

## Case study

Jane is 36 years old and has a learning disability, epilepsy, and considerable social care needs. She currently lives with her parents and siblings. She has occasional overnight respite care which she appears to enjoy. Professionals describe the family home as unkempt and dirty by professionals and Jane spends much of her time watching television.

Jane struggles to manage her personal hygiene and is obese. She has limited understanding of her care needs, although does accept some support from the Local Authority. She also has a very poor understanding of finances and an inflated sense of her income from benefits. Jane is prone to confrontational behaviour when she receives information which she does not want to hear, she often becomes dismissive, verbally aggressive and refuses to engage.

Jane is wedded to her mobile phone, and uses it to communicate via social media, principally using WhatsApp, Facebook, and Snapchat. Her social media activity has caused repeated concern to her adult social workers. She has been known to send intimate photographs of herself, and to communicate her address and other personal information to male strangers. When asked she says she would not talk to a stranger but does not believe that someone who she met on Facebook was or would be a 'stranger'.

Jane is very keen to be in a relationship and uses the internet for a boyfriend. When a man responds, she asks them directly whether they will be her boyfriend. Once she has identified a potential boyfriend, she will quickly tell them that she loves them and wants to meet with them. She routinely 'sex chats' with males.

Several safeguarding concerns have been raised about these behaviours. For example, in 2016 she met a man online named Daniel with a history of criminal offending, including domestic assaults.

Recently, Jane has met Colin, a man in his seventies who is a convicted sex offender and classed as medium to high risk and subject to a Sexual Harm Prevention Order (a court order imposed on an offender who poses a risk of sexual harm to the public or an individual). Jane is now in regular contact with Colin and has met him several times. On at least one occasion, she has stayed overnight at his home, and she now says she intends to live with him permanently. Jane has confided in her social worker that she wishes to have Colin's baby.

Although Jane has been advised of the risks posed by Colin. However, she bluntly refuses to believe the truth about his offending history. During discussions with her social worker about sex, Jane demonstrates an understanding of sexual intercourse, and that sex can lead to pregnancy. However, doesn't appreciate the risk of sexually transmitted infections or that she has a choice whether to engage in sexual relations.

Colin has confirmed to his probation officer that he is aware of Jane's learning disability and describes her as being liked a 10-year-old child. He has challenged the LA for informing Jane of his offences.

**The recent concerns have triggered a s.42 (safeguarding) enquiry and a strategy meeting has been called. Working in groups, please answer the questions overleaf:**

- 1) Which agencies do you think should be involved in the safeguarding meeting?**
- 2) What decisions would you assess Jane's capacity to make?**

- 3) If Jane lacks capacity to make some or all of the decisions you have identified, how can the MCA 2005 be used to protect her from harm?
- 4) If Jane has capacity, what other legal options could be used to protect Jane (and others)?
- 5) Was it legitimate for the social worker to share information about Colin's offending history with Jane? What formal mechanism could have been used?