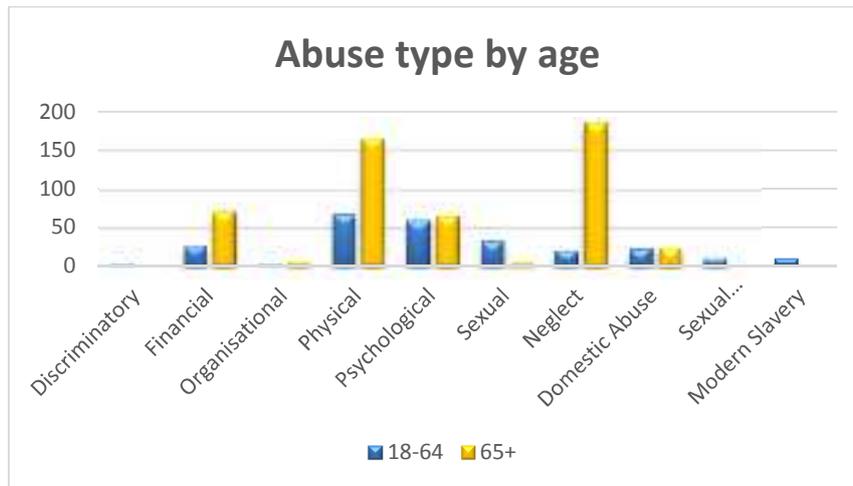
6.3 This can encompass but is not limited to the following types of abuse: Psychological, Physical, Sexual, Financial, And Emotional. Domestic Abuse also includes controlling and coercive behaviour. Section 76 of the Serious Crime Act 2015 makes it an offence to use repeated or continuous controlling or coercive behaviour towards a person with whom the person committing the offence has an intimate personal relationship, or with whom they live , who is a family member, or with whom they were formally in an intimate relationship.

6.4 The London Multi-Agency Adults Safeguarding Policy and Procedures (August 2016) contains supplementary notes on Domestic Abuse (Appendix 6). In addition there is further guidance published for frontline practitioner and managers: ‘Adult Safeguarding and Domestic Abuse’, published by Directors of Adult Social Care, Second Edition 2105.

Type of abuse, percentage



Type of abuse, shown by age



7. Key Safeguarding Duties under the Care Act 2014

- 7.1 Section 42 Enquires by the Local Authority concern the safeguarding duty to undertake an enquiry, or cause one to occur and apply to an adult who:
- Has care and support needs (whether or not the Local Authority is meeting any of those needs)
 - Is experiencing, or is at risk of, abuse and neglect; **and**
 - As a result of those care and support needs, is unable to protect themselves from either the risk of, or the experience of abuse, or neglect.
- 7.2 An enquiry is always led and coordinated by the Local Authority who has statutory responsibilities to lead on Safeguarding. The Local Authority should assure itself that any enquiry undertaken by it, or any enquiry it has caused to occur, satisfies its duty under S42, so as to determine what action is necessary to safeguard and protect the adult. Discretionary enquiries can be initiated in certain situations, for instance when the individual does not have care and support needs, but where there is concern from agencies or professionals that the situation would warrant further investigation.
- 7.3 When causing the enquiry to be undertaken by another body, the local authority must ensure it is able to challenge the body making the enquiry, if necessary. When a crime is suspected, the criminal investigation will take the lead, however close liaison and planning is required, with an emphasis on maintaining the adult's wellbeing.
- 7.4 The enquiry must seek the wishes of the adult-at-risk regarding outcomes, and it must take into consideration the individual's ability to safeguard themselves with reference to any informal support networks, who may be in a position to increase the support they offer and, in turn, offer to safeguard the person. Safeguarding enquires and interventions also need to balance other rights, such as the right to liberty, autonomy and the right

to privacy. However, safety planning and assessment is necessary to understand the gravity of the risk.

8. Mental Capacity, Adult Safeguarding and Domestic Abuse

8.1 The Mental Capacity Act has five key principles designed to protect and support the person. Some victims of violence and abuse may lack capacity to take certain decisions for themselves. In all safeguarding work due regard must be given to the Mental Capacity Act 2005. If there is concern that either the person experiencing the abuse or the perpetrator has mental capacity issues an assessment is necessary.

8.2 A lack of mental capacity could be due to a stroke or brain injury, a mental health problem, dementia, or a learning disability.

8.3 The Mental Capacity Act contains a range of safeguards and legal approaches which could be used to support people experiencing domestic abuse ('Adult Safeguarding and Domestic Abuse', Adass 2015)

8.4 The five key principles of the Act must be applied;

- A person must be assumed to have capacity unless it is established that they lack capacity.
- A person is not to be treated as unable to make a decision unless all practicable steps to help them do so have been taken without success.
- A person is not to be treated as unable to make a decision merely because he makes an unwise decision
- An act done, or a decision made, under this Act for on behalf of a person who lacks capacity must be done, or made in their best interest
- Before the act is done, or the decision is made regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action (HMG, 2005;19)

8.5 Where people subject to abuse or neglect are refusing intervention, assessors need to decide whether such decisions should be described as 'unwise decisions', that is, where the person has capacity and the right to make such decisions, or whether these decision are in fact made because of coercion or control and are therefore part of the abuse they are experiencing. There is scope for the local authorities to commence High Court proceedings to safeguard people who do not lack capacity but whose ability to make decisions is compromised by coercion or undue influence.

8.6 Social Workers do not have power of entry into a property in safeguarding cases, and therefore close collaboration and working with the police is important in cases where access is denied or where access proves difficult.

8.7 Below is a quick summary from Mental Capacity and Adult safeguarding in relation to Domestic Abuse (taken from the Adult Safeguarding and Domestic Abuse – a guide for practitioners, Adass 2015).

- The Mental Capacity Act has five key principles designed to protect and support the person Domestic Abuse

- An apparently unwise decision may be the result of coercion or controlling behaviour by another person
- Independent Mental Capacity Advocates (IMCAs) can support the abused person
- IMCAs may not be specially trained in domestic abuse, but they can work alongside Independent Domestic Abuse Advocates (IDVAs) or other workers from specialist domestic abuse agency.

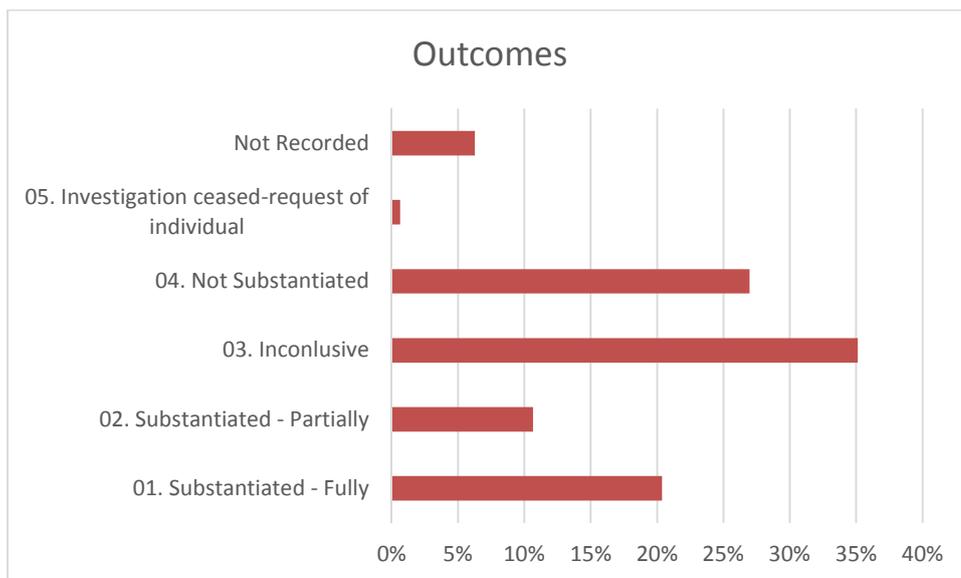
9. Ealing's response to Violence against Girls and Women in the Context of Safeguarding Adults

- 9.1 In Ealing, neglect and physical abuse remain the highest reported types of abuse. In 2016/17, the reported incidents of domestic abuse, with respect to adults with care and support needs, were significantly lower than those of neglect and physical abuse, the highest reported categories of abuse.
- 9.2 As shown above, In Ealing 541 safeguarding concerns were raised about females and 268 of these went to the next stage of the safeguarding process, the enquiry investigation stage. 50 of these 268 cases related to domestic abuse, and this is very much in accordance with the findings across London of domestic abuse case regarding safeguarding.
- 9.3 The British Crime Survey shows that the vast majority of domestic abuse is perpetrated by men on women, and that domestic abuse is a serious risk to women. However men also experience domestic abuse and research indicates that this can be complex area. This is because men who are the primary victims of domestic abuse are counted with those of men who make complaints of abuse (which could be the result of retaliation, or self-defence, from a partner who they have originally abused). Risk assessments have been developed to assess situations where counter-allegations are alleged by both partners.
- 9.4 Research has commented on the context of fear that is an important element in the understanding of domestic abuse as a pattern of coercive control. The Home Office issued a statutory guidance framework in December 2015 to assist practitioners: 'Controlling or Coercive Behaviour in an Intimate or Family Relationship' (Home Office, December 2015)
- 9.5 In Ealing the Safeguarding Adults response to Domestic Abuse is very much in accordance with the national guidance: once a concern is raised about an adult the decision making process will take into account the following:
- Is the person-at-risk aware that the concern is being shared with adult services?
 - What are their views and wishes and desired outcomes of the person who is at risk?
 - Is the person-at-risk in need of care and support?
 - Background information from review of records
 - Analysis of risk (assessment/type of abuse or harm)
 - Does this trigger Section 42 duties?
 - Information gathering/action plan which includes the Safe Lives DASH risk checklist

- Information sharing
- Team manager/senior decision

- 9.6 Working with people with care and support needs requires consideration of a number of issues. These include promoting the person’s independence, understanding that self-esteem may be an issue, as well as being sensitive to possible negative, previous experiences of services. Taking time to build trust and confidence is a key factor since people may find it difficult to disclose all aspects of their situation.
- 9.7 Within the Safeguarding Team there are two senior social workers who represent Adult Social Care at The Multi Agency Risk Assessment Conference (MARAC). This is chaired by the police in conjunction with ‘Standing Together’ an independent Domestic Abuse agency and the panel reviews high risk Domestic Abuse cases. The Safeguarding Seniors team provides support to other teams within Adult Social Care and enables a discussion of complex cases where Domestic Abuse has been identified.

Outcomes from investigations



10. Working with Specialist Domestic Abuse Agencies

- 10.1 Cases which are deemed to be high risk (based on professional judgment) are presented and discussed at the Multi Agency Risk Assessment Conference (MARAC). Cases are referred to the Domestic Abuse Advocates (IDVA’s) for specialist advice and support who assist with safety planning including providing the individual with advice and support on applying for Civil Orders, including Occupancy Orders, to remove the perpetrator from the property they are living in.
- 10.2 In Ealing we work closely with Hestia, Southall Black Sisters and Victims Support and referrals are made to these agencies. If the customer does not have care and support needs and the situation is not deemed to

- warrant a safeguarding enquiry the customer can be sign posted to organisations for further support. Domestic Abuse support services in Ealing are tailored and culturally sensitive to customer's needs.
- 10.3 Independent Domestic Violence Advocates (IDVAs) work across Ealing, based in various organisations including the Police, the voluntary sector and with Victim Support. Their role is to address the safety of victims at high risk of harm from intimate partners, ex-partners or family members to secure their safety and the safety of their children.
 - 10.4 Ealing commissions two refuges and specialist floating support for people who have experienced domestic violence and abuse, which work with 50 women at any one time for investment of £219,559 per year.
 - 10.5 The Safeguarding Team has recently forged links with an organisation called the Silver Project, which has been established by Solace Women's Aid. Working across London, the Silver Project works with older adults who have experienced Domestic Abuse and have support services that are both sensitive and personalised to those who are aged 65 and over.
 - 10.6 Southall Black Sisters supports customers from Asian backgrounds and there are specialist support services for customers from an Eastern European backgrounds. Within Adult Social Care there are workers who come from the Asian, Polish, and other communities and who have the language skills to work with customers who do not speak English. This has proved particularly useful in safeguarding cases where Domestic Abuse has been an issue.
 - 10.7 Training is available for front line staff and the council also provides training to the voluntary sector and specialist agencies and this can be accessed via the training department. Safeguarding Adults offers safeguarding awareness courses and also a specialist Domestic Abuse day course which runs twice a year.
 - 10.8 Training can also be accessed via the Ealing Safeguarding Children's Board who offer specialist Domestic Abuse training sessions run by 'Standing Together', the agency commissioned to chair MARAC and Domestic Homicide Reviews.
 - 10.9 In November the Ealing Children's Safeguarding Board will be hosting a conference on Domestic Abuse called 'Tackling Domestic Abuse- Who is Responsible?' This year the conference will be facilitated by the Chair of the Children's and Adults Safeguarding Board and there will be an emphasis on adult to adult abuse.

11. Working with NHS colleagues

- 11.1 The Council works closely with NHS colleagues in the CCG, with NHS provider trusts and other NHS funded health Care Providers in identifying and responding to risk of neglect and abuse. While the Local Authority remains responsible for safeguarding vulnerable adults, concerns often come to light through other services and contacts. The CCG has a designated Adult Safeguarding and Clinical Quality Manager who works collaboratively to support the local authority safeguarding adults processes.
- 11.2 The CCG also has a nominated organisational lead for Violence against Women and Girls. Currently it is the Designated Nurse Safeguarding

Children who undertakes this role on the VAWG Strategic Group, recognising there is a lifespan approach to VAWG. The CCG's Quality and Safety Committee is one of the forums within the CCG where there is oversight of safeguarding and quality.

12. Working with the community and voluntary sector

- 12.1 Ealing has a strong and diverse voluntary sector which is supported through charitable organisations and businesses as well as through the Council and the NHS. All services commissioned by the Council or NHS are required to operate safeguarding policies, and are able to respond appropriately to support women and girls who are experiencing violence or are at risk. Some organisations work specifically to provide these services, and some examples of what is provided to prevent violence against women and girls are listed here
- 12.2 The Carers Support Service commissioned in Ealing is particularly important in working to prevent and address violence against women and girls, and against men. Caring roles bring pressure and stress to family relationships, alongside increased vulnerability of one or more family members. Support provided to carers can reduce stress, make a significant difference to people's ability to cope and to seek further help when they need it.
- 12.3 Neighbourly Care, Southall Community Alliance, Southall Day Centre and Age UK all provide information and advice about domestic abuse and some run women's groups. The Asian Counselling service works specifically with those experiencing domestic violence. There is an Eastern European Service focusing on working with women and girls from this background.
- 12.4 Southall Black Sisters and work with Black and Minority Ethnic women experiencing domestic abuse and employ IDVAs.
- 12.5 EACH provides counselling and support for people who have experienced rape, trafficking, street homelessness and substance misuse alongside long term mental health needs. As part of this they are commissioned to support Ealing people who are being discharged from mental health hospitals.
- 12.6 Women can access Project Jasmine within EACH where they can find specialist support within a women only environment. EACH also supports people with accessing employment and training. 'Ascent' is a new service provided by EACH and funded by London Councils, providing support to women experiencing or affected by domestic violence and abuse.
- 12.7 The Women and Girls Network provides West London Rape Crisis services and has recently launched a new project called 'Indigo'. They will offer a range of services to support women and girls presenting with complex, high-risk needs primarily associated with experiences of gendered violence.
- 12.8 The service will deliver specialist, integrated and holistic high-intensity care pathways for complex needs clients, involving advocacy and counselling, trauma-focused interventions, and a point of coordination for other health and social care professionals. The Network works closely with

other community organisations and statutory services, linking with the Ealing Talking Therapies Network.

- 12.9 The Women's Wellbeing Zone is a new project, funded through the Mayor's Office of Police and Crime, for women with multiple and complex needs in Ealing, including those with mental health needs, hazardous substance use, experiencing domestic abuse, sex working and the criminal justice system. This is described in another presentation.

13. Legal Implications

There are none arising directly from this presentation.

14. Financial Implications

There are none arising directly from this presentation.

15. Other Implications

There are none.

16. Background Reading

Making Safeguarding Personal; A toolkit for responses, London Government Association, Fourth Edition January 2015

Ealing Safeguarding Adults Report 2016-17

Adult Safeguarding and Domestic Abuse, London Government Association, Second Edition 2015

Pre-publication sign-off

Name	Department	Date sent	Date response received	Comments appear in report paragraph:
Internal				
Kim Carey	Director Adults Services	07/11/17	07/11/17	

Report History

Decision type: Non-key decision	Urgency item? No
---	----------------------------

Authorised by Cabinet member:	Date report drafted:	Report deadline:	Date report sent:
Not applicable			

Report no.:	Report author and contact for queries:
	Val Wilson, Mental Health Commissioning Manager, , Ext 7704

Appendix 1: The Safeguarding Adults Response and Making Safeguarding

Safeguarding Concern

- Identification of abuse or neglect
- Immediate safety needs are met.
- Concern is referred into the local Adult Safeguarding process
- **All communications must be entered on to the FWI or RIO systems**

I am given the information I need in the way that I need it.

I get help and support to report abuse or neglect.

Concern Decision-Making

- Check actions taken to address immediate risks
- Checks made and additional information gathered
- Provision of Information and Advice
- Decision made whenever Care Act s42 Duty of Enquiry triggered (Local Authority

Whenever it is safe to do so, I am spoken to and am able to discuss what information about me is shared, who with and why.

Safeguarding Enquiry

- Gain views, consent and desired outcomes of the adult.
- Duty to refer to advocate if required (Care Act s68)
- Gather and share information.
- Agree what enquiries are needed and who will do this.
- Risks assess and plan interim safeguarding plan.
- Make enquiries or cause them to be made.
- Identify what actions should be taken in the adults' case.
- The enquiries made and actions taken are lawful and proportionate
- **All communications must be entered on to the FWI or RIO systems**

People ask what I want to happen and things move at a pace I am happy with

I am given all the support I need to help me to make my own decisions where I can

The people I want are involved

People listen to me and explain things to me in a way I can understand

Safeguarding Plan

- Plan is person-centred and outcome-focussed
- Plan is proportionate and least restrictive.
- Timescales for review and monitoring of plan are agreed.
- All involved are clear about their roles and responsibilities.
- **All communications must be entered on to the FWI or RIO systems**

I can live the life I want and I am supported to manage the risks I choose to take.

I understand the reasons when decisions are made that I do not agree

The help I receive makes my situation better

I feel safe and in control.

Appendix 2: Case Study

The names have been changed in this case study as has some of the information for the purpose confidentiality, however the situation is based on a real safeguarding concern.

Mrs. Smith is 80 years old and lives alone in a one bedroom flat. Her husband died twenty years ago and she has one son who is 50 years old. She has a substantial care package because of physical disabilities.

Mrs. Smith had a fall and the telecare service contacted her son to inform him that she had a fall. Her son arrived and called the ambulance.

When Mrs. Smith was in hospital she disclosed to a doctor that when her son Martin had come to see her when she fell he was angry and he kicked her and he assaulted her. She also reported that her son had hit her in her face with a closed fist and when she started to scream he placed a pillow over her face and he tried to stop her from screaming by putting his hand on her mouth. Mrs Smith had injuries and stated that these were from the assault that had taken place. . She reported that her son had told her that he was fed up of supporting her and that he had his own life to live. Mrs Smith felt guilty for telling the Doctor about the incident and pleased that he did not tell anyone. The doctor spent some time with Mrs Smith and persuaded her to report the incident to the police and safeguarding.

A social worker visited Mrs. Smith the same day that the safeguarding referral was received and Mrs. Smith admitted that her son had attacked her but insisted that she did not want her son to get in trouble and she did not want it reported to the police. Mrs. Smith insisted that if her son is reported to the police her son would retaliate against her and that her son visits her on a regular basis.

Given the extend of the injuries a lot of time and support was given to Mrs Smith to speak to the police and she was placed in a care home as she felt she would safer in a different environment.