social care
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Safe & Settled Ltd

Social Work Practice Pioneer Project (SWPPP) final report

March 2013

Introduction

Safe & Settled Ltd is a small friendly organisation, providing a high quality personal service to people, their families, friends or carers to empower them to make the right decision about the care and support they or their loved one needs. Its vision is to empower people to make the right care choices.

Safe & Settled Ltd is committed to enabling people to locate quality care and support solutions within the local community. It promotes effective working relationships with individuals and other key community delivery partners, and ensures that resources are used as effectively as possible. It is committed to partnership working and has developed strong and effective partnerships with local authorities and key stakeholder organisations.

Safe & Settled Ltd works with a range of people, predominantly older people and their families or carers. It helps them to navigate around the care and support system, explores their wants, needs and aspirations, reviews all available options and helps them make the right care and support choices.

Support is offered for an agreed period of time during the transition process to make sure that they are settled within their new care and support arrangements. These arrangements range from additional support within the home environment to support to move into sheltered living or a residential/nursing home.

Advocacy services are provided if there is a need for advocacy. These services may range from attending a client review or being present when meeting a potential care provider. The clients who have been supported have valued the services because it gives them the information that is often difficult to acquire, and the time and space to consider the options in partnership with someone who understands the issues that they face and the services available. One of the clients said that the “service was priceless for the peace of mind that it gave” her.

Safe & Settled Ltd is about supporting people to make difficult, life-changing decisions, often at a time of personal crisis. It is totally committed to empowering people to make the right care and support choices. Its service is delivered solely by professionally qualified social workers who are registered with the College of Social Work, and who are passionately committed to empowering people to access the advice, support and care options they need.

In September 2012 it was successful in its application for a Reaching Communities lottery bid that will enhance its service.

The SWPPP began in January 2013 to provide advocacy and advice, delivered by older people working as volunteers. The volunteers will be recruited and developed from within the community, sharing their valuable knowledge, skills and expertise as required.

The project promotes active living, gives communities the tools to address their own specific needs and enhances quality of life for older people.

What we are doing and with whom we are working

Safe & Settled Ltd activities continue to fall broadly into three categories:

- Developing and delivering the service offered.
- Refining our marketing.
- Developing and maintaining strong and enduring partnerships.

Developing and delivering the service offered

We piloted our services, and from this early work we were able to define the client journey, ensuring that our client documentation was fit for purpose; we re-engineered our support packages and confirmed our business model.

We are also in the process of submitting our evidence to be accredited for the Micro Business Quality Mark through Dudley Metropolitan Council.

We have had 10 referrals, which have included three married couples and five carers.

All of these clients are self-funders and fall outside of the local authority remit or prioritisation categories. All interventions are evaluated, and always include feedback from people who use our services. We continually review the learning from these interventions.

A key finding from this evaluation, albeit from a small sample, is that we are seeing a trend develop whereby people (mainly older people) who have the funds to pay for their own care are unwilling to pay for the information, support and care that they need. We have identified this as a ‘can pay, won’t pay’ culture. This has the potential to have a longer-term, detrimental impact on the individual, their family and the care and support system, and will often result in decisions being made later in a crisis situation, possibly without all relevant information. Frequently, by this point, preventive options for community-based support may either be no longer relevant, or prohibitive in terms of cost and complexity compared to residential care.

(See Appendix 1 for a case study in relation to Mr and Mrs T, which demonstrates the ‘can pay, won’t pay’ culture in action.)

Self-funders account for at least 40% of social care provision (Hudson and Henwood, 2009); this figure is rising steadily as a result of government cuts and reviews of local authority eligibility criteria. The development of a ‘can pay, won’t pay’ culture is a serious issue that requires further research. There is a need to:

- understand the ‘can pay won’t pay’ culture, how/why it has developed and the impact of this culture on accessing care and support to meet individual needs
- understand how this culture impacts on service development and sustainability in the care and support system; for example, whether people who use services perceive paying for social work assessment and advice as less acceptable than paying for more tangible services, such as residential or domiciliary care
- explore the attitudes of local authority workers in relation to payment for supporting people to access the information and support that they need, and how these attitudes impact on or contribute to the ‘can pay, won’t pay’ culture.

Refining our marketing

We used the feedback from our early pilot work to inform and refine our marketing and communications plan. A key component of this was the development of our website (see www.safeandsettled.co.uk) and the production of a range of marketing material.

We also developed a marketing plan to take account of customer segmentation focusing on three key customer segmentation groups:

- the person requiring care and support
- family or friends needing to find care and support for a loved one
- professionals and professional organisations/bodies (e.g. solicitors, GPs etc.) and potential partner organisations in the voluntary sector.

Developing and maintaining strong and enduring partnerships

During the final stage of the SWPPP we significantly focused our efforts on developing strong and enduring partnerships. We saw this as critical to developing a sustainable service for people who need independent information about care and support services.

We attended and presented at several local events:

- Walsall Local Authority Social Work Team
- Three Dudley social work teams including a hospital team
- Dudley Community Partnership Support Team
- Black Country Partnership for Care board meeting
- Black Country Partnership for Care conference
- Dudley Council for Voluntary Services
- Dudley Living Well, Feeling Safe – drop-in day in Pedmore
- Dudley Professionals’ Day at Dudley Health and Social Care Centre

To develop our partnerships in Dudley we have worked closely with key staff from Dudley Metropolitan Council adult social care and the Dementia Gateway Service (DGS). These key staff included:

- dementia nurse specialist
- community enablement team
- Dudley carers coordinator
- local implementation team
- assistant director adults and community
- access and hospital service manager
- long-term team service manager
- DGS manager
- commissioning and procurement service manager.

We have agreed a Service Level Agreement (SLA) – we are the first micro provider working with Dudley Metropolitan Borough Council to achieve this. This SLA cements our role as one of the choices offered to Dudley residents when they come to the notice of the local authority or hospital services as in need of advice about care and support arrangements. Being identified as a formal part of the Integrated Dementia Pathway is a significant milestone for an independent organisation, and resulted from a substantial investment of time, goodwill and energy from all parties.

We have also developed a protocol and suite of information resources to support our joint working. In addition we have joined the Dudley and Walsall Community Directories and registered as a micro organisation with both Dudley and Walsall Metropolitan Borough Councils.

At a regional level we have met with the West Midlands community manager for the Red Cross and Age UK Walsall, with a view to introducing our service and discussing collaborative working.

The difference it has made for people who use services

Our early pioneering work has been evaluated and we have learned that Safe & Settled Ltd services make a difference in the following ways:

- Providing independent objective information with no potential for conflict of interest.
- Providing swift and prompt services to a timescale that larger, statutory organisations are often not able to match.
- Providing a service that is person-centred, and starts from an asset-based and empowering perspective, while simultaneously recognising the need to maintain people's social circles of support and community engagement, rather than a deficit model that is individual in focus.
- Validating concerns that people feel anxious about expressing, as real and valuable, thus supporting their self-esteem and self-confidence.

- Listening and providing information about what the client, carers and family feel *they* need, not imposing an agency or societal agenda.
- Defining who the client is and validating what they feel is important to them, by explicitly shaping the delivery of our services to parameters determined by the client.
- Providing localised information, enabling and empowering people to use the information and to make informed decisions (this includes supporting people to make visits to potential care solutions), thereby enhancing people's feelings of control and confidence in shaping their own environment and lifestyle.
- Providing expertise related to the care and support system and the way in which this operates and is regulated and funded in England, to maximise personal choice, self-determination and financial control.
- Providing peace of mind; sometimes it is the right thing to do nothing – early intervention is not always appropriate.
- Providing a service that can be called on as required – we provide a range of options and the client has the opportunity to choose to have as little or as much of what is on offer as is relevant to them at a time of their choosing.
- We have provided a confidential and reliable service to busy professional people who require a swift response from someone with experience and knowledge.
- Providing a brokerage service to negotiate streamlined pricing for service provision.
- Identifying gaps in commissioned service provision and feeding this back to service commissioners enabling a significant weakness in service coverage to be discovered and then addressed, to the benefit of the family concerned and future service users.

See the case study in Appendix 2 of AW, which demonstrates how taking the time to get to know the individual, their concerns and wishes, results in a simple and effective solution that is important to the individual.

See the case study in Appendix 3, Mr J, which demonstrates the significant impact we have made to a service user and his family.

The difference it has made for social work and social workers

Our early, pioneering work has been evaluated and we have learned that Safe & Settled Ltd services make a difference to social work practice in the following ways:

- An independently developed support plan provides more information and clarification in addition to the social worker's plan. This helps people to make

informed decisions and reduces their stress. This is especially beneficial if clients are new to the local authority.

- An independent approach to the provision of information empowers clients and their families.
- An independent approach allows more time to accurately assess the support needed to enhance efficient and effective deployment of resources, for example, social workers, dementia care advisers, day care services.
- People are provided with support at the level they need, if they have no family support.
- Support for self-funders ensures that they make better, more sustainable decisions about their care and support needs and may not need social work intervention in the longer term.
- Reliable, independent strategic oversight is provided, giving information about what works and what needs to be improved, thereby providing an effective feedback loop.
- The systems approach is enhanced, with the client at the centre.
- The social worker has more time for more complex and demanding cases, and the local authority is able to focus scarce resources on those with limited financial resources.
- Safe & Settled has provided the opportunity for a person-centred model to be evaluated and replicated elsewhere in the local authority.
- Local authorities have been enabled to deliver on the legislative requirements and policy drivers to provide information to self-funders.
- Our ability to be responsive, to broker charges and to provide a service that is person-centred sometimes results in the individual not requiring a service to be delivered, maintaining their independence for longer and making a saving to local authority budgets.
- Enabling self-funders to consider a broad range of care and support options for community-based support, rather than opting for a better understood move to residential provision, can create major budget efficiencies for local authorities in the longer term. Budget management in social care is frequently adversely affected, sometimes to the tune of millions of pounds in some areas, by the impact of supporting residential care costs for self-funders whose financial resources have decreased below set parameters. Local authorities often know nothing of these individuals until their funds run out.

Throughout our work we have also identified a number of challenges that we have faced while working with local authorities. These are key to learning and moving forward, and are as follows:

- There is a natural suspicion from local authority workers concerning independent services. It is possible that social work practitioners see the development of services to help and advise people about their care and support needs as an erosion of their own role. To redress this experience we have worked hard to build relationships based on trust, openness and mutual respect.
- Some local authority workers have found the concept of paying for our services difficult. This is a new way of working and requires a significant culture shift. Local authorities that are strategically and operationally committed to challenging existing cultures will be more successful in implementing the culture and paradigm shift necessary to progress this concept of independent social work practice.

We received the following feedback from colleagues at Dudley:

> *'This is a culture change for staff and needs constant re-enforcement. It requires procedures, scripts and above all the appropriate pathways to help staff feel comfortable and make the necessary adjustments to their practice.'*

> *'There has been a mixed reaction from social workers regarding the involvement of Safe and Settled i.e., some are embracing the principle of having another source to refer to, while some are sceptical. In principle the opportunity supports the personalisation agenda in giving people control and choice over who they spend their money with to gain support. Frees up LA [local authority] social workers to focus on complex needs i.e., safeguarding, capacity-related issues.'*

Conclusion

Previous research (Henwood, 2011) states that 'time and time again, people have described the struggle to obtain information, advice or advocacy to help them make life-changing decisions.' Council and Care (2011) surveyed 1,300 people and found that only 5% believed that the care system was easy to navigate, and 79% thought too little was done to tell people about care options.

While working on the SWPPP we have reaffirmed the findings of this research – there is clearly a need for the provision of accessible, independent information for people who require information about care and support, and this need is felt most acutely by the person requiring care and support or their family/friends.

Services like those delivered by Safe & Settled Ltd are new, providing an ideal opportunity to understand and shape the future market to meet the needs of people requiring an independent information service. The SWPPP has provided an invaluable opportunity to understand the services required and to be responsive to the needs of individuals, while providing the space to reflect on experiences and to make improvements to the services offered.

We have operated as a learning organisation and used social work perspectives and theories in our practice. Human behaviour is complex, and we have used specific theories to support our critical analysis and ultimate interventions. In particular we have used the perspectives of systems theory to explore family dynamics, looking at problems within the systems of relationships, focusing on promoting change by intervening in the broadest system rather than in the individual alone.

We have also operated elements of behaviourism and social learning theory, exploring cognitive functioning, especially in the interventions relating to Mr J (see Appendix 3), exploring with him the components of his presenting problem, how that impacted on his behaviour and what his fears were. By undertaking some cognitive reframing of his automatic thoughts, along with confronting and rationalising his fears, he was able to realise the low level of risk and thereby change his behaviour.

Findings from the SWPPP initiative will have implications for the social care sector as a whole, and for public and policy debate about the future delivery and funding of personalisation. We are grateful for the opportunity to have been part of this important initiative, and hope that the understandings and learning that our experiences have generated will be of assistance in that wider debate.

Jan Burns

Safe & Settled Ltd

1 March 2013

References

Council and Care (2011)

Henwood (2011)

Hudson and Henwood (2009)

Appendix 1: Case study, Mr and Mrs T

Reason for referral and background information

The social worker referred Mrs T to Safe & Settled Ltd, reporting that Mrs T may have early onset dementia and Mr T's condition was deteriorating due to poor physical health. The social worker stated that the couple needed help to find a residential home. They had looked at sheltered accommodation but felt this was not appropriate for them. They were self-funders and had a close friend, D, who handled their finances; all appointments had to be made via this friend. There were some questions regarding abuse from Mrs T to Mr T, but safeguarding procedures had not been invoked.

Information gathered

Mrs T

- Mrs T was 84 years old and lived in a one-bedroom bungalow with her husband.
- Mr and Mrs T had been married for over 50 years.
- The psycho-geriatrician diagnosed short-term memory loss; however, he felt that Mrs T still had mental capacity, as did her GP.
- Mrs T was not eating well; she sometimes forgot to eat meals prepared by Mr T.
- Mrs T said she was managing her personal care but her friend and husband said that she was not managing this well.

Clients' request for change

Mr and Mrs T required support to find a residential care home that would be acceptable to both of them. They stated that they would consider a trial period in respite care. They agreed that they wanted to know what was available, where it was available and how much it would cost.

Mrs T wanted:

- to be able to go out
- to like where she was living
- not to go too far so that her friend could visit
- friendly people who could make it feel like home.

Mr T wanted:

- good food, prepared on site
- to see it first and feel that it was comfortable
- company with social activities
- to feel well and improve his quality of life
- to drive – he hadn't driven for two years.

What was already in place?

- Daily contact with the friend who did all the shopping, who looked after Mr and Mrs T's finances and answered numerous telephone calls from Mrs T. D stated that she needed help to support the couple.
- Meals on wheels had previously been delivered, but the couple cancelled them.
- A cleaner had visited in the past, but Mr T cancelled this because he said she came too early for his wife.
- A home care service had arrived during the visit; they were calling to help to warm up food. This service was also cancelled.
- The psycho-geriatrician was due to call to give the results of some tests.

Mr T appeared frustrated by Mrs T's forgetfulness. There was a visible challenge for attention. When one person spoke, the other made noises and tried to interject. Mrs T said, "He thinks I'm insane, he wants me put away." Mr T did not deny this; he said, "She needs a tablet to sort out her memory." Mr T explained that he stayed in bed because he felt very weak and nauseous; he was just trying some new tablets from the GP.

Action agreed

Safe & Settled Ltd would research local residential care within the locations identified by Mr and Mrs T. Research was to include:

- name of establishment
- address
- services offered
- Care Quality Commission (CQC) reports regarding standards attained/or not
- cost for respite care and cost for residential care
- availability.

D informed me that following the assessment visit the psycho-geriatrician had called and diagnosed early onset dementia. He prescribed Aricept for Mrs T. I asked if she would check to see if the couple would accept a visit from the Dementia Gateway Service (DGS) – they may be able to offer specific help now Mrs T had been diagnosed with dementia.

D confirmed that the couple would accept a visit from someone from DGS.

Action taken

Safe & Settled Ltd undertook the agreed research and formulated a table of information in large print to share with the couple. We contacted DGS, completed the referral pro forma, briefed a dementia adviser and organised a joint visit with a member of DGS staff.

We informed D of the costs for the Safe & Settled Ltd service; she agreed to pass the information on to the couple.

We revisited the couple with a member of DGS. Mr T was very angry; he said he did not expect to pay for a service that he had not requested. He said he had not asked Safe & Settled Ltd to call.

The invoice was withdrawn. The list prepared in relation to residential and respite care services was left with the couple, although they said they would not take up residential care because it was too expensive.

The member of staff from DGS offered day care for Mrs T. Mr T asked how much this would cost. It was agreed that someone from Age UK would call to discuss this further. Mr T agreed to this.

Following this experience, we rang the social worker and expressed our concerns regarding the situation. The social worker said that the GP was well aware of the situation and he felt that nothing would happen until such a time as Mr T was admitted to hospital. The social worker explained that she had hoped that Mr and Mrs T would listen to someone else; she felt she had exhausted her resources.

The DGS member of staff reported that she was surprised that our service was a charged-for service.

Appendix 2: Case study, AW

Reason for referral and background information
AW was a 96-year-old man who lived alone in his own bungalow. He made contact because he had recently been diagnosed with macular degeneration of the eye resulting in progressive sight loss. On the telephone he said he felt he now needed to go into a care home and he had selected two possibilities, one near where he lived now and another on the opposite side of the country, near to his daughter.

Information gathered
When I visited AW we discussed his situation and the kinds of problems he was having. He was unable to do many of the things he used to do such as reading and driving, and had cancelled his newspaper subscription and sold his car. Someone came to do the cleaning, the gardening and to take him shopping. He had frozen ready meals delivered once a week, which he put in the microwave at lunchtime. However, everything seemed to be a struggle, and meal preparation was proving particularly difficult. We agreed that his main concerns were:

1. He was finding day-to-day life a struggle.
2. He was getting increasingly bored because he could no longer read or watch television.
3. He was also feeling more isolated now that he had given up driving, and lacked social contact.

Accommodation
We discussed the care home option and I went through with him what life would be like in a care home. In the end he agreed that a care home might not relieve his boredom because he would have less to do for himself, although it might give him more social contact. I showed him large print copies of the inspection reports for the two homes he was interested in – the one nearest him had received some complaints about staff behaviour, while the one near his daughter had an excellent report. I also showed him an additional one near him that had a good inspection report. He had also explored very sheltered housing but said he wouldn't get a place on the local authority scheme because he didn't have enough points.

Meal preparation
In terms of his day-to-day needs he was managing, but if he needed any help it was with heating up his ready meal and serving it. A friend had recommended a care agency but he had cancelled an appointment with them because he felt he now needed a care home. He decided to arrange another appointment with the agency. I also suggested that he might want to see if Age UK knew of any volunteer visiting schemes.

I then suggested that he write down what it was he wanted the care agency to do when they visited him. He hadn't thought of this and was pleased to go through things that needed to be done. We arrived at a schedule for their visits. They would visit five times a week and on the other two days his son came to eat with him and could prepare the

meal. The agency also needed to do his laundry and change the beds once a fortnight in addition to helping him with his meals.

Visual impairment
AW confirmed that he was on the waiting list for a community care assessment and had a visit planned from the visual impairment team. We explored his reading problems and discovered that he could read the newspaper on my iPhone. I suggested that an iPad or electronic book such as a Kindle might help. Before I left I spent time listening to how much had changed in his life since his sight loss, and how this had unsettled him and undermined his confidence, quality of life and sense of control over his life and environment.

Action taken
On a follow-up call, AW said:

- His family had bought him an iPad based on the specification I'd sent them. He had initially found it too difficult to use, but was now finding it beneficial, and enjoying the mental stimulation and social connection with the world and his family through electronic means.
- The care agency was visiting five times a week. They visited for an hour and he found it hard to know what to ask them to do once they had prepared his meal. The agency policy was not to do less than one-hour visits. I suggested he ask for a review with the manager, encouraging him to exercise control over the service he was receiving.
- He had been for a short stay at the care home near his daughter, but decided that he would soldier on at home for now. He discovered that all the people at the care home had much greater needs than he did, and that moving would not address his social isolation; he now realised that he didn't yet need a care home.
- The visual impairment team had provided him with a daylight light and he had purchased two more for himself.
- Overall, AW's quality of life improved as a result of intervention. The advice given, plus his experience of staying short term in a care home, enhanced his knowledge of support and care options. He has now determined that his eventual goal is to find a flat within walking distance of his daughter's home.

Appendix 3: Case study, Mr J

Reason for referral and background information

Mrs T, the only daughter of Mr J, reported that her father's presenting problem related to him being unsettled at night. He had suffered a mild heart attack 12 weeks previously and she wanted to know what help could be provided now and maybe for the future. She also wanted to do whatever she could to support him to live at home for as long as possible.

Information gathered

Mr J

- Mr J was 87 and a widower, and lived alone in small one-bedroom flat.
- Mr J woke virtually every night, and called the community alarm service each time.
- They managed to defuse the situation but frequently the intervention resulted in calling Mr J's daughter. This was often in the middle of the night and at times calls resulted in a visit to the local Accident & Emergency where, following an examination, Mr J was discharged.
- Mr J denied that it was virtually every night; he said he would not want to disturb his daughter.
- Mr J said he felt scared and alone and when he had palpitations he was scared he was going to have another heart attack. He said he was concerned about his ability to breathe at night; this was exacerbating his condition and fears.
- Previous to this Mr J had hardly experienced any health problems and was finding it difficult to come to terms with the current situation.
- Mr J was afraid of falling and of not being found; following discussions it was decided that the likelihood of this was minimum.

Mrs T

- Mrs T worked full time in a high-pressured job. She had two small children and although she always wanted to support her father, she was very tired from the nightly disturbances. Having to respond impacted on her ability to function at work the next day.
- She also said that the situation was impacting on her family life.
- Mrs T reported that some of the call-outs related to queries regarding tablet administration.

What was already in place?

- Daily contact from daughter.
- Mr J had friends from the local church who collected him to go to church most Sundays.
- He got on well with the neighbours, but the one he was closest to frequently spent time away.
- Mrs T confirmed she had requested a cardiology re-assessment for her father to eliminate any underlying clinical issues.
- Mr J walked to the corner shop occasionally during the day time.
- Mr J managed his own personal care; his daughter supported him with housework.
- Telecon communications call system.

Client's requests for change

- Support to take the correct tablets, at the correct time.
- Mr J would like to feel less anxious – he would like to see if having someone in the flat with him would help to eradicate the panic attacks.

Agreed action

Mrs T would support Mr J to use medication aid packs, for example, blister packs for tablet administration, to avoid further confusion in relation to medication.

Mrs T would see whether she could get a Walkman with headphones so that Mr J could listen to church music; he particularly enjoyed the Sankey hymns.

If Mr J became anxious he would put the television on low and make himself a cup of tea; he would also try to control/slow down his breathing when experiencing a panic attack. This would help him to feel less anxious, reduce the number of panic attacks and the number of night disturbances and help him to develop his own mechanisms to reduce anxiety.

Safe & Settled Ltd would locate a night sitter to stay with Mr J for two nights – preferably Friday and Saturday nights from 10pm-8am. The service would be trialled for four weeks.

Mr J had the following criteria for the kind of person he wanted as a night sitter:

- someone with a sense of humour
- someone who was punctual
- someone who could speak his language

- someone who was sociable, but didn't speak too much
- someone who had empathy and could help to defuse his panic attacks calmly.

Mr J also stated that consistency was important to him in relation to the night sitter.

The use of a night sitting service would help to reduce Mr T's anxiety and ensure that help was on hand to defuse panic attacks and offer comfort. This would also ensure that Mrs T has two nights' respite where she and her family would not be disturbed.

It was also agreed that:

- Mrs T would continue to pursue clinical health checks at the hospital for Mr J.
- Mr J and Mrs T agreed to consider whether a rota of friends on telephone duty would help.
- Mr J would consider respite care so that Mrs T could book a holiday.

Action taken

Safe & Settled Ltd explored the availability of a night sitting service, reviewed Care Quality Commission (CQC) reports and made contact with 14 different companies to discover that no one could meet Mr J's needs.

We contacted the local authority commissioning services and were offered four service providers who were contracted to respond to night sitting needs; none of these services could meet Mr J's needs. The reasons for this were identified as:

- being out of the area
- lack of capacity to deliver the service
- lack of flexibility to meet Mr J's needs in terms of consistency of night sitting arrangements.

After further research Safe & Settled Ltd found two services that could provide a full 10-hour service, and brokered a reduced price for the service.

Safe & Settled Ltd offered a range of options to Mrs T, including those that were unable to fully meet Mr J's needs, and we explained the CQC reports. Mrs T reported that she really appreciated the assessment and that since Wednesday Mr J had not woken during the night. Mrs T took the names and contact details of the services available and we agreed to contact her a week later.

At the next point of contact Mrs T explained that they had not needed to commence the night sitting service as subsequent to the Safe & Settled visit Mr J had not called her or the communications call system. She thanked Safe & Settled for what she called the therapeutic intervention that had helped both of them. Mrs T confirmed that a hospital appointment had come through which she would attend with her father to eradicate any underlying clinical issues.

Final outcomes

Safe & Settled Ltd provided a responsive service within four days of taking referral. We undertook an assessment, researched availability, located available services and checked CQC reports with regard to status and ability to meet required regulatory outcomes. We brokered on behalf of a client a reasonable price for the service across a range of options.

The situation regarding the commissioned service's unavailability/flexibility was reported in writing to local authority commissioners. They immediately took action and contacted Safe & Settled Ltd to say the providers were now available to provide the service required.

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