

Information Sharing – Case Studies

Operation Barnacle:

Operations Barnacle was set up after partner agencies raised concerns about two vulnerable people at a meeting of the Guildford Community Incident Action Group. At the meeting partners including Surrey Police, Guildford Borough Council Housing, Adult Social Care and Health shared their concerns and what they knew about the circumstances and the vulnerable people concerned.

Following further investigation, it was found that the vulnerable people were being exploited by a number of other individuals who were visiting their homes, normally when their benefits were due, and helping themselves to their belongings, medication and food. They would typically stay until the money ran out. Their presence at the property was also leading to other associated anti-social behaviour in the neighbourhood.

- Partners carried out joint door to door enquiries to ascertain the extent of the anti-social behaviour and its impact on neighbours.
- The victim's homes were visited by the police Crime Reduction Advisor to help make them more secure and healthcare professionals worked to ensure the safety of the residents concerned.
- Surrey Police applied for a Criminal Behaviour Order against the perpetrators prohibiting them from visiting certain roads.
- Surrey Police also applied for a Partial Property Closure which allowed the vulnerable people to stay in their home and be visited only by support workers and others who have prior approval of a social worker.

As a result of this joined up activity, support workers and health professionals are seeing a huge change for the better in the victims' mental health and well-being.

Gloria Foster:

On January 15th 2013 Carefirst24, a care provider used by Surrey County Council, was raided and closed down by the UK Border Agency after allegations that the firm was employing illegal immigrants. SCC had been informed of the planned raid and had been liaising with the Border Agency in order to obtain details of all the clients on the care company's lists to give them time to arrange alternative care.

After the raid and the closure of the company, care was put in place for everyone that needed it, except for one individual; Gloria Foster. For whatever reason the manager of the worker tasked with contacting Mrs Foster thought that a telephone call had been made and that Mrs Foster had been spoken to about her care arrangements.

Mrs Foster was elderly, frail and suffered from dementia which meant she was visited four times a day by a care worker.

On 24th January, Mrs Foster was visited at home by a nurse from the district nursing service who was making a planned visit. On arrival the nurse found Mrs Foster in a collapsed state. She was very poor physically, was cold, lying partially off her bed which was sodden and she appeared dehydrated with

cracked lips. The nurse immediately called an ambulance. 11 days after being admitted to hospital, Gloria Foster died of natural causes contributed to by her being without care for a prolonged period of time.

The recommendations from the Serious Case Review concluded that too much data and information can be as problematic as not enough. For data and information to become useful intelligence they have to be channelled, sorted, prioritised and directed. If the topic is not routine, less than effective communication flows can have serious implications. Recommendations address both, ensuring focus to communications and making effective use of data and information available.

Helen:

Helen, aged seven, has cerebral palsy and has very little verbal communication. She is admitted to the children's ward for surgery to her legs. During the admissions process it is noticed that she has some bruising to her legs and thighs. Her mother says that she thinks the bruising may be due to her callipers. The admitting doctor asks Helen how this has happened. The doctor and Helen are not easily able to communicate and the doctor is not able to determine whether the bruises are caused by the callipers or not.

The mother says that Helen has just come back from respite care, that she always comes back in a state and is considering not sending her any more. The mother has three other children and needs this support to give her a break from her caring responsibilities.

The doctor decides to discuss the bruising with Helen's consultant paediatrician and seek their opinion on how the bruises may have been caused.

The consultant is worried about the cause of the bruising and seeks the mother's consent to share her concerns with children's social care. The mother says that she does not want to involve them because she is worried that Helen would not be able to continue to have the same level of respite care. The consultant decides to override the mother's lack of consent but informs her that she intends to share information with children's social care because she is concerned that Helen may be at risk of harm when she is placed in respite care. Children's social care together with the police and the consultant will need to consider how best to respond to these concerns, keeping an open mind about the possible cause and who, if anyone, might be responsible for the bruising.