

Adult Safeguarding Customer Stories

Improving Lives Select Commission

July 2022

Lauren Rochat

Safeguarding Customer Stories

- Making Safeguarding Personal
- a sector-led initiative which aims to develop an outcomes focus to safeguarding work, and a range of responses to support people to improve or resolve their circumstances

“Safeguarding is what we do with people not to people”

The Story of Mr W

- 67 year old, living in an LA bungalow.
- He was targeted by a male who 'cuckooed' his property, isolated him from his friends and family and began to both financially and physically exploit him.
- Housing Officer referred the case to Community Multi-agency Risk Assessment Conference.
- Escalated to VARM (Vulnerable Adult Risk Management). This was as a result of the complexities of the case and the need for a more person centred approach to the threat, harm and risk. The fact that the perpetrator had coerced the victim to such an extent into believing that he was his source of care and support prevented the victim from making a complaint.
- Mr W has capacity and is able to make his own decisions.

The Story of Mr W

- The plan was to disrupt the situation by ensuring a regular police presence utilising local officers. Officers from Adult Social Care ensured that the appropriate care needs assessments were completed and we began instilling trust back into the victim by highlighting the fact that we felt that he was the victim of exploitation.
- Joint working across care agencies, community police teams, anti-social behaviour officers and housing officers.
- Mr W was offered the chance to move house however he refused and feared reprisals.
- Evidence gathered by LA ASB officers meant the perpetrator was served with an injunction warning letter that seeks to prevent him engaging with vulnerable people.
- There are very limited powers to address such a situation but the tenacity, patience and determination of all partners involved, served to ensure that this victim will live out the rest of his days in safety, free from exploitation.

The Story of P

- P is a 60 year old man living alone, P was diagnosed with Asperger's at 11 years old. He received little to no help following his diagnosis, and support was left to the family.
- P has mostly withdrawn from life, following the death of his father and partner around 10 years ago.
- P's aging mother is struggling to cope with her caring role.
- P withdrew from health services completely, leaving his family at a loss as to what to do. For around 4-5 months his GP had been extremely worried about his ongoing symptoms and his need for investigations into potentially life-limiting conditions. P would not listen to the GP and would walk out. His weight declined and so did his overall health and well-being.
- The GP, and a respiratory consultant from Breathing Space, both contacted the learning disability and autism team about P as they were worried how we would engage him with health services.

The Story of P

- We agreed a neutral venue of a family member's home where P would be comfortable. On visiting it was clear that his health had severely declined and he was very unwell.
- It was clear at this time he was functioning at a high level of untreated anxiety, potentially from his autism, and was very low in mood. We needed to get P to hospital.
- We worked with family and ambulance crew to transport P to UECC, the staff team were extremely welcoming and accommodating to P's needs, quickly finding him a cubicle.
- It is extremely difficult for P to communicate his needs and wishes, due to his high levels of anxious behaviour and low mood. At times during his stay in UECC he became selectively mute and disengaged.
- On his third attendance at the department the staff team quickly employed strategies to lessen his anxiety, and as a team, we were successfully able to get many of the much needed health investigations carried out.

The Story of P

- The joint working between UECC and LD service has made the necessary hospital experience bearable for P.
- As a team, we have since visited P in his flat. He welcomed our visit and his family cannot believe he has made such a step to let us into his home.
- We now have a plan for P, visiting weekly, to work around his anxieties related to blood tests and his overall engagement with health care professionals. He is now at a point where he is happy to accept this help and support.

Six Principles of Safeguarding

- Empowerment - People are supported and encouraged to make their own decisions and informed consent.
- Prevention - It is better to take action before harm occurs.
- Proportionality - The least intrusive response appropriate to the risk presented.
- Protection - Support and representation for those in greatest need.
- Partnership - Services offer local solutions through working closely with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- Accountability - Accountability and transparency in delivering safeguarding.