

# Home Invasion: Andrew

## Part A: Trainer Notes (Full Detail)

### 1 Exploring the Victim's Voice

- Andrew showed fear through behaviour: curtains closed, looking out window, reluctance to speak.
- His silence and guardedness reflect anxiety, mistrust, and loss of control.
- Professionals must notice subtle cues and create safe opportunities to speak.

#### Trainer prompts / discussion

- What signs revealed Andrew was afraid and unsure who to trust?
- How can professionals help him feel listened to, not interrogated

#### Activity

**Role-play:** short supportive visit using reassurance and advocacy to build trust.

### 4 Professional Reflections

- Professionals must balance Andrew's wishes (short visits, not telling mum yet) with duty to safeguard.
- Trauma-informed approach: patience, consistency, persistence (not giving up when he initially declined support).
- Trust builds through repeated, compassionate contact.

#### Trainer prompts / discussion

- How would you begin a safe conversation with Andrew?
- How can persistence without pressure encourage disclosure?

#### Activity

**Reflection exercise:** draft two opening sentences you'd use with Andrew.

### 2 Impact on the Vulnerable Person

- Immediate impact: fear, isolation, disrupted sleep, poor diet, loss of autonomy.
- Presence of large dog increased threat and lack of control.
- Long-term risk: financial ruin, health decline, loss of independence/dignity.

#### Trainer prompts / discussion

- How does losing control of benefits and home space affect wellbeing?
- What risks escalate if cuckooing continues?

#### Activity

**Group mapping:** immediate vs long-term risks to Andrew

### 5 Ethical & Emotional Dilemmas

- Professionals may feel fear, sadness, protectiveness, frustration.
- Ethical challenge: respecting Andrew's autonomy vs preventing ongoing abuse.
- Boundary management: being compassionate but not over-involved.

#### Trainer prompts / discussion

- How do your emotions shape response in such cases?
- How do we avoid overwhelming or rushing a fearful victim

#### Activity

**Group reflection:** identify personal emotional reactions and strategies for self-care

### 3 Safeguarding and Duty of Care

- Concerns: financial abuse, coercion, neglect, exploitation ("cuckooing").
- Duty of care spans housing, police, health, and social care.
- Confidentiality explained but overridden for public protection when necessary.
- Multi-agency collaboration essential: safeguarding, police, housing, adult services.

#### Trainer prompts / discussion

- What is each agency's duty here?
- When must confidentiality be breached?
- How does joint working strengthen safeguarding

#### Activity

**Design a multi-agency safety plan:** police, housing, adult safeguarding, health.

### 6 Practical Learning Points

- Red flags: control of home/benefits, isolation, intimidation.
- Paired visits and risk assessments protect both staff and victim.
- Persistence from professionals can turn the tide.
- Supports that helped Andrew: food, phone, contact with mum, relocation.

#### Trainer prompts / discussion

- What stood out most clearly as risk factors?
- What practical supports promote recovery?

#### Activity / role-play

**Safety planning session:** rehearse explaining relocation and police support to Andrew.

## Wales: Key Law & Policy

- Social Services and Well-being (Wales) Act 2014 – s.126 duty to report adults at risk.
- Wales Safeguarding Procedures (2019) – adult safeguarding guidance; exploitation/cuckooing.
- Anti-social Behaviour, Crime and Policing Act 2014 – Closure Orders, Civil Injunctions.
- VAWDASV (Wales) Act 2015 – relevant if domestic abuse overlaps.
- WASPI (Wales Accord on Sharing Personal Information) – for lawful multi-agency information sharing.

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## Part B: Handout

### Aim

Identify cuckooing; act with persistence and multi-agency planning to safeguard victim.

#### Exploring the Victim's Voice

- Andrew's fear shown in silence, closed curtains, reluctance to talk.
- Professionals must notice subtle cues and create safe space.

#### Ethical & Emotional Dilemmas

- Professionals may feel fear, sadness, protectiveness.
- Must respect autonomy but prevent ongoing abuse.

#### Impact on the Vulnerable Person

- Immediate: fear, poor diet, loss of autonomy.
- Long-term: health decline, financial abuse, isolation.

#### Practical Learning Flow

1. Risk assessment before visits (attend in pairs).
2. Notice red flags: isolation, benefit control, intimidation.
3. Explain confidentiality clearly.
4. Build safety plan (housing, police, refuge/relocation).
5. Provide immediate supports (food, contact, phone).
6. Persist with follow-up contact.

#### Safeguarding & Duty of Care

- Concerns: financial abuse, coercion, neglect, exploitation.
- Multi-agency collaboration essential: police, housing, social care, health.
- Confidentiality limits explained but overridden for safety.

#### Professional Reflection

- Persistence + trauma-informed approach builds trust.
- Balance Andrew's wishes with safeguarding duty.

#### Wales: Key Law

- SSWBA 2014 (s.126); Wales Safeguarding Procedures (2019); ASB, Crime & Policing Act 2014; WASPI.