

### ***Importance of advocacy in deciding medical after care: Rosemary***

Rosemary, aged 79, has a diagnosed learning disability and has limited mobility. She lives at her home with her sister, whom she is close to. The sisters are very resistant to any professional intervention and support.

In early 2022, Rosemary was admitted to hospital with a bad case of flu. Both sisters are physically frail and concerns were raised about how they were supporting each other at home. A package of care was put in place but the care support broke down, as the sisters were refusing to have the carers in the flat, and would be verbally and physically abusive towards them when they were allowed in.

A safeguarding referral was raised in relation to how the sisters could safely manage at home without any support, as this had been offered and consistently resisted. As a consequence of this referral, protective measures were put into place, looking to minimise the risks for Rosemary remaining at home with her sister, and an IMCA referral was made to support with a Best Interests decision relating to these protective measures.

**Outcome:** All the Independent Mental Capacity Advocate (IMCA) eligibility was met; although Rosemary's sister was very involved in her care, an IMCA can work alongside family as part of a safeguarding referral.