Scenario: **An older person at risk of financial abuse from paid care staff in her own home**

Mrs S is 90 years old and lives alone in her own home. She is very frail, she is not able to move about easily and her eyesight is restricted. She has also been diagnosed with dementia. Mrs S is not eligible for care and support services funded by her local authority. She relies on visits from family members and care workers from a private home care agency four times a day, to help her with washing, dressing, eating and most other aspects of daily life.
Her daughter suspects that care workers are taking money from Mrs S's purse. She also believes that small, valuable items are going missing from her mother's home. She has raised her concerns with the agency, but admits that it is possible that her mother is giving money and personal items as gifts to people who come into her home.

Once notified of Mrs S's family's concerns, the care agency should consider alerting the adult services department at the local authority and the Care Quality Commission, if the agency is registered with them. If alerted, the local authority should then either carry out an enquiry itself, or ensure that the agency conducts a satisfactory enquiry. The police may be involved if Mrs S or her family wants the possibility of theft or exploitation to be the subject of a criminal investigation. The agency should think about whether other adults it provides care services to may be at risk, and take action to remove the risk.

If Mrs S is in fact giving away money and personal items, an assessment should be made of her capacity to decide to do this. Depending on the outcome, an action plan should then be put in place to protect Mrs S's finances and possessions, either with her involvement and consent or in her best interests, under the Mental Capacity Act 2005.

Additionally, even if no theft is taking place, there may be a disciplinary issue for the care agency to address, as its staff are likely to be bound by a rule preventing them from accepting gifts from people who use services.

Scenario: An individual who has bruises

Mr M is 75 years old and lives alone in his own home, with care and support services funded by his local authority. He has Parkinson's disease, dementia, and has poor balance and mobility, which puts him at an increased risk of falling. When Mr M has a fall in his bathroom, he is seen by his GP and a report is sent to the local authority. When the authority gathers information about the incident, Mr M's bruises tally with the report that was submitted, and the GP confirms that these are consistent with a heavy fall. The authority believes that it has enough information about what happened to Mr M to indicate that abuse has not occurred and that a Section 42 enquiry is therefore unnecessary.

Mr P is 82 years old and also lives in sheltered housing. Like Mr M, he has poor balance and mobility, and a diagnosis of dementia. He funds the care and support services he receives from his own savings. On one of his grand-daughter's regular visits, she expresses concern about some bruises she can see. She raises her concerns with the home care agency and the housing provider, and also with adult services at the local authority.

The local authority asks the agency about Mr P's bruising, and receives a reply that he must have fallen. But there is no record of any fall, and Mr P has not been seen by his GP or any other doctor. The local authority decides that it does not have enough information to be satisfied that Mr P is safe. As there are reasonable grounds to think that Mr P – a person with care and support needs that would make it difficult for him to protect himself – may have experienced abuse, the local authority instigates a Section 42 enquiry. This takes place in collaboration with the home care agency and the housing provider, and is led by a social worker.

Scenario: Responding to a carer's admission of assault

Mr and Mrs B live in sheltered housing. Mrs B has dementia. Mr B has been adamant that he wants to care for his wife to the end, despite his own failing health. Mrs B no longer recognises her husband, and sometimes becomes very frightened because she thinks he is an intruder. She has hit him on numerous occasions and is very threatening towards him. When her medical consultant asks Mr B about his ongoing ability to cope, he admits that he has recently hit his wife in retaliation after she hit him.

With the couple's agreement, the consultant involves the local authority, explaining to Mr B that he thinks that the situation has become very stressful for both of them, and that it is better to ask for help before it deteriorates further.

A social worker then talks to Mr and Mrs B, both together and separately, to find out what they want to happen and what support they need. There is no suggestion that an incident like this has ever happened before.

A multi-agency support plan is put in place, identifying extra support for Mrs B at those times when she is more likely to hit out at her husband, and support for Mr B on how to deal with his wife's outbursts. An early review date is put in place. The police are not involved, but this decision is recorded. The couple's support package is monitored more closely.

Scenario: A young man who wants an independent relationship with friends

C is a young man in his early 20s with mild learning disabilities. He lives in a supported living set-up, where he receives day-to-day support, and attends college. He enjoys going to his local pub, and spends time there most evenings with various other regulars who he has become friendly with.

C's parents are concerned that he is being taken advantage of by people who are not really his friends, and that he is spending a lot of money that he can't afford on rounds of drinks for these people. His support worker has the same worries, and wants to raise a safeguarding concern. C is adamant that he is happy with the situation, and that he wants nothing to be done, because he does not want the information about the risks he's taking shared with his parents, fearing that they may want to keep more of an eye on him if they find out. As he has the capacity to make this decision, no-one else is at risk and no serious crime is taking place, his decision not to have safeguarding information about him shared has to be respected. While this personalised approach to safeguarding is important in respecting C's wishes, it does not mean that the support worker and others should not discuss with C ways in which the risks can be reduced, perhaps by taking less money to the pub. It may well be that the local authority or SAB has produced useful information for people on how to keep themselves safe from financial exploitation.

The principle of the assumption of capacity does not exempt professionals from conducting robust assessments and asking challenging and searching questions about people who are making choices that are problematic or manifestly not good for their wellbeing.

Scenario: A person who chooses to stay in a physically abusive relationship

Mr J has a range of physical and sensory disabilities that limit his mobility and independence, but his mental capacity is unaffected. He is cared for at home by his partner, Mr K, who has given up paid employment to become a full-time carer. There is evidence that Mr K is often violent towards Mr J, but Mr J is insistent that he wants to stay at home with his partner.

When adult services look into the couple's situation more closely, they find that Mr J's apparent choice to stay in an abusive environment has been made under duress, with Mr K coercing him both financially and emotionally. This coercion is grounds for the local authority to intervene. Unless doing so would place Mr J at more risk, this should be discussed with Mr J. The best approach to take from there would depend on the specifics of the situation, but a practitioner may want to discuss the matter within the Multi-Agency Risk Assessment Conference (MARAC) framework, or seek advice from specialist support groups.

Scenario: An older person who may be at risk of financial exploitation

Miss P is 83 years old and has severe arthritis and heart disease. She walks with sticks in her home, and can only get around outside her home if someone pushes her in a wheelchair. She lives alone and has no family living nearby, and her opportunities to go out shopping or socialising are limited. She is friendly with her long-time neighbour, Mrs Q, who is younger and fitter.

The two women have established a routine where Mrs Q does Miss P's weekly shopping on a Friday morning. Mrs Q brings the shopping into Miss P's house and helps her unpack it. She then stays for a cup of coffee and a chat. When she gives Miss P her change, she doesn't usually return the full amount.

Miss P is aware that she doesn't always receive her full change, and she mentions this in passing to one of her home care workers. The care worker reports this to her employer, and adult services are informed. When the local authority asks Miss P about her relationship with Mrs Q and the missing money, Miss P is adamant that she doesn't want any action to be taken.

She is fond of Mrs Q, grateful for her help and appreciative of her company, and she doesn't believe that she is being taken advantage of. After asking more questions, the authority is satisfied that Miss P has full capacity to make this decision, that she is not being coerced and that no safeguarding action is needed in this particular situation.

If Miss P agrees, an alternative may be to see if a facilitated conversation between the two could lead to an open agreement to pay Mrs Q for her help.