
Making Safeguarding Personal Toolkit

Case Example 2: Preventative practice





Case Example

Mr A is a 91 year old man who lives alone with his dog in his house. He is usually independent, is a passionate cook and enjoys socialising. He drives a car. Whilst out walking his dog he suffered a stroke, he fell, causing a fractured neck of femur. He was admitted to hospital and underwent surgery for a hip replacement which meant he had to follow hip precautions for 6 weeks.

The stroke had left him with slight left-sided weakness and problems with concentration, sequencing and attention. He was transferred to a community hospital for rehabilitation where the physiotherapists (PTs) and occupational therapists (OTs) worked on mobility, transfers, personal care following hip precautions, stair climbing and kitchen tasks. Cognitive screens were completed and the OTs targeted their input on helping improve concentration, sequencing and attention.

Mr A was discharged, independently mobile using a frame, independent transferring using equipment and stair climbing with supervision. He was discharged home with 4 calls per day from BEST plus (Bradford Enablement Support Team). Joint sessions between the PTs and OTs and BEST plus were completed to work on the following:

- > practising walking safely indoors using 2 walking sticks
- > increase hip strength through exercises
- > to be safe and independent washing and dressing
- > to be safe and independent preparing hot drinks and simple snacks and transport safely using trolley

The above goals were achieved and new goals were set in consultation with Mr A:

- > to be safe and independent walking outdoors using 2 sticks
- > to be safe and independent bathing using bath lift
- > to be safe and independent preparing hot meals from scratch
- > to be safe and independent completing shopping using Access bus
- > to be safe and independent walking dog short distances using 4 wheeled walker.

After 6 weeks of continued BEST plus input in Mr A's home, he was able to achieve all of his goals and all Social Services input was withdrawn. Aspects of Mr A's wellbeing have been promoted including physical wellbeing, social wellbeing, and control over day-to-day life.

Source: This case example is from Section 2.63 of the Care and Support Statutory Guidance 2018
www.tiny.cc/care-and-support-guidance

2.63 *“Local authorities should consider the potential impact and consequences of ending the provision of preventative services. Poorly considered exit strategies can negate the positive outcomes of preventative services, facilities or resources, and ongoing low-level care and support can have significant impact on preventing, reducing and delaying need.”*



Reflective questions

Case Example

- > Was this the right time to conclude Social Services input?
- > How would you conclude with Mr A?

Learning from practice

- > Identify one or two specific examples from your own practice in response to these reflective questions:
- > How have you used the *Care Act 2014* to advocate for preventative safeguarding services?
- > What have you learnt about prevention from your conversations with people about how to improve and achieve safety?
- > What is working well and how could you build on this success?

Action planning

- > What will you do next to improve your practice in preventative safeguarding?