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**Defensible decision making: Adult focused case study**

**Guidance Notes**

This case study has been developed by Patricia Stubbs, Senior Practitioner at Derbyshire County Council. The aim is that this is used in conjunction with the Defensible decision making slides to reinforce and develop your learning. There is also a Children and Family focused case study, which overlaps with the individuals in this case study. The case study is in two parts:

* 3 stage case study
* Version of the case study with facilitator’s notes in red/bold.

These materials are designed to be used flexibly and what follows is only suggestions: feel free to use them in the best way to support you/your team’s learning. While we have suggested using these as a group exercise, you could also adapt the case study to be an individual reflective exercise

Suggested Group work activity for team meeting, away day or peer group: identify a facilitator for the exercise. This could be a manager or senior practitioner for example. It should be someone who feels confident to lead discussions and ‘draw the group out’. Print out enough copies of the case study (pages 2-4): a top tip is to print one sided, so you do not give out more than one stage at a time! We recommend that you allow about 35 mins in total for the exercise.

1. Split the group into manageable sub groups. Suggested 3-6 people per group. If your team is small (say less than 9), you may be able to do this as a whole group discussion.
2. Hand out stage 1 of the case study and ask groups to answer the questions. Allow about 10 mins per stage.
3. Get feedback from the groups after each stage, using the facilitator’s notes as discussion points.
4. Repeat for the remaining two stages
5. At the end: discuss the whole process. In the light of the later information you have received, how do you assess the decisions you made at different stages? Are they ‘defensible’?

Stage 1

Referral received from GP. Susan is 34 years old. The GP states that Susan is managing chronic pain, is incontinent, struggling to manage her personal care needs and gets very distressed when in the GP surgery. She has a current diagnosis of Personality Disorder.

* Who would you want to talk to and why? What further information would you want to gather and why? What questions do you have?
* How would you record this and why?
* What would you next steps be and why?
* What might the problems be in making a ‘rational’ decision and what might affect your analysis of this information?
* Is your decision defensible? Yes/no? Why?

Stage 2

An adult social care field worker visits Susan to complete the assessment. It becomes apparent that Susan’s mental health is a significant factor in her ability to care for herself on top of the issues with her physical health. The house is very cluttered and Susan appears to be struggling to manage day-to-day life.

Susan informs you that she had an accident some years previously and this resulted in a spinal injury, ongoing pain from this has affected her mental health and her ability to care for herself.

The GP has informed you that he believes her physical symptoms are psychosomatic, with limited clinical rationale. He states that she has a diagnosis of Asthma and is prescribed pain medications; her incontinence has no clinical rationale but has been a part of her life for so long that it would be unlikely she regained her continence skills.

Susan has a CPN, and attends regular therapy sessions for her Personality Disorder. Susan has consented for you to contact them.

Susan is saying she wants someone to get her up and dressed every day, for someone to come in and complete her housework.

* Who would you want to talk to and why? What further information would you want to gather and why? What questions do you have?
* How would you record this and why?
* What would you next steps be and why?
* What might the problems be in making a ‘rational’ decision and what might affect your analysis of this information?
* Is your decision defensible? Yes/no? Why?

Stage 3

The adult’s social care field worker returned to the GP to discuss her finding so far. You discover then that Susan has a 4-year-old child.

What factors and risk now need to be considered and why?

Would this information have changed any of your previous decisions and why?

What would your next steps be and why?

Who would want to talk to and why?

What factors are impacting upon your decision making?

What might the problems be in making a ‘rational’ decision and what might affect your analysis of this information?

Is your decision defensible? Yes/no? Why?

**Facilitator’s notes**

**Stage 1**

Referral received from GP. Susan is 34 years old. The GP states that Susan is managing chronic pain, is incontinent, struggling to manage her personal care needs and gets very distressed when in the GP surgery. She has a current diagnosis of Personality Disorder.

* Who would you want to talk to and why? What further information would you want to gather and why? What questions do you have?
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* Is your decision defensible? Yes/no? Why

**Notes for feedback session:**

**You would first want to ascertain if Susan was aware of the referral; has she given consent for the GP to contact Adult Social Care? You would do this by contacting the referrer (GP) and clarifying this, it is the referrer’s responsibility to go back to Susan and obtain consent.**

**Once consent is confirmed, you would contact Susan and clarify her presenting needs. Has Susan had previous contact with Adult Social Care? Does she have a CPN or mental health worker involved? What are her views of her situation and the goals she wants to achieve?**

**Contact GP and ascertain diagnosis and clarify presenting health needs.**

**Case recording should be accurate and concise; the salient facts are what are required, and clear evidence for the need to go forward with an Assessment under the Care Act 2014.**

**At this point in the assessment the decision is based on the information provided over the telephone, as yet no face-to-face discussion has taken place with Susan and the environment she is living in is unknown. The rational for the decision making is balanced against the limited information held and the Care Act 2014 – carry out an assessment of anyone who appears to require care and support, regardless of their likely eligibility for state-funded care.**

**All Defensible Decisions are based on the available information, and the accurate recording of these available facts is essential at all points. A decision to take no further action must be recorded accurately just as a decision to progress to a Face to face assessment should be.**

**Facilitator’s notes**

**Stage 2**

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**Notes for feedback session:**

**What are the CPN’s views of Susan current needs, both physical and mental? Susan may possibly had contact with an Incontinence Nurse through the GP practice, Pain Clinician and Occupational Therapy; what has been the rational for the provision of equipment?**

**Susan and her GP have provided conflicting views of her abilities and needs, the GP clearly feels that Susan requires a level of support, hence the referral to Adult Social Care, but this differs from the level of support Susan perceives she requires.**

**Defensible Case recording is based on balance and ensuring all views are recorded, when a conflict is evident the care records needs to demonstrate that due weight has been given to both perspectives. It often helps to list actions at the end of a case recording to clarify what information needs to be gained and why this will assist the decision making process.**

**If the above health interventions have not been completed, it may be appropriate to undertake this now to ascertain a holistic view of Susan’s needs and potentially provide her with the equipment to improve her independence. Would a period of Re-ablement be beneficial to the assessment process, this could ascertain Susan abilities.**

**Do you need to consider the Mental Capacity Act 2005, and the guidance and support this provides to us in our daily decision making, for example Capacitated unwise decisions.**

**Facilitator’s notes**

**Stage 3**

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* Who would want to talk to and why?
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**Notes for feedback session:**

**The decisions you have made to this point have been in line with the Care Act. Susan has not disclosed her parental responsibility; you now know that she is a single parent caring for a child.**

**This may make you consider the information Susan has given you so far about her abilities, can she do more than she has disclosed or is her daughter undertaking some tasks for her?**

**What action has the GP taken, has he contacted Childrens services with concerns regarding the child’s welfare?**

**Ascertain if Children’s Services know Susan’s daughter and if services have any concerns, at this point you will explain your role.**

**Think Family (Derbyshire Safeguarding Board Website) identifies the need to take a holistic approach, encouraging information sharing and joined up working to support Susan as a parent, and to ensure that her daughter is safe. Joint assessments and risk analysis can be undertaken to enable all services to make Defensible Decisions and work in the interests of the whole family.**