JANE'S STORY

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Jane – Case Summary

43-year-old female

- Adverse childhood experiences
- Intergenerational trauma
- Domestic violence
- Physical abuse
- Coercion and control
- Rough sleeping
- Dependent on alcohol
- Exploitation
- Victim of cuckooing

TIMELINE

Jane - Timeline

24.02.23	First seen bedded down. Came from another LA believe they were fleeing debts/exploitation
01.03.23	Witnessed by outreach in the train station, acutely confused, soiled in urine, unstable on her feet.
03.03.23	A&E Attendance – Vulnerable
05.03.23	A&E Attendance – Concern for Welfare
05.03.23 – 21.03.23	Inpatient at Hospital: Cellulitis, ulcer, renal failure, incontinence
06.03.23 – 15.05.23	Accommodated but evicted because of property damage due to incontinence
22.05.23	Referred into adult social care – allocated to myself
	Jane's partner was sectioned under the mental health act, leaving Jane alone and unable to look after herself. She was rough sleeping in a park
08.06.23	I met with Jane, she was unable to orientate herself with time or place. Supported to hospital.
09.06.23	Discharged from hospital NFA
09.06.23	A&E Attendance – Pain in right arm
09.06.23	A&E Attendance – Concerns around capacity
10.06.23	A&E Attendance – Unwell
15.06.23	A&E Attendance – Unwell

Jane - Timeline

23.06.23	Found in a park by Social Care and Police, unable to recall the last 2 weeks of her life
11.07.23	Accommodated at another supported accommodation
14.07.23	Missing persons reported
19.07.23	Supported to the GP – working diagnosis provided Korsakoff's and acquired brain injury
20.07.23	Missing persons reported
21.07.23	Located Jane in the city centre
24.07.23	Missing persons reported
24.07.23	Capacity assessments completed on finances and residence. Lacks capacity
25.07.23	Referred to Bladder and Bowel Clinic
26.07.23	Complex care started – twice daily visits to aid daily living activities
01.08.23	Discussion with DWP regarding Jane's benefits as not in receipt of any

Jane - Timeline

11.08.23	Missing persons reported
23.08.23	Missing persons reported
27.08.23	Missing persons reported
01.09.23	Missing persons reported
03.09.23	A&E Attendance – Hypothermia
04.09.23	Missing persons reported
06.09.23	Benefits via PES in place
09.09.23	Ambulance and Police call out – admitted to hospital
13.09.23	Missing persons reported
13.09.23	Referred to specialist brain injury provisions
	Multiple instances of witnessing emotional dysregulation
16.09.23	Ambulance and Police call out and missing persons reported
18.09.23	Missing persons reported
20.09.23	Missing persons reported
21.09.23	Missing persons reported
26.09.23	Missing persons reported
28.09.23	A&E Attendance – Fall
02.10.23	Missing persons reported

Jane - Timeline

02.10.23	Outpatient appointment at the hospital – Face injury
03.10.23	Outpatient appointment at the hospital – Face injury
04.10.23	Missing persons reported
24.10.23	Outpatient appointment at the hospital – Face injury
31.10.23	Visits to specialist brain injury provisions
03.11.23	Missing persons reported
04.11.23	Missing persons reported
08.11.23	Bank account opened
10.11.23	Outpatient appointment at the hospital – Face injury
14.11.23	Attended Bladder and Bowel Clinic – Incontinence products given
20.11.23	Missing persons reported
28.11.23	Due to SWEP and risk of death, I took control of Jane's finances whilst on the waiting list for Client Financial services
30.11.23	Referral sent for funding for specialist brain injury provision
16.12.23	Missing persons reported

Jane - Timeline

11.01.24	Panel date – requested more info
01.02.24	Missing persons reported
08.02.24	Funding agreed
11.03.24	Moved to specialist provision for 12 weeks, where assessments can be undertaken via Neuropsychology and Occupational Therapy to establish long term needs
25.04.24	Capacity assessment on residence revisited – lacks capacity. Best Interests Meeting determined residential care placement most appropriate.
20.05.24	Assessed by one residential placement
22.05.24	Assessed by another residential placement

REFLECTION

Jane: KcVets Application - Knowledge

- This was one of my first cases as a statutory social worker at the council, I had been in the role 3 months. I had little experience of working with an individual with a cognitive impairment or brain injury. It felt like there was no clear path for this individual and we had to work this out as we went along, alongside managing her frequent hospital attendances, missing reports, trying to establish basic needs such as accessing finances and incontinence products. **It was about keeping her alive and working out what to do long term, it felt like constant hoops we had to jump through, navigating the system and trying to improve this woman's life.**

- I quickly realised that Jane confabulated information regularly and not all professionals realised this, so had to advise them when Jane spoke of certain situations that this may not be true and we needed to consider the bigger picture. Brain injury provisions are expensive and general services to support people with brain injuries are non-existent, **there is a lack of specialism and knowledge.**

- Jane began to dependently drink alcohol once she had funds in place, I had knowledge of working in alcohol and drug services so knew about relief drinking, withdrawal symptoms, alcohol related brain damage, and harm reduction. It was a priority for Jane to have food, the staff would save meals for her if she was out and make her coffee and toast. Once Jane had benefits in place I would deliver the money to her but also take her to the shop to get her some food, and basic essentials as I knew if I did not do this she would spend all her money on alcohol and tobacco. Jane would buy her cans at the shop, and then was not allowed them inside the hostel and would stay in the local vicinity to drink her alcohol, I would put her things in her room and provide the time last seen to the staff and what she was wearing so that if she went missing we had some facts established. **It was decided in the safeguarding meeting that if Jane was out of the hostel for more than 6 hours a missing persons report would be made as she would likely be lost and often intoxicated.**

Jane: KcVets Application – Values and Ethics

- Due to Jane often feeling unsafe, confused, and frightened I knew my priority was to **build a trusted relationship with her.** Jane's short-term memory is significantly impaired so we would not talk about the recent past, but talk about her time as a child, I would aim to keep this light-hearted by discussing her family tree, fond memories, her favourite foods, and things to do. I realised that **Jane did not have any favourite hobbies or interests, because she never had the chance to find out**. Anything I realised Jane loved talking about we would talk about it again in the next visit, because I knew this would **make Jane feel safe**, and she wouldn't remember telling me the first time. Jane told other staff she felt safe around me and this was huge.

- **Any human life is as a valid and as important as another,** you could see in Jane's life she has experienced significant trauma, and that **the system around her had consistently failed her** and was continuing to. Jane needed support to navigate it and I was her voice.

Experiences **Social Injustice, Advocating, Listening**

Jane: KcVets Application – Skills

- This case required me to coordinate a large MDT. This consisted of: Hostel Staff, Complex Care team, Homeless GP, Homeless Day Centre, GMP (Missing from Home team and Street Engagement Team), Bladder and Bowel Service, 3rd Sector Organisations, Manchester Council's Outreach Team, Manchester Drug and Alcohol Service, Another LA Adult Social Care, Client Financial Services, DWP and the Specialist Accommodation Provision. I had to deal with their concerns around Jane, I was offering advice and provide reassurance on a daily basis, **professionals felt overwhelmed and concerned** how to work with her. Working with this individual took up several hours per day for months.

- This case made me realise how **inflexible and how many services are not set up to work with people who having brain injuries.** I had to remind the hospital over 10 times that this was an individual with a brain injury, they would discharge her after providing advice to her, she would not be able to understand or retain this information. It would be clear if you had a more than 5 minute conversation there was an impairment.

- The Bladder and Bowel service stated because she had a north Manchester GP she needed to be seen in the north even though she lived in the South, which meant Jane had to get an hour taxi. Jane is unable to ascertain time, she would become anxious, restless and in fear because she was confused as to how long she was travelling for and likely where she was and where she was going. I advocated for them to complete a home visit, which they did, but Jane was missing when the visit was completed and they would not try again. Client Financial Services and the DWP were not able to support to safeguard this woman until she had a bank account, there were no measures they could put in place which I found shocking. The responsibility often fell on myself.

Jane: KcVets Application - Theories and Models

- **Trauma informed approach**
- **Relational based approach**
- **Systems Theory**
- **Safeguarding**
- **Mental Capacity Assessments**
- **Care Act Assessments**

ANY THOUGHTS?