



Safeguarding Adults Forum June 2025

Karen Littleford
Safeguarding Adults Lead
Partners in Care



partnersincare.org.uk



The views expressed by the presenters are their own and not necessarily those of partner agencies.



Safeguarding Adults Forum Dates 2025/2026



Online – Zoom (9:30am - 12:30pm)

- Tuesday 2nd September 2025
- Wednesday 10th December 2025
- Wednesday 18th March 2026

<https://www.partnersincare.org.uk/networking-events/safeguarding-adults-forum>



Agenda

Adult Safeguarding and Engagement with West Mercia Police - Laura Breeze
(Temporary Detective Inspector Protecting Vulnerable People (PVP), West Mercia Police)

'My Role as the Caldicott Guardian at Bethphage' - Clare Shaw (Quality Manager, Bethphage)

Safeguarding Referral Online Portal Update (Telford & Wrekin) – An update provided by Neil Hammond (Business Systems Development Specialist, Assurance, Transformation and Financial Management, Telford and Wrekin Council)

Cuckooing (Home Takeover) and Adult Safeguarding - Karen Littleford
(Safeguarding Adults Lead, Partners in Care)

SARS and DHR update – Update provided by Lisa Gardner (Development Officer, Business Unit, Shropshire Safeguarding Community Partnership) and an update from Lisa Jones (Safeguarding Adults Board Manager, Telford and Wrekin Safeguarding Partnership)

Resources and Webinars - Karen Littleford (Safeguarding Adults Lead, Partners in Care)



JUNE 15
WORLD ELDER ABUSE
AWARENESS DAY

World Elder Abuse Awareness Day – 15th June 2025. This Year’s Theme: Growing the Conversation World Elder Abuse Awareness Day (WEAAD) is observed each year on 15th June. It is a global campaign dedicated to highlighting the abuse of older people — one of the worst manifestations of ageism and inequality in our society.

This year’s theme, “Growing the Conversation”, is a powerful call to action: we are asking you to speak up, listen and challenge the deafening silence surrounding abuse, harm, exploitation and neglect of older people.



JUNE 15
WORLD ELDER ABUSE
AWARENESS DAY

FACTS!



**1 in 5 older people experience
some form of abuse every year.**

FACTS!

**In the UK,
almost
2.7 million
people are
affected each
year.**



So, what can we do together to end the abuse of older people?

Start the conversation — talk to friends, family, and colleagues about the abuse of older people.

Challenge stereotypes — call out ageism when you see or hear it.

Know the signs — economic, physical, emotional, sexual abuse and neglect can all have clear signs.

Support survivors — believe and empower older people to speak out.

Get involved — share resources, volunteer for Hourglass, or support campaigns like WEAAD.

Find out more about Hourglass [here](#) and WEAAD [here](#) and [here](#)

What Am I Doing?

As Safeguarding Adults Lead for Partners in Care, I am raising awareness of **World Elder Abuse Awareness Day**. In previous years I have organised and taken part in a skydive and white water rafting to raise awareness of WEAAD this year I am undertaking the 'couch to 5K' challenge and I have started week 3 .

As you may know I am not a runner, so this is going to be a tough challenge, to keep up the motivation levels I decided to raise money for the charity [Hourglass](#) the only UK-wide charity dedicated to calling time on the harm and abuse of older people, working for safer ageing and a fairer society.

Generous donations to keep me running already total £440, if you wish to sponsor me, please visit the JustGiving page [here](#)





Adult Safeguarding and
Engagement with West Mercia
Police –
Laura Breeze (Temporary
Detective Inspector Protecting
Vulnerable People (PVP), West
Mercia Police)





Adult Safeguarding and West Mercia Police

The police perspective

From a police perspective, adult safeguarding can be relevant in any type of job we go to. The level of harm, abuse or neglect varies depending on the circumstances, and how serious is, will depend on who the appropriate person is to investigate it.

The first priority

The priority should always be to ensure the safety and wellbeing of the adult with care and support needs and, when the adult has capacity to make their own decisions, to aim for any action to be in line with their wishes as far as appropriate. The adult should be supported to recognise risks and to manage them. The safeguarding process should be experienced as empowering and supportive.

Initial response

Adult safeguarding concerns can come to police attention in so many ways. Such as, coming across it while dealing with the public, being sent to a 999 call, referrals received from other agencies, following strategy meetings. The level of concern varies from case to case. This is why there is no one set way of police responding to such incidents.

Most of the time, it will involve a uniformed officer responding to the matter, assessing the situation and gathering information. Sometimes the adult at risk is a victim and sometimes they are the suspect.

What happens next and which departments in the police are involved depends on the nature of the incident and what is required to safeguard.

Decision making

The attending officer needs to decide if what they are attending is a report of a crime or not. If there is a crime, the crime is always recorded and an adult risk assessment completed and attached to the crime. If it is not a crime (perhaps it is an argument, a concern for someone's welfare or a mental health incident) then they record an adult protection investigation and complete an adult risk assessment and attach it to that.

Adult risk assessments

In their risk assessment the officer will record things like:

- specific Learning Difficulties - such as ADHD and Dyslexia.
- Autism - including Asperger's as it was previously termed.
- Confirmed mental health diagnosis (medically confirmed). Again – ask that question ‘has your doctor diagnosed that?’
- Unconfirmed mental health diagnosis (presenting as) More for at the scene, but can be on the phone as well, when someone is displaying as ‘unwell’, yet they won’t answer your questions.
- Alzheimer’s
- Dementia
- Confirmed care and support needs - either funded through the Local Authority or privately.

They will record how the adult presented and their living situation. Ideally, they provide as much detail as possible about the situation. They have to grade the adult risk assessment low, medium or high. They need to outline their concerns.

What happens next

The adult risk assessment is a requirement and a prerequisite for completion of any safeguarding referrals that need to be made.

The police have a Harm Assessment Unit in each local policing area, and they review all adult risk assessments and from the information contained in that, they will refer to appropriate agencies.

Risk ratings

High - Abuse has taken place or is immediately imminent This is likely to meet a S42 Care Act standard made by Local Authority Social Care. A safeguarding concern referral is required.

Medium - Adults with Care and Support needs. An assessment of needs referral is required, so that the Local Authority can assess whether care and support of the person is appropriate, or other locally available support service is relevant.

Standard - No ongoing support needs identified. There is no continuing cause for concern. The actions taken at the point of reporting have effectively resolved the situation for the person and there is no identified need for further provision of services.

Adult safeguarding and criminal offences

In some cases, once the referrals are made the investigation can be closed as police are not the most appropriate agency. However, the police become involved in a section 42 enquiry if there is a reasonable suspicion that a crime may have been committed and the harm caused to the adult concerned was deliberate, malicious or reckless.

In these case where there has been a crime, there will often be a strategy discussion between relevant agencies to share information and knowledge. A lot of the time the police representative in the strategy discussion is a person who works in our Harm Assessment Unit, it is not necessarily the officer that attended the job.

A decision will then be made who is going to do what and if there criminal investigation, which department in the police will investigate it.

A criminal investigation will take primacy over Section 42 enquiry if a crime is established.

Who investigates crimes that involve adult safeguarding?

Anyone in the police can have ownership of a criminal investigation where there is an adult safeguarding concern. The seriousness and complexity of the crime will depend on who is best place to investigate it. For example, a death would be investigated within CID whereas a common assault may get investigated by a uniform officer.

The circumstances of the offence dictates how a crime is investigated. There is no set order – for example in some cases police need to get the victim and witness accounts before a suspect is interviewed. In other cases, a suspect is interviewed before court admissible accounts are obtained. It depends on what sort of evidence is needed and how serious the offence is.

You might assume that suspects will always be arrested. That is not always the case. Police must apply strict criteria to justify an arrest and must meet a necessity test set in legislation. Police are expected to take the less intrusive option. So, you may see suspects being invited in for a voluntary interview. That does not mean the investigation is any less serious. The interview is still under caution and can still be used in evidence.

Who do you contact?

The one thing that always happens in these cases is that a crime is recorded and there will be an investigating officer allocated to that crime. If your agency is involved with a report, please ask for the crime number and the investigating officers' details – they have work mobile phones and e-mail addresses. That officer should keep all parties updated but if you don't hear anything, please make contact.

Every investigating officer will have a sergeant supervising them so if you are unhappy with any response, make contact with the officer's sergeant.

How long do investigations take?

Again, this varies on the type of crime that is being investigated and how complicated it is and the quantity of enquiries.

Sometimes we need to conduct video interviews with victims and sometimes we need to get an intermediary to assess their needs and to provide guidance and support to interview them.

Basic investigative actions

- Get account from victim
- Secure any forensic evidence
- Obtain crime scene photographs or photographs of injuries
- Secure cctv
- Identify witnesses and get accounts
- Secure any digital evidence
- Secure any documentary evidence
- Interview the suspect.

What happens where there are allegations against professionals?

In cases involving concerns and allegations against professionals, there are additional considerations especially if the suspect has access to other adults with care and support needs.

The criminal investigation may be running alongside an internal disciplinary process where the suspect is suspended and prevented from attending work due to the enquiry. This can put additional strains on employers who have to pay the suspect and cover their absence from work, so any unnecessary delays in completing enquiries must be avoided.

Should you delay disciplinary processes for police investigations?

- safeguarding comes first so you may need to suspend.
- Ideally, have a conversation with the investigating officer.
- The problem with doing disciplinary interviews before a suspect police interview takes place is it can give the suspect time to manufacture an account or present the disciplinary interview as their only answer to questions put to them by police. The police do not tell the suspect everything about the case prior to a police interview because we want an honest account.

Ideally, police interview and take statements from witnesses before employers start speaking to them all and documenting their accounts. This should happen as soon as possible. This is to avoid contamination or witness interference.

All documents are disclosable

If there are records that an employer possesses – police will want to review them and are likely to want a copy of them for the criminal investigation.

Police are required to review all material that may be relevant to the case, tell the crown prosecution service about it and disclose any material that may assist the defence team or undermine the prosecution.

If there is a disciplinary process with employees about what happened – police will have to review all records and disclose them.

If you are not sure, please ask

Contact the officer to ask for an update.



Donald Burgess - this is the case we reflected on at the end of Lauras session – there is a video in the article (Footage from body-worn cameras so quite distressing).

- How would your service deal with a similar situation?
- Are you team trained to notice differences in behaviours and question what is happening? *Donald had a urinary tract infection*
- Are the team trained in de- escalation techniques?
- How would you work with the police in this situation?
- What information did the police officers have before arrival?

“The care home called 999 in June 2022 after Mr Burgess, a single-leg amputee and wheelchair user, reportedly grabbed a knife and threatened to stab staff.” (BBC News, 2025)

BBC News (2025) ‘Police not guilty of assault on 92-year-old amputee’

<https://www.bbc.co.uk/news/articles/c0r1pyxy09zo>



**'My Role as the Caldicott
Guardian at Bethphage' -
Clare Shaw (Quality Manager,
Bethphage)**



The Role of the Caldicott Guardian

Background

- The Caldicott Guardian role was introduced into NHS Organisations in 1998 following the Government’s “Review into Patient Identifiable Information” chaired by Dame Fiona Caldicott published in December 1997
- In 2002 this was extended to Local Authorities
- Dame Caldicott completed an “Information Governance Review” (know as the Caldicott 2 Report) in 2013 which upheld the relevance of the 6 principles originally identified and added a 7th. An 8th principle was added in 2020.

New Guidance

- The National Data Guardian issued new guidance published in 2021
- The guidance recommends Organisations that are not public bodies to appoint a Caldicott Guardian in relation to the work that is publicly funded to assist with processing of confidential data. **This includes adult social care organisations in England.**
- They also recognise that these Organisations may well consider it appropriate for the Caldicott Guardian's remit to cover all processing of confidential patient and service user data (regardless of how services are funded).

- The Guidance states that where an Organisation considers it not proportionate or feasible to appoint a member of its own staff to fulfil the role it should:
 - Consider sharing the role with one or more Organisations
 - If an Organisation with a statutory duty to give regard to the guidance chooses not to appoint a CG, it should document this decision and reasons for it

The Role

- A Caldicott Guardian is a senior person responsible for protecting the confidentiality of people's health and care information and making sure it is used properly in line with the 8 principles and common law duty of confidentiality.
- Duties will vary depending on the Organisation but may include:
 - advising on disclosures of confidential information, in particular whether they can be made in line with the common law duty of confidentiality
 - involvement with patients' or service users' complaints

- reviewing and advising on data protection impact assessments, data sharing agreements, and instructions to data processors (although noting also the specific role that the organisation's Data Protection Officer may also have in relation to these issues)
- involvement in audit reporting or recommendations
- involvement in data breach investigations (again noting the role of the Data Protection Officer in this regard as well).

The Principles

- Justify the purpose
- Don't use personal confidential information unless it is absolutely necessary
- Use the minimum necessary personal confidential data
- Access to personal confidential data should be on a strict need to know basis
- Everyone with access to personal confidential data should be aware of their responsibilities

- Comply with the law
- The duty to share information can be as important as the duty to protect patient confidentiality
- Inform patients and service users about how their information is used

What we did

- The Executive Management Team reviewed the guidance and agreed it was appropriate to have a named person in the role
- Considered who this should sit with based on the criteria and requirements
- Set up an email address for any enquiries relating to the role
- I registered on the Caldicott Guardian's register
- I completed training "My Role and Responsibilities as a Caldicott Guardian"

- Identified training for the Executive Management Team on The Role Of the Caldicott Guardian
- Shared information with Manager's throughout the Organisation during a GDPR training day for Executive Management Team, Area Manager's and Service Manager's
- Released a statement on Workplace (internal communication system)
- Added a section to the Website

- Refreshed Privacy notices for the people we support and their families
- Added a section to the Board agenda
- Drafted a job description for the role
- Identified and reviewed relevant policies which needed to include the role

Allocating the role

The person in the Caldicott Guardian role needs to:

- be afforded the freedom to exercise their judgement in relation to the use of confidential information in the best interests of the people supported
- be free to raise concerns at senior management and Board level and ideally attend meetings in an advisory capacity when issues relating to the use of confidential information are discussed

- be able to uphold the principles through questioning, analysing and challenging decision makers
- have the ability to speak openly
- ideally be a health or social care professional with experience of managing the complexities of frontline care
- be available and accessible to engage with the people we support in relation to the use of their information

What the role has involved to date

- Reviewing policies
- Raising awareness
- Reviewing potential breaches
- Ensuring principles are at the forefront of decision making around processes and systems
- There have been no queries raised by the people we support, families or staff to date

To develop

- An audit tool – need to consider how this might look with many staff working from home
- More regular information to staff via internal communication system

Further Information



- Johnson, S. (2024) *Caldicott Guardians: what social care providers need to know about the need to know*. Digitising Social Care. London: Department of Health and Social Care.
<https://beta.digitisingsocialcare.co.uk/news/caldicott-guardians-what-social-care-providers-need-know-about-need-know>
- Digitising Social care webinar recording - Caldicott Guardians - What do social care providers need to know? Access [here](#)
- [Caldicott Guardians](#) checklist
- [Caldicott Guardians](#) Manual
- [E-learning resources](#) on the role of a Caldicott Guardian
- [Advice service, online forum](#) and networking
- **National Data Guardian (no date) Guidance about the appointment of Caldicott Guardians, their role and responsibilities published by the National Data Guardian for Health and Social Care (Includes who should have a Caldicott Guardian)**
https://assets.publishing.service.gov.uk/media/6127b6d6e90e0705437230da/Caldicott_Guardian_guidance_v1.0_27.08.21.pdf
- The UK Caldicott Guarding Council (no date) National Data Guardian (NDG) guidance about the appointment of Caldicott Guardians, their role and responsibilities Frequently asked questions.
<https://www.ukcgc.uk/ndg-guidance-faqs#:~:text=If%20you%20are%20a%20private,is%20available%20for%20Caldicott%20Guardians?>

Next of Kin: Understanding decision making authorities

BU The National Centre
for Post-Qualifying
Social Work and
Professional Practice
Bournemouth
University



Next of Kin: Understanding decision
making authorities



PSW
Network

SOLLA
Society of Later
Life Advisers

**Alzheimer's
Society**
United
Against
Dementia

LEARN TO CARE

ctsi
Chartered Trading
Standards Institute

University College
London Hospitals
NHS Foundation Trust

NHS

Office of the
Public Guardian

The term Next of Kin (NoK) is commonly used and there is a presumption that the person you identify as your NoK has certain rights and duties. Health and social care colleagues should always consult the people closest to a person who lacks capacity to understand that person's wishes and feelings to help them make a decision in that person's best interests. However, the person identified as next of kin should not be asked to sign and/ or consent to certain interventions (unless they have a legal basis for doing so – see overleaf). This is a mistake often made in many hospital and nursing or residential type accommodations, where family members are asked to sign care plans, end of life plans and other treatment options and provide consent which is not legally valid.



<https://eprints.bournemouth.ac.uk/33829/1/NoK-Booklet-for-interactivepdf.pdf>



Update - Pilot Safeguarding Referral Online Portal - Neil Hammond (Business Systems Development Specialist, Assurance, Transformation and Financial Management, Telford and Wrekin Council)



Telford & Wrekin

COUNCIL

The Adult Portal will provide the ability for Professionals to complete 'Professional Referral'. This will be a more streamlined process. It does not replace any current 'traditional' methods of contacting Adult Social Care in Telford and Wrekin.

"I'm pleased to report that we are making steady progress with the Adult Portal. While we have encountered a number of technical challenges, we've been working closely with our supplier, System C, to address them. One outstanding issue remains related to the generation of PDFs, which we anticipate will be resolved by the end of June 2025.

It's important to us that the portal is fully functional and reliable before it is made available to users. We are committed to ensuring that all key issues are resolved and that we are confident in its performance prior to launching.



Once the Adult Portal is ready for a soft launch, I will share a proposed date with you. I would also welcome the opportunity to attend a meeting to provide a demonstration of the portal and to discuss the soft launch process in more detail.

Thank you for your continued patience and support".

Neil Hammond (Business Systems Development Specialist, Assurance, Transformation and Financial Management, Telford and Wrekin Council), June 9th 2025.



Learning from Safeguarding Adults Reviews and Domestic Homicide Reviews

Updates provided by Lisa Gardner (Development Officer, Business Unit, Shropshire Safeguarding Community Partnership)

Lisa Jones (Telford and Wrekin Safeguarding Adult Board Manager, Telford and Wrekin Safeguarding Partnership)

Access Shropshire SAR's [here](#) and Telford and Wrekin SAR's [here](#)
Access Shropshire Domestic Homicide Reviews [here](#) and Telford and Wrekin's [here](#)



Shropshire Safeguarding
Community Partnership

Learning from Case Reviews



Lisa Gardner



Patrick

This Safeguarding Adult Review has been published. It explored the last year of Patrick's life. Patrick was dependant on alcohol and had multiple falls prior to his death.

Patrick had carers going in to support him daily. How do practitioners support someone who is dependant on alcohol and does not want support for this?

Patrick was very unstable on his feet and rarely left his home, how was he getting the alcohol he was drinking daily? Were those working with Patrick professionally curious enough about this?



1. Patrick

Patrick was a white male who died aged 69 of Sarcopenia and Alcoholic Liver Disease. He was well known to services, including his GP, Social worker and domiciliary carers who visited three times a day.

Patrick often refused care from his carers and declined support for his alcohol use.

2. Key turning point

Following the death of his step-mum, it was noticed that Patrick gradually became less engaged with his carers. He also stopped going out into the community and enjoying his swimming; he also started drinking more.

His carers struggled to support Patrick during this time and requested a reassessment of his needs.

3. Support plans

Support plans for individuals such as Patrick should be clear about what the persons needs are, what they want to achieve, what they can do themselves and what they can do with the support they already have.

Support plans should always be reviewed and updated, with the person, when there are changes to circumstances or increased concerns.

7. Conclusion

As time progressed, Patrick was neglecting himself and this was impacting his health and wellbeing. He was not protecting himself and was unable to control his behaviour. Practitioners worked closely with Patrick; they showed consistency and persistence in their approach - they did not walk away from him.

You can read the full review [here](#).

6. Getting together

No agency called a Multi-disciplinary meeting to discuss the increased risks that were being identified. No agency has the whole picture.

The Self-neglect Guidance provides information on how to call a meeting and an agenda template to follow. You can find this [here](#)

4. Specialist Alcohol Services

Whilst Patrick declined support with his alcohol consumption, concerns continued to be raised about the increase in risk his alcohol use was having on his ability to take care of himself.

If someone refuses to accept support for themselves, Shropshire Recovery Partnership will support practitioners with advice and guidance on how to work with the individual.

5. Where was the source?

Patrick did not leave the house on his own; practitioners should therefore be considering how and where Patrick was getting his alcohol from.

When working with an individual who is alcohol dependant establishing, how they are accessing alcohol is an important way of identifying steps to support them and reduce harms.



Patrick Safeguarding Adult Review March 2025

Access [here](#)



Alcohol Awareness Week is co-ordinated by [Alcohol Change UK](#) this year's theme is 'Understanding Alcohol Harm'. We have developed a programme of brief events for you to attend to raise your awareness of alcohol related issues here in Shropshire.

Monday 7th July

Learning from Case Reviews

Delivered by: Lisa Gardner

Time: 10am Platform: Microsoft Teams

Webinar Outline: This webinar will consider the learning from case reviews where alcohol has been a feature

[Book a place](#)

Tuesday 8th July

Information and Brief Advice

Delivered by: Vicky Dudley

Time: 12pm Platform: Microsoft Teams

Webinar Outline: This webinar will help you to increase your knowledge and confidence in having conversations with individuals about their alcohol use.

[Book a place](#)

Wednesday 9th July

Alcohol and Cognitive Impairment

Delivered by: We are With You

Time: 12pm Platform: Microsoft Teams

Webinar Outline: This webinar will help you to understand the impact that alcohol has on an individual's cognition.

[Book a place](#)

Thursday 10th July

Shropshire services for people who use alcohol to excess

Delivered by: We are With You

Time: 12pm Platform: Microsoft Teams

Webinar Outline: Find out about the services that can be accessed by Shropshire residents that can support them with their alcohol use.

[Book a place](#)

Friday 11th July

Meet the We are With You Team

Drop in to meet the team at their Shropshire office 1A Castle Gates, Shrewsbury.

You can get free Blood Pressure check, confidential advice and support about someone you are working or harm reduction advice if you are concerned about your own alcohol consumption.

Booking links **Monday** [Book a place](#) **Tuesday** [Book a place](#) **Wednesday** [Book a place](#) **Thursday** [Book a place](#) **Friday** WE Are With You office - 1A Castle Gates, Shrewsbury

Number of reviews

(as of 23.05.25)

2023/24	Referrals	Criteria met
SAR's	8	4 (1 was a discretionary SAR)
DHR'S	8	5

2024/25	Referrals	Criteria met
SAR's	8	4 (2 were discretionary SARs)
DHR'S	2	1

2025/26	Referrals	Criteria met
SAR's	0	0
DHR'S	1	No outcome as yet



Safeguarding Adults Reviews and Domestic Homicide Reviews – Update from Telford and Wrekin Safeguarding Partnership



Due to the ongoing nature of some of the information shared it will not appear in this PowerPoint



SAR J – (Lou) is now fully completed and was published on the TWSP website this week, along with the 7-minute briefing.

This SAR identified learning around:

- the importance of risk assessments
- agencies being clear on roles and responsibilities around assisted technology
- more awareness needed for DoLs criteria



[The report can be found here](#) **and the** [learning briefing can be found here.](#)

Safeguarding Adult Review – ‘Lou’ Learning Briefing

1. Background - This case review considered the death of a 40 year old person who resided within supported accommodation. They received full-time care due to having disabilities and underlying health conditions including severe epilepsy which was eased with the use of a Vagus Nerve Stimulation (VNS). Sadly, the person passed away suddenly in late 2022.

4. Positive and proactive steps taken to address the recommendations so far

- In response to the initial recommendations, partner agencies within the Safeguarding Adults Review (SAR) Panel have taken meaningful and proactive steps to strengthen multi-agency collaboration and enhance safeguarding practice.

- **Strengthening Collaboration in Complex Cases:** Partner agencies are actively working to improve joint planning for individuals with complex needs. There is a shared awareness of Section 42 safeguarding duties, including the importance of timely communication of investigation outcomes.
- **Enhancing Risk Assessment through Shared Knowledge:** Updates to the social care risk assessment process are already underway, with a focus on clearly incorporating information from all relevant agencies. This ensures that risk assessments are comprehensive and person-centred.
- **Improving Care Plans and Quality Assurance:** Reviews of safeguarding assessment and referral forms are progressing to ensure Care Plans accurately reflect individual needs. Quality assurance engagement with care providers is ongoing to uphold and continuously improve the standard of care delivered.
- **Collaborating on Assistive Technology Assurance:** The Assistive Technology Team is partnering more closely with care providers to strengthen oversight and support around assistive technologies, helping ensure continuity of safe and effective care for those who depend on such equipment.
- **Raising Awareness Around Critical Incidents:** A guidance note is being prepared and will be shared with care providers to clarify responsibilities following unexpected deaths and in situations involving police investigations. This will help ensure appropriate actions are taken with sensitivity and professionalism.



2. Process

Following receipt of the referral in Winter 2022 scoping information was requested which informed the decision to progress to a Safeguarding Adult Review (SAR) in Spring 2023. Immediate safeguarding actions were implemented and an independent author was sourced in early summer 2023. This review was run alongside a LeDeR review process which avoided duplication of work for agencies and reduced the impact on the family. The review panel was made up of practitioners involved with the case alongside managers from across the partnership and met formally four times throughout the process, with additional theme specific meetings taking place in between. Contact was maintained with the family throughout to update them on the progress and allow opportunity for them to contribute at their own pace.

3. Recommendations and Learning

The following recommendations were made following the independent review:

1. Assurance should be sought around procedures reinforcing the need for a single multi agency plan to be developed in complex cases. If single agency reviews have taken place these should be shared with other agencies involved with the person. This should be audited regularly to ensure this is happening.
2. Assurance should be sought that the outcomes and recommendations from Section 42 enquiries are being shared at the earliest opportunity with all relevant organisations, including care providers.
3. Social Care should ensure that all guidance and templates address the issue of suitability of the care plan, taking into account identified risks such as fire or medical emergency.
4. The CQC and Social Care should use the findings of this review for future quality assurance of Home farm trusts provision Telford.
5. The assistive technology team should ensure clarity on roles and responsibilities of provision and maintenance of the equipment in cases where the care providers have their own technical support team, along with ensuring there is a contingency plan in place in case of equipment failure
6. Assurance should be sought that all care providers and community based professionals are aware of the 'acid test' in relation to DoL's criteria and the process to follow for identified cases.
7. Telford and Wrekin Safeguarding Partnership should remind care providers and agencies not to initiate any investigation following a death where there is police involvement.

[learning briefing can be found here.](#)



**Cuckooing (Home
Takeover) and Adult
Safeguarding –
Karen Littleford
(Safeguarding Adults Lead,
Partners in Care)**



PARTNERS
in CARE



What is Cuckooing?

If you think that someone is being taken advantage of in their home, whether it's linked to drug dealing or not, think about your duty of care to that person (Rannard, 2025).

Cuckooing/Home Takeover Definition?

Cuckooing refers to a form of exploitation whereby an individual's home is taken over by another person or group of people. It is commonly linked to organised crime, particularly within drug markets and county lines operations. However, cuckooing is a highly variable form of exploitation that extends beyond these contexts (Rive, 2024).

County lines activity needs houses to store drugs, weapons people working in county lines Liverpool to Bournemouth for instance, they may exploit people from the locality to run the drugs for them. **Cuckooing** = free accommodation storing drugs, cash etc. less obvious than using a hotel (Rannard, 2025).

Not a crime type, not recorded as a crime not all linked to serious and organised crime. When police recognise it keen to identify where vulnerability lies and act on that. Not always linked to county lines. Can involve exploitation of children, children in home takeover and sometimes abuse of 'vulnerable' adults being abused is loaded onto the web (Rannard, 2025).

Exploitation and vulnerability – think about duty of care (Rannard, 2025)

James

(Brighton and Hove Safeguarding Adults Board, 2021)

This SAR outlines how in the years leading up to James' death, professionals debated whether he was being cuckooed, but there were always doubts, given that there was 'no evidence that he was being exploited by drug dealing gangs' (p.18).

Rather, it appears James was exploited by local dealers, members of the 'street community', or 'friends who used drugs to live with him'. (Brighton and Hove SAB, 2021)

<https://www.bhsab.org.uk/safeguarding-adult-reviews-sars/>

Demonstrates the need to **not get too hung up on definition**, moreover the need to **identify vulnerability and exploitation** so that appropriate action can be taken.

(Rannard, 2025).

Is Cuckooing An Issue Locally?



The bird in this picture is not a cuckoo.....!

Pair were 'cuckooed' as part of drugs operation carried out from Telford flat, court hears

Two drug addicts who were victims of 'cuckooing' by another person who was the 'main cog' in the supply of heroin from a Telford flat have avoided jail.

Plus By Paul Jenkins Published Dec 23, 2024 Last updated Dec 23, 2024

Comments

The BBC joined officers at a Kidderminster property that was searched after concerns were raised that the occupant had been forced by a gang into storing or selling Class A drugs, including cocaine.

Intelligence suggested a man in his early 60s with disabilities was being preyed upon, with neighbours spotting cars turning up throughout the day, the force said.

The condition of the flat was described as dirty, with no carpets or curtains, food left on plates for days and used drug paraphernalia.

(Godfrey, 2024, Jenkins, 2024)

Drugs worth £2.5m seized in county lines crackdown



WEST MERCIA POLICE

A huge cannabis farm was discovered during the raids that netted £2.5m of drugs, in Herefordshire, Shropshire and Worcestershire and saw 68 people arrested

6 December 2024

More than £2.5m worth of drugs have been seized and 68 arrests made during a crackdown on county lines in Shropshire, Herefordshire and Worcestershire.

West Mercia Police worked alongside social services and charities to carry out a series of raids, during which 29 adults, believe to be victims of cuckooing, were given protection.

The BBC joined officers at a Kidderminster property that was searched after concerns were raised that the occupant had been forced by a gang into storing or selling Class A drugs, including cocaine.

Intelligence suggested a man in his early 60s with disabilities was being preyed upon, with neighbours spotting cars turning up throughout the day, the force said.

Vehicles had been tracked via number plate recognition cameras with some spotted being driven from Birmingham, which led police to link it to an ongoing drug supply line.

When the warrant was served, the occupant and a younger woman were questioned.

A small quantity of cocaine was discovered, along with an imitation firearm.

The condition of the flat was described as dirty, with no carpets or curtains, food left on plates for days and used drug paraphernalia.



Two men have been jailed for a total nine years for their part in a county lines drugs operation in Shrewsbury. The pair were sentenced at Shrewsbury Crown Court (sitting at Telford Justice Centre) on Friday 18 October 2024.

The convictions follow a proactive investigation by the local organised crime team which started in June this year.

It was quickly established that both men were part of the ‘Kev’ county line, which operated from Merseyside and was responsible for bringing large quantities of class A drugs into Shrewsbury.

Evidence showed both men had links to phone numbers identified as drugs lines- dedicated phone numbers used to run the organised drug-dealing network.

As part of their operation, they targeted vulnerable young people and used their homes as a base for their drug dealing; a practice known as ‘cuckooing’.

Detective Constable Andrea Marston, of the local organised crime team in Shropshire, said: “Drugs are a blight on our community and ruin lives. “We’re constantly working to rid our streets of drugs and I’m glad that we’ve been able to dismantle this line and that Sholliker and Currens will now face time behind bars for their part in it.

“The local community are key in helping us to tackle drug dealing and I’d always urge anyone with any information or concerns about drug dealing or drug use in their area to let us know.”

Police warning on ‘cuckooing’ to target county line criminals

Police are warning residents of the tell-tale signs of ‘cuckooing’ to target county line criminals.

By Megan Jones | Published Mar 4, 2023 | [Comments](#)



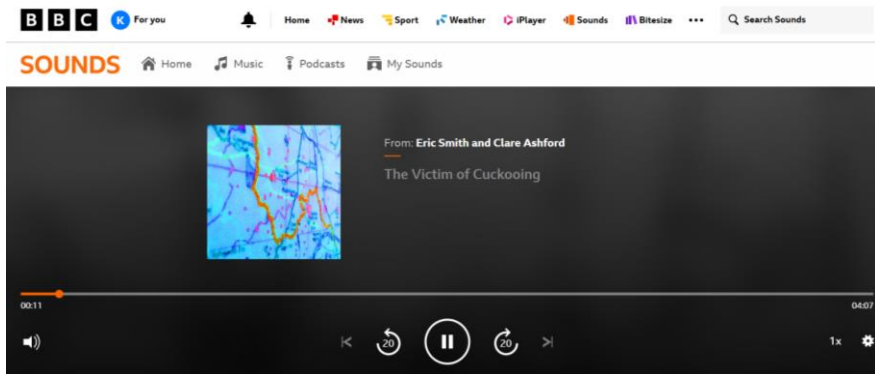
Officers from West Mercia Police have warned residents to be on the lookout for criminals targeting the homes of vulnerable people.

(West Mercia Police, 2024, Jones, 2023)

The Victim of Cuckooing

2019 - BBC Radio Shropshire has been investigating the impact of so-called County Lines drug crime on the county.

Across a week of special reports, we heard from young people drawn into crime by big city gangs, looking to spread their trade into neighbouring rural areas. Vulnerable people have even had their houses taken over in 'cuckooing' crimes, by gang members looking for a base to grow or sell drugs. You can also hear from police, teachers, charity and social workers trying to help those in trouble.



<https://www.bbc.co.uk/sounds/play/p07wbvck>

Spot the Signs of Cuckooing

People in the address that are out of place, such as non-local accents, school aged youths

Influx of intelligence / calls to address

Parts of the address that are out of bounds for the resident (locked internal doors)

Increased noise, anti-social behaviour

The occupant making / receiving excessive calls or texts



Items in the address that look out of place (e.g. scooter in the hallway)

Damage to the address outside what would be considered normal

Signs of wealth that seem out of place

Missing appointments

Avoiding talking with you / refusing entry to police, family or other services

Frequently losing keys / fob / unusually high key fob activity

Large numbers of people coming and going from the address

(Rannard, 2025)

Why don't victims report it?

- Police involvement could end the supply of drugs
- Fear of criminal proceedings against themselves
- Victims fear eviction from their home
- Fear of perpetrators
- Shame
- Loneliness



(Rannard, 2025)



If you suspect cuckooing:

- Watch out for the signs
- Think about the adult's engagement with others and if this has changed?
- Talk to the adult about the risks - when they are alone
- Think about any immediate risk to the adult or others and take appropriate action such as calling 999
- Talk to partner agencies, call a multi disciplinary meeting
- Report as appropriate to safeguarding, the police etc.

Crime and Policing Bill will make child criminal exploitation and 'cuckooing' (home takeover) illegal.


Landmark legislation will be brought forward to ban cuckooing, a highly exploitative practice where criminals seize control of a vulnerable person's home without consent to conduct illegal activities like drug dealing.

It is commonly associated with drug supply, serious violence and antisocial behaviour, seeing people often with disabilities or those with substance misuse issues targeted by criminals for their own personal gain.

The introduction of this new offence will target individuals who take over the homes of vulnerable people for criminal purposes and punish them for the harm caused. It will carry a maximum penalty of 5 years in prison.

The bill will make it an offence to exercise control over another person's dwelling without their consent for the purpose of enabling the dwelling to be used in connection with the commission of specified criminal activity.

Cuckooing/Home takeover Playlist on the Partners in Care YouTube



and they've started avoiding people who can help them.






County Lines and Cuckooing or Home ...

by Partners in Care

Playlist • Public • 18 videos • 563 views

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<https://www.youtube.com/playlist?list=PLR7h4BzDDmvRx0nUeHiyvsbH2FbWwk2sa>

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Webinars, Policy, Guidance, Resources and Reports



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MCA Webinar 12 – September 2025 -

End of life decision making (including CPR decision making and Advanced Decisions) and what about assisted dying?



- 23rd September 2025 11:00am-12:30pm
- £19 per learner (members) £26 (non-member)
- Book here <https://www.partnersincare.org.uk/training-courses/mca-dols/mca-and-dols-webinars>




**Partners in Care
Mental Capacity Webinar
Series - Webinar 12**

End of life decision making (including CPR decision making and Advanced Decisions) and what about assisted dying?

A webinar with
Lorraine Currie, Independent Mental
Capacity Consultant

These webinars are an opportunity to upskill around the topics of Mental Capacity and the Deprivation of Liberty Safeguards

Webinar Recordings – Contact and the MCA is about to be added




Mental Capacity & Deprivation of Liberty ...


by Partners in Care


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Shropshire Partners in Care

Mental Capacity - Lasting Powers of Attorney and Court Appointed Deputies

<https://www.youtube.com/playlist?list=PLR7h4BzDDmvRKI8NFFtHQiRe4-HB3hRT1>

Alcohol Awareness Week is co-ordinated by [Alcohol Change UK](#) this year's theme is 'Understanding Alcohol Harm'. We have developed a programme of brief events for you to attend to raise your awareness of alcohol related issues here in Shropshire.

Monday 7th July

Learning from Case Reviews

Delivered by: Lisa Gardner

Time: 10am Platform: Microsoft Teams

Webinar Outline: This webinar will consider the learning from case reviews where alcohol has been a feature

[Book a place](#)

Tuesday 8th July

Information and Brief Advice

Delivered by: Vicky Dudley

Time: 12pm Platform: Microsoft Teams

Webinar Outline: This webinar will help you to increase your knowledge and confidence in having conversations with individuals about their alcohol use.

[Book a place](#)

Wednesday 9th July

Alcohol and Cognitive Impairment

Delivered by: We are With You

Time: 12pm Platform: Microsoft Teams

Webinar Outline: This webinar will help you to understand the impact that alcohol has on an individual's cognition.

[Book a place](#)

Thursday 10th July

Shropshire services for people who use alcohol to excess

Delivered by: We are With You

Time: 12pm Platform: Microsoft Teams

Webinar Outline: Find out about the services that can be accessed by Shropshire residents that can support them with their alcohol use.

[Book a place](#)

Friday 11th July

Meet the We are With You Team

Drop in to meet the team at their Shropshire office 1A Castle Gates, Shrewsbury.

You can get free Blood Pressure check, confidential advice and support about someone you are working or harm reduction advice if you are concerned about your own alcohol consumption.

Booking links **Monday** [Book a place](#) **Tuesday** [Book a place](#) **Wednesday** [Book a place](#) **Thursday** [Book a place](#) **Friday** WE Are With You office - 1A Castle Gates, Shrewsbury

Save the Date - Safeguarding Adults Week 17 - 21 November 2025

The programme will be advertised in the summer. We already have some confirmed guest speakers talking about modern slavery and prevention.

There will be an event with partners in Telford town centre on the Thursday.

You can watch the events from Shropshire and Telford and Wrekin in 2024 on the Partners in Care YouTube channel [here](#)

ann craft trust
acting against abuse



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Partners in Care YouTube Channel -



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Adult Safeguarding and Homelessness
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Adults who Self-Neglect or Hoard
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County Lines and Cuckooing/Home Takeover
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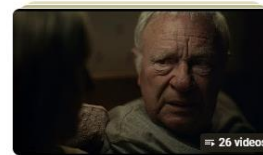
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Domestic Abuse: It Happens To Us Too' animation BSL version Domestic Abuse Playlist) [here](#)

Playlists menu <https://www.youtube.com/@partnersincare8598/playlists>



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Exploitation of Adults with Cognitive Impairment in England

An investigation into evidence, responses, and policy implications

Executive Summary



UNIVERSITY OF
BIRMINGHAM

Human
Trafficking
Foundation

ann
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Exploitation of Adults with Cognitive Impairment in England

An investigation into evidence, responses, and policy implications

In recent years there has been increasing attention to ‘modern slavery’, human trafficking and wider forms of exploitation both in the UK and internationally. There has also been growing awareness that people can be placed at risk of exploitation by a wide range of personal, social and economic circumstances, including physical and mental health issues.

News stories have highlighted examples of people with different forms of cognitive impairment experiencing control and exploitation by those seeking to profit from their labour or property, sometimes over long periods of time. However, statistics on this issue remain elusive.

Access the report here www.nottingham.ac.uk/research/beacons-of-excellence/rights-lab/resources/reports-and-briefings/2024/november/cognitive-impairments-and-adult-exploitation-report.pdf



 01743 860011

 info@partnersincare.org.uk

 partnersincare.org.uk

Partners in Care (Shropshire, Telford and Wrekin)

Registered in England & Wales No: 04660475.

Registered address: 6 The Farriers, Annscroft, Shrewsbury, Shropshire SY5 8AN