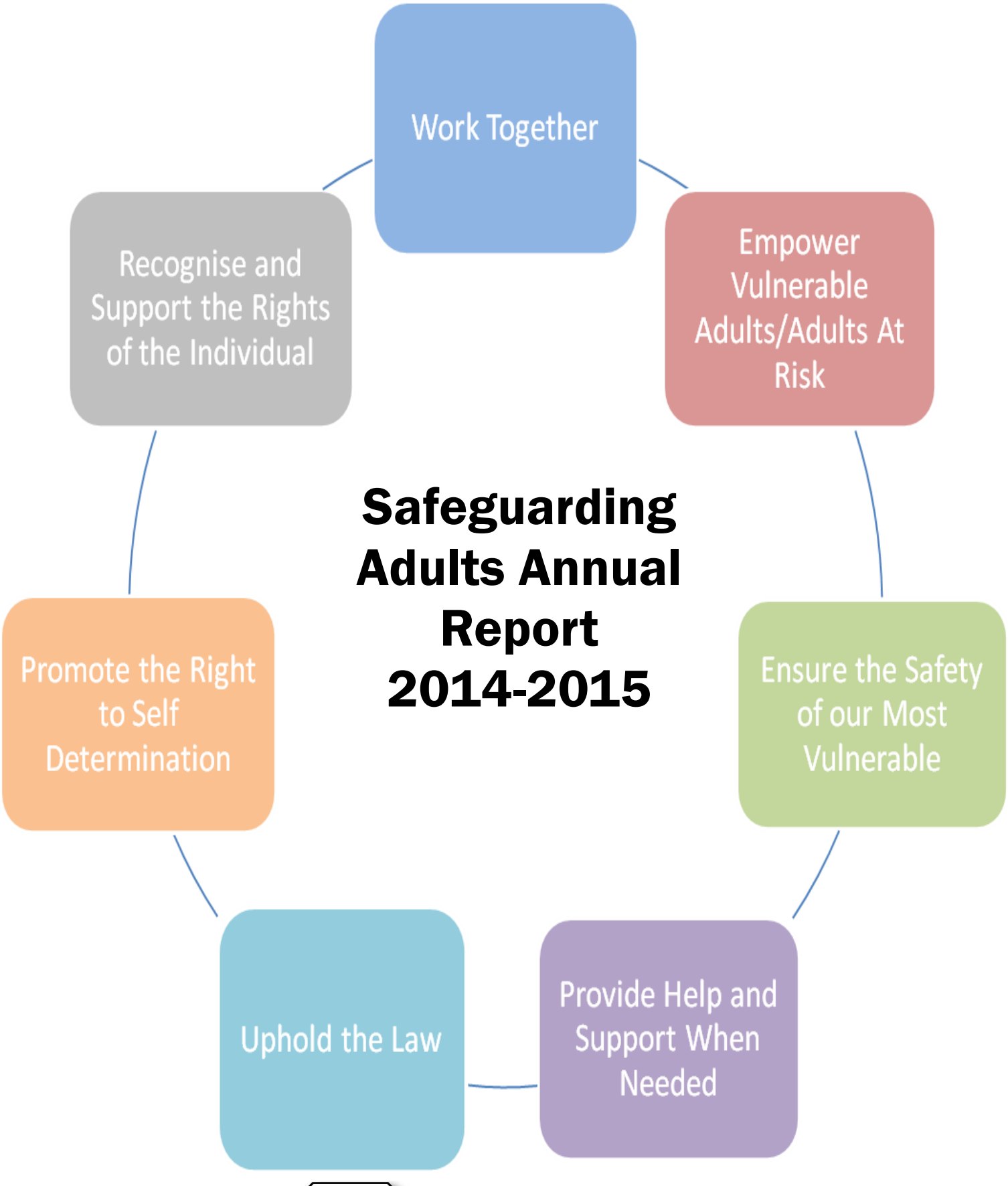
Putting a STOP to Adult Abuse



Safeguarding Adults Annual Report 2014-2015

Team Bury
Working Together For A Better Bury

Contents

2015 Adult Safeguarding Event

Look out for the flyers for the 2015 Annual Safeguarding Event.

Building on the success of the last 2 events, this year's event will be held in November (date to be confirmed).

Welcome!

My name is David Hanley and I am the Independent Chair for Bury Adult Safeguarding Strategic Board. On behalf of the Board I would like to present the 2014-2015 Bury Safeguarding Adults Annual Report.

This report outlines the work of the Board over the last year and how organisations have worked in partnership to improve the safety of vulnerable adults within Bury. It also sets out in brief our proposals for 2015-2016.

Again this has been a busy and year, during which all organisations across the Borough have faced many challenges. It is to everyone's credit that Adult Safeguarding has remained so well supported, and I am grateful to everyone for all their efforts.

This year brought an unexpected challenge, when the law around Deprivation of Liberty Orders underwent a significant change. This has seen an massive and unprecedented increase in the number of these cases requiring consideration, which up and down the country has placed major strains on Local Authorities and their partners. More information on this can be seen on pages 7 & 8 but this remains a major issue for 2015-16.

As mentioned in last year's report, our strategic focus for this year has been around preventing abuse. We have now developed a 3 year Prevention Strategy covering three main priorities:
1) People who use our services and their carers
2) The Community
3) Organisations
See page 6 for more information regarding our Prevention Strategy.

In November 2014 the Elizabethan Suite hosted our 2nd Adult Safeguarding Event. The event didn't disappoint with attendees from across the board providing lively and interesting debate. Again more details about the Event and its outcomes can be found in the body of the report.

2015-2016 will be a year of change for our Board. The Care Act has at last put Safeguarding Boards on a statutory footing, which is a welcome recognition of how important it is for agencies to work together to support and protect those adults who suffer abuse. The responsibilities of the Board have been made very clear, and it will require us to be innovative and creative in order to meeting the changing agenda around Adult Safeguarding. This will also demand yet more commitment for all concerned.

So with that in mind I would like to thank all those who have contributed to making 2014-2015 a successful year, and I look forward to the coming year confident in the on-going energy and commitment of everyone involved in Adult Safeguarding.

David

What is Adult Safeguarding?

Most people are vulnerable and at risk at some stage in their lives. It is crucial therefore that our services and communities are vigilant, understand, are aware and acknowledge that adult abuse occurs.

Bury Adult Safeguarding Board and its associated partners are committed to protecting adults at risk from abuse. This absolute commitment is based on the following, fundamental principles that all adults have a right to: -

1. Live free from violence, fear and abuse and neglect.
2. Be safeguarded from harm and exploitation.
3. Have independence and choice, which may involve a degree of risk.

Although some organisations have a direct responsibility to protect adults at risk, it is everyone's responsibility:

· To work towards preventing the abuse of adults at risk;
· To act promptly to report their suspicions; and
· To support the individual when they believe abuse is taking place.

<u>Duty of the Local Authority to make enquires:</u>

The Care Act 2014 places a duty on each local authority to:

- Start an enquiry if it is believed an adult is experiencing or is at risk of abuse and neglect.
- Ensure that the person is able to be involved as far as possible i.e. by providing an interpreter.
- Appoint an advocate if the person has substantial difficulty in being involved in the safeguarding enquiry or safeguarding adult review and there is no other appropriate person to support them.

Once enquires have been made, where appropriate organisations other than the local authority may take on the responsibility investigating the abuse i.e. Police, health services, Care Quality Commission etc.

The above duties apply to an adult who:

- Has needs for care and support
- Is experiencing or at risk of abuse or neglect: &
- As a result of those care and support needs is unable to protect themselves from either the risk, or the experience of abuse and neglect.

To report adult abuse please contact the Bury Council's Connect And Direct Hub on 0161 253 5151

Defining Abuse

Abuse is defined as:

… a violation of an individual's human and civil rights by any other person or persons which results in significant harm. (Department of Health, 2000)

Abuse may be:
· A single act or repeated acts
· An act of neglect or a failure to act

Types of abuse can be broken down into a number of categories:

Physical	e.g. as hitting, slapping, misuse of medication or restraint.
Sexual	e.g. rape or sexual assault.
Financial	e.g. theft, fraud, pressure around property or inheritance.
Neglect	e.g. ignoring medical/physical care needs.
Psychological/ Emotional	e.g. threats of harm or abandonment.
Institutional	A systematic failure of an organisation to provide appropriate care.
Discriminatory	e.g. racist, sexist behaviour or abuse because of someone's disability.

Facts and Figures 2014-2015

Bury Council has responsibility for collecting information about adult abuse within Bury.

Reports of abuse are split into 2 categories:
1) an "alert" which is an initial report of abuse and
2) a "referral" where the case goes on to be investigated under safeguarding procedures.

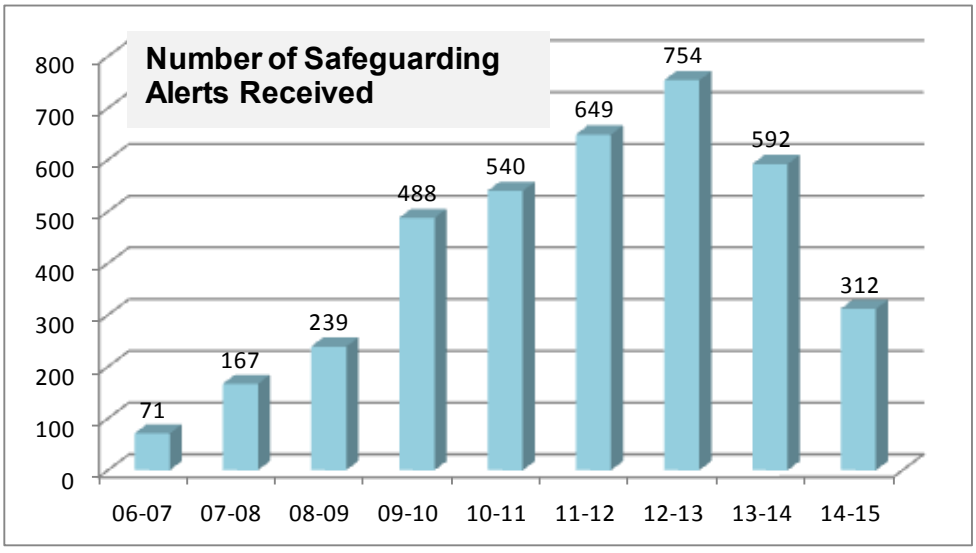
When a report of abuse is received the details are passed through to a team of professionals who look at the case in more detail and decide what action to take. That action can be to conduct a full adult safeguarding investigation, in which case the alert is now called a "safeguarding referral", or the case can be taken through a different route such as a review of the customers care plan or provision of support in some other way.

Previously Bury Council were required to report detailed information on all safeguarding "alerts" however from April 2013 the requirements changed in that data is only collected for those cases which are investigated. This was an extremely positive step as it meant that when data analysis took place it was only concerned with cases where abuse had occurred—giving us a far more clear picture of abuse in Bury.

The following pages take you through the number of alerts received and then from there the breakdown of demographic and case outcome information for those cases which went through to investigation (i.e. the "referrals").

Number of Adult Safeguarding "Alerts" Received

As you can see from the chart, from 2013-14 we have seen a decrease in the number safeguarding alerts received. This drop in alerts has been experienced for the last 2 years running.



Why the decrease?

In 12-13 guidance confirming how and when to report adult abuse was pulled together via the Safeguarding Board. This guidance is called the "Safeguarding Thresholds" and came about as a result of a significant number of "inappropriate" safeguarding alerts being raised.

These inappropriate referrals had the effect of giving a false pictures of abuse in Bury. For example alerts were raised where someone needed support with daily living tasks, such cases were clearly not abuse cases but are requests for support. However, these types of cases were initially recorded as safeguarding alerts skewing the overall figures.

Sept 2013 also saw the formation of Bury Council's Connect and Direct (CAD) Hub. These trained social workers and social care officers triage all safeguarding alerts coming into Bury Council. Where "inappropriate" safeguarding alerts come into this team, they are not recorded as such but are forwarded to the most appropriate organisation or service. This dedicated support has again considerably reduced the number of recorded alerts. Meaning that the quality of information regarding abuse is getting better. This is supported by the conversion rate to "referral" (i.e. where cases go forward to investigation).

Out of the 312 alerts received 126 cases were taken through to investigation (i.e. classed as a referral). This works out at a 40% conversion from alert to referral an increase from the 20% conversion rate in 2013-2014 and the 15% conversion rate in 2012-2013. This underpins the premise that number of inappropriate referrals is reducing.

(Facts and Figures Cont) Investigation Background Details

The following facts and figures will now concentrate on those cases which were investigated and concluded under the adult safeguarding process: -

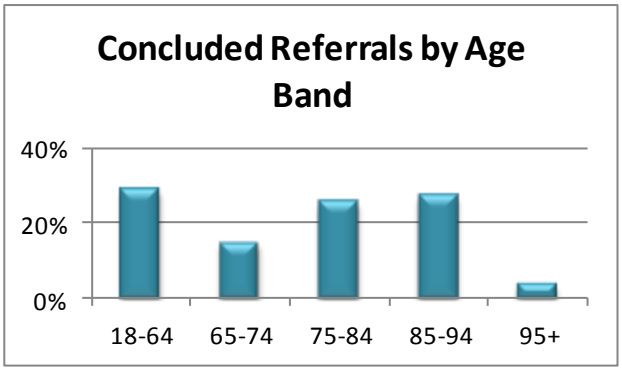
Investigations Concluded in 2014-2015

126 referrals were started in 2014-2015 of which 93 were concluded during the year. In additional 36 referrals which had begun in the previous financial year (2013-2014) were also concluded. Referrals started in this financial year but were ongoing at the end of the reporting period will be featured in the 2015-2016 report.
The following statistics will be based on the 129 referrals concluded in 2014-2015.

Age

Out of the 129 referrals 29% were involving people under the age of 65. However, the majority of referrals 71% involved people over the age of 65.

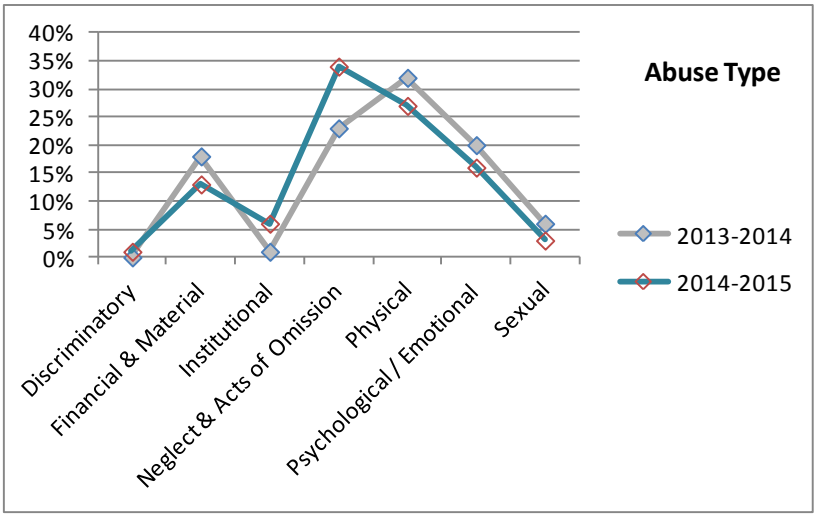
The higher figure of referrals involving people over the age of 65 is not unexpected, as it is this cohort of people who are more likely to suffer from physical or mental ill-health due to age related illness.



Type of Abuse Reported

The most prevalent form of abuse this year was "neglect & acts of omission" at 24% - an 11% rise from 2013-2014. This was followed by Physical abuse at 27% which has dropped slightly from 32% the previous year.

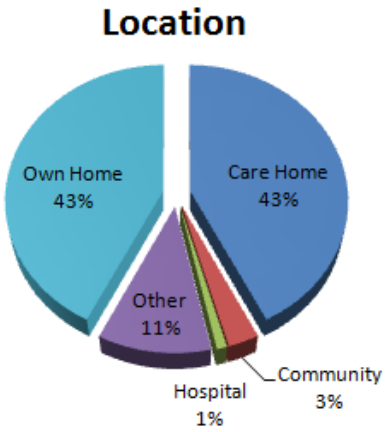
There has been very little change in the types of abuse when comparing the this year and last year.



However of note—Institutional abuse has risen from 1% in 2013-14 to 6% in 2014-2015. Institutional abuse cases are complex, however more awareness in Bury of this type of abuse has come about due to training and media coverage. Meaning that we are starting to see a rise in the number of cases investigated.

Location of Abuse

Comparative figures for 2013-2014 and 2014-2015 are similar. With 42% of cases reported to be within a care home setting in 2013-2014 compared to this years figure of 43% - a slight (1%) rise. Care homes are regulated services and have a duty of care to report incidents of abuse, therefore it is understandable that a great many of the abuse referrals originate from these settings.



The second most common location for abuse was reported as a person's "Own Home" at 35% in 2013-2014 rising to 43% this year which looks to be rising to fall in line with the number of cases reported with care homes. This is thought to be due to more and more people being enabled to stay within their own home with support.

Investigation Findings

When someone discloses that they are being abused or abuse is found/thought to have happened it is important that services react quickly and professionally. In order to do this a standard adult safeguarding process is in place. This process considers firstly how protect the adult being abused and secondly investigates what happened and what action needs to be taken.
The basic process is illustrated in the diagram to the side.

A person going through the safeguarding process will be asked what their views and wishes are and what they would like to see happen as a result of an investigation. This will be done at the beginning of an investigation and then reviewed as the investigation progresses. However, it is their absolute right to withdraw from the process if they wish to do so —the investigation will conclude unless it is in the public interest to continue (i.e. potential harm to other people).

Completion of and investigation is recorded under 1 of 5 categories:

1. **Substantiated**— where all allegations made were believed to have happened.
2. **Partially Substantiated**—where there are multiple types of abuse alleged and one or more, but not all types of abuse were believed to have happened.
3. **Inconclusive**—where there is insufficient evidence to allow a conclusion to be made.
4. **Unsubstantiated**— where allegations of abuse are believed not to have happened and believed to be unfounded or have been disproved.
5. **Ceased**—where no conclusion can be reached as the person involved has asked for the investigation to stop.

2014-2015 Figures

The figures below reflect the results of the 129 concluded investigations when compared to 2013-2014

Conclusion	13/14	14/15
Substantiated	35%	42%
Partially Substantiated	15%	15%
Inconclusive	11%	10%
Not Substantiated	37%	31%
Ceased	2%	2%

In 57% of the cases abuse was found to have happened an increase of 7% from 2013-2014.

10% of cases were found to be "inconclusive" compared to 11% in 2013-2014. This figure shows a year on year improvement compared with 2012-2013 figures which reported that 27% of cases were found to be inconclusive. This is a significant improvement which can be attributed to an increased knowledge of what constitutes abuse raised through specific training programmes, and also the effective screening of cases by the Connect and Direct Hub—linking in with the fact that the number of "inappropriate" referrals is reducing.

The above raising in awareness, training and effective screening also underpins the "Inconclusive" figure which shows decrease of 1% when compared to 2013-2014 and a decrease of 16% when compared with 2012-2013. Additionally illustrating that investigating teams to come to more decisive conclusions rather than having to determine cases as being inconclusive.

As mentioned previously a small proportion of customers (2%) requested that investigations ceased, and their wishes were respected. This figure has not changed.

However, no matter what the conclusion of a case the adult(s) at the centre of the investigation will be supported until risks to them are either completely removed or minimised.

Prevention Strategy

One of the core functions of Bury Adult Safeguarding Board is to ensure that vulnerable adults are supported should they ever suffer abuse. Family members, communities and organisations work hard every day to prevent adult abuse from happening. However as a Board we felt that we needed to consolidate this approach in the form of a strategy. Therefore this year we the launched the "Bury Adult Safeguarding Board Prevention Strategy 2014-2017".

Below gives you an overview of the strategy and what areas of work we will be looking at over the next year.

Bury's Prevention Strategy Priorities

After in-depth discussion 3 key priorities were identified within the Prevention Strategy these are:

1

People who use our services and their carers:

Ensure that individuals who need support have the right to personal autonomy, which is respected and underpinned by proportionate approach to risk management.

2

The Community:

Support, develop and champion safeguarding initiatives within Bury communities. Ensuring that members of our communities understand the role they play in preventing, detecting and reporting abuse and neglect.

3

Organisations:

Ensure that all organisations have a sound understanding of adult safeguarding, with high quality policies and procedures in place, which are: easily understood by the workforce, provide clarity about their roles and responsibilities and are aligned to local protocols and practice.

After discussion these priorities were then broken down into 3 key work areas. It is these work areas that the Board will progress over the next year, they are:

1) Tackling Loneliness

Our approach will be to:

- Map and understand what resources and information is available in the community.
- Engage with the voluntary sector to look at how they could support project development
- Recognise initiatives will need to be locally based, and hence should be undertaken, in the first place, at Township levels.
- Recognise that large organisations, such as hospitals, local authorities and large employers are also community assets and play a vital role in supporting/developing initiatives.

2) Supporting Carers

Our approach will be to:

- Engage with service commissioners to identify the role of health and social care services in providing on-going advice and support to people carers on their own.
- Work with carers and practitioners to develop a range of support that carers can access readily.

3) Customer and patient led assessment of quality of care

Our approach will be to:

- Engage with health and social care providers to gain their support in developing customer and patient led approaches to assessing the quality of care.
- Engage with the voluntary sector to develop an approach for engaging with customers and patients for drawing up quality measures that reflect their own experiences and aspirations around a positive experience of care.

If you are interested in finding out more please email : dolsteam@bury.gov.uk

Deprivation of Liberty What is it?

What are the Deprivation of Liberty Safeguards (DoLS)?

Sometimes care homes and hospitals have to limit people's freedom to keep them safe.

The Deprivation of Liberty Safeguards (DoLS) provide a legal framework that helps to ensure the person's human rights are protected.

The DoLS are part of the Mental Capacity Act 2005. They say that people can only be deprived of their liberty when they lack mental capacity to make decisions about their care and accommodation, and it is in their best interests.

The DoLS were introduced in 2007 after a European Court of Human Rights ruling.

The ruling found that a man with autism had been unlawfully deprived of his liberty in Bournewood Hospital because the hospital had not used any legal framework to detain him. This had meant that his carers experienced real difficulty in trying to get him released from the hospital, as there was no system to appeal against his admission.

How do they work?

In 2014 the Supreme Court said that a person is deprived of their liberty if they are:

1) Under continuous supervision and control and are;
2) Not free to leave.

A person can be deprived of their liberty even if the restrictions are in their best interests - even when they or their families are not objecting.

Care/Nursing homes and hospitals must apply to their local authority for authorisation to deprive a person of their liberty.

The local authority will send out two independent assessors to assess whether the qualifying requirements for the DoLS are met, the assessor are:

Mental Health Assessor who is a specially trained doctor. They will clarify that the person lacks the mental capacity to agree to their place of residence and care.

Best Interest Assessor who will speak to the person and their family and friends about the persons best interests. They are also the person that identifies whether a deprivation of liberty is happening and whether it is a proportionate response to that persons care needs.

The above landmark ruling considerably extended the reach of who needs to be considered as being deprived of their liberty, meaning that people living within their own homes or within supported living facilities now needed to be assessed.

Two process for assessment of deprivation of liberty now exist they are:

1) Deprivation of Liberty Safeguards (DoLS)
   As mentioned above the DOLS process had been in place since 2009, therefore local authorities (who are responsible for managing this type of process) began to see a significant increase in DoLS applications.

2) Deprivation of Liberty Jurisdiction Cases
   For people being deprived of their liberty in the community or within other non care home/ hospital facilities the only way to assess whether a deprivation of liberty is occurring is through a hearing at the Court of Protection.

Deprivation of Liberty Safeguards (DoLS) Facts and Figures

The figures and narrative below show some basic information regarding the Deprivation of Liberty Safeguard applications made for 2014-2015 compared to the number of applications received in 2013-2014:

This equates to over a 600% increase in the number of applications.

Number of applications Received
2013-2014 = 31 applications
2014-2015 = 224 applications

Age
Youngest person for which an application was made:
2013-2014 = 24
2014-2015 = 19

Oldest person for which an application was made:
2013-2014 = 92
2014-2015 = 97

The age of customers for DoL applications tends to be above 65 yrs. This is because DoLs mainly originate from care homes, who's residents tend to be older.

Breakdown by Disability
Of note the figures between the 2 data sets are considerably different. What is immediately noticeable is that applications for people with dementia has increased by over 36%. However, when considering the "Cheshire West" ruling which affects care home residents in particular, this increase was not unexpected.

Disability	2013-2014	2014-2015
Visual Impairment	3%	0%
Dual Sensory Loss	6%	0%
Other Physical Disability	10%	9%
Dementia	23%	59%
Other Mental Health Needs	39%	13%
Learning Disability	19%	16%
Other Disability	0%	3%

It was also not unexpected that the % of applications for people with Mental Health needs other than dementia would decrease . People with other mental health needs can often be subject to more restrictions due to the complex nature of their needs, however as a group of people they are not as large as those with dementia. Pre-Cheshire West (2013-2014 figures) the figure for people with other mental health needs showed higher, however due to the volume of applications post Cheshire West for people with dementia the "% share" of applications has comparatively decreased.

Figures for deprivation of liberty "jurisdiction" cases will be provided in the 2015-2016 annual report.

What's New?

News from Bury Clinical Commissioning Group (CCG)

2014-2015 has been a busy year for health services and adult safeguarding in Bury highlights as follows:

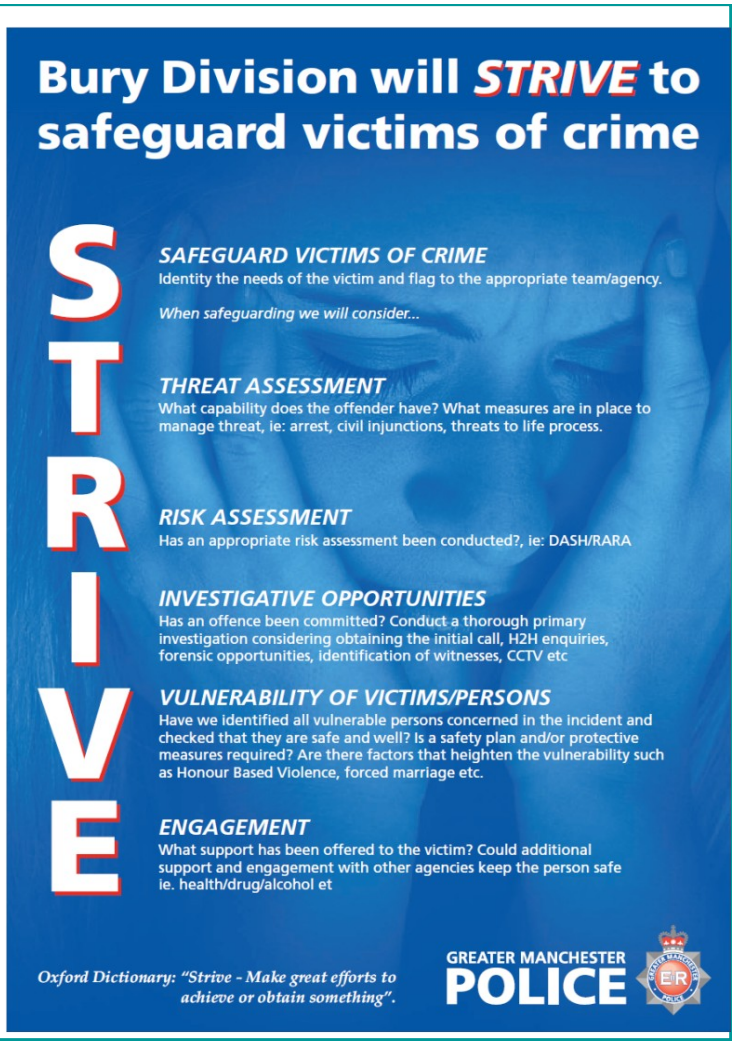
- Appointment of Adult Safeguarding Lead for Pennine Care Foundation Trust
- CCG continues with a rolling programme of Adult Safeguarding training for General Practitioners
- NHS England have allocated additional funding to raise awareness of the Mental Capacity Act in primary care services. A training programme has been arranged to run through 2015.
- CCG have supported several safeguarding investigations and have been the lead the investigation in 18 cases which consist of - 9 cases of physical abuse , 4 cases of Neglect, 5 cases of Institutional abuse.
- Safeguarding and Quality Forum has been established and is working well. This Forum is a regular meeting with Nursing Home Managers which looks at monitoring quality of care in nursing homes and providing peer support.

Greater Manchester Police STRIVE Partnership Intervention Team

Bury STRIVE Partnership Intervention Team has this year been set up to support victims of domestic abuse in Bury. The team was formed following a successful pilot which ran in Bury, Bolton and Tameside. The Team consists of a combination of specialists, Police Community Support Officers and response officers.

The team re-visit victims of domestic abuse, ensuring that victims have all the information they need to recognise the "cycle of abuse", the impact domestic abuse can have on children and what in circumstances can trigger domestic abuse.

The main aim of the team is early intervention, in the hope that by working with people to recognise abuse very early on repeat instances will be avoided/reduced.



Make "no decision about me without me."

Department of Health 2012

Care Act 2014 - Requirements of Safeguarding Board

It has been over 60 years since the foundations of social care law were put in place. The need for new laws which reflect modern standards, expectations and practices has become more pressing.

Over the last 3 years the Law Commission have been working with Central Government to develop the Care Bill. This Bill has now been through scrutiny and received Royal Assent in June 2014 which transformed it into the Care Act (2014). Part 1 of the Act will come into effect in April 2015.

The main principle of this Act is to ensure that people needing care services can shape their own package of care round what they want rather than the state deciding what they need.

The Act aims to clarify care and support systems and will set a national minimum eligibility threshold to help people better understand whether they are eligible for local authority support. Crucially the Act will allow for older people to move areas without their care package being interrupted and will put carers on the same legal footing as the people they care for.

Specific key messages around safeguarding:

- Requirement for the Safeguarding Board to have an annual strategic Plan, publish an annual report (in plain English) and as a minimum consist of members from the Local Authority, Clinical Commissioning Group and Police.
- Requirement for the Safeguarding Board to carry out Safeguarding Adult Reviews into cases where someone who is experiencing abuse or neglect dies or there is concern abut how authorities acted.
- Local Authorities to carry out enquires (or cause others to) where an adult is at risk of abuse or neglect.
- New ability for Local Authorities to require information sharing from other partners to support reviews or other functions.
- Removal of the existing power under the National Assistance Act (1948) for local authorities to remove people from their homes.

Additionally there is also an additional duty to provide independent advocacy services in order to support people involved in i.e. Assessments, reviews, safeguarding enquires and Safeguarding Adult Reviews.

Pat Jones-Greenhalgh Executive Director Bury Council, Department for Communities and Wellbeing

Safeguarding adults from abuse is a key priority for Bury Council. That is why this year I requested we underwent an independent "Peer Challenge" review as part of the Towards Excellence In Adult Social Care programme. The review concentrated specifically on Bury Council's approach to adult safeguarding and was staffed by senior local council officers from across the North West. I am pleased to report that the review found our approach to be comprehensive and that "Bury promotes a positive culture in terms of personalisation, choice and control". This positive commendation has allows me to assure not only our Board but also our customers that whilst we still need to learn and continue to improve, we are moving in the right direction.

Next year will bring its challenges, in particular with regard to the significant increase in Deprivation of Liberty cases for which Bury Council is responsible for managing and scrutinising. In order to respond to this increase, and to ensure the continued safeguarding of our most vulnerable customers we have invested in increasing the "DoLS" team to meet these demands.

2014 Adult Safeguarding Event

The Safeguarding Board hosted the second Adult Safeguarding Event in November 2014. The commitment to the event was outstanding with more people wanting to attend than we could accommodate, therefore the first order of business for the 2015 event is to find a bigger venue!

Delegates came from many different walks of life - customers of social care services, care providers, charity organisations, GP's, pharmacists, community health services and council officers. The mix was varied but added to the lively debate and brought a wealth of valuable knowledge.

The theme of the event was "Prevention" with the aim of the event was to update delegates on the work done by the Board around adult abuse prevention.

First on the agenda was a presentation launching the Customer /Patient" Charter, more details about the Charter on the next page.

Next was a presentation about the Bury Directory. This is an on-line directory which is a one-stop information point for advice support, activities and services. The Directory includes local as well as national initiatives. One of the more innovative ideas coming out of the event was the idea that local GP's and nurses could use the directory to pull together a "social prescription" for people i.e. giving their patients information about local or national interest groups.

Not letting our delegates get too comfy, the next session was a round table discussion about how we could prevent abuse in Bury. Another lively debate ensued, with some great ideas being tabled, all of which will be discussed as part of the Boards prevention strategy action plan.

Lastly, but certainly not least came the launch of the "Ambassadors Against Adult Abuse" initiative. This initiative was created following ideas coming from the 2013 event, again more details on the next page. However, thank you to the 30 people who signed up to become Ambassadors—training will be coming your way soon.

On behalf of the Board again a big thank you to all who attended and all those who supported the event, we look forward to seeing you again for the 2015 Event. Details to be posted soon!

Photo Gallery from the 2014 Adult Safeguarding Board Event

Annual Event Continued

As mentioned on the previous page there were 2 items on the Annual Event agenda that we would like to tell you a bit more about, please find details below regarding the Customer/Patient Charter and the Ambassadors Against Abuse Initiative:

Customer/Patient Charter

The Charter sets out standards regarding customer/patient services. It acts as a guide for customers and patients about what they can expect from services and what services can expect from them.
The Charter was pulled together in consultation with customers who are involved with Bury adult social care services and customers who utilise Bury health services.
The Charter is split into 2 sections:

1) What services will do for customers:
   - Ensure the right treatment
   - Ensure the right information is given
   - Allocate a dedicated contact officer
   - Ensure a quick response.

2) What services require from customer/patients
   - Let services know when circumstances change
   - Be honest about views and wishes
   - Advise services if further support is needed
   - Advise if information is needed in a different way

Ambassadors Against Abuse Initiative

The need to raise the profile of adult safeguarding in Bury has been recognised for some time.
In particular there is a need to raise awareness with non adult care service professionals such as vulnerable adults themselves and their family and friends, neighbours and the wider community.

The idea for the Ambassador programme came from an Adult Safeguarding Event in November 2013 and was agreed by Bury Adult Safeguarding Strategic Board in January 2014.

The objective of the scheme is to provide a cohort of volunteers who will proactively promote awareness off adult abuse in Bury and who will actively participate in the identification and prevention of adult abuse.

The role of the Ambassador is not a passive one and commitment to training and keep yourself updated with relevant information is key. If you are interested in finding out more please email dolsteam@bury.gov.uk

Martin Barber, Greater Manchester Fire Service, Community Safety Manager (Bury, Rochdale and Oldham)
GMFRS continues to seek to safeguard vulnerable adults especially those at increased risk of fire through the implementation of the recently reviewed and up-dated Safeguarding Policy to provide and enhance support for our local staff delivering our services within the Borough. In order to effectively achieve this aim all staff now have access to the recently developed Safeguarding E-learning package and more specifically, those staff identified as "Designated Safeguarding Officers" (DSO) within the Borough have recently successfully completed their DSO "refresher" training.

My Story

In order to illustrate the type of cases that are reported to Bury in relation to adult abuse and deprivation of liberty we have pulled together 2 case studies.
Although the people in the case study are fictitious the circumstances are a reflection of the common type of cases received and the responses to them.

Jane's Story
Jane is an 87 year old woman who is physically frail but mentally alert. Jane has been living with her daughter who is her main carer.

On a home visit the GP notices some bruising on Jane's arms and asks how these were caused. Jane looks uncomfortable but discloses that her daughter has been struggling to cope with her care and sometimes gets angry at Jane and at these times handles her "roughly".

The GP then asked Jane what she wants to happen, and advises that she is concerned about Jane's welfare. Jane replies that she is concerned that her daughter is not coping but doesn't want to cause "waves". Jane advised that she did not want the police involved but would like to get some support.

The GP made a safeguarding referral to Bury Connect and Direct Hub (0161 253 5151).

Social workers went to visit Jane that day and spoke to her about what she wanted. Jane wanted the rough handling to stop and wanted support to speak to her daughter.

The following day both Jane and the social worker met with Jane's daughter. It became apparent that Jane's daughter was not coping with the physical and emotional demands of Jane's physical frailness.

After discussion a package of care was pulled together whereby home support workers visite Jane 3 times a day to get her up in a morning, make her lunch and get her ready for bed. Jane also agreed to go into a local care home for a few weeks a year so that her daughter could go on holiday and not worry about her.

Jane's daughter was also put forward for a carers assessment and now receives an amount of money to help her with her caring responsibilities.

Steven's Story
Steven is a 73 year old man who following a fall at home suffered a brain injury. Additionally, as a result of the fall Steven also has a number of physical impairments which make it difficult for him to walk independently. When agitated Steve will harm himself by hitting his face or biting his arms.

Steven does not have the mental capacity to understand his care needs, he also now lacks the ability to be able to care for and keep himself safe.

Family, with the support from Steven's social worker, made the decision to find a place for Steven within a local care home.

Before moving to the home Steven was assessed under the Deprivation of Liberty process and an "authorisation" was approved, ready for Steven's arrival at the care home. The authorisation detailed the techniques to be used by staff should Steven become agitated.

After Steven's arrival he did become agitated and started to harm himself, staff used approved holding techniques to prevent him from doing so and also reassured Steven until his agitation passed.

A few months into his placement staff began to recognise the triggers for Steven's agitation and were able to stop his self harming behaviour using distraction techniques and reassurance.

Steve now has fewer periods of agitation and has not harmed himself due to care staff pre-empting his distress . Therefore holding techniques are no longer needed. Steven's care was reviewed under DoLS and an authorisation was given which reflected the changes in his care plan.

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