

## **Case Study D**

*An adult where there is reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there)— (a) has needs for care and support (whether or not the authority is meeting any of those needs), (b) is experiencing, or is at risk of, abuse or neglect*

Julie is 35. She lives with her husband of 10 years. They have no children. She goes to see her GP and tells the GP she is depressed and anxious and would like some medication to help. She confides in the GP that her husband refuses to give her any money and won't allow her friends to visit or Julie to leave the house. Julie appears to be suffering with low moods and speaks of an increased dependence on alcohol. Julie further discloses emotional, physiological, physical, financial abuse and coercion.

The GP prescribes anti-depressants and a referral to a therapist Julie agrees for the referral to be made. The psychological therapist discusses their concerns with Julie and decides to call the local authority as she thinks that this is a safeguarding adults concern, even though Julie does not want the therapist to do anything.

### **Decision-making**

In considering whether to raise a safeguarding concern to the local authority the psychological therapist will need to consider two criteria, does Julie have:

*(a) needs for care and support (whether or not the authority is meeting any of those needs)*

**and is she**

*(b) experiencing, or is at risk of, abuse or neglect.*

Julie has disclosed that she is being abused by her husband, and therefore meets criteria (b) and the disclosures would indicate concerns of domestic abuse and violence; she has also disclosed a number of factors which would indicate she might be in need of care and support; she has developed mental health issues and is becoming dependent on alcohol to manage her distress. These two aspects could indicate that Julie does have care and support needs (a), There may be other aspects of Julie's wellbeing that are concerning the psychological therapist which should be considered in terms of their impact on Julie's potential need for care and support.

The therapist has decided to telephone the local authority to discuss the safeguarding concerns, a useful step which will begin a dialogue focused on creating a person-centred and collaborative approach to supporting Julie.

Here are some useful questions for the therapist to consider:

- How will I explain my concerns to Julie?
- Am I able to tell Julie what adult safeguarding is and why I think a safeguarding referral needs to be made?
- Am I able to provide Julie with information about how to keep herself safe?
- Will the risk of abuse be increased by having this conversation with Julie?
- What does Julie want to do?
- Does she want to refer herself?
- Does she want support from me to do this?

- What support networks does Julie have? What is working well in supporting the Julie's wellbeing, what are the strengths in her life?
- Can I use a risk assessment tool to guide my conversations with Julie? (refer to the Safe Lives DASH risk assessment tool)?
- Does Julie consent to me referring the concern? If not – are there risks to Julie's vital interests sufficient for me to override the need for her consent?
- Are there risks to the public? We know that Julie and her partner have no children, but does her partner have children from a different relationship? Is Julie or her partner in roles that would be seen as 'position of trust'?
- Is there any reason to believe that Julie's partner has needs for care and support?
- What records do I need to keep and have I evidenced the rationale for my decision? Is there any relevant historical information to consider?
- Who in my organisation do I go to for support and guidance?
- How can I evidence the 6 safeguarding principles in my practice?

<p><b>EMPOWERMENT</b> Presumption of person led decisions and informed consent</p>	<p>Adults are encouraged to make their own decisions and are provided with support and information.</p> <p><i>'I explain to Julie about the safeguarding process and I ask her about the outcomes she wants from the safeguarding process and these directly inform what happens.'</i></p>
<p><b>PREVENTION</b> It is better to take action before harm occurs</p>	<p>Strategies are developed to prevent abuse and neglect that promote resilience and self-determination.</p> <p><i>'I provide Julie with information about domestic abuse and violence and what she can do to seek help safely.'</i></p>
<p><b>PROPORTIONATE</b> Proportionate and least intrusive response appropriate to the risk presented</p>	<p>A proportionate and least intrusive response is made balanced with the level of risk.</p> <p><i>'I explain to Julie why I am concerned and why I need to share these concerns, I explain about the role of other professionals and that I am confident that they will work her and only get involved as much as needed.'</i></p>
<p><b>PROTECTION</b> Support and representation for those in greatest need</p>	<p>Adults are offered ways to protect themselves, and there is a coordinated response to adult safeguarding.</p> <p><i>'I provide Julie with information about how to get help and we discuss her safety plan and I support her to take part in the safeguarding process.'</i></p>
<p><b>PARTNERSHIPS</b> Local solutions through services working with their communities</p>	<p>Local solutions through services working together within their communities.</p> <p><i>'I ensure that I share her information sensitively and in such a way that takes into account its personal and sensitive nature. I discuss with her how agencies should work together with her to find the most effective responses for her situation.'</i></p>
<p><b>ACCOUNTABLE</b> Accountability and transparency in delivering</p>	<p>Accountability and transparency in delivering a safeguarding response.</p> <p><i>'I am clear about my roles and responsibilities and have explained these to Julie and to those involved in the solution to the problem.'</i></p>

The therapist may well meet regularly with Julie and is in a good position to explore some of the areas that can usefully be included in when raising a safeguarding concern and in discussions with her about the concerns. Not all referrers are in this position, but if the information can be ascertained this will involve Julie at the earliest opportunity in a discussion about her understanding of the abuse and risk she is experiencing.

Whether the local authority decides that the S42 duty applies or not, Julie will benefit from a multi-agency approach with options of the support from domestic abuse services, together with the continued support of her therapist and GP.