

From separate concerns to a coordinated plan

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A transparent example of what the free LOOK reflection provides and how practitioner resources add formulation, planning, supervision and reflective-learning records.

Alex is fictional. No real person, organisation or location is represented.

This pack is for professional learning and product demonstration only.

What this demonstrates

Free LOOK supports an initial whole-picture reflection. Practitioner membership adds structured forms that the practitioner completes and reviews. LOOK does not complete analysis automatically or determine a statutory threshold.

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Alex: emerging cumulative harm

The scenario deliberately contains uncertainty. It is designed to show professional reasoning, not a predetermined answer.

Presenting information

Alex is an older adult living alone following bereavement. There have been repeated falls, missed appointments and increasing debt. A relative now controls access to the home and answers questions on Alex's behalf. Care visits have been cancelled and Alex has recently appeared frightened and withdrawn.

Known information

- Alex values remaining at home and previously maintained friendships and routines.
- Mobility has deteriorated and reliance on one relative has increased.
- Several services hold separate information about falls, cancelled care, debt and missed contact.
- There has not yet been a safe, private conversation with Alex.

Important uncertainties

- Alex's wishes and desired outcomes.
- Whether contact or communication is being controlled.
- The explanation for cancelled care and increasing debt.
- Whether Alex can make each relevant decision with appropriate support.
- Whether another person is at immediate risk.

Immediate priority

Establish whether urgent medical or protective action is required and create a safe opportunity to speak with Alex privately. Follow current local procedures.

Whole-picture reflection

This is the type of initial output available through the free public LOOK tool.

LOOK lens	Connected reflection
Living circumstances	Bereavement, isolation, deteriorating mobility and reliance on one relative have increased dependency. Alex values remaining at home and previously maintained relationships and routines.
Obstacles and barriers	Private conversation is being obstructed. Cancelled care, transport difficulties and control of contact and money may limit access to help.
Ongoing risks and escalation	Falls, missed care, debt and withdrawal are accumulating rather than occurring separately. Possible neglect, coercive control and economic abuse require exploration.
Keeping the person in view	Alex needs a safe opportunity to communicate privately, with advocacy or adjustments if required. Wishes about home, relationships and support must shape the response.

Draft connected formulation

Taken together, the information suggests that physical vulnerability and bereavement may have increased Alex's dependence on a relative who could be restricting access to care, communication and finances. The pattern is more concerning collectively than any single incident. Immediate safety, private engagement and coordinated consideration are required.

Free output boundary

The free output structures an initial reflection and printable draft. It does not provide the deeper member records shown on the following pages.

Enhanced formulation form - completed example

The practitioner distinguishes evidence, interpretation and uncertainty before agreeing action.

Field	Completed fictional example
Evidence and chronology	Repeated falls; missed appointments; cancelled care visits; increasing debt; relative controls access and answers for Alex; changed presentation and withdrawal.
Professional interpretation	The pattern may indicate increasing dependency, neglect, coercive control or economic abuse. Fragmented responses could miss cumulative harm.
Person's voice	Not yet obtained safely. Alex previously expressed a strong wish to remain at home. A private conversation is necessary before assumptions are made.
Strengths and protective factors	Previous friendships and routines; some service contact remains; concerns have been noticed across agencies; potential for advocacy and coordinated support.
Uncertainty and alternative explanations	Reasons for cancelled care and debt are not established. The relative's role may include support as well as possible control. Capacity has not been assessed for any specific decision.
Working formulation	Alex may be experiencing cumulative harm arising from declining health, isolation, dependency and possible controlling behaviour. A coordinated response is needed to clarify safety, voice, capacity where indicated and sustainable support.

Practitioner check

Separate what is known from what is inferred. Record disagreement, missing perspectives and what would change the formulation.

Action, ownership and review plan

Actions are illustrative. Real action must follow local procedures and the circumstances at the time.

Priority action	Owner	Timescale / review evidence
Check immediate safety and urgent health needs.	Named practitioner and appropriate health service	Same day; record contact, response and unmet need.
Arrange safe private communication with Alex, with adjustments or advocacy if required.	Named lead practitioner	Within 24 hours or sooner if risk indicates; confirm Alex's views and desired outcomes.
Share the cumulative chronology and make the appropriate safeguarding referral.	Safeguarding lead	Promptly under local procedure; confirm receipt and decision.
Consider domestic-abuse and later-life abuse pathways without unsafe contact.	Domestic-abuse / safeguarding specialist	At initial multi-agency review; record safe-contact plan.
Assess capacity only where there is a genuine reason to doubt capacity for a specific decision.	Relevant decision-maker	Decision-specific and time-specific; record support attempted.
Agree coordination, contingency triggers and review date.	Named multi-agency lead	Initial review within agreed timescale; earlier if access is lost, falls recur or risk escalates.

Escalation triggers

- No safe private contact with Alex.
- Further injury, missing contact or cancelled care.
- Unexplained financial change or evidence of coercion.
- Referral closure without the cumulative information being considered.
- No named owner or review date.

Specialist-module record

Example selected pathway: older people, dependency and familial abuse. The member library contains additional specialist pathways.

Prompt	Completed fictional reflection
Can Alex be seen and heard alone?	Not yet. Current access is mediated by the relative. Safe private contact is a priority and should not increase risk.
What is the history of control and dependency?	Dependency appears to have increased following bereavement and mobility decline. The history of the relationship and financial arrangements is not established.
Could care needs increase opportunity for abuse?	Yes. Reliance for access, appointments, care and finances could increase opportunity for control, but supportive explanations must also be explored.
What legal or practice routes require consideration?	Immediate safety; local adult safeguarding procedure; domestic-abuse pathway; advocacy; decision-specific capacity assessment if indicated; financial protection advice.
What must not happen?	Do not contact the relative about suspected abuse before considering safety. Do not treat refusal, age or diagnosis as proof of incapacity. Do not allow individual agencies to close concerns without a shared view.

Source check

Use the current statutory guidance, legislation, authoritative sources and local procedures linked from the live module. Seek specialist or legal advice where required.

Supervision / MDT discussion record

The purpose is to test the formulation, expose gaps and agree ownership - not simply restate events.

Discussion area	Record
Central concern	Possible cumulative harm is being obscured by separate responses to falls, missed care, debt and withdrawal.
Evidence supporting concern	Repeated and changing pattern; increased dependency; blocked private communication; financial change; cancelled support; frightened presentation.
Evidence or views that challenge it	The relative may be providing substantial support. Reasons for cancellations and debt are not known. Alex's own account is missing.
Professional difference	Clarify whether partners view this primarily as health deterioration, carer strain, adult safeguarding, domestic abuse or overlapping concerns.
Decision	Proceed with safe private engagement, cumulative information sharing and appropriate safeguarding consideration while addressing urgent health needs.
Ownership	A named lead coordinates; each agency confirms its action; the safeguarding lead records the referral outcome and any escalation.
Review question	Has Alex been heard safely, have immediate needs changed, and is the coordinated plan reducing risk in practice?

Good governance

Record who attended, information unavailable at the meeting, dissenting professional views, the rationale for decisions and the next review point.

Reflective-learning record

A non-identifying record of learning and intended impact. It is not externally accredited CPD.

Reflection field	Completed fictional example
What I learned	Repeated low-level events can create a serious cumulative pattern when viewed across time and agencies. Access to the person may itself be a safeguarding issue.
What challenged my thinking	A relative can be both a source of support and a possible source of control. The formulation must hold uncertainty without delaying proportionate safety action.
How this applies to practice	I will distinguish evidence from interpretation, seek the person's voice safely, share a concise cumulative chronology and name ownership and review.
What I will do differently	When concerns repeat, I will pause before treating each as a separate incident and ask what has changed, accumulated or remained unresolved.
How impact could be reviewed	Supervision can review whether formulations show chronology, voice, uncertainty, coordinated action and evidence that risk is reducing.

Completion check

- No identifiable information has been included.
- Evidence and interpretation are clearly separated.
- The person's voice and desired outcomes are visible or explicitly missing.
- Actions have owners, timescales, review points and escalation triggers.
- The output has been reviewed using professional judgement and local procedures.

Professional responsibility

LOOK supports structured reflection. It does not decide whether a statutory threshold is met and does not replace specialist assessment, supervision, legal advice, organisational procedures or emergency action.

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