

Safeguarding and the Care Act case example – Domestic violence

Mr and Mrs Brown are both in their 80's and have been married for over 50 years. Diana has chronic obstructive pulmonary disease and osteoarthritis. Mr Brown has become Diana's carer in recent years.

The police were alerted by Mr and Mrs Brown's neighbours to a domestic disturbance. On arrival, the police could hear the couple shouting at each other and found that Mrs Brown had sustained lacerations and bruising to her arm and face. Mrs Brown told the police she had fallen but the police thought that she appeared frightened. The police called for an ambulance but Mrs Brown declined to go to hospital. The paramedics dressed her wounds and advised that they would ask her GP to visit her within the next few days.

The police raised a safeguarding concern with Adult Social Care (ASC) as they felt that domestic abuse may be taking place.

A manager from ASC considered how best to make enquiries in a way that would ensure Mrs Brown's safety. The manager contacted Mrs Brown and asked her if it was safe to speak to her, and she stated that she was able to talk for a few minutes. Mrs Brown said that she had some concerns she would like to discuss, and agreed to a worker from ASC visiting her at a time when her husband would be out.

It was assessed that Mrs Brown has care and support needs, was at risk of domestic abuse, and it appeared that she may be unable to protect herself from further harm. On this basis, the Section 42 duty to undertake a safeguarding enquiry was triggered.

A worker and manager from ASC were appointed to undertake the enquiry, and the Enquiry Officer arranged to visit Mrs Brown at a time when her husband was out. Mrs Brown stated that she had always had a volatile relationship with her husband and that they often argued. Mrs Brown said that her husband had been drinking more alcohol recently and this often led to him becoming verbally abusive. She felt that because of her ill health she was a burden to her husband and this impacted on his mood. She maintained that her injuries were from a fall, but admitted that her husband had pushed her. She stated that her husband would never intentionally hurt her.

The Enquiry Officer completed a DASH risk assessment form with Mrs Brown. This allowed the Enquiry Officer and Mrs Brown to work together to consider the risks in more detail. The worker explained the MARAC process – a Multi-Agency Risk Assessment Conference which enables different agencies to work together to help increase Diana's safety by offering services or support.

Following this initial visit, as well as making a referral to MARAC, a safeguarding planning meeting was held, which Mrs Brown attended. ASC chaired the meeting and other attendees included the police, an Independent Domestic Violence Advisor

(IDVA) and Mrs Brown's GP. During this meeting Mrs Brown was given time to express the outcomes she wanted to achieve. Diana stated that it was important that she maintained her relationship with her husband and had control over her own life. She also spoke of the difficulty she had in managing some tasks at home, and felt that this created additional stress for her husband.

A number of actions were agreed as part of the safeguarding plan:

- Mrs Brown agreed that the police could place a warning marker on her home so that if she did make any calls to emergency services they would be given priority.
- Mrs Brown's situation would be discussed at the next MARAC, and information from the planning meeting would be shared at that meeting. The IDVA advised that her role at MARAC would be to represent Mrs Brown and put forward her views and feelings regarding the situation.
- A social care assessment of Mrs Brown's needs would be arranged, and Mr Brown would be offered a carer's assessment.
- Mrs Brown was given advice on alcohol support services so that she could discuss this with her husband if she wished.

The safeguarding plan was later reviewed and the following outcomes had been achieved:

- Mrs Brown had been supported to maintain her relationship with her husband.
- Mrs Brown had maintained choice and control in her life.
- Mrs Brown was receiving practical assistance at home which ensured her needs were met and relieved some of the pressure on her husband. The home care support also assisted in monitoring the situation at home.
- Mr Brown had agreed to see his GP to request support around his alcohol use.

It was confirmed that Mrs Brown and her husband would continue to be supported by a social worker who would monitor the situation and undertake another review of their home care support in due course.