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**Bridges and Barriers: Exploring the
Involvement of Older People in
Adult Safeguarding**

S P Lonbay

PhD

2015

**Bridges and Barriers: Exploring the
Involvement of Older People in
Adult Safeguarding**

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A thesis submitted in partial fulfilment
of the requirements of the University
of Northumbria at Newcastle for the
degree of Doctor of Philosophy

Research undertaken in the Faculty of
Health and Life Sciences: Department
of Social Work and Communities

February 2015.

Abstract

Adult safeguarding guidance in the UK highlights the importance of fully engaging adults at risk in all areas of safeguarding (at both a strategic and an individual level). However, research has suggested that the level of involvement is low, both regionally (in the North East of England), and nationally. This thesis presents an exploration of the involvement of older people at both a strategic level (within local decision making on policy and practice guidance), and an individual level (within individual safeguarding investigations), with the aim of contributing to greater knowledge and understanding of this area, and developing indicators for best practice.

The research applied a qualitative approach, informed by critical realism, with data collected in two local authorities in the North East of England. Data collection methods included interviews and observations, as well as the compiling of related policy documents. Participants included key stakeholders in adult safeguarding; social workers, members of the Safeguarding Adults Boards, family members, and advocates were all interviewed as part of the research. The data was analysed using thematic analysis.

Through this in-depth exploration a theoretical model of the involvement of older people in adult safeguarding was developed. The emerging model provides a deeper understanding of involvement in adult safeguarding by highlighting key factors which both help and hinder involvement. The model reveals the complex interplay between multiple factors impacting on the involvement of older people in adult safeguarding which include, for example, the individual circumstances of the older person and the environment within which adult safeguarding work occurs. The importance of establishing a clear role and remit for involvement in this area is also demonstrated with reference to established models, and the manner in which involvement is constructed within adult safeguarding policy and by key stakeholders. The outputs from this project include contribution to the current discussion in the areas of service user involvement, adult safeguarding, and social work policy, practice and research.

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List of Abbreviations

AEA	Action on Elder Abuse
ADASS	Association of Directors of Adult Social Services
BASW	British Association of Social Workers
CPA	Care Programme Approach
CQC	Care Quality Commission
CSSG	Care and Support Statutory Guidance (2014)
DH	Department of Health
DoLS	Deprivation of Liberty Safeguards
GP	General Practitioner
HRA	Human Rights Act (2000)
HSCA	Health and Social Care Act (2012)
HSCIC	Health and Social Care Information Centre
IMCA	Independent Mental Capacity Advocate
IMHA	Independent Mental Health Advocate
LA	Local Authority
MCA	Mental Capacity Act (2005)
MHA	Mental Health Act (2007)
NHS	National Health Service
SAB	Safeguarding Adults Board
SCIE	Social Care Institute for Excellence
SCR	Serious Case Review

Acknowledgements

First and foremost I would like to extend a huge thank you to all of the participants who were involved in this research. Without you this research could not have happened and I thank you all for the time that you dedicated to meet and talk with me about this topic. I would also like to thank those from the local authorities where the research was conducted, in particular to my two gatekeepers, who provided continuous support and information in order to help with me with this research.

Thank you also to Professor David Stanley, Julie Irvine and Professor Alan Roulstone for your advice and guidance during the first part of the PhD journey. I also extend a huge thank you to Dr Toby Brandon and Dr Sue Lampitt for supervising me during the last phases of this journey. Your support and encouragement has been invaluable. Thank you so much for all of the help and advice that you have given, for always being available, and for sharing your knowledge and experience with me.

Finally, I would like to thank my friends and family who have been so supportive. Thank you for your unwavering belief in me and for always knowing how to keep me smiling.

Declaration

I declare that the work contained in this thesis has not been submitted for any other award and that it is all my own work. I also confirm that this work fully acknowledges opinions, ideas and contributions from the work of others.

Any ethical clearance for the research presented in this thesis has been approved. Approval has been sought and granted by the Faculty Ethics Committee on 24th May, 2012

I declare that the word count of this thesis is 85,981 words

Name: Sarah P Lonbay

Signature:

Date: 06/02/2015

“

Elders should be able to know and trust, and know when to mistrust, not only their senses and physical capacities, but also their accumulated knowledge of the world around them. It is important to listen to the authoritative and objective voices of professionals with an open mind, but one's own judgement, after all those years of intimate relations with the body and with others, is decisive

”

(Erikson, Erikson & Kivnick , 1986, cited in Moody & Sasser, 2015, p. 43)

Chapter One: Introduction: Context, Rationale, and Thesis Overview

1.1: Introduction

This research project explored the involvement of older people in adult safeguarding within both individual safeguarding processes (individual level), and within local authority decision making and strategic work (strategic level)¹. The rationale for the research is located within an increased emphasis on involvement within adult safeguarding policy and guidance, as well as in recognition of the importance of engaging service users in all aspects of their interactions with services. The policy and legislative framework for adult safeguarding has developed significantly over the last fifteen years. This introductory chapter provides an overview of this framework for adult safeguarding in England and highlights some of the complexities of involving older people in adult safeguarding, which are both explored in detail within this thesis. The chapter also provides an introduction to the philosophical underpinnings of the research, a discussion of my own interest in the topic, and an outline of the thesis structure.

1.2: Research Context

The key context of this research is the devastating abuse and neglect of older people which occurs within the UK. This research is focused on the responses to such abuse which occur within England. Responses to elder abuse have been positioned within a wider response to the abuse of ‘adults at risk’ within England, and such adults are described within adult safeguarding policy as those who are “unable to protect [themselves] against . . . abuse or neglect or the risk of it” as a result of their “needs for care and

¹ The term ‘strategic involvement’ is used within this thesis to refer to involvement in the work of the Safeguarding Adults Board (SAB) or associated subgroups. This could include, for example, involvement in SAB decision making or attendance at SAB meetings.

support” (Care Act 2014, Section 42). Responses to adult abuse within England have often been criticised for their paternalistic approach within which adults at risk, formerly referred to as ‘vulnerable adults’ (DH, 2000), are protected from harm by processes which are not inclusive (Humphries, 2011). Elder abuse in particular has historically been positioned within a family violence perspective, and it is only in more recent years that there has been acknowledgement of the much wider remit within which abuse occurs, as well as a greater acknowledgement of the need to take action in reducing and preventing abuse (Parker, 2001). In contrast, child abuse has received considerably more attention than adult abuse, both from a media and public perspective, as well as in terms of the Governmental response, manifesting in the earlier development of legislative responses. This disparity between awareness of child abuse as opposed to elder abuse, and the lack of extent to which older people’s voices are heard at a strategic level, was commented upon in a House of Commons report into elder abuse which quoted the words of Gary Fitzgerald:

‘The voice of older people is rarely heard by those who have a responsibility for commissioning, regulating and inspecting services.’ This remark was made to us by Gary Fitzgerald, representing the charity Action for Elder Abuse. Mr Fitzgerald pointed out that many people would be familiar with the case of Victoria Climbié, a child tortured and murdered in the care of a relative, but few knew about Margaret Panting, a 78-year-old woman from Sheffield who died after suffering “unbelievable cruelty” while living with relatives. After her death in 2001, a post-mortem found 49 injuries on her body including cuts probably made by a razor blade and cigarette burns. She had moved from sheltered accommodation to her son-in-law's home — five weeks later she was dead. But as the cause of Margaret Panting's death could not be established, no one was ever charged. An inquest in 2002 recorded an open verdict.
(House of Commons Health Committee, 2004, p. 5)

Sadly the case of Margaret Panting is not an isolated example of elder abuse. Research which has examined the prevalence of elder abuse has found that around 4% of older people living in the community (equating to 342,000 older people) are subjected to abuse each year (O’Keefe et al.,

2007)². Additionally, the majority of alerts³ and referrals⁴ are made for older people (NHS Information Centre, 2012). Over the last few decades there have been a number of high profile cases of adult abuse that have been reported within the UK, and which have often been the drivers behind policy change. The abuse which occurred at Longcare was one of these cases. Over more than a decade the residents of a home in Buckinghamshire, adults who had learning disabilities, were beaten, neglected, drugged, and raped by the care home owner, Gordon Rowe (Pring, 2003). ‘No Secrets’, which is the seminal policy document within England, was published following a series of such serious incidents of abuse which highlighted the need to put in place formal responses to adult abuse (DH, 2000).

As noted in ‘No Secrets’, the Longcare Inquiry reported that there needed to be agreement on lead responsibilities in adult protective work and that there must be interagency working arrangements in place (DH, 2000). Although the main aim of ‘No Secrets’ was to establish multi-agency responses to abuse, local authority social services were clearly identified as the leading agency, thus positioning adult safeguarding within a social work and welfare discourse (as opposed to, for example, a criminal justice discourse).

Whilst prior to ‘No Secrets’ there had been work done to respond to adult abuse, policy and guidance was piecemeal and limited. One of the first references to elder abuse within academic research journals was in 1975, in a letter written by Burston and printed in the British Medical Journal. The letter used the term “granny-battering” to draw practitioner’s attention to “this aspect of ‘caring for the elderly’” (Burston, 1975, p. 592). At the time of this publication the term ‘granny-battering’ was accepted, despite the offensive

² In fact the actual prevalence rate (the proportion of people aged over 65 who have been subjected to abuse) is likely to be higher than this. Issues such as the ‘iceberg effect’ where only a small proportion of cases are uncovered, the manner in which ‘abuse’ is defined and the fact that the research only included older people who had capacity and were living in the community make it likely that actual prevalence rates will be higher than those reported in this study. Action on Elder Abuse (a UK charity which works to protect and prevent the abuse of older people in the UK) estimate that the number of older people subjected to abuse each year in the UK is over half a million (Fitzgerald, 2014).

³ An alert is the term used to describe the reporting of suspicions or allegations of harm concerning an adult at risk* (ADSS, 2005).

⁴ Information from the alert is placed into a multi-agency context where a decision is made as to whether safeguarding adults’ procedures are appropriate to address the concern. An alert becomes a referral when the details lead to a safeguarding investigation taking place (ADSS, 2005, SCIE, 2012).

*See also glossary (Appendix A).

and stereotypical nature of the term, which positioned abuse as physical violence perpetrated solely against women. Initial discourse around elder abuse also situated the context of abuse largely within the family, as reflected within early English elder abuse policy, which focused solely on abuse within domestic settings (SSI, 1993). Burston, writing in 1975, called for more attention to be paid to elder abuse and it is of note that this same message is echoed in Ban Ki-Moon's statement several decades later:

I call upon all Governments and all concerned actors to design and carry out more effective prevention strategies and stronger laws and policies to address all aspects of elder abuse. Let us work together to optimise living conditions for older persons and enable them to make the greatest possible contribution to our world.
(Ban, 15th June, 2012; World Elder Abuse Awareness Day)

As suggested by Ban's statement, elder abuse still warrants further attention than it currently receives. For example, Action on Elder Abuse, a national UK charity which focuses exclusively on elder abuse, has often argued that the UK government has not given as much attention to elder abuse as it needs; "it is worth remembering that the last government treated this issue with little regard and effectively derailed the whole process" (AEA, 2012, paragraph 3). Indeed, the measures taken to combat adult abuse have been slow in developing, especially when comparison is made to child safeguarding where there has been legislation in place for a number of years as well as a high amount of public awareness. The quotation above highlighted this imbalance in awareness when it stated "that many people would be familiar with the case of Victoria Climbié . . . but few knew about Margaret Panting" (House of Commons, 2004, p. 5). This disparity has also been acknowledged within English elder abuse practice guidance; "Ageism is widespread in society and there is a tendency to give attention to the problems of young people when all are considered together" (SSI, 1993, p. 1). It could be that the manner in which older people have been positioned within society has impacted on the recognition within England of the importance of challenging and responding to elder abuse and contributed to the slow response of the State. A statement made by Blumer in 1971 is particularly pertinent in relation to this issue:

[R]ecognition by a society of its social problems is a highly selective process, with many harmful social conditions and arrangements not even making a bid for attention and with others falling by the wayside in what is frequently a fierce, competitive struggle.
(Blumer, 1971, p. 302)

Ageist attitudes about older people, discussed further in later chapters, may have contributed to responses to elder abuse falling “by the wayside” (Blumer, 1971, p, 302). However, it would appear that the current Government is committed to progressing the State response to adult safeguarding through the introduction of new legislation (discussed further, below). Other policy and guidance that has been released within England has not only promoted adult safeguarding as an important area of work, but has also become increasingly concerned with the involvement of adults at risk (including older people) at both an individual and a strategic level. These are the focus of this thesis.

‘No Secrets’ provided the first framework and statutory guidance⁵ under which to position responses to adult abuse and associated work (DH, 2000). Since then, there have been a number of additional publications within England. These have mostly been published by the Association of Directors of Adult Social Services (ADASS)⁶, and by the Department of Health (DH), and have aimed to build on No Secrets and improve the way in which local authorities (and partner agencies) respond to abuse.

In 2000, the aforementioned ‘No Secrets: Guidance on Developing and Implementing Multi-Agency Policies and Procedures to Protect Vulnerable Adults from Abuse’ (DH, 2000) was published. ‘No Secrets’ provided guidance to local authorities as well as recommendations on the development of policies and procedures, particularly in reference to multi-agency working (DH, 2000). A major contribution of the ‘No Secrets’

⁵ No Secrets is guidance under section 7 of the Local Authority Social Services Act (1970) which states “Local authorities to exercise social services functions under guidance of Secretary of State.” (Local Authority Social Services Act 1970, Section 7).

⁶ Previously known as ADSS

document was that it prompted local agencies to set up a “multi-agency management committee” (DH, 2000, p. 15). These Safeguarding Adults Boards (SABs), as they are now termed, have now been established in every local authority and the Care Act 2014 has made their existence mandatory; “Each local authority must establish a Safeguarding Adults Board (an “SAB”) for its area.” (Care Act 2014, Section 42). Since the setup of the SABs there has been some research which has examined their effectiveness and found that it varies considerably across localities (CSCI, 2008). It has been argued that the lack of legislation for SABs is responsible for a wide variability in the roles and effectiveness of SABs across the country, for example, some SABs have complained of poor attendance from various partner agencies (Fitzgerald, 2008). It is anticipated that the recent legislation will help to make the multi-agency arrangements more effective by placing a legislative duty upon certain agencies to be members of the SAB (Braye et al., 2011, 2012).

This legislative duty means that the SABs that are now in operation across England have a core membership determined, not only by the guidance laid out within ‘No Secrets’ and ‘Safeguarding Adults’ (ADSS, 2005; DH, 2000), but also by Schedule 2 of the Care Act 2014. This schedule specifies that membership of the SAB must include: “the local authority which established it” (the local authority continues to be the lead agency within the new legislation); “a clinical commissioning group”; “the chief officer of police” and “such persons, or person of such description, as may be specified in regulations” (Care Act 2014, Schedule 2). The schedule also states that membership should include “other such persons as the local authority which established it, having consulted the other members . . . considers appropriate” (Care Act 2014, Schedule 2). This clause will allow the possibility for SABs to include ‘adults at risk’ within their membership although such membership is not directly specified. Additional membership (for example, by adults at risk) is currently decided by the SAB and therefore varies across different localities (Wallcraft & Sweeney, 2011). Within the national policy there has been some guidance on involving adults at risk, for example, in ‘No Secrets’ “user groups or user-led services” are contained within the list of relevant agencies that should be included in the “inter-

agency administrative framework” (DH, 2000, p. 14). The extent to which SABs prioritise membership by adults at risk is therefore likely to vary across localities, and was explored within this thesis.

The responsibilities of the SAB are to develop local policy and procedure, and oversee safeguarding work within the local authority. Braye et al. (2012) identified key Board functions as:

- Strategic planning;
- Setting standards and guidance;
- Quality assurance (e.g. serious case reviews);
- Promoting participation;
- Awareness raising and publicity;
- Capacity building and training; and
- Relationship management.

(Braye et al., 2012, p. 65)

The involvement of adults at risk at this strategic level would therefore entail involvement in these Board functions. In reality the operational work of SABs is often done at a lower, sub group level and most SABs have developed sub groups which each work on one area (Braye et al., 2011). Therefore, those SABs which have included adults at risk within their work may not necessarily include them as Board members but may involve them in the work of the sub groups or have developed a specific ‘service user’ group. Wallcraft and Sweeney (2011) identified within their research that this was the case with involvement ranging from membership in sub groups through to the use of wider public consultation. This was explored in this research which considered how older people are involved at a strategic level in adult safeguarding, within the local authorities under study.

In relation to safeguarding enquires, there is a clear duty on local authorities to investigate suspected cases of abuse and neglect for adults at risk. ‘No Longer Afraid’ focused on integrating safeguarding policies within the larger

context of adult social work rather than setting up teams to specifically deal with safeguarding work; “agencies should consider how they will ensure that this area of work is effectively handled within the context of their procedures for care management and assessment” (SSI, 1993, p. 9). It was suggested, however, that “It is possible to consider managing the abuse of older people as a discreet area of work“ (SSI, 1993, p. 10). Since publication of this document, many local authorities have set up specialist adult safeguarding teams, several of which have the post of an adult protection co-ordinator. Research has suggested that this does result in higher levels of investigation and more positive service user outcomes (Cambridge et al., 2010). A focus on outcomes has also been promoted by the recent ‘Making Safeguarding Personal’ programme which aims to develop more person centred practice within adult safeguarding (Cooper et al., 2014). Manthorpe et al. (2014, p. 100) reported that some social workers felt “that their practice had become more person centred”, following greater discussion of outcomes with service users. The focus on outcomes within adult safeguarding, and the ‘Making Safeguarding Personal’ programme, are explored in further detail within later chapters.

Whilst currently not all local authorities have adjusted their processes to include consideration of outcomes, overall safeguarding investigations across different localities have a common approach which was first detailed within ‘No Secrets’. ‘No Secrets’ gave further guidance on the development of local policy, with clear instructions on what should the policy should include, and the principles that should be embedded within such policy. It also gave details of what individual responses to abuse should like which included the stages of:

- Reporting to a single referral point;
- Recording *with sensitivity to the abused person* the precise factual details of the alleged abuse;

- Initial co-ordination involving representatives of all agencies which might have a role in a subsequent investigation and could constitute a strategy meeting;
 - Investigation within a jointly agreed framework to determine the facts of the case; and
 - Decision making which may take place at a shared forum such as a case conference
- (DH, 2000, p. 29-30, emphasis in original).

In 2005, ADSS published a framework for good practice in adult safeguarding and further developed the response procedure. One of the main contributions of the ADSS (2005) document was that it gave a clear framework for responding to abuse, outlining various standards for good practice in safeguarding, which were provided with the aim of developing a clear and consistent approach to adult safeguarding. The document also provided a best practice process for responding to abuse. Whilst it is similar to that outlined within 'No Secrets', the 'Safeguarding Adults' procedure is more detailed and provides a more thorough structure. It is based on what 'Safeguarding Adults' stated were the strengths of many different local procedures and dictates how local authorities should be responding to abuse (ADSS, 2005).

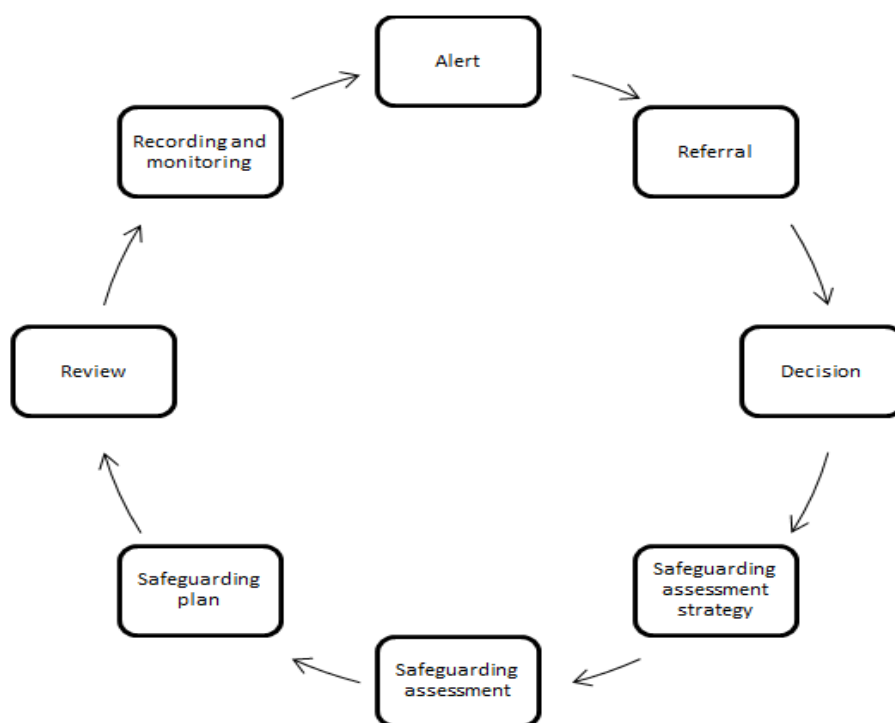


Figure 1. The Adult Safeguarding Process (adapted from ADSS, 2005, p. 29)
 All local authorities now have procedures in place to respond to abuse that are based on the procedure within ‘Safeguarding Adults’ which is given in diagrammatic format above (Figure 1) with further detail included in Table 1, below.

Table 1. The Adult Safeguarding Process (Adapted from ADSS, 2005, p. 29-30)

Response stage	Description
Alert	Reporting concerns of abuse or neglect which are received or noticed within a partner organisation. Any immediate needs are addressed – immediate action is taken to safeguard anyone at risk
Referral	Within the same working day as the alert. Information about the concern is placed into a multi-agency context.
Decision	By the end of the working day following the one on which the safeguarding referral was made – deciding whether the safeguarding adults procedures are appropriate to address the concern
Safeguarding Assessment strategy	Within 5 working days (strategy meeting) – formulating a multi-agency plan for assessing the risk and addressing and immediate protection concerns

Safeguarding assessment	Within four weeks of the safeguarding referral – co-ordinating the collection of the information about abuse or neglect that has occurred or might occur. This may include an investigation e.g. Criminal or disciplinary investigation
Safeguarding plan	Within four weeks of the safeguarding assessment being completed – co-ordinating a multi-agency response to the risk of abuse that has been identified
Review	Within six months for first review and thereafter yearly – the review of that plan
Recording and monitoring	Of the safeguarding adults process and its outcomes

As stated above, every local authority now has procedures in place to respond to adult abuse that are similar to those shown in Figure 1, above, although individual authorities may differ in the extent to which adults at risk are involved in the process. The Care Act 2014 adds further context to this with the new legislative duty placed on the local authority to promote individual wellbeing, and that in doing so they must pay regard to other factors such as the “individual’s view, wishes, feelings and beliefs”, and the “importance of the individual participating as fully as possible in decisions” (Section 3). Such elements of the policy and legislative framework lie at the heart of the current research, which explored the involvement of older people within this adult safeguarding process. Despite the emphasis on involvement within the process there are a number of limitations to this taking place within adult safeguarding, for example, involvement may be limited within adult safeguarding processes by the duty placed on the local authority to investigate suspected abuse even in cases where an individual has refused an assessment (Care Act 2014). Antagonisms such as this have been identified within other research as potentially blocking the involvement of adults at risk within the safeguarding process, for example as discussed by Wallcraft & Sweeney (2011), and they are therefore central themes within the current research which resurface frequently within this thesis.

Since the publication of ‘No Secrets’, the terminology used within this field has also changed from ‘adult protection’ to ‘adult safeguarding’ thus

repositioning the emphasis of this work from purely reactive responses to abuse to a wider remit of proactive, preventative work with a greater emphasis on the involvement of adults at risk. Adult safeguarding is the term used for:

All work which enables an adult "who is or may be eligible for community care services" to retain independence, wellbeing and choice and to access their human right to live a life that is free from abuse and neglect.
(ADSS, 2005, p. 5).

“Adult Protection”, as stated by the Law Commission (2011), “refers to investigation and intervention where it is suspected that abuse may have occurred”, whereas “safeguarding relates to the prevention of abuse and has a broad focus that extends to all aspects of a person’s welfare” (p. 109). The emphasis denoted by the term “safeguarding” is, therefore, on the person’s right to independence and choice. Indeed, “Safeguarding Adults” specifically stated that “the emphasis is now on supporting adults to access services of their own choosing, rather than ‘stepping in’ to provide protection” (ADSS, 2005, p.5). Such an approach therefore seeks to shift this area of work from a paternalistic approach to one within which the adult at risk is empowered through having greater choice and control over their interaction with safeguarding services. This emphasis has continued within the latest statutory guidance which refers to “adult safeguarding” and promotes undertaking safeguarding in a manner which supports the person to make choices, have control and keeps them informed (DH, 2014).

It is within this changing context that the current research is positioned. There is a growing emphasis within the English national policy guidance on involvement; “Therefore we recommend directors should ensure that . . . your services and procedures drive engagement” (ADASS, 2013, p. 5) The literature, however, suggests that levels of involvement in adult safeguarding at both individual and strategic levels are low (Jeary, 2004; Wallcraft & Sweeney, 2011; Wallcraft, 2012) and that adult safeguarding investigations are often experienced as process driven rather than person centred

(Humphries, 2011). It is this juxtaposition between the emphasis placed on involvement coupled with the evidence from research that such involvement does not occur which provided the impetus for this research. Research which has examined this area has suggested the low levels of involvement may, in part, be attributed to antagonisms within adult safeguarding, for example, the difficulties associated with balancing the duty to protect against the rights of the adult at risk (Wallcraft & Sweeney, 2011). Other identified barriers include concerns about tokenism and representation at a strategic level, and the management of risk at an individual level (Wallcraft & Sweeney, 2011). These areas are explored within this research which also aimed to explore and identify other relevant factors that may help and hinder involvement within adult safeguarding. Another factor which may impact on the extent to which older people are involved relates to the operationalising of the term 'involvement'. Whilst the term is used widely within adult safeguarding policy and guidance (as detailed above and in later chapters), it is not always clear how local authorities should interpret the term. The meaning and purpose of involvement in adult safeguarding was therefore also considered within this research.

Differing terms are often used interchangeably within the literature to refer to involvement (for example, participation and co-production), which further adds to the confusion about what this concept really means in practical terms. These differing terms may have come about as a result of reactions to tokenistic approaches to involvement (i.e. one which involves people merely as a box ticking exercise, rather than to offer them any real choice and control) (Arnstein, 1969). The term involvement may have become associated with such an approach and so other terms, such as meaningful involvement and co-production, have been offered as way of distinguishing between tokenism and more collaborative approaches. For the purposes of this thesis the term involvement is used as an inclusive term which encompasses these other terms within its remit. The meaning of involvement is a discussion which is returned to within Chapter Three.

Within the wider literature, involvement has been conceptualised as pertaining to two distinct approaches; the consumerist approach, broadly, seeks to include people's voices within decision making, and the democratic approach, broadly, seeks to redistribute power and allow much greater control over decision making processes (Slater & Eastman, 1999; Wood & Wright, 2011). Such models have been used to evaluate involvement in health and social care and are discussed in further detail within later chapters. Involvement in health and social care generally refers to the inclusion of service users within decision making about the services that they receive (for example, either at an individual level, making decisions about their own care; or at a strategic level, making decisions about policy, procedure and service provision) (Tritter & McCallum, 2006). The drive within national policy with respect to adult safeguarding is for greater involvement of adults at risk, and calls for involvement at both individual and strategic levels, which is the focus of this research. As an example from recent guidance on adult safeguarding on involvement, ADSS (2005) includes a standard for engaging citizens, which calls for "service users" to be included as "key partners in all aspects of the work" (ADSS, 2005, p. 50).

However, the usefulness of such directives within national adult safeguarding policy is questionable. Whilst they clearly highlight a need for involvement, the manner in which it is conceptualised, and the fact that the policies and guidance do not give a clear protocol for how local authorities are to obtain this, means that there are potential difficulties with operationalising this term. This may partly explain why there are large regional variations in the extent to which service users are involved in adult safeguarding at all levels (Corkhill & Walker, 2010; Wallcraft & Sweeney, 2011; Wallcraft, 2012). The lack of clarity around the concept of involvement was also explored within this research through consideration of the ways in which key stakeholders constructed and interpreted involvement in adult safeguarding.

As well as the emphasis in policy on involvement, further support for the inclusion of older people in adult safeguarding can be drawn from consideration of the principles and values of involvement. These are closely

aligned with social work values more broadly, which intuitively suggests that social workers who engage in adult safeguarding would be focused on promoting involvement. However, existing research suggests that this is not always the case; Wallcraft and Sweeney (2011) suggested that social workers have considered this as a separate area of work, and not always realised the potential to work in the same person centred approach that they adopt in other areas of their practice. The importance of involving adults at risk within this area are explored in more detail within later chapters but, broadly speaking, the aim of empowering those who have been subjected to abuse and enabling them to regain control over their lives lies at the heart of a more inclusive approach to this area of practice. It is not currently clear why adult safeguarding, as an area of social work practice, does not appear to operate within the user-led and person centred way advocated by the principles and values of social work, and this discrepancy is explored within the current research.

Overall, despite the increased emphasis placed on the involvement of adults at risk in adult safeguarding, there is very limited research which has explicitly explored this area. There is therefore a need for more in-depth research to consider the involvement of older people in adult safeguarding; one of the key messages from the SCIE report exploring this area was that “The evidence base for user involvement in adult safeguarding is limited” (Wallcraft & Sweeney, 2011, key messages). This SCIE report, which examined the involvement of older people in adult safeguarding, also identified that “more work is needed to improve the empowerment and involvement aspects of adult safeguarding” (Wallcraft & Sweeney, 2011, p. 12). This raises further questions as to why this might be the case when there is clear identification within the policy and legislative framework that involving adults at risk at both an individual and a strategic level is an area of importance.

This research therefore seeks to explore this area in further depth with a particular focus on identifying why levels of involvement are currently low, as well as indicators of good practice which can help to further improve and

develop the extent and way in which older people are involved in adult safeguarding. The decision to focus on older people within this research was made for a number of reasons, including the knowledge that older people are highly represented within adult abuse and neglect prevalence figures (NHS Information Centre, 2012), and with consideration of the understanding that the term 'adults at risk' is broad and encompasses many different individuals. Whilst older people are not positioned within this research as a homogenous group, it was felt that in order to explore this area in depth a smaller remit was needed than an exploration of the involvement of all individuals considered to be 'adults at risk' within the adult safeguarding policy and legislation.

In summary, it is clear that the local authority has been positioned as the leading agency for responding to adult abuse with a legislative duty to investigate suspected cases (Care Act 2014). The preventative agenda is also of key importance with an emphasis placed on working to reduce reliance on health and social care within the Care Act 2014. The focus on involvement has also increased since 'No Secrets' in 2000 and more recent policy and guidance documents have called for involvement at both an individual and a strategic level. The Care Act also details that the local authority should enable individuals to participate as fully as possible within any decision making. However, the policy and legislative framework outlined here raises a number of questions that impact upon the current research. For example, some of the key concepts are not clearly defined and are therefore open to interpretation. In particular, whilst it is clear that involvement is increasingly being promoted within adult safeguarding, further clarification as to what involvement means within this context is needed.

Considering these factors it is therefore important to consider what is meant by involvement and how it has been conceptualised within health and social care more broadly, and within adult safeguarding specifically. This is explored in detail within this thesis. In addition, it was highlighted that the limited research which has explored this area has identified low levels of involvement within adult safeguarding and emphasised the need for further

in-depth research. This research aims to address this gap through an in-depth exploration of the involvement of older people within adult safeguarding. A detailed discussion of the individual research aims and questions and their relationship to the underlying philosophy of critical realism and implications for the research design is provided within the methodology chapter, with an introductory overview of the philosophical underpinnings provided below.

1.3: Philosophical Underpinnings

This section provides a brief introduction to the philosophical underpinnings of the research which is expanded upon later in the thesis (Chapter Four). Critical realism was used as the underlying philosophy for this research. Critical realism, as developed by Roy Bhaskar (1979, 1989), seeks to expose and explore social injustice and as such has an emancipatory approach felt to be suitable for research of this nature. Social work itself has an emancipatory approach, and a focus on social justice, and I therefore felt that social work research should also be undertaken within the same value system. Shaw & Norton (2007), for example, recommended that social work research should include dimensions of individual and social justice. Ontologically, critical realism holds that there is an objective reality and further posits that this reality is stratified; it exists on three levels: the real (generative mechanisms); the actual (events to which mechanisms give rise); and the empirical (events which are actually observed). However, our understanding of reality is 'concept dependent', therefore, epistemologically critical realism positions itself as interpretive (Bhaskar, 1979, 1985). Bhaskar (1979) argues that social reality is not limited by its 'conceptuality', stating that it has both a material as well as a conceptual dimension⁷. He uses the following example to explain this; "War is not just a question of employing a certain concept in the correct way; it is the bloody fighting as well" (Bhaskar,

⁷ The manner in which this approach differs from, for example, social constructionism, is discussed within 'Chapter Four: The Research Journey' where a more detailed account of critical realism and its suitability for this research is provided.

2013, p.16). In relation to the current project, this can be restated as involvement not being solely about employing the concept in a certain way, but is about the practical and material elements as well. The incorporation of both conceptual and material elements, and the focus that critical realism places in exploring the interplay between agency and structure provides a suitable theoretical base from which to explore the complexities of involvement in adult safeguarding. A more detailed account, exploring the suitability of critical realism as the underlying philosophy for this research, is provided within Chapter Four.

1.4: Conceptual Difficulties

As referred to above, adult safeguarding is an area of conceptual difficulty. The term 'concept' is used within this thesis to refer to a 'mental representation' which denotes meaning or an abstract idea and as such, concepts are understood as being open to interpretation, and therefore not always universally understood and agreed. Within adult safeguarding key concepts such as abuse, risk and vulnerability can be interpreted differently by different individuals. However, when developing responses to abuse it is necessary to try and develop a shared understanding of what these concepts mean, in order for responses to be consistent.

There has been considerable debate over the last decade or so as to how to define the key areas of this field of work and research. For example, within the report cited at the start of this thesis it was acknowledged that "No standard definition of elder abuse applies within the UK public sector" (House of Commons, 2004) and currently within England a wider definition of *adult* abuse is used in the policy, within which older people are included. Acknowledging this difficulty, some of the key concepts that are used within this field of practice and research are critiqued and discussed within this thesis.

Definitions that are used in practice by local authorities have been provided by English policy and guidance. It is these definitions that will be used within the current research. The reason for using these definitions is that the current research is undertaken within two local authorities, and aims to provide indicators for best practice within local authority safeguarding work. It was therefore felt that it is important to acknowledge and use the definitions that are used in practice within this research⁸. However, this is done with the understanding that these definitions are often contested. Further attention is given to concepts and definitions within later chapters.

1.5: My Interest in this Topic

This section is included to provide the reader with an introduction to my approach to the research by explaining my interest in the topic. This is revisited within the methodology chapter where the implications for the research design and data analysis are discussed. I am not a social worker and my interest in this topic stems from personal experience, as well as work related experiences. I therefore felt it was important to discuss this, and the ways in which these experiences have shaped my thinking and approach to the research.

I have always had a strong interest in health and social care, and in particular an interest in listening and learning from the views and experiences of other people. This stems, in part, from various experiences that I have had within my own family and those that I have had whilst working in social care settings. I grew up with an older brother who has a learning disability and I can clearly remember a conversation that I had with my brother as a young child. My brother was several years older than me and when he left primary

⁸ A glossary of the key terms is provided as Appendix A.

school (where we had both attended together) he went to a local SEN school and a few years later I was enrolled at a different school. I remember him asking me why I did not attend the same school as him and telling me that I would like the school that he attended. This was the first time that I had properly considered and reflected on the idea that his world was different from my own, and indeed that each person could have the capacity to view the world in very different ways. At the time I did not question the label of learning disability, or the impact that this would have on my brother's life. He was just my brother; someone with whom I shared many amazing experiences and an annoying older brother who would beg me to watch horror movies with him and then go to bed half way through, leaving me to finish watching them on my own and jumping at every creak and groan the house made.

My decision to undertake this research must, in part at least, be attributed to my brother. Growing up with him caused me to think from an early age about the provision of health and social care services and the way in which we, as a society, treat those whom we consider to be vulnerable. My brother has been subjected to horrific treatment at the hands of others on countless occasions. He has been robbed, physically attacked, and bullied. Yet, I do not think of him as vulnerable. He is probably one of the strongest people I know. Despite all of these things he always picks himself up, dusts himself down, and gets on with his life. He has refused to change the way that he lives, and has continued to engage in the activities that he enjoys. In saying this, I do not dismiss his learning disability as a contributing factor in the way that he has been treated. It is clear that some people have viewed him as an easy target and this is associated with the fact that he does not always recognise that other people may have ill intentions towards him. However, I believe that even when there are individual factors that may make someone more vulnerable to abuse there are always other elements present too. Alongside the story of my brother's terrible experiences is a parallel story of strength. It is this story that I am interested in and on which I believe we should focus.

Other experiences have also affirmed this for me and have helped to shape the direction of this research. Some time ago my grandmother suffered a series of strokes and I spent some time staying at her house and visiting her in hospital. This experience helped to shape my interest in working with older people and whilst I was studying for my undergraduate degree I worked as a home care assistant, predominantly with older people. I witnessed some of the complexities of safeguarding, for example, the thresholds between poor practice and abuse, as well as hearing from some of them about abuse that they had suffered, particularly in relation to financial abuse. As with my brother there was often a story of resistance and strength associated with these accounts; steps people had taken to keep themselves safe or the way that they talked about the incidents that showed how they refused to be beaten by them. These stories have also shaped my understanding of some of the key concepts within this research and I have, at times, drawn on these within the thesis to provide context for the arguments that I am making.

These experiences have shaped my understanding and views about adult abuse and the way in which we respond to it within England. For example, I strongly believe that people should have the right to take risks and they should be able to exercise choice and control over important decisions in their lives. This belief influenced my decision to explore the involvement of older people in adult safeguarding. I wanted to understand why the research indicated that people were often not involved or experienced protection at the expense of self-determination, as identified within the consultation on 'No Secrets' (DH, 2009). Without including these people within adult safeguarding decision making (at all levels), their stories may be lost and their ability to influence important decisions being made about their lives may be limited. I believe that all people should have the opportunity to express how they feel, to share their story and to be included in decisions that affect their lives.

Ultimately, all of these experiences led to the starting point for this thesis; that any adult, regardless of their situation, should be able to make decisions about their lives and that they should be fully supported to do so. I therefore

approached this research with the aim of providing greater knowledge and understanding about why research has indicated that levels of involvement within adult safeguarding are low. The extent to which my own values and beliefs have impacted upon the research are explored in further detail within chapter four, and returned to within the concluding chapter.

1.6: Thesis Structure

Chapter One: Context, Rationale, and Thesis Overview. This introductory chapter includes consideration of the research context and rationale, detailing the research aims and questions and the researchers' own position in relation to the research. An introduction to the key concepts and to the philosophical underpinnings for the research is also provided in order to create a clear introduction to the emerging conceptual framework for the research.

Chapter Two: Understanding Abuse. Chapter Two provides further context for the research by exploring some of the key concepts from adult safeguarding. The meaning of the term 'abuse' is specifically considered as well as the concept of vulnerability, with a particular focus on older people.

Chapter Three: Service User Involvement and Adult Safeguarding. Chapter Three includes an introduction to service user involvement through discussion of different models of involvement. It also provides an overview of current approaches to involvement in health and social care. Research which has considered adult safeguarding is also discussed in order to detail what is currently known about the involvement of older people in this area.

Chapter Four: The Research Journey. Chapter Four describes and justifies the methods used within this research. A detailed discussion of the research paradigm is provided as well as a discussion of the research

strategy, methods and procedure, with particular consideration given to the ethical issues raised by undertaking this research. A detailed account of how trustworthiness was established within the research is also provided, as well as an explanation and account of the data analysis procedure.

Chapter Five: Key Findings Part One: Involvement in the Local Authorities. Chapter Five presents key findings related to the meaning and purpose of involvement as identified from the thematic analysis of the data. Two key themes are presented “involvement as informed decision making” and “involvement as hearing the older person’s voice”. Some contextualising data is also presented to provide an overview of how involvement currently takes place within the areas of the study.

Chapter Six: Key Findings Part Two: Barriers and Bridges of Involvement. Chapter Six presents further findings from the research and builds on the previous chapter by presenting two themes that emerged from the data as limiting the involvement of older people in adult safeguarding. The first theme is “older people are unable to be involved” and the second theme is “older people are unwilling to be involved”. Both themes are presented with associated subthemes and supported with verbatim extracts from the raw data.

Chapter Seven: The Emerging Theoretical Model. Chapter Seven builds on the previous ones by moving from a presentation of the key themes to an interpretation and discussion. This involves a consideration of the overall story that the data tells. Within this research, in the context of critical realism, this process included consideration of potential underlying causes for the patterns discovered within the data, with a focus on generating explanation for the situation under consideration.

Chapter Eight: Bridges and Barriers: A Theoretical Model of Involvement in Adult Safeguarding. Chapter Eight gives an account of the final theoretical model that was developed on the basis of the research findings. It also details the main conclusions from the research, as well as

their implications for policy, practice, and future research. A final reflection on the research is also provided.

1.7: Chapter Summary

This chapter provided an introduction to the current research by providing an overview of existing research, as well as the policy and legislative context for adult safeguarding. The philosophical framework was introduced and I also outlined some of the reasons why I am interested in this topic which will be further explored later in the thesis. Some key issues were identified within this chapter which raise questions about how involvement has been conceptualised within adult safeguarding and what the implications of this are for the involvement of older people in adult safeguarding. The difficulties associated with key concepts in this area were also touched upon and forms the basis of the following chapter which develops this discussion by considering what is meant by the term 'abuse', which people are considered to be 'at risk' and why, as well as discussing older people as 'at risk'.

Chapter Two: Understanding Abuse

2.1: Introduction

The previous, introductory, chapter provided an overview of the research context for this study. A brief introduction to the policy and legislative framework was provided within which some of the key concepts, central to this research, such as risk and vulnerability, were introduced. The chapter also highlighted some of the issues associated with involving adults at risk within safeguarding work, for example, concerns about a tokenistic approach and difficulties related to balancing the duty to protect against the rights of the individual. Within the chapter, some of the difficulties associated with the language used in adult safeguarding were also discussed. This chapter further expands on that discussion through a detailed consideration of the concept of 'abuse' and the associated concepts of 'significant harm' and 'vulnerability', which are central to this research. This discussion raises questions about how the autonomy of older people is protected within a policy framework that positions them as vulnerable. It also highlights the importance of involving older people at a strategic level, thus providing a rationale for this research.

2.2: Defining Abuse

The way in which the concept of abuse has been defined has implications for how people respond to it, and for which people may be included within the adult safeguarding remit. Despite the term 'abuse' being widely used, the concept is far from clear as it may be interpreted differently in different contexts, and by different people. There is evidence, for example, that older people's constructions of abuse may differ from policy constructions (O'Brien et al., 2011; WHO/ INPEA, 2002). This could have implications for the involvement of older people in adult safeguarding if they disagree with

practitioners as to whether adult safeguarding investigations are necessary or appropriate.

Definitions that are used within adult safeguarding policy have been devised with the aim of providing clarity to practitioners around when to utilise adult safeguarding procedures. Within legislation in Scotland, the definition is given in order for the courts to identify when abuse has occurred, and within the Explanatory Notes, it is stated that this is included not as an “exhaustive definition” but as an “inclusive approach to ensure that *the areas defined are included by the courts within the understanding of abuse*” (Protection from Abuse (Scotland) Act 2001, Section 7, emphasis added).

This quotation highlights the importance within policy and legislation of having clear and universally understood definitions of abuse. Generally, the purpose of the definition dictates its usefulness, for example, whether it is used by the courts or by practitioners in their work. In safeguarding practice, therefore, the policy definitions aim to be useful in giving practitioners an overview of what abuse may constitute. A clear definition of the types of abuse is needed for this, and within England this has been provided by various policy and guidance publications. Policy, by necessity, may need to be restrictive; a broad definition of abuse may not be helpful when trying to understand when interventions are necessary and a broad definition inevitably has implications for resources as well. The same is true for defining and understanding which adults may fall within the safeguarding remit; if the definition is too broad adult safeguarding services may be unable to respond effectively. However, as this chapter discusses, policy constructions of abuse are only one possible interpretation. The concepts of abuse and vulnerability can be understood and interpreted in different ways. Consideration is therefore given within this chapter to research which has examined older people’s constructions of abuse. Within this discussion, particular attention is paid to the differences and similarities between older people’s interpretation of abuse, and the way in which it is constructed within adult safeguarding policy. Consideration is also given to the potential implications of this for the involvement of older people within adult safeguarding, which is the focus of

this research. Following this discussion, the concept of vulnerability is also considered in relation to adult abuse, with a particular focus on older people as 'vulnerable' or 'at risk'.

2.3: Policy and Legislative Definitions of Abuse

Most attempts to define abuse within policy and legislation use typology, for example, stating that abuse can be physical, sexual, financial or psychological, but arguably this does little to clarify the term. The way in which abuse is defined is a key aspect of responding to it since such responses rely on being able to identify when abuse has occurred. It is important, therefore, that definitions are clear and concise, as well as universally understood and agreed. Four attempts to define the concept of abuse are explored within this section (shown in Table 2, below). These are taken from two English policy documents on adults safeguarding; 'No Longer Afraid' (SSI, 1993) and 'No Secrets' (DH, 2000), from Scottish Legislation; 'Protection from Abuse (Scotland) Act (2001)' and from the 'World Health Organisation' (WHO, 2014) (which is also the definition used by Action on Elder Abuse)⁹. Two of the definitions are related specifically to elder abuse whilst the others relate to adult abuse more widely. This reflects an initial consideration of elder abuse as a separate concern, whilst more recent responses in England have considered adult safeguarding as applicable to anyone who meets the criteria for an 'adult at risk of harm', which is discussed in further detail below. Although the latest statutory guidance (DH, 2014) includes a section titled "What are abuse and neglect?" there is no concise definition of abuse and so it is not included within the table below. The interpretation of abuse within this document is, however, considered within the discussion that follows.

⁹ The definition from the Care Act (2014) is intentionally omitted as it only provides a definition of financial abuse.

The table below (Table 2) identifies the four definitions discussed here and breaks each definition into its key components in order to facilitate the discussion on how they have been constructed. The table considers various definitions of adult and elder abuse that are used within the UK. By breaking these definitions down, it is possible to consider the components that are used to understand abuse. These components are:

- Types of abuse
- Acts of commission and omission

In addition, each of these definitions has two components in common:

- That for abuse to be said to have occurred it must *result in harm to*
- A specified person (a 'vulnerable person', an 'older person' or an 'adult at risk').

In order to understand these definitions of abuse it is therefore necessary to consider each of these elements, which are discussed below.

Table 2. *Definitions of Abuse (also showing the source and components of the definitions)*

Source	Definition	Components
No Longer Afraid (SSI, 1993) (Elder Abuse)	“Abuse may be described as physical, sexual, psychological or financial. It may be intentional or unintentional or the result of neglect. It causes harm to the older person, either temporarily or over a period of time”.	<ul style="list-style-type: none"> • Types of abuse • Acts of omission and commission • Causes harm to the person • Victim: Older Person
No Secrets (DH, 2000, Section 2.6) (Adult Abuse)	“Abuse may consist of a single act, or repeated acts. It may be physical, verbal or psychological. It may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse may occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.”	<ul style="list-style-type: none"> • Types of abuse • Acts of omission and commission • Perpetrator • Vulnerable adult • Causes harm to the person • Victim: Vulnerable Person
Adult Support and Protection Scotland Act (2007) (Adult Abuse)	The Act does not define abuse instead using definitions of ‘harm’ and ‘adults at risk’.	<ul style="list-style-type: none"> • Causes harm to the person • Victim: Adults at risk
World Health Organisation (WHO, 2014) (Elder Abuse)	“ . . . a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person.”	<ul style="list-style-type: none"> • Acts of omission and commission • Perpetrator • Causes harm • Victim: Older Person

2.3.1: Typology of abuse.

The first component of abuse to be considered is that of types of abuse, which was included within the ‘No Secrets’ definition and the ‘No Longer Afraid’ definition (DH, 2000; SSI, 1993). Adult abuse is typically classified into different types of abuse that may occur. These include physical, sexual,

psychological, financial, discriminatory, and neglect (sometimes self-neglect is also included). 'No Secrets' defines these typologies thus:

- **physical abuse**, including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions;
- **sexual abuse**, including rape and sexual assault or sexual acts to which the vulnerable adult has not consented, or could not consent or was pressured into consenting;
- **psychological abuse**, including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks;
- **financial or material abuse**, including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits;
- **neglect and acts of omission**, including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating; and
- **discriminatory abuse**, including racist, sexist, that based on a person's disability, and other forms of harassment, slurs or similar treatment.

(DH, 2000, p.9, section 2.7).

These different types of abuse may be perpetrated solely, or in combination, and the examples given with 'No Secrets' are not exhaustive of the actions (or inactions) that may occur within these types. Prevalence figures also show that different types of abuse may be more dominant within some settings, or more likely to occur within a population of older people than with other groups included within the remit of adult safeguarding (Adult Social Care Statistics Team, HSCIC, 2014). The latest statutory guidance also includes these typologies within the discussion on what abuse constitutes and also adds exploitation ("unfairly manipulating someone for profit or personal gain") and institutional abuse ("including neglect and poor care

practice within an institution or specific care setting”) (DH, 2014, p. 194). These additions possibly reflect recent serious cases which have come to light, for example, the horrific abuse which occurred at Winterbourne, a private hospital for adults with learning disabilities, where “staff whose job was to care for and help people instead routinely mistreated and abused them” (DH, 2012, p. 8). Other serious incidents that have come to light have also highlighted the importance of including institutional abuse within these typologies, for example, the abuse of older people which occurred at the Old Deanery care home in Essex which was exposed in a recent BBC documentary (BBC, 2014).

2.3.2: Prevalence of Abuse

It has been notoriously difficult to establish prevalence rates for elder abuse, partly due to differences in how abuse has been defined and measured. However, studies which have attempted to consider prevalence have helped to give a better picture of the different types of abuse and how commonly they occur. The first major study into the prevalence of elder abuse within the UK was conducted by O’Keefe et al. (2007), who examined the pervasiveness of elder abuse within the community. The study identified that the most common type of mistreatment¹⁰ was neglect (1.1%) and that women were more likely to have experienced mistreatment than men (3.8% compared to 1.1%) (O’Keefe et al., 2007). It is interesting to note the high prevalence of neglect within this study; the authors pointed out that these findings contrast with the common perception of abuse as physical violence. More recent figures on adult abuse prevalence also identified types of abuse reported and found that *physical* abuse was the most common (28% of referrals), followed by neglect (27%), and financial abuse (18%) (Adult Social Care Statistics Team, HSCIC, 2014). However, when the type of alleged abuse reported is considered against the age of the “vulnerable adult” (the term used within the report), the pattern reflected that found by O’Keefe et al.

¹⁰ The study used the term mistreatment to refer to both abuse and neglect

(2007), with 76% of referrals for neglect being for people over the age of sixty five. The majority of referrals for institutional and financial abuse were also for those over the age of sixty five (73% and 63% respectively) (Adult Social Care Statistics Team, HSCIC, 2014), demonstrating the high prevalence of elder abuse within adult safeguarding alerts and referrals. O’Keefe et al. (2007) also explored the impact of the abuse on their respondents by asking them about the effect that it had on them. Participants reported feeling angry and upset, as well as a social impact; feeling “cut off from family or friends” (O’Keefe et al., 2007, p. 64). Those who had experienced abuse or neglect further reported that they experienced pain or discomfort¹¹ (O’Keefe et al., 2007).

Overall it is clear that older people are highly represented within prevalence rates with a high incidence of neglect as well as financial and institutional abuse. As Mansell et al. (2009, p. 34) stated, “older people dominate the abuse landscape”. This high proportion of older people within statistics on the prevalence of abuse was reflected in the decision within the current research to focus on older people; as Beresford (2013, p. 21) stated, “Older people make up the largest group of social care service users. Yet they tend to be underrepresented in arrangements for involvement”. This was explored within the current research which aims to contribute to a greater understanding of why this might be the case within adult safeguarding specifically.

2.3.3: Acts of commission and omission and the importance of intent.

The second component of abuse identified above was acts of commission and omission, which only the Scottish definition did not include. Acts of commission and omission are also referred to within the ‘Care and Support

¹¹ It is important to note that questions about the way that the abuse had affected the person were recorded based on responses to set categories (including: socially, emotionally, no effect and other effect). Where the response was recorded as ‘other’ (2% of participants) the responses given were not reported (O’Keefe et al, 2007).

Statutory Guidance¹² (DH, 2014). The presence of this component is generally related to the inclusion of “active abuse” and “passive neglect” within adult abuse definitions (Brammer & Biggs, 1998, p. 294).

Abuse, under the typologies described above (with the exception of neglect), is generally understood as an act of commission whilst neglect is broadly understood as an act of omission. Within English policy and legislation on adult safeguarding both are included. Acts of omission include:

Ignoring medical or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.
(DH, 2014, p. 194).

The ‘CSSG’ (DH, 2014) also includes consideration of the intent of the abuse or neglect, stating that this should be considered within the response. This addition draws attention to the importance of considering that abuse and neglect can also be a criminal action, which should be referred to the police. The CSSG states that where the mistreatment is unintentional the provision of additional support may be appropriate, but where the abuse or neglect is intentional then a criminal investigation may be appropriate (DH, 2014).

As mentioned in the introduction, adult safeguarding has been positioned within a welfare discourse and it could be argued that this has caused a tendency to not consider abuse and neglect as criminal actions. The terminology used within this field, for example, ‘financial abuse’ as opposed to theft or fraud, and ‘sexual abuse’ as opposed to rape or sexual assault may further compound the tendency to view such acts as non-criminal behaviour. Manthorpe et al. (2012, p. 1455), for example, stated that “financial abuse is differentiated, to some extent, from crime”, although this differentiation may depend on the relationship between the victim and the perpetrator. As Hugman (1995, p. 496) has questioned: does this not, perhaps, “down-grade older people's experience and obscure the enormity of

¹² Hereafter referred to as ‘CSSG’ (DH, 2014).

the acts to which they have been subjected?”. Hugman (1995) also argued that it is the context of the relationship which may help to define whether such acts are considered as criminal, for example, if the action has occurred as a result of care-giver stress, then it may be more likely to be considered as abuse than as a criminal action. This distinction is reflected within CSSG which states that consideration should be given as to “the impact of stress on a carer’s ability to care for another person” and that this may help to determine whether additional support is needed, rather than a criminal investigation (DH, 2014, p. 194).

The nature of the relationship is therefore often considered when making judgements about whether criminal proceedings should be pursued. Whilst pursuing the matter with police may not always be the appropriate course of action, its inclusion highlights that acts of theft and violence should not automatically be dealt with solely within an adult safeguarding remit on the basis of the victim’s ‘status’. Any adult deserves redress within the Criminal Justice System if this is the route that they wish to pursue. Highlighting that abuse is often criminal behaviour may help to redress the disempowerment of those whom we have deemed to be vulnerable. It is, however, important to acknowledge that abuse may occur within a context of care-giver stress or that the person who has been abused may not wish to pursue the matter with police. The final report for ‘Making Safeguarding Personal’, for example, reported that in some cases of abuse the person wanted “the perpetrator caught and brought to justice”, whilst in others they “recognised the pressure their informal carer(s)/ family member was experiencing and wanted them to have more help” (Cooper et al., 2014, p. 16-17). The role of adult safeguarding in providing support to these people (without having to involve the police) should be further highlighted alongside awareness raising of abuse and neglect; findings from this research suggested that older people’s fears about what may happen to family members could be a factor in not wanting to report abuse, or engage in the adult safeguarding process.

2.3.4: The concept of harm.

The impact of abuse on older people can be horrific. As stated above, O’Keefe et al. (2007) noted that it could impact on the older person physically, emotionally, and cause them to feel socially isolated. In the worst cases abuse can result in death, as has been the case for many people, including Margaret Panting. The concept of harm was included as a component within all of the definitions discussed above, which highlights the importance of the practitioner’s need to consider the impact of abuse when deciding whether adult safeguarding responses are appropriate.

A key aspect of the proposed definition of abuse from ‘No Longer Afraid’, the earliest definition considered within this discussion, was the concept of harm. By including the concept of harm within the ‘No Longer Afraid’ definition, it focused on the consequences of the action (be it intentional or unintentional). As such, abuse only occurs where ‘harm’ is caused to the “older person” (SSI, 1993). The guidance does not, however, define ‘harm’, thus leaving the definition open to differing interpretations as to what it constitutes. The concept of harm was kept and used within the ‘No Secrets’ document, although the threshold was increased to that of ‘significant harm’. However, ‘No Secrets’ does not explicitly define ‘significant’, providing only a definition of harm which:

. . . should be taken to include not only ill treatment (including sexual abuse and forms of ill treatment which are not physical), but also the impairment of, or an avoidable deterioration in, physical and mental health, and the impairment of physical, intellectual, emotional, social or behavioural development.
(DH, 2000, section 2.18)

Significant harm is not explicitly defined within ‘No Secrets’, thus leaving the threshold (level) at which this is said to occur open to interpretation (or professional judgement). The importance of clear thresholds was identified within the serious case review which was conducted after the death of Steven Hoskins who was physically and verbally abused before being killed

in 2006. As with other cases of adult abuse that have resulted in serious case reviews, a number of recommendations were made, including the “need for clear risk criteria and thresholds” (Flynn, 2007, p. 26).

Different individuals may have different interpretations of the concept of harm and therefore it is expected that this ambiguity in explicitly defining “significant harm” may impact on what happens in various localities and indeed between individuals. For example, when making judgments about whether abuse has occurred on the basis of significant harm, some research has identified that practitioners’ decisions can be influenced by other factors as well, for example, the perpetrator’s intentions (Johnson, 2012).

Several authors have commented on the lack of clarity around thresholds for significant harm, and the potential consequences of this. For example, Corkhill & Walker (2010) examined thresholds within the North East (where the current research took place) and stated that they had found a lack of clarity about the purpose of a threshold and disagreements as to where thresholds should lie when discussing this with regional safeguarding leads. This may explain why there is variability in the way that it is conceptualised within different areas. For example, Corkhill & Walker (2010) offer several differing examples of the ways in which thresholds have been set but also offer advice on ways in which greater clarity could be achieved. Having the flexibility within any guidelines to accommodate professional judgement as well as the opinions of other people who may be involved in the referral is important (Corkhill & Walker, 2010). However, it is not clear whether the opinions of adults at risk are being considered within these judgements.

ADASS (North East) published a regional threshold guidance document in 2011 which “sets a base level for identifying and progressing safeguarding alerts” (ADASS NE, 2011, p. 1). The document identifies levels of harm based on the different typologies of abuse. For example, low level of harm for psychological abuse includes an “isolated incident where [an] adult is spoken to in a rude or inappropriate way” (ADASS NE, 2011, p. 4). The document states that where incidents are considered to be low level, they should

usually be addressed through internal procedures. The levels progress through significant harm and very significant harm, which should be addressed through adult safeguarding procedures, to a critical level, which should be addressed as a potential criminal matter. The levels vary according to the pattern of the abuse (e.g. whether it is an isolated incident or repeated) and the severity of the consequences (e.g., for physical abuse whether it results in “very light marking” (low level), “inexplicable fractures/ injuries” (very significant level) or “irreversible damage or death” (critical level)) (ADASS NE, 2011, p. 4). Although the document attempts to provide benchmark guidance, and therefore develop a more consistent approach to considering harm within the region, there is still room for subjective influences in reporting and progressing incidents through safeguarding procedures. For example, ADASS NE stated that “a decision to intervene will be determined partly by the context and environment where the alleged abuse has occurred” (ADASS NE, 2011, p. 3). The extent to which emotional and psychological harm occurs is also subjective and may be difficult to assess. Additionally, there is research evidence (examined below) to suggest that there may be longer term impacts of abuse that will not be taken into account when making these judgements, which are based on the harm that occurs at the time of the abuse taking place.

In a study which examined the relationship between elder mistreatment and mortality, Lachs et al. (1998) used data from a nine year survey of a large cohort of older people (2812 people over the age of 65) to examine whether abuse led to further adverse outcomes for the victims. Whilst this study was conducted within the United States of America (USA), the findings are of relevance within the UK context. Some commonalities exist in relation to elder abuse across both countries. For example, high prevalence of elder abuse has also been reported within the USA (e.g. Acierno et al., 2010). Responses to elder abuse in the USA predominantly operate at a State level where Adult Protective Services work with a variety of agencies to provide services to protect and prevent the abuse of “vulnerable adults” (Ernst & Brownell, 2013; NAPSA, 2013, p. 5). In this way responses to elder abuse are similar to those in the UK where local, multi-agency, teams are also responsible for adult

safeguarding work. There are also commonalities in underpinning guidelines for responding to abuse. The National Adult Protective Services Association (NAPSA) in the USA, for example, highlights adult's rights to make choices about their lives and to receive information about their "choices and options" which is also evident within the Care Act 2014 (NAPSA, 2013, p. 7).

The data from Lachs et al. (1998) study had originally been used to develop predictors for elder abuse. The data included assessments of "cognition, depressive symptomatology, social networks, sources of emotional and other support, and chronic conditions" (undertaken at the start of the survey and then every three years during the survey) as well as records from "elderly protective services", and identified which cohort members had been subjected to abuse during the nine year survey (Lachs et al., 1998, p. 429). Elder mistreatment, the term used in the study, was identified as abuse (defined as "the willful infliction of physical pain, injury, or mental anguish, or the willful deprivation by a caretaker of services necessary to maintain physical and mental health" (Lachs et al., 1998, p. 429). Neglect was also included as someone "who is not able to provide himself/herself the services necessary to maintain physical and mental health, or who is not receiving those services from a responsible caretaker" (therefore the study included self-neglect). Financial abuse was also included within the study, defined as exploitation; "taking advantage of an older person for monetary gain or profit" (Lachs et al., 1998, p. 429).

The researchers calculated mortality rates for the cohort, beginning from the first year of the survey, at the three year intervals, and then in a follow up survey, twelve years after the start of the study. After calculating mortality rates, the researchers found that during the first 1-5 years of the survey, mortality rates were similar. At the end of the survey, however, they found differences in mortality; experiencing elder mistreatment and self-neglect was significantly associated with a higher risk of death (after controlling for confounding variables, such as age, sex, and self-reported chronic illness). Mistreatment (excluding self-neglect) was also found to be associated with a higher risk of death than self-neglect. Overall, there was a significant

difference in survival rates for those subjected to abuse or neglect (9%), those who self-neglected (17%), and those who had no contact with protective services (40%). Lachs et al. (1998, p. 431) noted that “deaths in the mistreated group were [not] immediately ascribed to injury” and suggested some explanations for the links between abuse and risk of death. One hypothesis was that there could be a link between the levels of stress experienced as a result of the mistreatment and the individuals’ well-being (Lachs et al., 1998). This suggests the need to consider the psychological harm caused to the individual when making judgements about the level of harm that they have experienced. There is, however, a need for further research to examine this hypothesis. It is also possible that there were additional confounding variables that Lachs et al. did not control, such as poor access to health care. Additionally, whilst incidence of comorbidity was controlled for within the research, this was based on self-report and therefore, as the researchers stated, may not have been an accurate measure. Overall though, the study suggests that the impact of abuse on older people may be further reaching than the immediate harm they suffer as a result of the abuse or neglect.

Despite difficulties around interpreting ‘harm’ and ‘significant harm’, the concept can still be seen as useful; if practitioners identify that harm has occurred then they can clearly identify whether they need to respond to it and what sort of response is needed. This method of operationalising abuse may not be as useful when it comes to involving adults at risk within adult safeguarding. For example, a practitioner’s judgement of harm may differ considerably from a ‘lay’ person’s judgement and it seems intuitive that if an adult does not agree that abuse has taken place, this may have an impact on their willingness to become involved in adult safeguarding. It is therefore important to consider the ways in which adults at risk (or particularly within this research, older people) conceptualise abuse. This is explored below, through consideration of research which has examined older peoples’ views about risk.

2.3.5: Vulnerable Adults, Adults at Risk and Older People as At Risk.

The final component identified above was that of the 'victim' of abuse, defined either as a 'vulnerable adult', an 'adult at risk of harm' or an 'older person'. As with other concepts used within adult safeguarding, these are contested terms. Although the notion of the 'vulnerable adult' is the concept that has dominated adult safeguarding discourse, this term is problematic for a number of reasons. These include being reliant on a shared understanding of the concept of vulnerability, as well as placing the vulnerability to abuse as an inherent characteristic of the individual, rather than acknowledging other factors that may increase the likelihood of abuse occurring. It is argued within this section that the manner in which discourse about vulnerability and the 'vulnerable adult' has been constructed has had a very real and large impact on the services that have been developed to target adult abuse. As Holstein & Miller (2003) discussed (albeit in relation to shelter workers), the practical work of responding to adult abuse is conceptualised through assigning people to categories, in this instance to 'vulnerable' or 'not vulnerable'. By assigning people to categories in this way, decisions about how to respond to adult abuse can be made and justified on the basis of constructions about these adults and their circumstances (Holstein & Miller, 2003). Indeed, one of the core purposes of adult safeguarding processes, as discussed in the following chapter, is to make decisions on whether or not abuse has taken place and therefore to position people as 'victim' or 'not victim'. The terminology used within the process is that of 'alleged victim' which has its own connotations and links with understandings of vulnerability.

This section explores these labels, including the ways in which they are assigned and the potential impact of this, through a discussion of the way in which certain groups of people have been positioned as vulnerable within adult safeguarding policy discourse. Johnson (2012, p.836) has argued that adult safeguarding is "not assumed to be a direct and benign response to the nature of problems in the 'real' world, but instead a constructed discourse whose tenets ought to bear examination, it [therefore] matters which

concerns come within its remit and how they are understood.”. From a critical realist perspective, it is assumed that adult safeguarding is a direct response to actions, or inactions (of abuse and neglect) that occur in the real world. However, Johnson’s argument for the importance of considering the manner in which adult safeguarding and related concepts are constructed is still valid when the “concept dependent” nature of knowing this real world comes into play. As Elder-Vass (2012) argued, social constructions are both emergent properties and causal forces in themselves. They are emergent, but they have the ability to impact on, as Johnson (2012, p. 836) identified, “particular individual and collective actions”. It is therefore argued here that the construct of vulnerability within adult safeguarding has had a real effect on the manner in which adult safeguarding has developed. For example, by positioning older people as vulnerable, their involvement in adult safeguarding (at both an individual and a strategic level) may be limited. It is difficult to consider how the autonomy of older people may be retained within a policy discourse that positions them as vulnerable and in need of protection.

Within the context of adult abuse, various conceptualisations of whom adult safeguarding policies and legislation are directed at have been offered. The ‘No Secrets’ definition of abuse shown above talked about ‘vulnerable adults’, defining a vulnerable adult as follows:

A person who is or may be in need of community care services by reason of mental or other disability, *age* or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation
(DH, 2000, section 2.3, emphasis added).

This definition therefore encompasses the concept of harm occurring but places the vulnerability as being an inherent trait of the person, ignoring other factors that may be relevant. Indeed, this definition was criticised by many for locating the causes of abuse with the person who is abused through virtue of their perceived ‘vulnerability’ (e.g. Dunn et al., 2008). This definition identifies vulnerability to abuse as being related to the individual, rather than as a

result of, for example, societal or structural factors. As Cameron (2014, p. 154) stated, within 'No Secrets', vulnerability is perceived as "an intrinsic characteristic of disabled people". Many have also criticised, as Johnson (2012, p.2) has pointed out, the association of vulnerability with old age and "not solely with impaired capacity to make one's own decisions". The links between capacity, adult safeguarding and involvement are further explored within the following chapter.

As stated above, adult safeguarding has operated on the basis of assigning people to categories of either 'vulnerable' or 'not vulnerable'. Such assignment therefore allows practitioners to know which people fall within the remit of adult safeguarding. This delineation and categorisation is considered by Bourdieu as "world-making". It is, according to Bourdieu, a "symbolic power" (Bourdieu, 1989, p. 22). Bourdieu further argues that "*there are always, in any society, conflicts between symbolic powers that aim at imposing the vision of legitimate divisions, that is, at constructing groups*" (Bourdieu, 1989, p. 22, emphasis in original). Bourdieu's argument is that to effect change within the world, one must seek to change this process of world-making. This symbolic power can only exist, he argues, where there is an "authorized spokesperson" who has the power to impose such recognition and in conditions where the basis of the divided group is grounded in reality (Bourdieu, 1989, p. 23). Symbolic power is therefore the possessed power to "reveal things which are already there" (Bourdieu, 1989, p. 23).

In relation to vulnerability, therefore, the categorisation of 'vulnerable' and 'not vulnerable' relies on the "authorized spokesperson", in this case, those who are in a position to influence and construct adult safeguarding policy and the gatekeepers of involvement; a term used by Beresford (2013a) to refer to those who are in a position to either allow or disallow involvement. Considering categorisation of 'vulnerable' and 'not vulnerable' as symbolic power also highlights the influence of power dynamics and the importance of including older people within adult safeguarding policy discourse in order to challenge professionals' interpretation of their needs which, as argued below, may differ from those of practitioners. This further draws attention to the need

to move beyond a protective model, where practitioners operate from a powerful position to effect positive change and protect the person, to a collaborative approach within which the older persons' views are heard and they are able to make choices and take control within safeguarding processes.

Bourdieu also argues that symbolic power only exists where the basis of the divided group is grounded in reality. The reality to which Bourdieu refers within the construct of 'vulnerable adults' is the notion that those with health and social care needs may be unable to protect themselves "against significant harm or exploitation" (DH, 2000, section 2.3). The reality of adult abuse is that it is often those whom the person is dependent upon for their support that are the perpetrators of abuse; indeed the notion of dependency is often associated with vulnerability. For example, the first component in Wilber and Reynolds (1996, p. 64) framework for identifying financial abuse is 'Characteristics of the Older Person that Suggest Vulnerability'. They summarise the discussion by stating that "the first component of the framework is the extent to which the older person needs and relies on others for decisional assistance and/or care" (Wilber & Reynolds, 1997, p. 67), having made the link earlier in that section that "In addition to cognitive impairment, physical and sensory problems that interfere with functioning increase vulnerability to abuse because they increase dependence on others" (Wilber & Reynolds, 1997, p.66). They are clearly making the argument that vulnerability is related to dependence upon others for "instrumental activities of daily living" (Wilber & Reynolds, 1997, p. 66). Such dependence may be a reliance on family carers or paid workers depending on the context. However, this cannot fully explain vulnerability to abuse when it is considered that not all carers (formal or informal) abuse those considered to be vulnerable. Additionally, ascribing vulnerability as dependency continues to locate the vulnerability as inherent to the individual through their considered reliance on others. It is argued below that vulnerability to abuse does not exist solely as an inherent characteristic of those who are abused, but is grounded in wider contextual factors, for example, factors such as poor support and training within some institutions, and the personal characteristics

of the perpetrator. To develop this argument, I have drawn on some of my own experiences of working with older people.

I have worked extensively with older people as a home care worker, which has meant that I have witnessed first-hand some of the difficulties that older people face when they are reliant on others to support them with everyday activities such as personal care. Whilst I acknowledge some truth in the links between dependency and abuse, my own experiences have also shown me that this is not the whole picture. For example, whilst working for one home care agency I supported several older people twice a week which was a shift which covered for another worker who had her time off on the days that I was working. I began to notice that there were some problems with the work that the other carer was doing. Some of the older people confided in me that they were not happy with the work the other carer was doing and that she often arrived late and left early, resulting in unfinished jobs and poorly completed documentation. The older people who spoke to me about this were reluctant for me to disclose this to the agency for fear of repercussions from the carer in question, who was described to me as rude and verbally aggressive when they questioned her about her work. There was also some suggestion from some service users that she may have been taking money from them; money that they thought they had in their purse and had gone missing. They also disclosed that she would take money to go shopping but not return a receipt, leaving them unsure as to whether she had returned the correct change¹³. Those who shared their concerns with me were left upset and frightened, unsure about whom to confide in, and scared of what the implications of sharing concerns might be in relation to their continuing care.

Sadly, stories such as this are not uncommon, as evidenced both anecdotally and within prevalence studies and research which has examined the practice of home care work (e.g. O’Keefe et al., 2007; Sykes & Groom, 2011). The relevance for this discussion is the way in which it shaped my thinking about vulnerability to abuse. In relation to the previous discussion, it could be

¹³ Following these allegations, and with the permission of those who had made them, the worker was reported to the agency.

argued that these older people were subjected to this mistreatment on the basis of inherent vulnerability and their dependence on the other carer in order to undertake daily living tasks. This indeed formed part of the picture with the older people concerned about who would replace the carer and how they would manage without her. However, other factors were also relevant. Firstly, there was a lack of adequate supervision within the agency. As carers, we were left to undertake our work with little or no supervision and a very slim possibility that anyone would check up on the work that we were doing, allowing for the possibility of abuse to occur without it coming to the attention of those in a position to address concerns. Lack of adequate supervision and strong management has also been highlighted as a factor in abuse by others, for example in the final report into the abuse that occurred at Winterbourne View (DH, 2012).

Secondly, the role was demanding and tiring. Inadequate provision of care workers meant that we were constantly being called upon to “squeeze” extra calls into an already busy schedule. This reduced time with other service users, and placed added stress onto an already difficult role. This constant squeeze on our time was likely also associated with working for a private agency that was profit driven. Extra calls (particularly short, fifteen minute calls) meant additional charges could be made and from my experience, the agency was unconcerned about whether this impacted on the level of service that people received. Such an approach arguably fostered a working environment where those receiving the services of this agency were considered more as numbers to be ticked off a sheet than people. Again, this has been highlighted within research, for example, Sykes and Groom (2011) who stated that:

The number of visits respondents received could be altered, apparently without notice, and so could the time of day, the duration of visits and the services provided.
(Sykes & Groom, 2011, p. 55).

Sykes and Groom (2011) further argued that this was a breach of the person’s right to autonomy and choice. This is only one example of many that

I have come across in my work experience and it highlights, I believe, that vulnerability to abuse does not occur solely as a result of inherent traits but arises through a combination of personal circumstance, the characteristics of the perpetrator and wider contextual factors that operate within the health and social care field and society as a whole, for example, widespread ageism which I explore in further detail below. This has been recognised within some theories of abuse, for example, the ecological model which draws attention to factors that exist at individual and societal levels (Phelan, 2013).

However, as Sherwood-Johnson (2012) pointed out it is dangerous to assume that vulnerability as a result of individual characteristics (such as dependency) does not exist and that all people have equal access to independence and autonomy. This could result in those who are least able to aspire to such ideals being further disempowered (Sherwood-Johnson, 2012). It is argued here that there must be a realistic approach to defining vulnerability to abuse. In some cases individual factors may result in some people being more vulnerable than others, however, societal and structural factors also come into play and it is the interplay between these different variables that enables abuse to occur.

Overall, when considering causes of abuse, the individual characteristics of the person who has been abused have not been the sole factor considered, reflecting a recognition that there are other important variables to consider. For example, the individual characteristics of abusers have been examined in a number of studies and the psychopathology of the abuser has often been used as an explanation for elder abuse (Pillemer & Finkelhor, 1988). De Donder et al. (2011), for example, identified that the perpetrators of abuse differed by types of abuse. For instance, of the older women who indicated that they had experienced abuse in the last year, where the abuse was physical, sexual or financial, the partners were most often reported as the perpetrators. Where neglect had occurred the perpetrator was more likely to be an adult son or daughter (De Donder et al., 2011). Overall, research which has examined perpetrators of abuse has tended to categorise perpetrators as either family, friends, neighbours or care workers, i.e. as someone with whom

the 'victim' has a relationship (which is a component of the 'No Secrets' definition of abuse). Abuse by strangers has generally not been considered within the remit of adult safeguarding, although the CSSG has expanded this by explicitly including strangers amongst those who may perpetrate abuse (DH, 2014).

Although abuse by strangers is included within the remit of adult safeguarding, De Donder et al. (2011) and others have found that overall a partner or spouse are the most common perpetrators of elder abuse (e.g. O'Keefe et al., 2007; Pillemer & Finkelhor, 1988). However, this finding may indicate only that abuse is more likely to be perpetrated by someone who is living with the older person. For example, Pillemer & Finkelhor acknowledged that:

Many more elders live with their spouses than with their children. That is why so many more elders are abused by their spouses.
(Pillemer & Finkelhor, 1988, p.55)

Whilst Pillemer & Finkelhor conducted their prevalence study in Boston in the 1980s, O'Keefe et al. conducted their research in the UK in 2007 and found that 53% of perpetrators of elder abuse were living with the victim at the time the abuse took place. This rose to 65% when the abuse type was interpersonal (i.e. excluded financial abuse). This may reflect the high number of family carers within the UK and could be related to care-giver stress. Based on theories of child abuse, the care-giver stress theory proposes that abuse occurs as a result of an inability by the carer to cope with the stresses of caring for the older person (Phelan, 2013). The theory proposes that as these stressors increase for the care-giver, so does the likelihood of abuse (Phelan, 2013). This theory is useful as it combines individual factors with situational and structural factors to account for the occurrence of elder abuse. However, to date there is little evidence to support this theory (Phelan, 2013). In addition, it has been critiqued for placing the cause of abuse onto the victim by virtue of the perceived "burden"

of their care on the care-giver and also for “legitimizing” the abuse (Burnight & Mosqueda, 2011).

The policy implications of theorising abuse as a result of care-giver stress are also potentially problematic, as such an approach further compounds the tendency to view abuse as a welfare issue, rather than a criminal issue. As discussed above, it is important to consider that abuse is often criminal behaviour and disregarding this may further disempower older people by not allowing them access to legal redress which other adults would be afforded. Considering that the partners of the older person are often the perpetrators also raises questions about why, in these cases, elder abuse should not be addressed through domestic abuse procedures which are more strongly embedded within a legal framework (e.g. the Domestic Violence Crime and Victims Act 2004). Galpin (2010) has suggested that this arises from a perception of domestic abuse as predominantly impacting upon young women and that, as a result, services are not accessible to older people. Considering domestic abuse in relation to elder abuse also helps to shift the blame for abuse away from the victim due to their perceived vulnerability. Some approaches to understanding domestic violence have been influenced by feminist theory, which focuses on paternalism as reinforcing unequal power relations between men and women. It is argued that this permeates society, impacts on the behaviour and cognition of both men and women, and leads to abuse as an attempt, by men, to exercise power and control over women (Dutton & Nicholls, 2005). This approach has also influenced theories of elder abuse. Ageism, as a contributing factor to elder abuse, is considered to arise from unequal power relations between the young and the old (Burnight & Mosqueda, 2011). Such an approach therefore emphasises the empowerment of the victim as a central element in responding to abuse, drawing attention again to the importance of involvement within adult safeguarding. It also raises questions, however, about the power relations between older people and practitioners (who will presumably be younger). The concept of power is therefore considered in detail within the following chapter and was focused upon throughout the research. The discussion on

ageism is returned to below, where consideration is given to the social construction of 'old age', and its relationship with the concept of vulnerability.

Within the 'No Secrets' definition of a 'vulnerable adult', age was named as one identifying factor for vulnerability to abuse. Other definitions focus solely on elder abuse and identify the potential victim as an 'older person'. When 'older people' are referred to within the field of health and social care it is, generally, a reference to people over the age of 65. However, using a purely chronological definition does little to clarify who older people are, and when references to the abuse of 'older people' are made it often leaves one wondering, as Brammer & Biggs (1998, p. 294) pointed out, "older than whom?". Having a solely chronological definition positions older people as a homogenous group, and fails to acknowledge individual differences. Indeed, positioning older people as 'at risk' simply through virtue of age alone is not useful. As discussed above, risk and vulnerability to abuse is not solely related to inherent characteristics.

'Safeguarding Adults', published in 2005 by ADSS, also agreed that the term 'vulnerable adult' located the cause of abuse as a result of characteristics of the victim and ignored the wider social context (ADSS, 2005). The term 'vulnerable adult' also highlighted the hierarchical nature of what was known as 'adult protection work'; whereby the social workers, or other professionals, worked from a position of power to protect the 'vulnerable adult'. By drawing attention to the terminology, the 'Safeguarding Adults' document sought to provide a shift in thinking from locating "the cause of abuse with the victim, rather than placing responsibility with the actions or omissions of others" (ADSS, 2005, p. 4). ADASS also directly addressed language, terminology and definitions in their 'advice note' (2011), acknowledging that better working definitions were needed, and agreeing with the Law Commission that the term 'vulnerable adult' should be replaced by that of 'adult at risk' (ADASS, 2011a). The Care Act (2014) followed the recommendations, referring in section 42 to "adults at risk of harm and neglect". The Care Act defines an adult at risk of abuse or neglect as an adult who:

- (a) Has needs for care and support (whether or not the authority is meeting any of those needs),
 - (b) Is experiencing, or is at risk of, abuse or neglect, and
 - (c) As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.
- (Care Act 2014, Section 42).

Whilst the definition for an 'adult at risk of abuse and neglect' (henceforth referred to as an adult at risk) no longer talked about age or disability, it still kept individual characteristics at the centre of the definition; "As a result of those needs is unable to protect" themselves; and therefore still locates vulnerability as inherent to the person. It also relies on a professional construction of risk ("is experiencing, or at risk of, abuse and neglect") which, arguably, could reduce the person's influence in making decisions which might be deemed as risky by others. The final aspect of the definition, that the individual is "unable" to protect themselves, also places the emphasis for protecting and preventing abuse on the local authority, potentially removing the individual's agency within responses to adult safeguarding concerns. Positioning adults at risk in this way, it is argued here, does little to address the original issues with the definition of vulnerable adults discussed above. It also raises questions about how the independence of the person is respected within adult safeguarding processes.

Identifying older people as a group is largely related to economic factors, in particular to labour market forces. 'Older people' are thus usually identified as those over the retirement age and generally depicted as one homogenous group identifiable through chronological age (Harbison & Morrow, 1998). This has resulted in a more discriminatory view of older people as 'dependant' due to those over the age of retirement often being seen as reliant on state welfare. This is reflected in the link that is made in 'No Secrets' between age and vulnerability. Harbison and Morrow (1998, p. 694) argued that retirement ages are set to regulate the workforce, rather than set "as part of an individual's 'natural' lifecycle" so identifying people as 'older' on the basis of a chronological age determined by labour market forces seems arbitrary. The

notion of older people as 'dependant' also links with the idea that old age is automatically associated with vulnerability due to the perceived relationship between dependency and vulnerability discussed above.

Research that has examined the ways in which older people are positioned in social discourse have supported the assertion that older people are often depicted as dependant or vulnerable through virtue of age alone. Fealy and McNamara (2009), for example, examined discursive formations of ageing and old age within newspapers in Ireland. They found that older people were indeed discussed as a homogenous group defined by age. They also argued that the ways in which older people were presented revealed ageist stereotyping, and placed older people outside of mainstream society by depicting them as old, vulnerable, and dependent on welfare (Fealy & McNamara, 2009). The research took place during a time when attention was being focused on older people in Ireland due to plans to withdraw automatic entitlement to state health services for older people (over the age of 70 in this instance). In fact, the research focused solely on media relating to this event and so may not accurately reflect typical media depictions of older people. However, others have commented on the negative portrayal of older age (e.g., Kingston, 1999), and the wider context of the decline in public finances in Ireland is also a concern within England making the results more generalisable to the current research context.

The perception of older people as dependant on state welfare has also positioned them as a drain on resources in discussions about the "rising demands from an ageing population" (Cracknell, 2010, p. 45). Projections from 2010 suggest that the number of people over the age of 65 will increase by five and a half million within the next twenty years equating to an additional "£10 billion a year for every additional one million people over working age (Cracknell, 2010, p. 44). These projections have caused concern and debate around the need to change the welfare system to ensure that is appropriate for 21st Century Britain, with concerns raised about the likelihood of a large "funding gap" (Cracknell, 2010, p. 45).

This depiction of ageing as a time of dependency and vulnerability seems to be a fairly common perception. Ageing is often considered as a time of degeneration and the prospect for development in older age is often ignored. Biological perspectives on ageing may reinforce this notion, for example, the association of ageing with dementia. Approaches to understanding and responding to dementia have historically been grounded in a medical model approach which focuses on medical diagnosis and professionals' views about how to respond, leaving little room for the voice of the person (Harding & Palfrey, 1997). An alternative perspective is given when considering dementia through the lens of a social model; this approach shifts the focus from a medical and biological perspective of ageing and dementia to one that questions society's role in creating barriers, reducing inclusion and allowing ageism. Such an approach actively encourages the voice of the person to be heard and allows people with dementia to define themselves, rather than being defined by others; as one person stated "I'm living with dementia. But I'm not a medical condition. I am me" (Hare, 2013). This approach has been propounded extensively by Kitwood, amongst others, who uses the concept of personhood to argue that dementia should be considered within a social context that allows consideration of a range of factors and focuses on seeing the whole person, rather than just the illness (Kitwood, 1997).

The importance of identifying and challenging ageist stereotypes about older people is highlighted when the links between ageism and the treatment of older people within society are considered. Bytheway & Johnson (1990, p. 37) proposed that ageism reinforces "stereotyping presumptions regarding competence and the need for protection" as well as a fear of the ageing process. In addition they stated that ageism "legitimizes" the denial of resources on the basis of age (Bytheway & Johnson, 1990, p. 37). Both of these statements are significant within this discussion. Several authors have provided evidence that demonstrates that chronological age has been used within health and social care services to mark out older people and deny them resources and opportunities that other (younger) people would be offered (Kingston, 1999; Lang, 2012; Ward, 2000). This may become increasingly prevalent as the population ages, and in an economic climate of

constantly reducing budgets and monetary concerns. It has been identified by some researchers that older people are aware of and recognise these structural inequalities (O'Brien et al., 2011; WHO/ INPEA, 2002). These researchers also highlighted that older people felt ageist attitudes were responsible for abuse as well as being abusive in themselves. Other authors have also argued that ageist attitudes within society both hinder attempts to prevent abuse, as well as potentially worsening abusive situations (Bennett, Penhale, & Kingston, 1997).

The ways in which older people are depicted and positioned within social discourse is also likely to impact upon adult safeguarding work. In Bytheway and Johnson's (1990, p. 37) statement, they highlighted that ageism "generates and reinforces . . . stereotyping presumptions regarding competence and the need for protection". The construction of vulnerability and old age can therefore be seen as bound up in the notion of the need for protection. For those working in health and social care there is an increased likelihood that they will come into contact with older people at times of crisis, and this may further reinforce any existing stereotypes that they may hold about older age. This may be particularly true within adult safeguarding where those involved in investigating abuse come into contact with older people who are having difficulties. This highlights the importance of focusing on the whole person, rather than just perceived vulnerabilities. Indeed, the erosion of personhood was expressed by older people themselves to be both a cause of abuse, and abusive in itself, as discussed further below (O'Brien et al., 2011).

2.4: Older People's Constructions of Abuse

As discussed above, the concept of abuse may be interpreted differently depending on who is using the term, and within which context the term is being used. This section therefore builds on the understanding of abuse considered above from an adult safeguarding policy perspective to consider older people's constructions and understandings of abuse. WHO/INPEA

(2002) examined older people's constructions of abuse by asking older people and primary health care workers about how they themselves defined abuse. They found that "the emphasis that participants placed on certain types of abuse often does not match those concerns identified in the literature by health care professionals as being the most important" (WHO/INPEA, 2002, p. 8). The research was carried out across eight countries (Argentina, Austria, Brazil, Canada, India, Kenya, Lebanon and Sweden) and used focus groups with older people and primary health care workers to establish the components of elder abuse as identified by the participants. Focus groups can be a useful method for gaining people's perspectives on a subject as they provide a way to gain information from a number of participants whose views may challenge or corroborate each other's, and thus invite further discussion on the topic area (Wilkinson, 2004). Conversely, they may inhibit some participants from contributing to discussions if they do not feel comfortable sharing their views within a group setting, particularly as anonymity cannot be assured within a group setting. The researchers identified in the report that care was taken to focus discussions around perceptions of abuse rather than asking participants to disclose any personal experiences which they may not have felt comfortable sharing.

Participants were also not expected to have had any prior experience or knowledge of abuse, thus the aim was to generate greater understanding around "common perceptions" of elder abuse (WHO/INPEA, 2002, p. 6). The range of countries involved in the research adds strength to the findings in terms of universal understandings of abuse that were found in the research (and discussed below). This may also have some limitations for the findings, for example, each involved country had an advisory group within which one co-ordinator was established to organise and run the focus groups. These co-coordinators were also responsible for writing reports following the focus groups, identifying the key themes discussed, and illustrating these with verbatim quotations. These reports were then analysed using content analysis to identify recurrent themes. There is potential for bias within this approach as the generated reports included themes already identified by country co-ordinators. It may have been more methodologically sound for the

countries to send in transcripts to be analysed. However, given that each country conducted a number of focus groups, and there were eight countries involved in the research (with associated differing languages involved), this approach may have simply been unfeasible given the large amount of time it would have taken to translate and analyse each transcript. Given such logistical difficulties it is understandable why this approach was taken. In addition, the individual reports from each country are available to view online and contain a detailed description and overview, supplemented by participants' quotations, which enhances the trustworthiness of the findings from this study.

The findings provide an interesting comparison to the definitions of abuse already considered within this chapter. The authors note that although there were (as would be expected) some differences across countries, there were also "remarkable similarities" (WHO/ INPEA, 2002, p. v). The researchers identified that older people perceived abuse within three broad themes:

- 1) Neglect (which included isolation, abandonment and social exclusion)
 - 2) Violation (of their human, legal and medical rights)
 - 3) Deprivation (of their choices, decisions, status, finances and respect)
- (WHO/ INPEA, 2002, p. v).

The key difference authors cited between other constructions of abuse and those found in the study was that prior definitions had focused on the characteristics of the perpetrators and the victims, therefore having a much more individualistic approach and locating adult abuse within interpersonal dynamics. This can be seen by referring back to Table 2 (above), where all four definitions make reference to the victim, and two out of four refer to the perpetrator, and the relationship between the perpetrator and the victims. The key difference with the WHO/ INPEA (2002) construct is the focus by older people on structural-societal factors which underpinned their discussion of elder abuse. It is interesting to note this finding when this is considered in relation to adult abuse in England where responses to abuse focus strongly on the individual.

Hörl (2007) provided a useful example of the impact of differing constructions of abuse (as either structural or individual), although in his theoretical paper he concentrated on the concept of violence. Violence, according to Hörl, can be defined as structural, meaning that it is present as a feature of society and manifests itself within unequal power relations, and inequality of life opportunities, for example, in relation to property, education, and money. Violence can also be defined solely by the physical impact that it may have on an individual, for example, cuts and bruising (Hörl, 2007). If the term violence is substituted for the term 'abuse', then in the first instance, if policy makers were to consider adult abuse as structural, this would have a major impact on the types and formats of policy and legislation designed to combat it. Structural abuse would require a major overhaul of systems in society in order to combat, for example, what some (e.g., Bytheway, 1995) would argue to be a pervasive inequality and ageist attitude towards older people within the UK. On the other hand, the more narrow definition of abuse as the harm caused to an individual can be dealt with through the criminalisation of the intentional causing of harm to another individual. In purely pragmatic terms, the narrower definition may be more useful to practitioners; it is easier to objectify and measure, whereas structural abuse may be much more subjective and thus near impossible to measure and to manage.

In relation to adult safeguarding policy in England, as can be seen from the definitions above, policy makers have focused on the individualistic concept of abuse, locating it within the interpersonal dynamics of the relationship between the perpetrator and the victim (e.g. DH, 2000). Considering the finding from WHO/ INPEA (2002) that older people are much more likely to conceptualise abuse as structural, there may therefore be a lack of agreement between practitioners and older people over the occurrence of some instances of abuse and how to respond to the abuse. For example, within the WHO/ INPEA (2002) research, societal and structural abuse was related to a wide range of issues which included accommodation, income security, and budget cuts. Participants also included access to health and social care services within this category. However, the 'No Secrets' definition

of abuse, as discussed above, focuses on the individual factors located within interpersonal relationships. Whilst this type of response is clearly needed (as evidenced by high prevalence rates of interpersonal abuse), if older people's concerns are taken into account within safeguarding, a much broader remit may be required.

The key categories of abuse identified within the WHO/ INPEA (2002) research were:

- Structural and societal abuse
- Neglect and abandonment
- Disrespect and ageist attitudes
- Psychological, emotional and verbal abuse
- Physical abuse
- Legal and financial abuse

Whilst some of these are identified within 'No Secrets' (for example, physical, psychological, and financial abuse) other categories are not (for example, structural, and societal abuse). The research found that there were high levels of agreement across the countries involved over these categories. The UK, however, was not involved within this research, although other research exploring older people's views has taken place within the UK (O'Brien et al., 2011).

O'Brien et al. (2011) consulted older people about their perceptions of abuse in a study that was carried out in Ireland. Again, as with the WHO/ INPEA (2002) research, focus groups were used, but unlike the WHO/ INPEA (2002) research older people were involved as researchers within the study, as well as being participants. The research report notes that by involving older people as 'peer-researchers' within the research it helped to create an environment within which participants felt comfortable to talk and share their experiences. This is a positive attribute of this study as adult abuse is a difficult and sensitive topic to explore with people and within the WHO/

INPEA (2002, p.9) document it was acknowledged that participants found it difficult to share their experiences and talk about the subject, for example, “The study has also established how difficult elder abuse is as a topic for some older adults to discuss - a fact mentioned in several of the reports being discomfort/denial of the problem”. By involving peer-researchers O’Brien et al. (2011) may have enabled a more informal and therefore more comfortable environment in which participants could discuss the topic. It is also worth noting that O’Brien et al.’s study did not include “older people who are marginalised (e.g. cognitively impaired, unwell or socially excluded . . .)” (O’Brien et al., 2011, p. 31). These people may have a differing understanding of abuse. The findings, however, are interesting and useful in developing a greater understanding of how older people view abuse. The overall aim of O’Brien’s research was to explore how older people understand elder abuse and their findings were very similar to that found within WHO/ INPEA (2002):

Findings show that the current definitions of elder abuse . . . ignore wider societal issues like the withdrawal of respect and recognition.
(O’Brien et al., 2011, p. 8).

Participants talked about the ‘standard typologies’ of abuse but the research also found a new concept of ‘personhood abuse’, which refers to societal attitudes. O’Brien et al. (2011, p. 42) identified that personhood includes “self awareness, agency, having a past and a future, rights and duties” and stated that erosion of personhood as a component of abuse was associated with “not having worth or value as a person” (p. 43). This is particularly pertinent in relation to older people who have dementia. As discussed above, considering dementia from a medical perspective focuses attention on individual deficit rather than allowing an appreciation of “the subtleties and complexities of a person in their personal and social context” (Goldsmith, 1996, p. 25). Whilst, as argued in relation to vulnerability, a medical model perspective should not be ignored, the importance of considering social and other factors is also important in order to avoid erosion of personhood, highlighted by O’Brien et al. (2011) as being considered abusive by older

people. It also highlights further the importance of involving older people in adult safeguarding in order to avoid further erosion of their personhood.

The finding from O'Brien et al. (2011, p. 46) that the erosion of personhood, associated with being “dismissed” by society and not listened to or valued, was replicated within the WHO/ INPEA (2002) research which reported ‘Disrespect and ageist attitudes’ amongst the key categories of abuse identified by participants. The WHO/ INPEA (2002, p. 13) research identified this category as being related to both the cause of other forms of abuse, as well as a form of abuse in itself, and stated that “an attitude of disrespect towards older adults is universal”. Within England ageism could be considered as a form of abuse under the typology of ‘discriminatory abuse’. Again though, within English responses to adult abuse this would only be considered within the context of interpersonal abuse and not within the context of a broader structural inequality and ageist attitudes towards older people. This is also confounded by the fact that, as discussed above, English policy talks about abuse occurring within ‘any relationship’ thus ruling out wider concepts of abuse, such as that identified in these studies.

The prevalence figures reported earlier may at first look to be at odds with how older people themselves perceive abuse, as discriminatory abuse (which would cover ageism) is not as highly prevalent as would be expected, given the findings in the WHO (2002) and the O'Brien (2011) research. However, when the source of referral is taken into account this can be explained by very low numbers of self-referrals; 44% of referrals were made by social care staff compared to only 2% which were self-referral (for all ‘vulnerable adults’ over the age of 18) (Adult Social Care Statistics Team - HSCIC, 2014, p. 30). Overall, the findings from research which has considered older people’s perspectives of abuse focuses attention on issues of ageism within society, as well as a need to consider both medical and social perspectives when working with older people who have been abused. It also highlights the importance of involving them in order to understand their views about their own situation.

2.5: Chapter Summary

This chapter provided an overview of the key concepts and terminology that are central to this thesis and research. It has been argued here that the manner in which abuse has come to be defined has positioned certain people within society in a particular way; as vulnerable and in need of protection. It was argued that vulnerability has traditionally been constructed within adult safeguarding policy in England as an individual, inherent, characteristic but that this can be seen as reaffirming a power hierarchy whereby 'vulnerable' individuals have safeguarding done to them rather than being empowered to safeguard themselves.

Considering vulnerability through a social model lens can provide a useful tool for reconsidering vulnerability to abuse in relation to societal factors such as ageism and discrimination. It also highlights the importance of acknowledging the voices of older people who need to be heard within adult safeguarding in order to challenge policy-makers interpretations of their needs, and ensure that responses to abuse are targeted to their needs. This approach should therefore be underpinned by the involvement of older people within adult safeguarding in order that their views and experiences are acknowledged and considered within the development of policy and local responses to abuse. This research examined reasons why this may not commonly occur by considering key stakeholders views about the barriers to involvement that are encountered within adult safeguarding.

A key question raised within this discussion relates to how the autonomy of older people is protected within a policy framework that positions them as vulnerable and in need of protection. This is further explored within the following chapter, which moves beyond the construction of abuse to an examination of the responses to it, with a focus on the involvement of adults at risk.

Chapter Three: Service User Involvement and Adult Safeguarding

3.1: Introduction

This chapter provides an introduction to service user involvement, which is the focus of this research. The chapter includes a discussion of different models of involvement and provides an overview of the underlying concepts and principles associated with the different approaches. This discussion also offers a preliminary deconstruction of the interplay between involvement, older people, and adult safeguarding, with a focus on how involvement has been incorporated within adult safeguarding policy and legislation. Consideration is also given to literature which has explored involvement in adult safeguarding at a practice level and some of the known barriers to involving older people in adult safeguarding are identified. The chapter concludes that, whilst there is a strong emphasis on involvement within national policy, previous research has identified that levels of involvement are low. Additionally, there are gaps in the evidence base related to this topic which this research aims to address.

3.2: An introduction to Service User Involvement

The concept of involvement, as introduced briefly within the introductory chapter, is one which has been hard to both conceptualise and operationalise. Croft & Beresford (1990, p. 5) stated that; “Participation is an issue that tends to be long on rhetoric and short on information.”. Since the publication of Croft and Beresford’s report on involvement in 1990 much more work has been done to increase involvement in health and social care. However, even several decades later, this statement still holds true in many ways. There is a large amount of literature available that discusses ‘service user involvement’. However, other terms are often used interchangeably

within the literature, for example, engagement and participation, with little clarity as to how, or in what ways, these terms may differ. Involvement in adult safeguarding is a particularly complex area, given the intricacies of balancing, for example, the right to make choices against the local authority's duty to respond to abuse.

Difficulties in conceptualising involvement are just one of the issues that are raised when considering this topic. Many other factors also need to be considered, for example, the aims of involvement, who (or what) is driving the initiative and why it is being undertaken. Without considering these factors it may be difficult to establish the purpose of involvement and what it should 'look like' in practice. Such difficulties have made the concept of involvement hard to operationalise. Indeed a more recent report by Beresford (2013, p. 15) stated that "service workers and providers have long experienced real difficulties in fulfilling the requirements placed upon them to enable such diverse and effective involvement". As discussed previously in this thesis this has also been true of involvement within adult safeguarding.

The antecedents to the current focus on involvement in adult safeguarding are argued by some as being driven by service users and as being largely rooted in dissatisfaction with the post-war welfare state (Croft & Beresford, 1993). Such dissatisfaction has stemmed from an approach which is largely provider-led and focused on reduced spending, therefore reducing the extent to which service users are able to access civil rights and makes choices (Croft & Beresford, 2002; Glasby, 2014; Lymbery, 2012). Croft and Beresford (1993, p. 2) described the impetus for involvement as having been driven by a rejection of this approach and "the poor quality, paternalism and social control of welfare services.". A core part of this movement came from disabled people who critiqued the dominance of the individual model of disability, arguing instead that disabled people "were not disabled by . . . impairments but by the disabling barriers . . . faced in society."(Oliver, 2013, p. 1024). A central aspect of this is that such barriers prevent active citizenship and full participation in society. Involvement therefore stems from an argument against the state, and other organisations, taking control of

someone else's life; that people have the right to make choices about things that affect them; and that society should adjust itself so as to be fully accessible for everyone (Cowden & Singh, 2007; Croft & Beresford, 1990, 1993). Fundamentally then, the principles of involvement can be seen to reflect these broad aims, and values such as respect, equality, and empowerment have been cited as being at the heart of involvement (Wallcraft & Sweeney, 2011).

Involvement shares many of its values with those of the social work profession. The College of Social Work (TCSW) has outlined a code of ethics for membership (TCSW, 2014). These include a number of core principles and values concerned broadly with empowerment, human rights, social justice and professional integrity (TCSW, 2013). The HCPC (2012, p. 9) standards of proficiency also highlight the need for social workers to "promote social justice, equality and inclusion", which is reflective of the core values of involvement, as described above. In addition, within the definition of adult safeguarding, the concepts of independence, well-being, choice, and human rights are also included. On the surface then, the core principles and values of social work, adult safeguarding in particular, and involvement are broadly similar and have a focus on empowerment. In reality, however, these principles are challenging to put into practice and many authors have cited difficulties with balancing, for example, the need to manage risk and meet organisational needs against the promotion of empowerment (e.g. Scheyett, 2009; Wallcraft & Sweeney, 2012). According to Parsloe (1996, p. 1) empowerment is a word used to describe the "philosophy of power sharing with clients". The concept of empowerment is therefore bound up with those of involvement and participation. Within the context of involvement, empowerment is often considered to be about the sharing or handing over of power in order for the person being "involved" to have the ability to affect change and make decisions (Parsloe, 1996, p. 4). Again, this can be difficult to align with modern social work practice. Ferguson (2007, p. 401), for example, has argued that social workers feel a sense of "powerlessness" within an increasingly privatised welfare system which promotes the

“deprofessionalization of social work”. The concept of power lies at the heart of models of involvement, and is discussed further within Section 3.2.1.

The approach to involvement, as a bottom-up, service user led initiative, may have been the core driver for establishing and arguing for the rights of service users to have choice and control over their lives. However, as identified within the introductory chapter, the current drivers for involvement in adult safeguarding largely appear to be service provider and government led. It could be argued that this is a response to pressure from grass roots movement, however, it is argued here (and indeed by others) that these top-down directives are not always driven by the same concerns. The following section further explores these differing approaches by considering some established models of involvement.

3.2.1: Models of involvement.

One of the most commonly used models of involvement is Arnstein's (1969) 'Ladder of Citizen Participation'. Although the article was originally printed in the late 1960's, it is still relevant today because it represents a clear model for distinguishing between 'levels' of involvement. Figure 2, below, shows Arnstein's ladder and the clear demarcations between the different levels of involvement. Arnstein (1969, p.3) stated clearly that citizen participation was about citizen control, thus defining the ultimate goal of involvement as that of gaining power in order “to make the target institutions responsive to their views, aspirations, and needs”. According to the model, involvement can range from non-participative methods whose goal is re-education of the citizen (non-participation), through involvement where citizens can listen and have a voice but do not have the power to effect any real changes (tokenism), and on to involvement where the citizen has “full managerial control” (citizen control) (Arnstein, 1969, p. 3). This inclusion of both participation (as full control) and non-participation (as tokenism) reflects the use of the term involvement within this thesis as an inclusive term which encompasses a range of approaches.

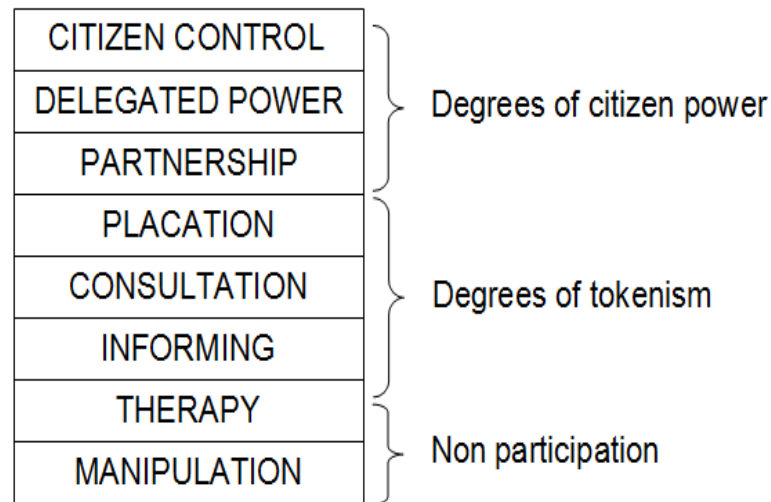


Figure 2. Arnstein's Ladder of Citizen Participation (Arnstein, 1969, p. 217)

Whilst somewhat oversimplifying the reality of involvement, Arnstein's ladder does provide a useful framework for considering involvement. Essentially the model divides involvement according to how much power is redistributed. Arnstein gives examples for each rung of the ladder. Manipulation (the bottom rung) is participation organised by 'powerholders'; a top-down approach whereas citizen control (the top rung of the ladder) is a bottom up approach. Arnstein appears to be arguing that true citizen control can only be achieved through a user-led, bottom-up approach. However, Arnstein acknowledged that there are dangers associated with this, for example, that it is "more costly and less efficient", as well as the danger that it could "turn out to be a new Mickey Mouse game for the have-nots by allowing them to gain control but not allowing them sufficient dollar resources to succeed" (Arnstein, 1969, p. 13).

Having power alone, therefore, does not necessarily overcome other potential pitfalls, including the access to sufficient resources that may be needed in order for success in the stated objectives. However, through

placing power and the control of power at the centre of user involvement, Arnstein failed to acknowledge that the reality of user involvement is not just about the outcome of involvement. The actual process of involvement can be equally as important as the outcomes to some individuals. For example, Beresford & Branfield (2006) found that professionals were more likely to consider only the outcomes of involvement, whereas service users indicated that they considered the process to be inseparable from the outcome. Therefore, if the process of involvement was considered to be negative, the outcome was considered to be negative. Some of the reasons given for a process being negative included the devaluing of service user knowledge, and problems of access and tokenism (Beresford & Branfield, 2006). In addition to considering the process as well as the outcomes, it is necessary to consider whether full power and control are necessarily the ultimate goals within all user involvement initiatives (either state-led or user-led).

Another key model of involvement, introduced briefly in the introduction, also distinguishes between levels of involvement on the basis of power; the 'democratic' versus 'consumerist' model of involvement. The consumerist approach views people as consumers; power is not relinquished to people by service providers but people may contribute their views about services in order to improve them (the lower rungs of Arnstein's model). The democratic model is concerned with power redistribution whereby service users are able to fully influence policy and practice (the higher rungs of Arnstein's model (Slater & Eastman, 1999; Wood & Wright, 2011). It has been argued that current approaches to involvement within health and social care most closely resemble the consumerist model within a context of increasing focus on the privatisation of services (Carey, 2009). I return to this argument below, under section 3.2.2.

As stated above, Arnstein's model and the consumerist/ democratic models centre on power as the defining feature and key dimension within involvement. An argument against the consumerist approach is that it cannot achieve meaningful involvement as it fails to deal with power imbalances between service providers and service users (Lewis, 2009). The importance

of power differentials when considering service user involvement were examined by Hodge (2005) who discussed the language used by professionals and service users, suggesting that discursive inequality was a barrier to participation as it reinforced unequal power relations between professionals and service users. Carr (2007) further suggested that professionals may feel threatened by the personal and emotional insights that service users express, and commented that supported, open dialogue was an essential component for user involvement. This also occurs in reverse, for example by professionals using 'jargon' and technical language that service users may not always understand (Wood & Wright, 2011). Indeed effective communication has been highlighted as a key component of involvement (e.g. Kvarnström et al., 2011). The importance of communication in facilitating involvement was also considered within this research.

Another issue with these models is that they consider power as solely a commodity; something which can be taken, shared or redistributed. Gaventa (2005, p. 15) has considered this as a form of "visible" power where the focus is on looking at who has "lost" and who "benefited" from involvement. This approach is based on Lukes, (1974) first dimension of power which considers power as being held by whoever 'wins' within a given conflict. Lukes' concept of power offers a more nuanced means of understanding power. He developed a three dimensional model of power which was further developed by his student Gaventa who applied it to the arena of citizen participation.

The second dimension from this model includes hidden forms of power. Hidden forms of power are those in which entry into decision making spaces is controlled by those who already have a stake or power within the forum. Hidden power prioritises "certain interests and actors . . . through a prevailing 'mobilisation of bias' or rules of the game" (Gaventa, 2005, p. 14). Gaventa further emphasises that hidden power operates behind the scenes in controlling who gets a seat at the decision making table and what is put onto the agenda. For example, this form of power may operate in dictating membership of SABs and the agendas that are set for developing local adult

safeguarding arrangements. Lukes' 'third dimension' considers power as operating to shape people's attitudes and perceptions in order that they come to accept social practices. Power in this dimension therefore shares some similarities with Foucault's (2000) disciplinary power, and positions power holders as able to maintain power by shaping people's preferences in order that they perceive social order and practices as in line with their own (Lukes, 1974). This form of power is invisible; it shapes our practices through our internalisation of norms and cultural practices. Lukes (1974) noted that this power operates through the 'powerful' transforming the way that the 'powerless' think in order to align their views. Lukes' discussion on power is relevant and of note, although his consideration of the concept of power does not offer much in terms of explicating and exploring the underlying social mechanisms that allow such forms of power to surface. This is a critique that can be also be levied against Foucault's disciplinary power which does not directly address the role of agency in shaping and maintaining people's actions and behaviour. This was considered within the theoretical model that was developed on the basis of the findings from this research (Chapters 7 and 8).

Gaventa's (2005) construction of the "power cube" was an attempt to develop a multi-modal tool for analysing power, which incorporated the interplay between agency and structure, and acknowledged the spatial dimensions of power. It therefore focused on the "situated practice" of the actors with reference to wider contextual factors. The tool incorporates the concepts of visible, hidden and invisible power alongside the consideration of space and place. The concept of space has been widely discussed within the literature on citizen inclusion and participation (Cornwall, 2004; Gaventa, 2005, 2007). Cornwall, for example, has described space as a:

. . . concept rich with metaphor as well as a literal descriptor of arenas where people gather, which are bounded in time as well as dimension. . . . Thinking about participation as a spatial practice highlights the relations of power and constructions of citizenship that permeate any site for public engagement.
(Cornwall, 2004, p. 1)

Spaces are the opportunities that arise for individuals which allow them to influence decisions that affect their lives (Gaventa, 2005, 2006, 2007). In this discussion such spaces are considered in relation to the formal environment within which adult safeguarding tends to take place as well as the organisationally led element of involvement in this arena. These are what Cornwall terms “invited spaces”; those opportunities to affect change which are institutionally instigated (Cornwall, 2002; Cornwall, 2004), such as SAB sub groups for service users. These are contrasted with “popular spaces” or “claimed spaces”, a term used to describe more grass roots and user led initiatives (Cornwall, 2004; Gaventa, 2005). Such spaces are not considered to be neutral but are imbued with power (Gaventa, 2005). Gaventa (2005) further adds “closed spaces” to Cornwall’s list. These are spaces within which the “oppressed” are not invited, nor allowed to take any claim. Closed spaces are those within which decisions are made without any attempt at consultation, participation, or any other attempt at the inclusion of other voices (Gaventa, 2005). Historically, SABs may have operated as closed spaces, however, as discussed in the preceding chapter this is starting to change and many SABs are now operating as ‘invited’ spaces. The final dimension of Gaventa’s power cube is that of place, the arenas where power arises. These can be local, national or global. For Gaventa, the power cube is a dynamic, not a static model. The various dimensions of the model are not meant to be understood as stable and enduring. The model acknowledges the interplay and the fluidity of shifting influence within involvement, emphasising the importance of considering the context within which involvement takes place. This model was considered when interpreting the findings from this research (Chapter Seven).

Whilst power and space are undeniably key issues when considering involvement, one of the limitations of the models discussed above is that they fail to take into account individual circumstances which may impact on an individual’s ability to be actively involved in directing their own care and support, or influencing policy. In addition, Arnstein’s model (as critiqued by Tritter & McCallum, 2006) does not acknowledge the ‘comprehensiveness or

depth' of involvement (Tritter & McCallum, 2006). By failing to acknowledge this Arnstein does not take into account, for example, marginalised groups. Tritter and McCallum (2006) proposed the analogy of a "completed mosaic" to better account for the complexities of involvement which could create a "picture that is the product of the complex and dynamic relationship between individuals and groups of tiles" (Tritter & McCallum, 2006, p. 165).

As with the criticism of Arnstein's ladder presented above, Tritter and McCallum questioned the idea that the pursuit of power was the only aim of involvement. They argued instead that there may be other aims, and that varied methods and outcomes should be considered within approaches to involvement. Overall, Gaventa's inclusion of consideration of space and place adds a useful element when considering involvement by focusing attention on the spaces within which decisions are made, and the impact of this on involvement. His model also draws attention to power as a multi-dimensional concept. Whilst it allows for consideration of power as a commodity, Gaventa's model goes further by suggesting that power may operate in different ways at different times. Lukes' three dimensional model of power and Gaventa's power cube were considered in relation to the findings from this study and informed the interpretation of the key findings from this research, as discussed in Chapter Seven.

3.2.2: Current approach to involvement.

Despite the limited view of involvement posited by some of the models discussed above, they still provide a useful framework for which to consider current approaches to involvement. However, as discussed above, considering involvement solely as the redistribution of power may not fully account for the nuances and complexities that exist. As mentioned above, this research was therefore informed by Gaventa's model as well as critical realist philosophy (which allows for consideration of the interplay between agency and structure) when interpreting the data from this study. This has

also informed the discussion within this section on the current approach to involvement.

The current focus on involvement within health and social care has been argued as closely resembling a consumerist approach, whereby the views of service users are sought, but power is not redistributed in order for service users to have full participation (Galpin, 2010). This consumerist approach to involvement within health and social care is closely related to the Government adoption of a neoliberal approach, which manifests in the 'liberation' of individuals from the state and the 'personalisation' of health and social care services (Carey, 2009). This approach involves giving the public choice and control over the services that they choose without relinquishing power, money saving by the state, and the marketisation of previously state owned institutions (Carey, 2006). The justification for this approach was that by giving the 'consumer' more choice, the quality of services would be improved. As Hartman (2005, p. 60) stated, neoliberalism facilitates the "alignment between individual's desires and the aims of the government" in order to achieve its outcomes (reflecting Gaventa's 'invisible power', discussed above).

In the case of service user involvement, this neoliberal approach aligned itself with the public desire to be more actively involved in dictating their own health and social care needs. For example, Barnes & Walker (1996) identified four sources of service users' criticisms of state provided services: complaints about the complexity and lack of responsiveness of organisations; feminist critique of the gendered nature of care (both formal and informal); self-help and pressure groups which have highlighted the needs of informal carers; and critique from ethnic minority groups that social services fail to recognise their specific needs. Such critiques have manifested in greater service user led pressure for change within health and social care services. Government led responses have appeared to react to this but such top down approaches tend to follow the consumerist approach resulting in service users having increased opportunity to exercise choice (as a consumer) over service provision without having any power or control over the "development,

management and operation of services” (Barnes and Walker, 1996, p. 379). For example, the NHS and Community Care Act (1990) made consultation (level 4 of Arnstein’s ladder) a legislative duty for local authorities and ‘Our Health, Our Care, Our Say’ focused on “systematically and rigorously finding out what people want and need from their services” (DH, 2006, p. 157). As Beresford has stated:

Indeed user involvement has become a key ideological battleground. The same terminology has been used by government and service users to mean very different things. For service user movements, getting involved has meant the redistribution of power, democratisation and achieving change in line with their rights and needs. For the state and service system there has often been a managerialist/ consumerist model, framed in market terms. (Beresford, 2013b, p. 4).

However, as has been pointed out by other authors, in some areas (for example, mental health services and adult safeguarding) the notion of an individual as a ‘consumer’ is meaningless. Cowden & Singh (2007, p. 15) captured this with a quotation from a former patient of a mental health institution who stated “I consume mental health services like cockroaches consume Rentokil”. In this context (within mental health services) the notion of the individual as a consumer is meaningless where the service user is not given choice about their treatment (for example, if they have been compulsorily admitted to hospital under the Mental Health Act). Within adult safeguarding the same could be considered as true. For example, the Care Act (2014) makes it a legislative duty for the local authority to make enquiries in cases of suspected abuse (Care Act 2014, Section 2). This may allow little room for choice in cases where an adult at risk may not want to engage with safeguarding. In addition, there is some suggestion that safeguarding interventions are not fully attuned to adults at risk, for example, one of the key messages from Humphries (2011, p. 92) peer review of adult safeguarding arrangements in four English local authorities was that people perceived safeguarding interventions as “being process driven rather than person-centred”. In this context, the notion of a victim of abuse as a ‘consumer’ is not only meaningless, but inappropriate, given that they may

have no choice or control over their engagement with adult safeguarding. The interplay between safeguarding process, policy and legislation is further deconstructed and discussed below. The critical realist philosophy underpinning this research, and the reference to Gaventa's PowerCube, also allowed for consideration of the interplay between these relevant factors, as well as consideration of different forms of power and the spaces within which involvement occurs, which were considered within the interpretation of the findings from this research.

In summary, involvement is a complex concept which has many different interpretations, including offering choice and control over decision making, or simply ticking a box to say that service users have been consulted upon particular areas of policy or practice. For involvement to be meaningful, consideration needs to be given as to the role and purpose of involvement, the influence of power (and the different forms that it can take), and the impact of individual and societal factors on the individual's ability to be involved. Involvement in adult safeguarding, as discussed in the introduction, has been increasingly emphasised within adult safeguarding policy and guidance. However, the evidence suggests that levels of involvement are low (Jeary, 2004; Wallcraft & Sweeney, 2011). To further explore this, adult safeguarding policy is considered below with particular attention paid as to how involvement is conceptualised. Within this discussion, research which has examined involvement in adult safeguarding is drawn upon to identify what is currently known about involvement in adult safeguarding, with particular attention paid to identified factors which help or hinder involvement in this area. The local policy context (within the two local authorities who participated in this research) was also explored in detail within this research, with consideration given as to how they discussed involvement, and the potential implications of this for the involvement of older people.

3.3: Service User Involvement and Adult Safeguarding

Within the introductory chapter to the thesis a brief overview of the policy and legislative framework for adult safeguarding was provided. It was argued that there was an increasing emphasis on the involvement of adults at risk within adult safeguarding, but that there was a lack of clarity on how to operationalise the concept of involvement. This section expands on that discussion by considering how involvement has been constructed within this policy context, and some of the key factors impacting on involvement in practice that have been identified from the literature. The discussion below is divided into consideration of involvement at a strategic level and involvement at an individual level.

3.3.1: Strategic involvement.

Adult safeguarding policy has emphasised the involvement of adults at risk at a strategic level, for example, inclusion in policy and procedure planning and decision making (which is examined within the current research at a local level). In 2011 ADASS published an 'Advice Note' (ADASS, 2011a) which outlined the growing emphasis on preventative work within adult safeguarding. The Advice Note also discussed how SABs could know if they were being effective, for example, by auditing case files and using peer review (ADASS, 2011a). It also stated that organisations representing adults at risk should be "taken into account in local safeguarding arrangements" (ADASS, 2011a, p. 7).

In the same year, ADASS published 'Safeguarding Standards', which grouped standards into four themes by which SABs could evaluate themselves. The standards demonstrate what should be seen in an ideal service, and include probes and outcomes which can help the service establish how close they are to being an 'ideal service', as well as possible sources of evidence for this. For example, in the theme, 'Outcomes for and the experiences of people who use services', amongst other factors, an ideal

service would have “. . . fully engaged people who use services in the design of the service” (ADASS, 2011b, p. 3). The themes were derived from a number of sources, including the ‘No Secrets’ review and through work with local authorities. All of the themes incorporate probes and questions which promote involvement. For example, the last theme looks at the role and performance of the SAB, and how all partners work together to ensure high quality services and outcomes. Again, involvement is highlighted as services should ensure that; “There are mechanisms in place to ensure that the views of people who are in situations that make them vulnerable, and carers, inform the work of the Board” (ADASS, 2011b, p. 9).

The difficulty with operationalising involvement is related, partly, to the broad scope this allows for different types of involvement. For example, being inclusive in developing strategies could relate solely to a consultation process for adults at risk, and therefore be positioned as fairly tokenistic. However, it could also allow for adults at risk to be fully involved in making decisions about key strategies, allowing them the power to affect changes at a strategic level. In practice, however, this is highly unlikely to happen due to the clear arrangements for local authorities to take an active role in leadership and the duty that is placed upon them to protect adults at risk from abuse and neglect (DH, 2014; Care Act, 2014). Research which has highlighted the need for strong leadership in adult safeguarding (e.g. Humphries, 2011) calls into question whether the involvement of adults at risk at a strategic level is likely to move beyond a consultation type model, as this would involve change in the power relations which would need to be reflected in the wider policy and legislation. For example, to move to a democratic approach to involvement at this level could arguably involve having an ‘adult at risk’ as the chair of the SAB, (which was suggested by one of my participants). However, this approach seems unlikely to occur given the recent legislation which places statutory leadership responsibilities on the local authority. However, recent guidance from ADASS does continue to suggest that an active role for service users will be developed:

We encourage directors to challenge their Boards to develop user representation (ADASS, 2013, p. 7).

The policy and guidance on adult safeguarding is clearly promoting and encouraging SABs to develop service user involvement at a strategic level but research has suggested that actual involvement at this level is still low (Braye et al., 2011; Wallcraft & Sweeney, 2011). Braye et al. (2011) stated that of eleven sets of SAB documentation studied, only one clearly showed that there was involvement at a strategic level. However, they identified that involvement was discussed within the documentation as an “aspiration”, or as part of action plans for development (Braye et al., 2011, p. 117). This may reflect the paternalistic approach that originally underpinned this area of work; the emphasis on involvement only became apparent after local authorities had set up their strategic arrangements for adult safeguarding.

Typically, service users appear to not be represented on SABs (Safeguarding Adults Boards) but, where there is involvement, they are usually represented within steering groups (Braye et al., 2011, 2012). This was also reflected within Corkhill & Walker's (2010) report where they pointed out that service user involvement was higher at a steering (or sub) group level. The implications of this, in reference to the models previously discussed, are that involvement may be conceived at this level as a consumerist approach; people are given the opportunity to share their views but there is no relinquishing of power. There does appear to be a suggestion, however, that the focus is changing to allow greater involvement; SABS which have previously operated as “closed” spaces are starting to create room for involvement through these “invited” spaces within sub groups. The extent to which these allow for people to effect change at a strategic level is, however, unclear. As Gaventa (2006, p. 27) stated “autonomous spaces of participation are important for new demands to develop and to grow”; the extent to which these invited spaces within strategic adult safeguarding work allow for such autonomy was considered within this research. The current research also explored the arrangements for strategic involvement, with

consideration given as to whether this occurs at a SAB or sub group level, or potentially in other formats not previously highlighted within the literature.

Other approaches have also been taken in order to hear the voices of service users at a strategic level. Wallcraft and Sweeney (2011), for example, found that a number of different approaches are utilised in order to achieve involvement at a strategic level. These include using surveys and audits to gather service users' views, and involving service users in training. There were no reported attempts to share control of strategic work with service users with involvement being undertaken as more of a consultative process (Wallcraft and Sweeney, 2011, Wallcraft, 2012). Wallcraft (2012) also reported that three of the safeguarding leads interviewed (one of whom had service user representation at a strategic level and one of whom the representation method is not reported for) stated that service user involvement was making a positive difference as it made staff and SABs more accountable.

Using feedback from individual safeguarding processes could also inform strategic work as a means of hearing the voices of service users at a strategic level (Wallcraft & Sweeney, 2011). Slater (2000), in his discussion of service user involvement and elder abuse identified a potential issue with such an approach. Slater (2000) stated that capturing information in this way could constitute a professional construction of their voices through the professional recording and maintenance of such records. On the other hand, including the voices of service users in this way could also spare service users the "ordeal" of having to repeatedly articulate their "painful experiences" (Slater, 2000, p. 22). Slater (2000, p. 22) concluded that such an approach to including the voices of service users at a strategic level could be useful, as long as there was an "awareness of the scope for subjective distortion. This concern highlights the potential for discursive inequality as reinforcing unequal power dynamics (as discussed earlier in reference to Hodge, 2005). Additionally, professional recording of notes and associated documentation may not always accurately reflect the voices of service users

and others have highlighted the concerns that people have around such notes containing errors that may then 'follow' the person throughout ongoing or subsequent encounters with services (Sherwood-Johnson et al., 2013).

Other issues related to involvement at a strategic level include concerns about tokenism and representation, resource implications, and a lack of clarity around who should be involved. Much of the literature that discussed involvement in adult safeguarding has done so as part of a study considering a wider overview of strategic arrangements in adult safeguarding. However, in 2011 the Social Care Institute for Excellence (SCIE) published a report specifically conducted to examine the involvement of adults at risk in this area. The main findings from the report were also published within the *Journal of Adult Protection* by Wallcraft (2012).

The report included a review of the literature, as well as good practice examples from regional adult safeguarding leads. The views of the SCIE service user group were sought and two experts on adult safeguarding and user involvement also commented on drafts of the report. Wallcraft (2012) stated that seventy two pieces of literature were reviewed and thirteen adult safeguarding leads were interviewed for the report, which provides the most comprehensive overview of involvement in adult safeguarding that has been identified for the purposes of this literature review (Wallcraft, 2012). It is worth noting, however, that whilst adult safeguarding leads were interviewed, the report does not include voices from a wider representation of stakeholders in adult safeguarding; this research sought to address this gap by exploring the views of a wider range of key stakeholders in adult safeguarding. The report identifies some examples of good practice, as well as some of the methods employed to involve adults at risk. It also focused broadly on adults at risk. The findings from Wallcraft and Sweeney (2011) and other key literature are discussed below. The discussion explores what is currently known about the involvement of adults at risk in this area and highlights the gaps that this research aimed to address.

Clarity regarding membership of SABs.

Whether service users involved at a strategic level should be those who have been through the safeguarding process, or those who represent adults at risk more broadly, is an important issue to consider, especially when one takes into account the concern, such as that expressed by Slater (2000), over the efficacy of asking people to repeat painful experiences in order to inform strategic work. In a report that focused on the North East of England, Corkhill and Walker (2010) reviewed safeguarding arrangements within the North East and found several issues contributing to lack of involvement within this area, including a lack of clarity on who should be represented at this level (for example, whether it should be someone who has experience of adult safeguarding interventions or anyone who meets the criteria for adults at risk). Braye et al. (2011) also stated that it was not possible to determine for their report whether representation was directly from service users or from advocates from services working on their behalf.

Considering whether people who have been through the safeguarding process should be those who are involved at a strategic level, or whether it should be wider than this, is potentially problematic as it has been suggested that direct involvement from those who have been through safeguarding may cause further harm to the individual (Wallcraft and Sweeney, 2011). Denying people the opportunity to be involved could serve to further position them as passive victims, rather than allowing the chance to be heard and have a positive impact within strategic development of this area of work. Such involvement need not include the requirement for people to repeat their own personal stories, however, the opportunity to be involved at a strategic level should be available. Whoever is involved at a strategic level there are also associated difficulties with addressing issues of tokenism and the representativeness of those who are involved. These are discussed below.

Concerns about representation

There is also the issue of representation to consider when reflecting on who should be involved at this level, and there have also been concerns raised about certain groups consistently being neglected in involvement, including older people (Beresford, 2013). There is a broad range of literature that has examined service user involvement in strategic work within health and social care, and highlighted concerns about representation. For example, Nancarrow et al. (2004) reported on the development of a consultation group within a podiatry service, and stated that concerns about representation were an issue. In addition, the authors identified that the developing relationship between the service user consultation group and the employees of the service became problematic in itself. They argued that the group began to see the service “more from the perspective of the organisation than through the eyes of the service users” (Nancarrow, et al., 2004, p. 19). Their evidence for arguing this point is somewhat limited within the report; it included a quotation from the manager of the service which stated that the group had ceased to challenge the service and “so in effect they’d become members of the department and weren’t necessarily seeing it purely as patients anymore” (Nancarrow et al, 2004, p. 19). However, the point that they are making has been argued elsewhere, usually articulated as the issue of the “professional service user” or with reference to the “usual suspects” (Beresford, 2013a). This argument proposes that in cases of strategic service user involvement it is the “usual suspects” who become involved, thus limiting the representativeness of the involvement, largely for the reason articulated by Nancarrow et al. (2004) above.

This concern about representation is an important one to consider in relation to strategic involvement. The issue of representation is always going to arise within strategic work, and this may partly explain why a more consultative approach is usually taken, which may more easily include the voices of a larger number of service users. However, the usefulness of including the “usual suspects” should not be undermined. They are service users with their

own, valuable, perspectives. The danger arises when these are the only voices that are heard to the exclusion of other, more marginalised, individuals. Others have argued that representation should be sought via organisations that represent service users, as these are best placed to challenge and promote social change (Beresford & Boxall, 2012). Any approach to strategic involvement should reflect the importance of involving older people in adult safeguarding “as active agents in defining their experiences as a necessary condition toward a better understanding of their mistreatment” (Harbison & Morrow, 1998, p. 692).

Overall, research which has examined strategic involvement has reported that levels are low, and that a consultation approach is most often used. Barriers to involvement at this level include concerns about representation, difficulties with engaging people, and concerns about causing distress by involving those who have active experience of the safeguarding process. Questions raised by this review of the literature include how key stakeholders who work in adult safeguarding on a daily basis and older people view involvement, and what they themselves identify as the key barriers to involvement at a strategic level. These areas were therefore explored within this research, which included a range of key stakeholders as participants.

3.3.2: Involvement in individual safeguarding processes.

As with strategic involvement, adult safeguarding policy has highlighted involvement in individual safeguarding processes as a priority and this was explored within this research. ‘No Secrets’ policy guidance makes very little reference to the involvement of adults at risk within individual procedures, simply stating; “they should also consult service users” (DH, 2000, p.7). Since then, more guidance that includes directives on involving adults at risk within the process has been published. ‘Safeguarding Adults’ provided some practical guidance on involvement within its section on individual responses to abuse, for example, by stating that consent for the safeguarding referral should be gained from the adult at risk thought to be experiencing abuse

(ADSS, 2005). CSSG also emphasises that the wishes of the person are “very important” and that the “safeguarding process should be experienced as empowering and supportive – not controlling and disempowering” (DH, 2014, p. 204). However, if there is a wider public interest (for example, other people who may also be at risk of harm), the wishes of the adult can be overruled. The Care Act 2014 also makes reference to refusal of assessments stating that an individual has the right to refuse assessments, except where there are capacity issues, or they are at risk of abuse or neglect. Therefore, in many cases the adult who is thought to be experiencing abuse may not be able to be fully involved in the process. This relates to how issues such as risk, rights and choice are conceptualised and managed within the safeguarding process.

Part of the attempt to promote involvement in adult safeguarding processes has been an increased emphasis on considering the outcomes of the process, including asking the individual what outcomes they want from adult safeguarding (ADASS, 2011a, 2011b; Cooper et al., 2014). However, as Beresford and Branfield (2006) found, service users identified that the process was equally as important as the outcomes, and therefore a focus on outcomes alone may not be sufficient to meaningfully involve service users with the safeguarding process. Additionally, simply asking people what they want from the process, whilst involving them to a degree, may not offer them any real power within the process, although, as previously stated it has been argued that this approach can help to make the process more person-centred (Manthorpe et al., 2014).

The review of ‘No Secrets’ also highlighted that involvement in the process was a crucial aspect, and identified the importance of respecting an individual’s rights. The review was published in 2009 and involved 12,000 participants including professionals working in health and social care, carers, and adults at risk, and as such was the largest attempt to collect feedback on safeguarding adults in the UK to date. The aim was to examine perspectives about adult safeguarding in order to decide how the ‘No Secrets’ guidance should change, and whether or not new legislation was necessary. Whilst

large numbers took part in this review, it is important to note that the majority were professionals; out of 12,000 respondents, 3000 were “members of the public, many of whom were adults to whom this guidance applied, or their carers” (DH, 2009, p. 5). The extent to which the report accurately reflects the interests of those to whom the ‘No Secrets’ guidance might apply is therefore not fully apparent. The key messages identified in the report were:

- Safeguarding requires empowerment or listening to the victim’s voice. Without this, safeguarding is experienced as safety at the expense of other qualities of life, such as self determination and the right to family life.
- Empowerment is everybody’s business but safeguarding decisions are not. People wanted help with options, information and support. However, they wanted to retain control and make their own choices.
- Safeguarding is not like child protection. Adults do not want to be treated like children and do not want a system that was designed for children.
- The participation/ representation of people who lack capacity is also important.

(DH, 2009, p.13).

These key findings clearly highlight that those who responded to the review wanted greater choice and control for ‘adults at risk’ within the safeguarding process. However, the general approach to involvement within policy and guidance appears to be focused around consultation, and that this should directly impact on what happens within the process, rather than a more democratic approach.

Jeary (2004) reported that, during a study that focused on adult protection case conferences, it had been found that the victims of abuse had been consistently missing from the case conferences. This qualitative study focused on the process, contents and dynamics of adult protection case conferences, and reported the “complexities and dilemmas which were found

to arise when consideration was being given to how the victim's voice should be heard in the formal adult protective planning process" (Jeary, 2004, p. 12). The report focused on the views of adult protection case conference participants (obtained via interviews), including over fifty participants who represented a range of organisations (including public, private, and voluntary). Jeary (2004) acknowledged that adults at risk were not represented within the case conferences studied in the research and therefore their views are not included within the research.

It should be noted that this research was published in 2004. If consideration is given to national policy and guidance, the publication of Jeary (2004) occurred before ADASS (2005) published their framework for good practice in 'Safeguarding Adults', and as such the research reported by Jeary (2004) would have been located within practice guided purely by 'No Secrets', which does not highlight the importance of involving adults at risk as strongly as later guidance does. Practice may therefore have changed towards greater inclusiveness since this report was published. However, given the low levels of involvement reported in later research (e.g. Wallcraft & Sweeney, 2011) and the fact that, whilst not pushing it as a key element of adult 'protective work', 'No Secrets' did encourage involvement, the findings from Jeary are still applicable and relevant. Indeed, given the relatively low level of research in this area it is difficult to establish whether later guidance has had any impact on levels of involvement at all. Jeary (2004) reported that within the local authority under study, the policy and practice guidelines included a requirement that the victim should always be invited to attend the conference, or to nominate an advocate on their behalf. Jeary (2004, p. 15) also commented on the appropriateness of having the victim present within these meetings, citing differing perspectives of the interviewees within the research, some of whom were concerned about the experience being 'bewildering' for the person, whilst others considered this to be a patronizing stance.

There are a number of associated difficulties with involving adults at risk in individual safeguarding processes, for example, the difficulties of balancing the service users right to "make choices and take control" (ADASS, 2011a, p,

11) against the local authorities duty to promote individual wellbeing which includes “protection from harm and abuse” (Care Act 2014, Section 2). This balance between protection and autonomy has been highlighted frequently as an area of difficulty for practitioners (e.g. Bergeron, 2006; Preston-Shoot, 2001). Indeed, the key barriers to involvement identified by Wallcraft and Sweeney (2011) focus on risk, for example, risk-averse practices and the risk of causing harm to the individual. Unhelpful procedures for investigating abuse and uncertainty about how to engage service users have also been identified as barriers to involvement at an individual level (Cass, 2011; Daniel, Cross, Sherwood-johnson, & Paton, 2013; Jeary, 2004; Pinkney et al., 2008; Sherwood-Johnson, 2013; Wallcraft & Sweeney, 2011; Wallcraft, 2012).

Balancing risk and rights.

The discussion and consideration of risk forms a central element in adult safeguarding policy and guidance and was therefore considered in detail within this research. The identification and management of risk is a central aspect of the safeguarding process. For example, the CSSG states that the individual’s risk of abuse and neglect, ability to protect themselves and potential for increasing risk through actions taken should all be taken into account (DH, 2014). ‘No Secrets’ partially addressed the difficulty of balancing risk management and the individual’s autonomy, referring to risk minimisation through “open discussion between the individual and the agencies involved”, thus drawing attention to the need for the adult at risk to be closely involved within the process in order for their rights to be respected and their voice heard within any decision making (DH, 2000, p. 21).

ADSS (2005) also attempted to address the balance between risk and empowerment by encouraging open discussion and shared decision making where the adult at risk of harm is given information to be able to understand the risks involved. However, Wallcraft and Sweeney (2011) identified that management of risk was a potential barrier to involvement. One of their

participants stated that it was difficult to engage in a meaningful conversation about risk with service users due to their potential difficulties in understanding the nature of abuse, or recognising that they might be vulnerable. Such conversations inevitably rely on clear and effective communication taking place within involvement. The importance of effective communication was also highlighted within this research (see Sections 6.2.2 and 7.3.3). However, other participants within Wallcraft and Sweeney's (2011) research identified that the local authority's duty of care and data protection obligations could block the involvement of adults at risk being engaged in discussions about risk.

Risk-averse practices were also identified by Wallcraft and Sweeney (2011) as a potential barrier to involvement. The 'No Secrets' consultation report identified that risk aversion had a negative impact on service users who felt that they were often offered safety "at the expense of other qualities of life, such as dignity, autonomy, independence, family life and self-determination" (DH, 2009, p. 16). The way in which risk is managed within adult safeguarding is therefore an important factor to consider when addressing involvement in this area.

Barry (2007, p. 26) highlighted the decreasing role of professional autonomy in risk management, arguing that a risk averse culture reinforces the reliance on risk assessment tools and shifts the "culpability" from the organisation onto the worker. In relation to child protection, she further argued that the reactive nature and tight time frames for undertaking child protection further reduced the possibility of discussion with the children and their family members to identify and manage issues of risk. It is likely that the same is true in adult safeguarding where the reactive nature of the work may mean that the time needed to engage adults at risk in the "open discussion" proposed by 'No Secrets' (DH, 2000, p. 21) is limited. Additionally, McDonald et al. (2008) identified that staff stress and anxiety could impact on their ability to work in a creative and proactive manner, and promote defensive working and a reliance on procedure. This was further compounded by heavy case-loads and the need to meet government targets (McDonald et al.,

2008). These factors may well impede practitioners' ability to meaningfully involve adults at risk. The difficulties of achieving effective, open discussion of risk may also be limited by the amount of knowledge and evidence around the view of service users about risk, as the literature has largely focused on professionals' perspectives on this (Faulkner, 2012).

One study which did focus on the views of service users about risk was undertaken by Faulkner, who consulted a number of service users about their perceptions of risk (Faulkner, 2012). Faulkner (2012, p. 298) argued that service users' perspectives on risk were often very different from those of professionals, and that the service users whom she consulted felt that the risk of losing their independence was of "greater concern" than other potentially risky factors present in their lives. This ties in with Wallcraft and Sweeney's finding that differing perceptions of risk may create barriers to involvement (as mentioned above). Sherwood-Johnson et al. (2013) also considered the views of service users, focusing on their experiences of being "protected" under Scottish safeguarding legislation. Sherwood-Johnson et al. adopted the methodology of forum theatre with forty two participants who access Altrum services: a "consortium of individuals and organisations with the shared aims of fostering creativity, community and citizenship for all" (Sherwood-Johnson et al., 2013, p. 116).

Forum Theatre utilises the medium of drama to explore contentious issues in an collaborative, accessible and interactive format. Presenters, or 'forum actors', first 'act' out for participants a scripted scenario, following which participants are invited to become involved in the scenario by physically substituting themselves in the place of one of the 'forum actors', or by contributing ideas to change the scenario (Boal, 2000). The scenario developed within Sherwood-Johnson's et al.'s (2013) research was fictional, however they consulted with "practitioners and managers to ensure that [they] depicted practice that was believable in all respects" (p. 117). A key benefit of this type of research for exploring the views of adults at risk directly is that it avoids asking people to recount their own personal experiences. However, the researchers recognised that involvement in this research could

still potentially cause distress to some participants, and stated that they addressed this through provision of detailed and accessible information about the research within their informed consent process, and that they encouraged participants “to discuss the implications of their participation with support workers or other trusted people” (Sherwood-Johnson et al., 2013, p. 117).

Sherwood-Johnson et al. (2013) spread the data collection over four different sessions which, they stated, allowed the opportunity to disseminate information about adult safeguarding in Scotland, and for participants to reflect on their own contributions. Conducting it over four separate sessions also allowed greater opportunity for the establishment of relationships between participants in order to foster a trusting environment. Alongside the forum theatre technique they also included other methods, for example, the selection and sharing of photographic images, chosen by participants to represent some of the issues and themes that were raised. Sessions were recorded and aspects of the recording were transcribed (extraneous material was removed) and analysed in order to identify key themes. Sherwood-Johnson et al. (2013) identified some limitations of the research, including the lack of representation from older people within their research; all of their participants were under the age of sixty-five. Additionally, the participants were those who had experience of being supported and they drew on this within the research. As Wallcraft and Sweeney (2011) identified, adult safeguarding practice should not necessarily be seen as different from other areas of social work practice, therefore there is some support for the use of this participant group in relation to the credibility and transferability of the findings.

The findings from the research comprise of a key message that participants wished to give to practitioners involved in adult safeguarding; that adult safeguarding “itself might support or undermine an adult’s strengths, skills and sense of self, depending on the way it is performed” (Sherwood-Johnson et al., 2013, p. 117). Data from three key themes was presented to support this message. These were: ‘being connected’; ‘feeling judged’; and ‘being heard’. ‘Being connected’ was associated with participants’ feelings that adult

safeguarding could be experienced as being “singled out”, and that it should take account of their existing relationships and the maintenance of relationships developed within the process, for example, with advocates. The usefulness of peer support within the process was also identified. Being judged was a reflection of participants’ feelings that adult safeguarding was a judgment about them personally, in particular in relation to their problem-solving skills. Participants felt that they should be fully involved in all assessments and decision making taking place within the process, and helped to develop visual aids for recording the process and to help with problem-solving¹⁴. The final theme, ‘being heard’, reflected participants’ views that practitioners need to listen to them, and that they should be involved in meetings. They wanted to be present in meetings as a person and not just a case file, and expressed their feelings that existing documentation for adult safeguarding did not support this.

Sherwood-Johnson et al. (2013, p. 122) stated that they did not feel that their findings were not already embedded in policy, but that this research “fleshed out the principles, exploring how they look in practice, as well as some of the human costs of a lack of attention to them”. Overall, their research provides a useful contribution to the literature by including the direct views of those who use services, an area that is underrepresented within the literature. The findings are also a useful contribution in terms of developing an understanding of how to make adult safeguarding more empowering for people. Furthermore, the findings highlight the importance of involving people within the safeguarding process; their participants wanted to be involved in decision making, and for professionals to hear what they had to say. This further underscores the need for this research which has explored factors which help and hinder the involvement of older people in adult safeguarding.

The views of service users on risk are not well known, or an established discourse within the literature. Faulkner (2012) argued that risk in social work was either positioned as risk to the individual or risk from the individual.

¹⁴ These visual tools are shown in Sherwood-Johnson et al. (2013) and Altrum Risk Research Team (2013).

Within adult safeguarding risk is generally related to the risk posed to the individual. Within this area risk is a critical concept; if there was no risk of abuse there would be no need to safeguard. However, defining and managing risk can be problematic. As Mitchell & Glendinning (2007) acknowledged, risk is multi-dimensional and fluid. A socially constructed concept, its perception can vary across and within cultures and this is reflected by the large amount of literature that has sought to define and explore what we mean by the term 'risk' and indeed how it should be managed within a variety of settings (e.g. forensic, health and social care settings). The management of risk in adult safeguarding is, however, particularly problematic straying as it does into the realm of decision making on behalf of people who have capacity. This calls up questions about how far the state has the right to intervene in somebody's life.

In relation to adult safeguarding, the risk posed to an individual by potential or actual abuse, and the abusive practices of others, is at the forefront of assessment. In a purely protective and paternalistic scenario this risk would be managed by practitioners stepping in to protect an individual from this risk of harm through the implementation of protective measures (which may involve a number of different facets). However, as safeguarding policy has acknowledged, risk should be managed through open discussion between the adult at risk and practitioners, thus highlighting the importance of involvement within the individual safeguarding process. Ash (2011) stated that, within her research, which examined the difficulties social workers face when implementing adult safeguarding procedures:

There were no reported examples of proactive work with an older person on understanding potential risks or identifying ways to mitigate these. Instead, 'people have the right to make unwise decisions' was a mantra often repeated (Ash, 2011, p. 108).

This suggests that practitioners may draw upon concepts of human and civil rights when making decisions about whether to intervene. The mental capacity of the adult is also a relevant factor when making such decisions.

Whilst, as identified above, engaging in conversations about risk within adult safeguarding processes has been included within policy guidance, ADSS (2005) makes it clear that this refers only to those adults who have the mental capacity to make decisions about risk. In cases where an adult lacks capacity other processes are recommended by the policy and legislation. The Mental Capacity Act (2005) (MCA) has clarified much of the ambiguity that previously existed in relation to working with those who lack capacity. For 'No Secrets' in 2005, the MCA was not available for use and it did not provide a great deal of guidance around this area. ADSS (2005), however, makes explicit reference to the MCA.

The Mental Capacity Act (2005) (MCA) makes provisions for adults who lack capacity. Under the principles of the act:

- All adults must be assumed to have capacity unless it is established that they do not.
- No person should be treated as incapable of making a decision unless all practical steps to help them to make that decision have been taken and have been unsuccessful.
- No person should be treated as unable to make a decision simply because their decisions are considered to be unwise.
- Any decisions made on behalf of somebody who lacks capacity must be done in their best interests.
- Any decisions made on behalf of a person who lacks capacity must be done in a way that is least restrictive of the person's rights and freedom of action.

(MCA 2005, Section 1).

In regards to the safeguarding process, if there is reason to believe that the adult at risk is unable to make decisions related to their risk of abuse, then a best interest decision can be taken. McDonald (2010) examined the impact of the MCA in relation to decision making and the assessment of risk. McDonald conducted a document review and semi-structured interviews with

social workers working “with older people with dementia living in the community” in order to compare practice prior to the MCA coming into force with more current practice (McDonald, 2010, p. 1232). A grounded theory approach was used to understand the data, with emerging findings discussed with a group of support workers and carers of people with dementia. The findings showed that applications of concepts of risk and autonomy to “real-life decisions” could create points of conflict (McDonald, 2010, p. 1233). McDonald also found that there were different types of decision making made which were influenced by the MCA. These were legalistic, actuarial and rights based.

Legalistic decisions about risk were rule-based, and those participants identified as being “predominantly driven by a legal discourse in their approach to decision making” acknowledged that the MCA had helped to structure decision making and supported the use of authority (McDonald, 2010, p. 1236). Within this type of decision making, a clear distinction was drawn between “capacity” and “no capacity” and social workers utilising this type of decision making were perceived as viewing themselves as “legal advisers to their teams” (McDonald, 2010, p. 1237). Actuarial decision making refers to probabilistic assessments, or mathematical calculations of risk (Barry, 2007). McDonald (2010, p. 1238) stated that those who approached decision making from an actuarial standpoint were more focused on risk minimisation and were more likely to “locate the requirements of the Act in the context of a wider ‘duty of care; towards the client’”. They were also more likely to understand incapacity as an inability to minimise or take precautions against risk. The final decision making type was rights based and utilised a concept of rights operating at a structural level, for example, challenging stereotypes about dementia and also at a personal level such as the use of human rights principles. Ash’s (2011) finding, presented above, appears in this construction to be reflecting a rights based approach to risk management. Legalistic and actuarial based decision making appear to be more closely associated with risk minimisation and adherence to procedure, identified previously as being associated with staff stress and anxiety (McDonald et al., 2008). The adoption of a rights based approach may have

a better association with the involvement of older people in adult safeguarding, reflecting as it does the right of the individual to make choices and be included within assessments (McDonald, 2010).

Some rights of the individual are enshrined under the Human Rights Act which was passed in 1998 in the UK and gives further legal effect to the 'rights and freedoms under the European Court of Human Rights' (Human Rights Act, 1998). The Act emphasises the rights of all citizens and has implications for this research in a number of ways, for example, article 10, the right to 'Freedom of Expression' can pertain to the right to receive and impart information. Therefore, within a safeguarding investigation, this article may have implications relating to ascertaining the views of the victim involved in the case. However, managing confidentiality can conflict with this in some situations. 'No Secrets' balances the requirement of confidentiality against the potential need to share information. By clearly outlining the principles of confidentiality 'No Secrets' sought to avoid situations whereby agency confidentiality protocols could "conflict with the interests of service users" (DH, 2000, p. 24).

The principles of human rights can also be seen as broadly similar to those underpinning a democratic approach to involvement; those of dignity, respect; equality and autonomy. The HRA is noteworthy within the context of safeguarding as it means that any adult safeguarding protection plans must adhere to this legislation and therefore plans cannot be put in place that interfere with these articles. There are, however, occasions when the law and policy is in conflict with itself, for example, Sections 2, 3 and 4 of the Mental Health Act (1983) (MHA) and Article 5 of the HRA (the right to Liberty). Within safeguarding the right to privacy may be compromised in cases where the local authority has a duty to investigate allegations of abuse where other individuals may be at risk of harm.

There are no easy answers when it comes to balancing rights and risks within adult safeguarding, indeed, some have argued that these difficulties formed part of the reason why adult safeguarding has developed slowly in

comparison to children's safeguarding (e.g. Stewart, 2011). The concept of citizenship is also important within this discussion. This concept has been grounded by some in civil, political and social rights (Lister, 1998). Stewart has argued that because 'adults at risk' may be structurally excluded from accessing their rights as citizens there is potential for them to be "subject to state intervention regardless of their ability to make their own decisions" (Stewart, 2011, p. 47).

Stewart (2011, p. 57) considered the concept of citizenship within the current political context, concluding that "those individuals who are citizens in a legal sense but fail to act as citizens [for example, because they are excluded from being able to claim citizen rights] are more likely to be subject to statutory interventions to protect themselves". This may be particularly relevant for the older people this research related to; as discussed in the previous chapter they are often positioned as dependent on state welfare and excluded from accessing services that may be available to other, younger people (O'Brien et al, 2011). The notion of citizenship posited by David Cameron and his "Big Society" emphasises personal responsibility and "active citizenship" (Hudson, 2011). Construction of the 'Big Society', according to Hudson, rests partially on the need for co-production of services which results from "a focus on empowering people to be active citizens who control and manage their own needs, and can contribute to their communities" (Hudson, 2011, p. 23). Again, for older people, they may be excluded from this concept of active citizenship through societal and structural inequalities. The relationship of citizenship and the state's right to intervene and protect stems, according to Stewart, from the concept of vulnerability; it is the person's ability to claim their rights to be "safe and protected" which dictates whether or not the state can intervene (Stewart, 2011, p. 57). Within this framework the importance of involvement within the adult safeguarding remit becomes even more apparent; if there is a legal obligation to investigate allegations of abuse then we have also have a duty to ensure that people are given the opportunity to make decisions within the adult safeguarding process. Without this, safety will continue to be gained at the expense of the individual's self-determination

(DH, 2009), further undermining the person's ability to access their human and civil rights.

The use of advocacy.

Another factor which has been highlighted as supporting involvement within adult safeguarding is the use of advocacy. Advocacy has been defined as when a person, or their representative, engages in activities which "increase the individual's sense of power; help them to feel more confident, to become more assertive and gain increased choices" (Brandon et al., 1995, p. 1). The benefits of advocacy have further been identified as offering practical support, promoting empowerment, promoting social networks, and relationship building (Stewart & MacIntyre, 2013). As can be seen from these defining features, the underlying aims of advocacy tie in with a democratic approach to involvement whereby the focus is not just on increased choice, but also on the redistribution of power. The notion of empowerment therefore lies at the heart of both involvement and advocacy. As identified above, adult safeguarding is positioned within a difficult context of the need to balance the individuals' rights against the protective role of the state, and the aims and benefits of advocacy within this context are clear. The main focus of advocacy lies in enabling the "accomplishment of tasks defined by the client" (Brandon & Brandon, 2001, p. 20). Advocates therefore have a role to play in supporting the person to achieve their outcomes within adult safeguarding, and in ensuring that their rights are respected. Acknowledgment of this led to the inclusion of advocates as participants within this research.

Advocacy within the safeguarding process has usually been provisioned under the MCA, which gives a power to the local authority to appoint Independent Mental Capacity Advocates (IMCAs) (regardless of whether or not friends or family are involved) in cases where the adult at risk lacks the capacity to make the decisions related to the safeguarding process. 'No Secrets' also acknowledged that advocates could be appointed in some cases, although it did not go into details as to when this might be appropriate, or what the role of an advocate within safeguarding was. More recently the Care Act (2014) has made reference to advocacy provision within the

safeguarding process, making independent advocacy a statutory requirement “for the purpose of facilitating [the person’s] involvement in the enquiry or review” (Section 68). This requirement only comes into force in cases where it is considered that the person would have difficulty in understanding, retaining or considering relevant information; communicating their views, does not have an “appropriate person” to represent or support them already who is not already involved with the person in a professional capacity (Care Act 2014, Section 68). The potential role of advocacy therefore appears to be generally limited to cases where the individual may find it difficult to communicate their views, and does not have a family member who can represent them within the process. Indeed, research which has examined IMCA provision within adult safeguarding processes has found that it is often limited (Irvine et al., 2013), although McDonald (2010) stated that a rights based approach to decision making was associated with the greater use of advocacy within the adult safeguarding process.

Redley et al. (2011) examined the involvement of IMCAs in adult safeguarding process via a mixed methods approach which included quantitative data on referrals for IMCAs (which included data on IMCA involvement on 204 safeguarding cases), and qualitative data from semi-structured telephone interviews managers of IMCA provides services, IMCAs, adult safeguarding leads, and social workers who had worked with IMCAs. The qualitative data was recorded by hand during the interview which potentially reduces the trustworthiness of the findings, although the authors stated that key phrases were recorded verbatim. There are difficulties associated with recording notes by hand during an interview, for example, the possibility of missing key information.

Key findings from Redley et al.’s research were that IMCAs felt that some safeguarding teams did not have a comprehensive understanding of the role of an IMCA in adult safeguarding. IMCAs in this research also described having to “instruct such teams in their duties under the MCA” (Redley et al., 2011, p. 1063). Social workers and adult safeguarding leads highlighted the value of IMCAs within adult safeguarding processes as bringing “a different

and helpful perspective to the proceedings” (Redley et al., 2011, p. 1063). Manthorpe & Martineau (2010) also identified that the serious case reviews that they analysed often contained recommendations for greater provision of advocacy for alleged victims involved in adult safeguarding (although they acknowledged that the SCRs they reviewed took place before the implementation of the MCA).

An exploration of the use of IMCAs in the North East of England also found that there was a low level of involvement from IMCAs, as well as a lack of understanding about the role of an IMCA, and a perception that the process of including them was “complex and created additional work” (Irvine et al., 2013, p. 4). Irvine et al.’s (2013) research used a qualitative approach to explore the views of key stakeholders (including representatives from IMCA providers, staff from the Gateshead safeguarding adults team, and other practitioners involved in adult safeguarding), and to review anonymised case notes from five cases within which IMCAs had been involved. Despite the concerns identified above, the report also acknowledged that many improvements had already been made, for example, training and awareness raising that had taken place, and the development of a more accessible IMCA referral form. There was also a general recognition that, despite low levels of referrals to IMCAs within adult safeguarding, there was a positive perception about the usefulness of their role, for example, that they were able to spend time with the service user which helped to “build up a detailed picture” (Irvine et al., 2013, p. 23). Whilst the role of IMCAs in supporting people who lack capacity has been examined in relation to adult safeguarding, there is also a potential role for other types of advocacy, for example, IMHAs who work with those who are detained under the Mental Health Act may also be involved in adult safeguarding. Case advocates can also be involved on a short term basis to support the person through the process. There is limited research which considers the roles of these types of advocacy within adult safeguarding, despite the benefits that advocacy may bring to those who have capacity as well as those who lack capacity. The role of advocacy in enabling involvement was therefore explored within the

current research which included case advocates, IMHAs and IMCAs as participants.

Adult safeguarding procedure as process-driven.

The adult safeguarding process itself has also been criticised and identified as a potential barrier to involvement (Wallcraft, 2012). For example, Humphries (2011) reported that the adult safeguarding process was not perceived as person-centred, but that it was process-driven. Humphries further reported that the procedure and forms used within it exacerbated this, although more recently developed tools were “more person-centred” (Humphries, 2011, p. 92). Rees & Manthorpe (2010, p. 518) also commented on the issue of “perceived inflexibility” within the process raised by the managers of residential services interviewed for their research. Lengthy investigations were also raised as an issue for staff implicated in adult safeguarding who may be suspended for the duration. Managers involved in Rees and Manthorpe’s (2010) study also commented on how they felt the process to be intimidating and that that this could “deter services from reporting cases of abuse” (p. 519).

Attempts to make the process more person-centred have included an increased emphasis placed on outcomes. This has come, in part, from the “Making Safeguarding Personal” programme which has highlighted the role that asking the adult at risk what they want from the process can have in making the process more person centred. Manthorpe et al. (2014) reported that in the four “test-bed sites” (local authorities who were involved in the “Making Safeguarding Personal” programme) a focus on outcomes was a cross cutting theme. Manthorpe et al. (2014) stated that where social workers discussed the outcomes with the person, this had helped them to consider what they wanted from the process. Although, on occasions their desired outcomes were not realistic, or changed as the process went on, these discussions enabled the professionals involved to manage the expectations of the person about what the safeguarding process could achieve

(Manthorpe et al., 2014). Participants within this research also reported an increased focus on asking the individual about their desired outcomes and this is explored within later chapters of the thesis. The 'Making Safeguarding Personal' programme has also highlighted the potential benefits of other approaches in making adult safeguarding more person centred. For example, family group conferencing which is an approach that focuses on allowing the person, along with their family and friends, to discuss the safeguarding concerns themselves and find their own solutions. Cooper et al. reported that the use of family group conferencing enabled more people to continue living independently at home, as well as achieving "better outcomes for those involved", and allowing them to have greater control over the situation (Cooper et al., 2014, p. 18).

Adult safeguarding, as stated earlier in the thesis, is positioned within a welfare discourse with the local authority as the leading agency for responding to abuse. As such, historically, social workers have had the leading responsibility in co-ordinating individual responses to adult safeguarding. This is still the case in most local authorities. The discussion above has highlighted the increasing emphasis placed on involvement within policy and guidance, as well as the fact that levels of involvement are low. Barriers to involvement identified from this literature review include the management of risk within the process, the limited role of advocacy, and the process driven nature of the safeguarding process itself, although some of these barriers are beginning to be addressed. Many of these studies have focused on the views of adult safeguarding leads, rather than from social workers in other teams who may also be involved in adult safeguarding on a regular basis. The views of advocates, family members and older people themselves are also very limited within this literature and were therefore included within this research.

3.4: Chapter Summary

This chapter has provided an overview of service user involvement in health and social care, and a specific account of involvement within adult safeguarding. There is an increasing emphasis placed on involvement in adult safeguarding within policy and legislation, however, the extent to which this is being carried out in practice appears to be limited. Research which has attempted to shed some light on this area has identified that, at a strategic level, lack of clarity about who should be involved, and concerns about tokenism and representation are blocking involvement. At an individual level the management of risk and its seeming conflict with involvement is considered as a barrier. Additionally, the perception of the adult safeguarding process as not being person centred, and the limited use of advocacy within adult safeguarding were also discussed.

This chapter has summarised some of the key elements of involvement in adult safeguarding that have been highlighted within the literature. There are, however, some gaps in relation to the research which have been identified. The first is related to the participants of the research. These are often adult safeguarding leads and IMCAs. The views of older people, social workers more generally and other types of advocates are not highly represented within the literature on involvement in adult safeguarding. This research therefore sought to address this gap, although there were difficulties in including older people as participants which are discussed in detail within the following chapter. Additionally, whilst research has provided some insight as to the barriers to involvement, there is a lack of research which has explicitly explored this area in depth and attempted to understand why this is the case. This may mean that there are additional barriers which have not been considered, or that work is already being done in practice to address identified barriers that have not yet been captured within the literature. This research therefore aimed to develop a greater understanding of this area through an in depth exploration, which encompassed a range of key stakeholders involved in adult safeguarding. The following chapter provides

the details of how this was undertaken with a comprehensive discussion of the research journey.

Chapter Four: The Research Journey

4.1: Introduction

The purpose of this chapter is to describe and justify the methods used within this research, and to articulate the links between the key concepts and questions explored in the previous chapters, the research aim and questions, and the approach taken towards generating answers. An important element of this is the development of the conceptual framework for the research. Developing and articulating the conceptual framework is a core aspect of undertaking research. The conceptual framework “. . . is an argument about why the topic one wishes to study matters, and why the means proposed to study it are appropriate and rigorous” (Ravitch & Riggan, 2012, p. 12). It helps to “. . . link abstract concepts to empirical data” (Rudestam & Newton, 1992, p. 6). Essentially, the conceptual framework is the overarching framework which ties together all of the various aspects of a research project. In other words, the importance of the conceptual framework is related to the links it demonstrates between all areas of the research; the literature, the rationale and the methodology, as well as the findings and their implications. The purpose of this chapter is therefore to show how the methodology links to the literature, the research aims and questions, and the research findings.

The overall aim of the research, as stated within the introduction, was to develop greater knowledge and understanding of the involvement of older people in adult safeguarding, with a particular focus on understanding why involvement in this area is currently limited. The literature review identified and discussed some of the key concepts, such as risk, vulnerability, and involvement, that are of relevance to this research, drawing attention to some limitations in relation to these, for example, the manner in which policy on adult safeguarding has positioned people as vulnerable in relation to inherent characteristics. It was further argued that such positioning may restrict their involvement due to the questions it raises about how their rights to make

decisions can be respected within a policy framework which positions them as vulnerable. Furthermore, questions were raised about the interplay between agency and structure when considering abuse and vulnerability, with policy constructions identified as having an individualistic focus which may inhibit consideration of wider contextual factors and downplay the role of environmental, societal and structural barriers. Additionally, it was identified that although there exist some challenges to involvement, such as those raised above, there is limited in-depth research exploring reasons why levels of involvement in adult safeguarding are low.

Given consideration of the limited in-depth research that has explored involvement in this area, research questions for this research were designed with the focus of uncovering factors which inhibit or facilitate involvement, with the overall aim of developing a better understanding of the meaning of involvement, and factors which can promote involvement in adult safeguarding. The nature of the concepts under consideration, the acknowledgement of the importance of considering the interplay between agency and structure, and the aim of developing understanding of this area therefore requires a methodology which allows consideration of underlying mechanisms which promote or facilitate involvement. Such a methodology can be adopted within a critical realist framework. This chapter therefore explores in detail the ontological, epistemological, and axiological assumptions underpinning critical realism, with a focus on the implications for the research questions, methods, and the approach taken to data analysis. Figure 3, below outlines the key areas that are discussed within this chapter, which considers critical realism and its philosophical assumptions, as well as the relevance of this approach for social work research and this study in particular. As Figure 3 shows, this chapter also includes a detailed discussion of the research methods and data sources which included in depth interviews with key stakeholders, consideration of local policy documentation, observations of strategic meetings, and the use of a research journal which was used as an aid to reflexivity. The chapter also includes discussion of the ethical considerations that were taken into account within this research, and

a detailed account of how trustworthiness was established. An in-depth discussion of the data analysis procedure is also provided.

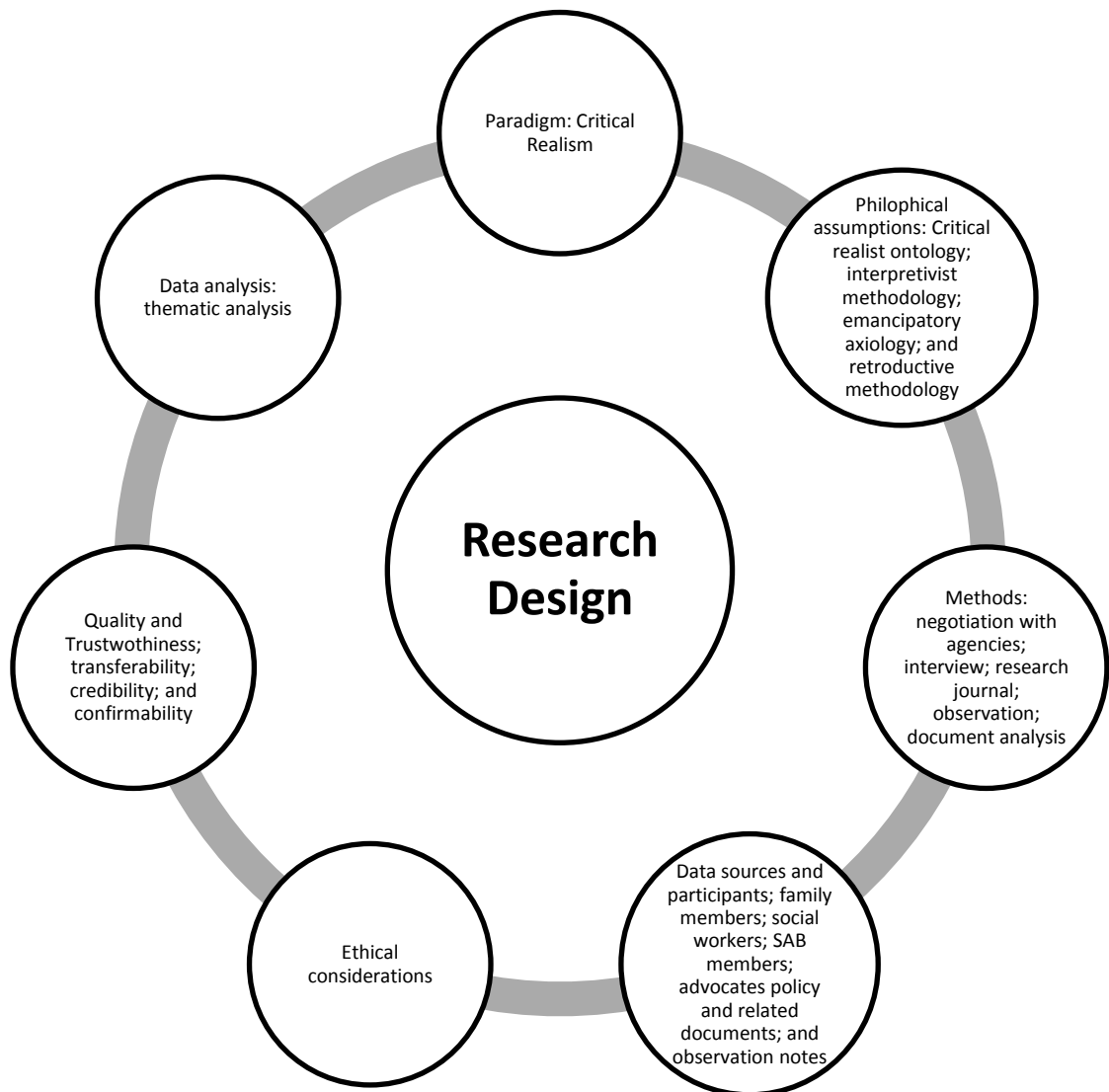


Figure 3. Showing an Overview of the Research Design

4.2: Research Aim and Questions

Two key challenges identified from the literature review are central to this research. The first was related to the meaning of the term 'involvement', and particularly what this term means within the context of adult safeguarding. The second was that, despite the promotion of involvement within adult safeguarding policy and the importance of developing involvement, there is currently limited research which has specifically explored this area. The research therefore aimed to help address this identified gap in knowledge, with a particular focus on uncovering factors which both help and hinder involvement in order to identify indicators for best practice. Within a critical realist paradigm the aim is to provide an explanation of the casual processes, in this instance the processes by which older people are either included or excluded from adult safeguarding at both an individual and a strategic level. The primary and overarching aim of the research is thus stated as follows: to contribute to adult safeguarding through greater knowledge and understanding of the involvement of older people, and to develop indicators for best practice. There were three subsidiary aims which were developed from this primary aim and with consideration of the underlying philosophical framework for the research. These were:

1. To gain a more in-depth understanding of the current status and meaning of involvement for older people in adult safeguarding in order to address the identified issues with operationalising the concept of involvement.
2. To gain a more in-depth understanding of what barriers there are to involvement and how these may be overcome, with a focus on identifying indicators for best practice.
3. To use the research findings to develop a theoretical model of involvement in adult safeguarding. The purpose of developing a theoretical model, based on the research findings, was to synthesise and present the overall factors which impact on the extent to which older people are involved in adult safeguarding. Such theory-building

is the aim of research which is informed by critical realism and retroductive methodology which was used within this research.

This research therefore aimed to answer the overarching research question; “Why is the involvement of older people in adult safeguarding low?”. Within the literature review it was identified that the meaning of involvement is often ambiguous, and that adult safeguarding policy has not provided a clear definition of this term. Involvement can range from tokenistic, consultation approaches, led by service providers, through to approaches where service users are able to take control, make decisions, and effect real change (Arnstein, 1969). It was therefore articulated that there was a need to provide clarity as to what the term means in the context of adult safeguarding. Within the literature review evidence was also presented that suggests that involvement may be impacted upon by both individual and structural factors, but that the overall reasons for low levels of involvement in this area have not currently been identified in detail. As such, the overarching research question was reconceptualised into three subsidiary questions:

1. What does ‘involvement’ mean in the context of adult safeguarding?
2. What are the main barriers to involvement?
3. How might these barriers be overcome?

As such the research questions, as stated above, focus attention on understanding the underlying mechanisms which impact on involvement in adult safeguarding. The following section provides an overview of critical realism, and the associated methodology that was utilised within this research, with a focus on its suitability for use within social work research, generating answers to these questions, and meeting the research aims.

4.3: Philosophical and Theoretical Underpinnings

This section provides a discussion of critical realist philosophy as the research paradigm underpinning the research. It details the ontological, epistemological and axiological assumptions underpinning the research with

a particular focus on its' suitability for this type of research, and the associated methodological implications. According to Guba & Lincoln (1994, p. 107) research paradigms are "basic belief systems based on ontological, epistemological and methodological assumptions". They provide a "framework for how we look at reality" (Silverman, 2005, p. 97). This research utilises an exploratory approach, which is informed by Bhaskar's critical realism and by Elder-Vass's realist social constructionism. Traditionally, realism and social constructionism have been considered to be in contention with each other (Burr, 1998). Critical realism has been proposed an attempt to "reclaim reality" (Bhaskar, 1989, preface), and as such is generally seen as an opposing paradigm to that of social constructionism which, in its more radical form, denies objective reality. However, some scholars have argued that there is not an inherent conflict between critical realism and moderate social constructionism as there are some overlaps in areas of both philosophies (e.g. Elder-Vass, 2012). Indeed Bhaskar's distinction between transitive and intransitive domains, and the layered nature of reality, allows the researcher to consider social constructions within an approach informed by critical realism. This was utilised within the current research through a focus on participants' constructions of involvement, and the impact of these on the level and type of involvement that occurred within the two local authorities.

Critical realism differs from social constructionism through its explicit acknowledgement that "human experiences are *already* grounded in, and structured by, aspects of external reality such as subjectivity, embodiment, materiality, aesthetics and power" (Nightingale & Cromby, 2002, p. 704). As such, critical realism focuses on the search and study of underlying structures, which are then represented by theories whilst arguing that a focus on social constructions is too superficial; "social constructions, while they are acknowledged to exist by critical realists, are framed in an objectivist manner, and are granted a rather limited role" (Gergen, 2009, p. 41). With reference to Elder-Vass's work on realist social constructionism the importance of social constructions and language is also considered within this account.

The philosophical approach taken for this research is described and justified below through discussion of social constructionism and critical realism (highlighting where they are compatible and how they differ), and through the application of this paradigm to the current research. This section also includes an explanation of the axiological and methodological implications of this approach, and its' suitability for use within the current research.

4.3.1: Ontology: The nature of reality

A radical approach to social constructionism assumes that knowledge about reality is socially constructed through interaction and communication between individuals, and is not inherently possessed or discovered. In this sense, social constructionism denies the existence of an objective reality; "constructionism undercuts these assumptions by questioning the possibility of knowing the objective status of conditions" (Holstein & Miller, 2003, p. 3). Therefore constructionism asserts that there is no access to an objective reality, only to representations (or constructions) about reality; "reality is nothing more than the beliefs we have about it" (Elder-Vass, 2012, p. 246). It follows that, within this paradigm, the distinction between ontology and epistemology is blurred; knowledge is seen as generated by people with no necessary relation to reality or, as Guba and Lincoln (1994, p. 111) stated it, "the conventional distinction between ontology and epistemology disappears". However, some have argued that reality cannot be considered only in terms of statements about knowledge and that to do so is an "epistemic fallacy" (Bhaskar, 2008, p. 5). Other critics of social constructionism have often pointed out the inherent flaws that exist when a radical stance is taken in relation to social constructionism. Best (2003), for example, stated that researchers are "almost inevitably" guided by "implicit assumptions about objective condition" (Best, 2003, p. 59-60).

With reference to the current topic, this can be seen as occurring. For example, it was argued that adult abuse is a socially constructed phenomenon. However, as considered within Chapter Two, making

statements about abuse necessarily involves assumptions about reality, for example, stating that it includes physical abuse which can result in cuts and bruises. The way in which we understand abuse may be socially constructed, but it relates to an underlying material reality which can manifest in actual bodily harm to those who are subjected to abuse. Other philosophers have also claimed that it is not possible to avoid making assumptions about objective reality. Bhaskar, for example argues that “Every philosophy...is essentially a realism, or at least has realism for its principle” (Bhaskar, 1989, p. 13).

The essential parting point that critical realism takes from traditional social constructionism is therefore the explicit acknowledgement of an objective reality. By adopting a realist ontology within a social constructionist paradigm various avenues are opened, which a more traditional approach to social constructionism would close down. For example, the consideration of underlying causal factors in generating events which, Bhaskar argues, exist within a stratified reality (Bhaskar, 1989). Within the current research this meant that the focus could be on generating explanations for how and why involvement occurs, whilst acknowledging the epistemic relativity of such explanations. This consideration of a stratified reality is a central component of critical realism and is explained below with reference to the implications for the current research.

Houston identified two key objections to considering social work as socially constructed. Firstly, he argues that this de-centres “the human subject from social analysis” and that by doing so it is “doubtful whether social work can take forward models of empowerment and active citizenship” (Houston, 2001, p. 849). The second objection that Houston (2011) makes is that the social constructionism inevitably leads to a “relativist dead end” which cannot account for the role of human agency and social structure (p. 849). Whilst it can be argued that social work (and adult safeguarding) are socially constructed activities, social constructionism has been criticised for failing to acknowledge the real impacts of societal issues, through conflating epistemology with ontology, the “epistemic fallacy” as Bhaskar terms it

(Bhaskar, 1979, p. 36). This occurs regardless of whether such societal issues are socially constructed; “concepts such as risk have demonstrable and measurable effects even though they are intrinsically linked to cultural definition” (Houston, 2001, p. 853). A critical realist approach allows for a more in depth exploration by moving away from the subjectification of “the impact of the ‘real’ social world” (Houston, 2001, p. 858). For the current research I felt that it was important to acknowledge not only the concept dependent elements of adult abuse and safeguarding, but also the impact that these have on people’s lives. Adult safeguarding may be socially constructed, but it has a real impact on people’s lives through the ways in which associated concepts of vulnerability and risk shape responses to abuse, including the involvement of adults at risk. Critical realism proposes that an objective reality does exist and that it is our understanding and interpretations of reality that are subject to construction. In this sense it differs from social constructionism in its explicit acceptance of an external world. Accordingly it acknowledges an objective reality, but also incorporates aspects of reality that underpin our experiences, for example, structures and power. In this sense critical realism is distinct also from positivist realism which does not allow for this.

As mentioned previously, critical realism states that reality is stratified and exists on three primary levels (shown in Figure 4 below). Firstly, there is the ‘real’. This refers to underlying mechanisms or structures which are not observable but are responsible for what we can observe. Secondly, there is the ‘actual’ this reality can be observed and refers to observable events that are caused by the ‘real’. The final layer is that of the empirical. The empirical refers to the experienced; the individual who is experiencing ‘actual’ events and making speculations about the ‘real’ (the mechanisms and structures that caused these events) (Bhaskar, 1979, 1989; Houston, 2010). Hypothesised mechanisms are therefore abstractions “not about real events, but about what produces them” (Morén & Blom, 2003, p. 48). Research underpinned by critical realism therefore seeks to uncover and understand these mechanisms. This was the underlying approach to the current

research, which sought to understand the processes by which involvement is helped or hindered within adult safeguarding.

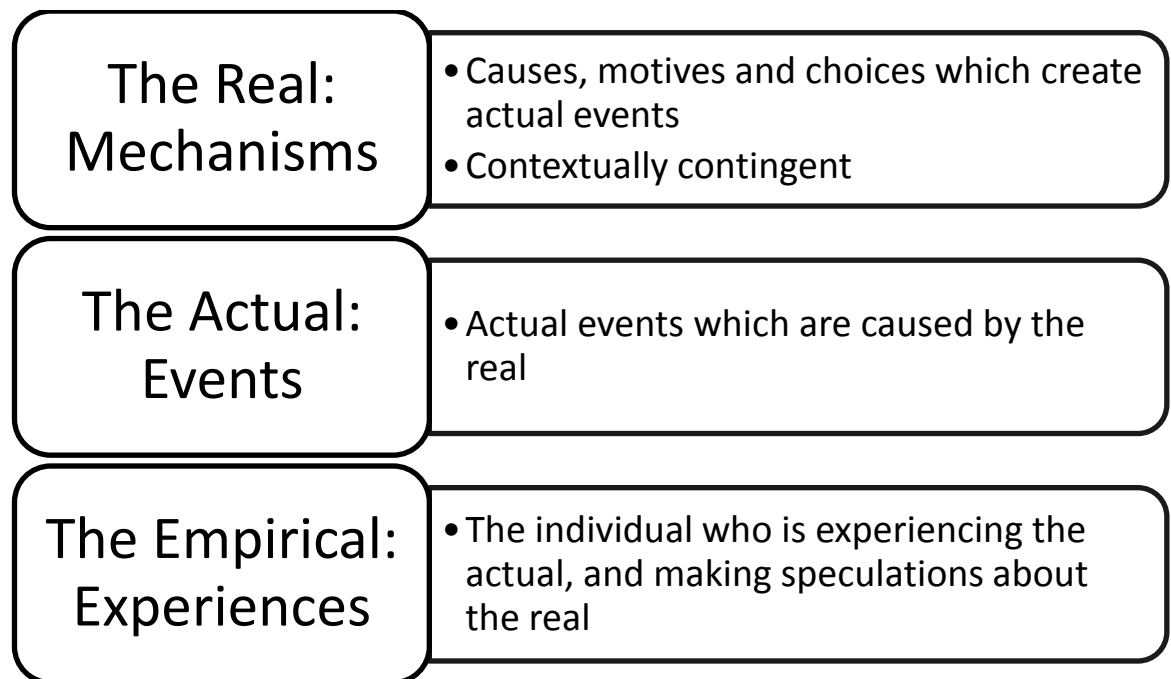


Figure 4. Showing an Overview of Bhaskar's Stratified Reality

These mechanisms are viewed as contingent; they may not always be realised as at times they may be overcome by other existing mechanisms (Elder-Vass, 2012). In this way critical realism repositions itself from a positivist stance of simple cause and effect relationships. Within this acknowledgement of the complex interplay between different causal powers the focus is not on the search for certainties, but to “construct explanations” which may then be tested (Bhaskar, 1989, p.69). Theory therefore takes the form of hypotheses about these mechanisms as explanation for the phenomenon under study (Danermark et al., 2002). As such, within a critical realist paradigm social problems become acknowledged and the focus shifts to a search for deeper meaning; a focus on explanatory theory that can help to provide an understanding of unseen mechanisms and structures that influence and create social problems, such as the potential exclusion of older people from involvement in adult safeguarding.

4.3.2: Epistemology: The nature and construction of knowledge

An important distinction made within a critical realist paradigm is that between the transitive and the intransitive domains. Essentially, this is the distinction between real entities (those which we attempt to know; the intransitive) and our knowledge and theories about this reality (the transitive) (Bhaskar, 2008). The epistemological implications of critical realism are interpretivist; knowledge is concept dependent. Bhaskar argues that:

“[K]nowledge is a social product, produced by means of antecedent social products; but that the objects of which, in the social activities of science, knowledge comes to be produced, exist and act quite independently of men. These two aspects of the philosophy of science justify our talking of two dimensions and two kinds of ‘object’ of knowledge: a transitive dimension in which the object is the material cause or antecedently established knowledge which is used to generate the new knowledge; and an intransitive dimension, in which the object is the real structure or mechanism that acts quite independently of men and the conditions which allow men access to it.
(Bhaskar, 2008, p. 5-6).

In this way Bhaskar argues that ontology should be prioritised over epistemology; our starting point is to try to understand what the world is like for us to be able to know it. This does not, however, change the fact that we will only have a transient view of the world (Houston, 2005). This basis for understanding knowledge means that we should not accept the social constructionist position that all constructions about the world are equally valid. For Bhaskar, our knowledge and understanding is unavoidably theory-laden, and for this reason we should have just cause to prioritise certain views over others.

Epistemologically, the social constructionist approach assumes that knowledge is generated by people with no necessary relation to reality, or as Guba and Lincoln (1994, p. 111) put it, knowledge is “literally created” through interaction between the researcher and the participants. Critical

realism argues that ontological questions cannot be restated in an epistemological form. Bhaskar states clearly that ontology and epistemology should be kept separate. For example, it can be argued that adult abuse may be understood through generating theories about the social, economic and political conditions that create abuse “but the mechanisms that [are identified] operate prior to and independently of their discovery” (Bhaskar, 1998, p. xii).

Critical realism therefore takes an interpretivist approach to epistemology. This approach proposes that knowledge is concept-dependent, and that our experiences are social products because they are “the result of our application of a socially influenced conceptual framework to the interpretation of that sense data” (Elder-Vass, 2004, p. 5). The key distinction that Bhaskar makes between this approach to epistemology and that underpinning social constructionism is that, whilst social products are concept-dependent, they “always have a material dimension” (Bhaskar, 1989, p. 4). Our concepts therefore do not construct the reality which we seek to study, but they do mediate them (Longhofer & Floersch, 2012); “our observations are dependent on theory, but not *determined* by it” (Morén & Blom, 2003, p. 43, emphasis in original). This draws attention to the role of the researcher and their own position in relation to the research which is explored within Section 4.5.

4.3.3: Critical Realism, Social Reality and Social Work

This research seeks to explore and to understand the involvement of older people in adult safeguarding. A critical realist approach, with its focus on hypothesising and understanding causal mechanisms, as well as its focus on the interplay between agency and structure, offers a framework within which this can be achieved. The social world, according to critical realism, is an open system which includes a number of different systems and structures which “individuals reproduce or transform” (Bhaskar, 1989, p.76). These structures are comprised of related entities which, when combined, possess “particular generative mechanisms” which the individual entities would not

possess were they not organised into these structures (Houston, 2010, p. 75). The conception of the social world as an open system allows for the understanding that people's actions will be influenced by personal factors and the wider social context (Houston, 2005). For Bhaskar, this does not mean that the individual is a passive agent, but instead that the individual is able to transform, as well as being transformed by, the mechanisms at work within these domains. This is particularly relevant to my research as part of the core aim is to impact on practice.

For critical realists, social structures may be concept-dependant and culturally defined, but they are experienced as real and have noticeable effects. The social world can therefore be viewed as existing within both the transitive and the intransitive domains. It is an "ensemble of tendencies and powers" which are "exercised" by the "intentional activity of human beings" (Bhaskar, 1989, p. 79). Elder-Vass (2012) too supports the notion that institutions are socially constructed, but that this does not mean that the construction is arbitrary; "Those structures may be constructed but they are nevertheless real and have powerful causal effects and . . . this is a process of construction in which the causal work is done by real social entities with real social powers" (p. 74). Critical realism therefore acknowledges the reality of social structures whilst still understanding that our interpretations of it are "concept-dependent" (Bhaskar, 1989, p. 4). This approach allows for the possibility of change, and acknowledges the importance of language and understanding in influencing our actions within the world:

It is still possible to argue that we can think differently about the world, and act differently as a result; and that those features of social or institutional reality that do depend ontologically on how we agree to think about them can be altered by doing so.
(Elder-Vass, 2012, p. 251.)

For Elder-Vass, there is a clear link between institutions and the "human agents" that they are comprised of (Elder-Vass, 2012, p. 20). Within this, people are material "agentic subjects" (p. 18) who have causal powers of their own but are also impacted upon by social context and "discursive

pressures” (Elder-Vass, 2012, p. 20). Therefore, language and social constructions may be “products of interacting causal powers and also, potentially ... causal forces themselves” (Elder-Vass, 2012, p. 12). For Bhaskar, this position highlights the importance of starting with individuals’ accounts when undertaking social research, which was a central element of the current research design as detailed within this chapter (Bhaskar, 1989). The critical realist account of causality and understanding of social structures as composed of individuals who collectively have powers that they would not have were they not “organised into these entities” (Elder-Vass, 2012, p. 11) allows us to recognise that “social event . . . are the product of multiple interacting causal powers, including the powers of both individual agents and social structures, and indeed other material objects” (Elder-Vass, 2012, p. 12). It was this understanding of the social world that informed the theoretical model that was developed on the basis of these research findings.

A critical realist philosophy is appropriate for social work research in many ways. At a fundamental level the focus that critical realism brings to the interplay between agency and structure is fitting for social work research. For example, the International Federation of Social Workers (IFSW) (2012) states that social workers utilise “theories of human behaviour and social systems, social work intervenes at the points where people interact with their environments” (IFSW, 2012). As such, a philosophy which actively encourages a focus on the interplay between agency and structure is particularly appropriate. As Houston stated, “Social work, to be truly anti-oppressive, must understand the nature and interplay between these different levels [of a stratified reality] if it is to give rise to the challenges posed by modern life.” (Houston, 2010, p. 88). In addition, axiologically critical realism has an emancipatory thrust which links with social work research. Facts are not viewed as value free and Bhaskar argues that the role of the social scientist is to uncover oppressive mechanisms and to “facilitate the conditions or contexts whereby emancipatory mechanisms can be activated” (Houston, 2010, p. 76). This again fits with the aim of the research in further understanding factors which help or hinder involvement in adult safeguarding. This is achieved through a focus on retrodiction, which

aims to uncover why events are observed in the way that they are by exploring and testing hypotheses about the generative mechanisms at work.

4.3.4: Methodology: The logic of the enquiry.

Critical realism has been considered by some to be a “philosophy without a method” (Yeung, 1997, p. 51). However, it does not claim to provide a particular method for research and indeed “criticizes any attempt to develop a specific method for scientific work” (Danermark et al., 1997, p. 73). However, critical realism does offer some guidance when considering methodology. The nature of the ontological and epistemological assumptions as described above, and the aims of the research, lead to a particular methodology: a retroductive methodology. Retroduction involves moving from the observation of events to “a conceptualisation of transfactual conditions” (Danermark et al., 1997, p. 96). Its’ primary purpose is to try and establish the conditions without which the phenomenon of interest can’t exist (Danermark et al., 1997).

This methodology is therefore appropriate within this research which aims to understand the barriers to involvement in adult safeguarding, and to identify factors which can facilitate involvement. Blom and Morén (2011) describe mechanisms as “analytical constructs” which are causes, motives and choices influencing observable events and “mostly possible to grasp only indirectly by analytical work (theory-building)” (p. 60). Critical realism views the “objects of social sciences as (mainly) relational”. Retroduction therefore “becomes a matter of trying to attain knowledge about what internal relations make X [in this instance involvement] what it is” (Danermark et al., 1997, p. 97). Ultimately, therefore, retroduction is about searching for a causal explanation for the phenomenon, although such explanations are always contextually contingent (Danermark et al., 1997). The purpose of this research was to generate greater knowledge and understanding of the involvement of older people in adult safeguarding. The process of retroduction was therefore considered to a useful approach in developing

knowledge about the potential “causes, motives and choices” that effect whether involvement occurs (Blom & Morén, 2011, p. 60). As such, a core element of this research was key stakeholders’ accounts; interviews were used as the primary method of data collection.

The way in which this methodological approach was interpreted and applied within the course of the research is the focus of the following section of this chapter which describes, explains, and justifies the research strategy, methods, and procedure. Following this, a detailed account of the data analysis procedure is provided which describes the utilisation of thematic analysis to consider the data and develop understanding about the mechanisms impacting on the involvement of older people in adult safeguarding.

4.4: Research Strategy, Methods and Procedure

This section details the research strategy, methods and procedure used within the research. A detailed discussion of these areas is provided with the aim of allowing the reader to make judgements about the quality of the research. Shaw and Norton (2007) suggested that quality in social work research is generally understood as pertaining to two signifiers; intrinsic signifiers of quality which includes methodological and epistemological criteria; and extrinsic signifiers of quality which includes the impact of the research and “the community’s receptiveness to a piece of work” (p. 36). The latter can include, for example, publishing in peer reviewed journals or the impact of the work on advancing practice¹⁵. Shaw and Norton (2007) added that these should not be seen as discrete indicators of quality but that “quality claims about research . . . were typically made by conjoining dimensions of quality” (p. 49). Within the previous section, a detailed account of the philosophical underpinnings of the research was provided, together with their suitability for addressing the research aims and questions. This section

¹⁵ Appendix B contains details of dissemination to date.

provides further information about the research design, which is discussed in detail. These details are included to provide a detailed account of how the findings and conclusions from the research were developed. Criteria for establishing trustworthiness are also discussed in detail within section 4.5., below. In relation to extrinsic quality, the aims of the research are detailed above in Section 4.2 and include the development of indicators for best practice in this area. The rest of this chapter details the research design. I have chosen to write this in the first person, as it reflects choices and activity that I undertook as part of this research.

4.4.1: Research strategy: The Use of Multiple Methods

Methodologically, the research paradigm detailed above encourages a multi-method approach which will enable an in-depth exploration of the research topic. Meyer & Lunnay (2013) argue that a case study approach can be used within this methodology as a research strategy and Houston has additionally argued that qualitative methods are appropriate:

Interviewing to ascertain actors' meanings, their reasons, intentions and motivations as these areas, for Bhaskar, have causal properties in their own right (Houston, 2010, p. 84).

Initially a comparative case study approach, with two local authorities acting as the cases under study, was considered. This was an appropriate approach as a key characteristic of case study research is the focus on multiple sources of evidence (Gillham, 2000) which allows for the perspectives of all key stakeholders to be explored. As Gerring (2007) noted, "researchers have many different things in mind when they talk about case study research" (p. 17). Ultimately though, a case study implies a "bounded phenomenon" (Gerring, 2007, p. 17). As the research progressed, however, it became apparent that there were very few differences between the two cases under consideration. Examination of policy documents prior to data collection revealed that they were very similar, and prior to data collection

commencing both local authorities merged their policy documentation (with only minor differences being retained). In addition, at a strategic level, several of the sub groups for the Safeguarding Adults Boards (SAB) were merging across the two local authorities. With this in mind I began to question the utility of considering the two local authorities as two distinct cases.

On initial analysis of the interview data from the two local authorities, the similarities of the practice that took place became very clear. The same issues and concerns were being raised and the meaning attributed to involvement did not appear to differ between the two local authorities. The only clear distinction between the two local authorities arose at a strategic level; one local authority had involvement at this level whilst the other did not. However, again there were very few differences in the interview data, with the same concerns being raised. After considering these issues I felt that there were not sufficient differences between the two local authorities for a comparative case study approach to be meaningful as “in comparing different cases, the researcher can determine what (X) is, and the mechanisms that must be in place for it to occur, by identifying the different qualities and structures that are involved in different situations” (Meyer & Lunney, 2013). As such I chose to move away from a comparative case study approach and instead focus on the use of multiple methods for exploring the topic area. This approach also allows the researcher to examine the phenomenon from a variety of perspectives (Baxter & Jack, 2008; Gerring, 2007) and is compatible with the aims of this research which are to understand the phenomenon of involvement in adult safeguarding through examination of key policies and stakeholders’ experiences. This use of multiple sources of evidence is known as triangulation: “a process of using multiple perceptions to clarify meaning” (Stake, 2005, p. 454). The data sources, methods and procedure are detailed within section 4.3.2, below.

4.4.2: Methods and procedure.

Specific data collection methods included interviews and observations as well as the collection of related policy documents, and the writing of a research journal which serves as both a log of the research journey, and an aid to reflexivity. Access to the participants and other data sources was agreed following consultations with two North East of England local authorities. The research journey is described below with an overview provided in Figure 5 (below). Figure 5 represents the stages that were undertaken as part of the research procedure, and also represents the structure of the following discussion which is subdivided into discussion on each of these stages. Whilst ethics is detailed as a stage within the process, it is also important to clarify that consideration to ethical issues raised within the research was not considered as distinct 'stage' in the research but as an important aspect of the research which was reflected upon and considered before the research began, during the data collection stages, and following data collection. However, for the purposes of clarity, ethical considerations are discussed within one section of this chapter. The following discussion therefore considers each of the stages detailed within the figure below.

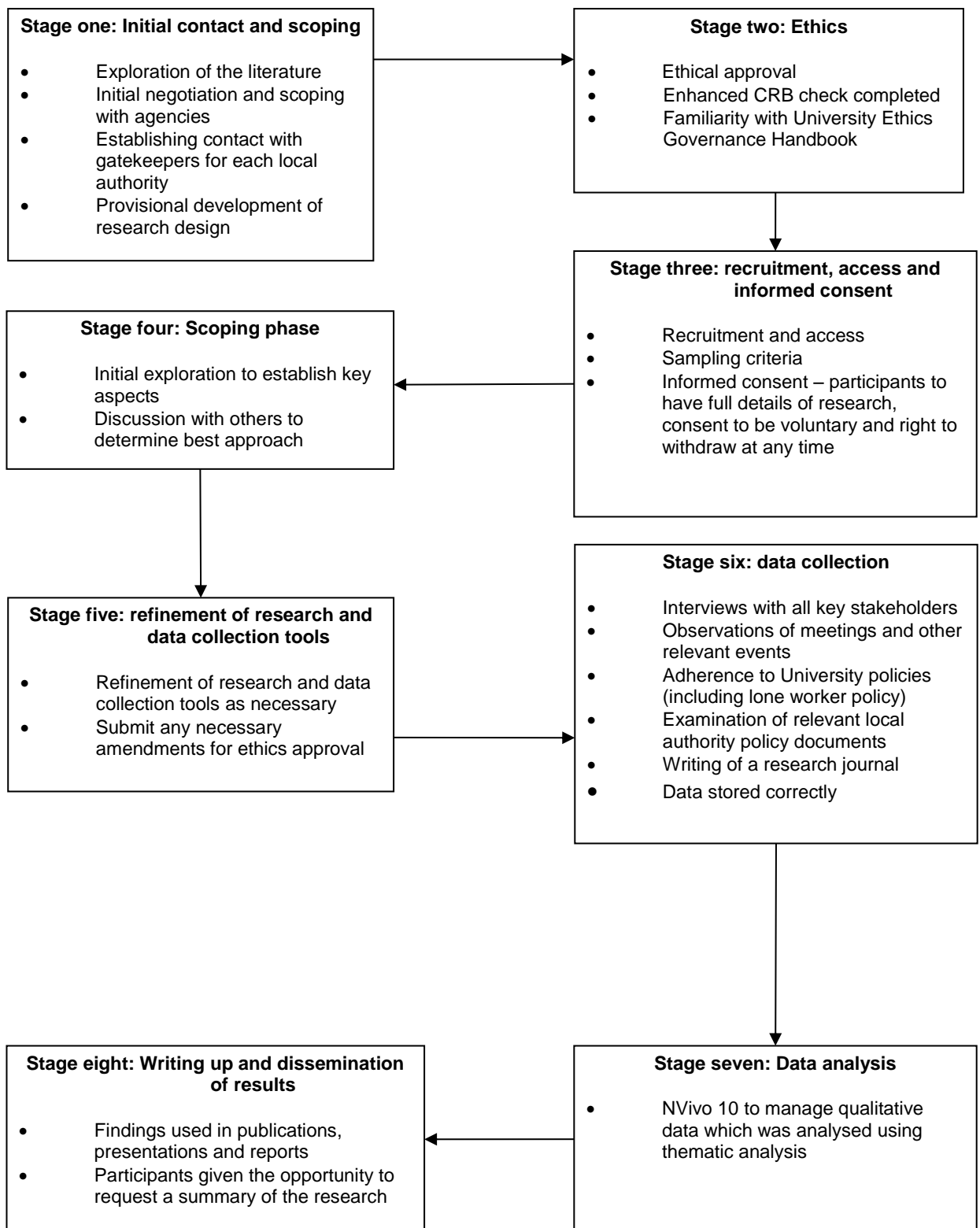


Figure 5. An Overview of the Procedure Detailing Stages of the Research Journey

Stage 1: Initial contact.

This first stage of the research reflects the initial contact that was made with both local authorities. I gave a presentation to the SAB within each local authority which outlined the purpose of the research, the methods that I intended to use, and also my background and relevant expertise for undertaking the research. I also clearly outlined the aims of the research and explained that these were negotiable. The feedback from both of the SABs was that they agreed with the research aims, and that the research was exploring an area about which they wished to learn more and on which they wished to improve performance. They therefore agreed to support my undertaking research within the local authority and that they would designate a gatekeeper (whose role is explained below). They also requested that on conclusion of the research, they would require a presentation and written report summarising my research and findings. As there was no negotiation required with either local authority regarding the aims of the research, I proceeded to further develop the protocol for the research with the aim of obtaining ethical approval for the research.

Stage 2: Ethics and ethical approval.

Following the initial contact with the local authorities, data collection tools were developed as fully as possible and the full procedure for the research was established. No further work was done (aside from continuing literature reviews and further development of data collection tools) until full research ethical approval was obtained from the university ethics committee. An enhanced Criminal Records Bureau (CRB) check was also completed.

Whilst gaining ethical approval is an important part of the research process, consideration of ethics is not a distinct stage in the research. Considering the ethical implications of undertaking research, particularly where it involves working directly with people, is an essential element which researchers should consider throughout the research process. Butler (2002, p. 240-241)

has argued that codes of ethics governing research “inevitably articulate the occupational/ professional, ideological and moral aspirations of their creators” and that social work research occupies the same “discursive site” as the “practice of social work”. He therefore argues that a code of ethics for social work research should be distinct from more general codes of ethics produced for social sciences research (such as those developed by the Economic and Social Research Council) (Butler, 2002). It logically follows, as Butler (2002) argues, that social work research should be grounded in the same principles and values as social work practice.

As I have already made clear (within the introductory chapter), I am not a social worker. I do however, identify strongly with principles and values underpinning social work. I therefore felt that this research should be undertaken in a manner which ascribed to and reflected the underlying ethics of social work more generally. As such I developed and approached the research within the framework offered by Butler (2002). He proposes four principles which include “respect for autonomy, beneficence, non-maleficence and justice” (Butler, 2002, p. 243). I have discussed below, some of the ways in which I encompassed these principles within my research, but they are returned to and expanded upon within this chapter in relation to the different stages of the research.

With regards to the first principle of respect for autonomy, this has been a central aspect of the research, underpinning not only my beliefs about what involvement should encompass, but also my approach to the research. Butler (2002) suggests that this principle is about “treating others as moral agents in their own right, as ends in themselves and not simply as a means” (p. 243). This research could not have happened without the contributions made by those who gave up their time to speak with me as participants. I highly value the contributions that they made and took steps to ensure that I was respectful of participants’ autonomy and their rights to make choices. This is evidenced within decisions that I made about the research design, for example, the use of semi structured interviews which would meet my need to discuss certain topics but also allow participants choice and scope to raise

topics that they felt were important (discussed further below; Stage 5). It was also demonstrated through the rigorous approach that I took to gaining informed consent from all participants (see Stage 3, below for details of this process). This process ensured that all participants had full access to detailed information about the research, and the opportunity to ask any questions that they might have, prior to consenting to take part in the research. They were also made aware of their right to withdraw from the research at any time.

Beneficence and non-maleficence includes the careful consideration of any potential risk to the researcher or participants, and ensuring that all reasonable steps are taken to reduce the risk of such harm as far as possible (Butler, 2002). When planning the research I took care to consider the potential impact on participants. This was addressed through a number of means, for example, through developing processes to protect the anonymity of participants and to keep their personal data confidential (discussed further below, under Stage 3). It should be noted, however, that anonymity is not always desired by participants. Parker et al. (2014, p. 33), for example, have commented that participants may seek to “waive the right to anonymity for purposes of strengthening the impact of their perspective in the public domain”. Within this research participants did not indicate that they wished to disclose their identity. Additionally, I took steps to tailor information that was sent to participants to avoid the possibility of harm occurring (detailed further within Stage 3). I also have approached the research with the aim of generating new knowledge that will potentially be of benefit to stakeholders within adult safeguarding. To maximise the potential benefits of the research I have a responsibility to disseminate research findings that may produce benefits for participants. I have already taken steps to do this and intend to continue with this work through further engagement and dissemination opportunities¹⁶.

¹⁶ Dissemination to date is detailed in Appendix B.

The principle of justice is concerned with the need to “seek to promote emancipatory research” that respects “fundamental human rights and which aim towards social justice” (Butler, 2002, p. 245). This can be linked to not only the broader aims of the research, but the way in which the researcher engages with participants. For this study I have already discussed the axiological underpinnings of the research which are concerned with emancipation. Within the approach to the research I also encompassed this principle through ensuring that all participants were treated fairly, with dignity and with respect. For example, I was open and honest with all participants about the research and its aims, and ensured that all participants had access to my contact details in case they had further questions. I also offered participants choices within the research, for example, they had the opportunity to influence what was discussed within interviews, where and when interviews were held and the right to terminate the interview at any point. I also approached the SABs initially about the research and my approach in order to allow them the opportunity to influence the research aims.

In order to contribute to the high quality research culture already established within Northumbria University I also adhered to all university policies and guidelines, as well as taking personal responsibility for maintaining an honest, accountable and open approach to the research. Embedded in this was a responsibility to ensure that the research was submitted to and approved by the appropriate ethics committee (full ethical approval was obtained for the research on the 24th May, 2012 from the Northumbria University, School of Health, Community and Education Research Ethics Panel). Whilst this subsection has provided an outline of ethical considerations within this research they are also discussed further in relation to the different stages of the research detailed below.

Stage 3: Recruitment, access and informed consent.

All access to participants was initially facilitated via two gatekeepers (one gatekeeper in each local authority), and then through contacts within relevant agencies and local authority teams. Figure 6, below, gives an overview of the procedure that I followed for access, recruitment, and informed consent with all of the participants involved within this research. This is also further discussed within this section which explains which stakeholders were involved with the research, and why they were approached. The key elements of the gatekeepers' role were: to act as primary point of contact in agreeing, managing and facilitating the fieldwork; to facilitate access by the researcher to the participants, to relevant meetings and to documentation; and to take part as a participant within the research (to be interviewed by the researcher).

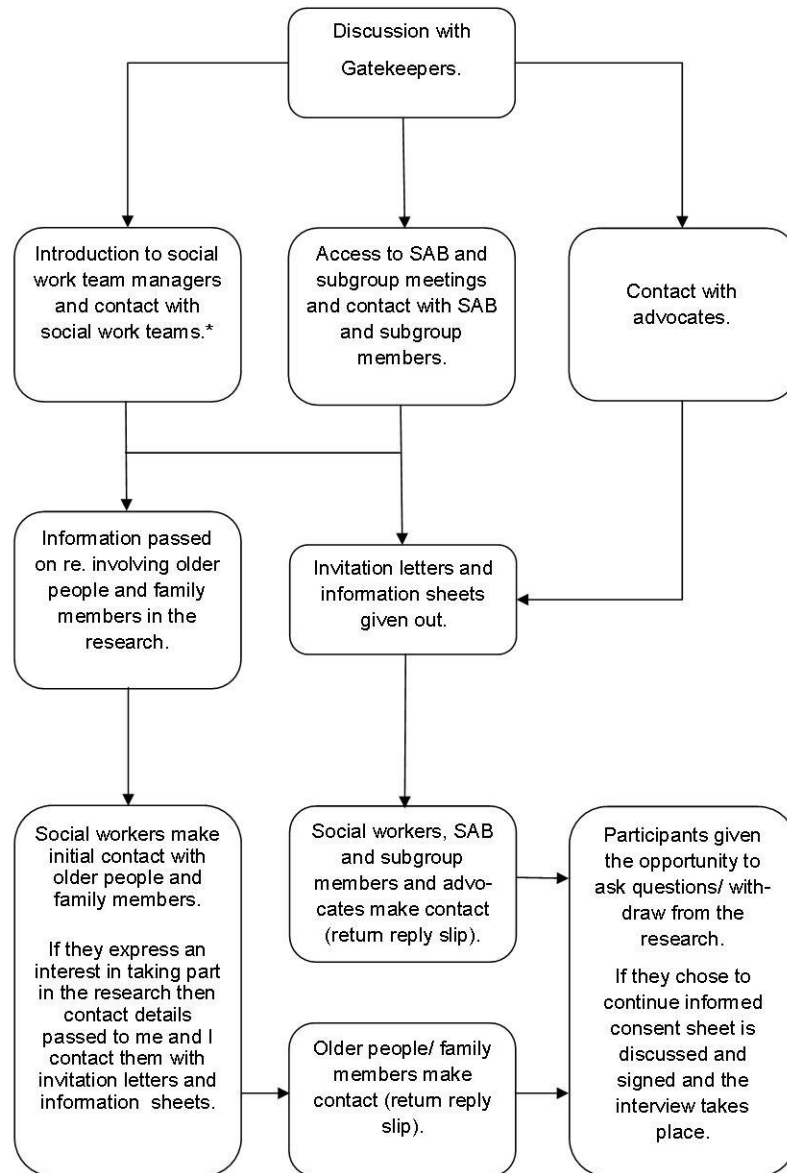


Figure 6. Detailing access, recruitment and informed consent process¹⁷

¹⁷ *In order to involve older people in the research other agencies were also contacted at a later date. The process followed the same structure as detailed here and further information is provided below.

Sampling criteria. Participants were selected based on purposive sampling, that is, they were selected based on their experiences within adult safeguarding. This approach was chosen to ensure that participants involved in the research had experience of the topic under consideration. As such, inclusion and exclusion criteria were applied to the research to ensure that suitable participants were included within the research. The sampling criteria for older people included the inclusion criteria that they should be over the age of 65 in order to align the sample with usual social care criteria of identifying older people as over this age (as discussed within Chapter Two). The sampling criteria for participants are given within Table 3, below.

Table 3. *Showing the Sampling Criteria for Participants*

Participant	Topic Area	Inclusion Criteria	Exclusion Criteria
Social Worker (including adult safeguarding team)	All	Must work within one of the local authorities Must have experience of working with people over the age of 65 in adult safeguarding	Does not work in one of the local authorities Does not have experience of working with people over the age of 65 in adult safeguarding
Advocates	All	Must work within one of the local authorities Must work as an advocate for older people who have been through safeguarding	Does not work within one of the local authorities Does not work as an advocate for older people who have been through safeguarding
Older People	All	Must live within one of the local authorities Must be over the age of 65 Must have capacity to give informed consent	Does not live within one of the local authorities Is under the age of 65 Lacks capacity to give informed consent
	Individual involvement	Must have experience of topic area	Does not have experience of topic area
	Strategic involvement	Must have experience of topic area	Does not have experience of topic area
Family members	Individual involvement	Must have represented/ supported an older family member through the safeguarding process within one of the local authorities	Has not represented/ supported an older family member through the safeguarding process within one of the local authorities
Members of the SAB and subgroups	Strategic Involvement	Must be a member of the SAB or associated subgroups in one of the local authorities	Is not a member of the SAB or associated subgroups in one of the local authorities

Initially, the aim was to interview older people who had been through adult safeguarding processes. However, contact via the social work teams did not generate interest in taking part in the research and I was unable to involve these people within the research. An ethical amendment was requested to enable me to attempt the same recruitment process via other key agencies within the North East. However, this was also unsuccessful. This could be related to a number of factors, including the sensitive nature of this topic. When approaching social work teams, some social workers expressed concerns about the potential distress the involvement within the research could cause to people. I addressed this by reassuring them of the informed consent process which would allow people to access detailed information about the research before agreeing to be involved, as well as their right to withdraw at any time. I also talked about why I wanted to include this group in the research, for example, the importance of allowing them the opportunity to share their views and experiences, and the right to make the decision as to whether to be involved in the research. I felt that the teams were reassured by this and all of them stated that they felt this was an important area of practice to develop and that they would do their best to help.

Ultimately, I was unable to include older people who had been through safeguarding as participants within the research. I felt that approaching individuals directly was not suitable given the nature of the topic under study. Accessing this participant group via a gatekeeper allowed the gatekeeper to act as a “responsible advocate” by putting them in a position where they could “determine an individual’s capacity to give consent, assist them in understanding the research and in making decisions, and to invite them to opt-in to research, which is an acknowledged approach for recruiting potential research participants” (Smith, 2008, p. 254). Accessing this group via gatekeepers may have had an impact on recruitment of these participants, for example, through the possibility of the gatekeeper applying their own selection criteria. However, the importance of working in an ethical and sensitive manner cannot be under-estimated within research of this nature, and whilst it is regrettable that it was not possible to include the

voices of these people within the research, I feel that I made considerable efforts to do so. Ultimately, the time constraints attached to undertaking a PhD meant that I only had a limited amount of time within which I could undertake further data collection. I do, however, feel that this is something I could return to within future research. Despite issues with including these older people within the research, access to other participants was managed and their contributions to the research, alongside other data sources, have still enabled me to meet the overarching aim of this thesis in contributing to knowledge and practice within adult safeguarding.

Informed consent. Following access and recruitment of participants, I ensured that I gained informed consent from all participants. As discussed above, gaining informed consent is an important element of social work research and enables the researcher to respect the autonomy of the person through allowing them the opportunity to have full access to all details about the research, ask questions, voluntarily consent to being involved, and to have the right to withdraw at any time. Boden et al. (2009, p. 741) have commented, however, that informed consent is a “highly problematic concept” and may obscure realisation of the potential for participants to feel “constrained by the authoritative position of the researcher”. Boden et al. (2009, p. 746) further argue that one means of addressing this is to for the researcher to be sensitive to the “hidden operations of power”.

In order to address this, I ensured that all participants had full access to all information about the research, prior to informed consent being obtained, as well as the opportunity to ask questions. Informed consent was then obtained from every participant taking part in the research. Informed consent should be given voluntarily and with full knowledge and understanding of what is being agreed to (Northumbria University, 2010/11, p. 27). If at any time participants had indicated that they wished to remove themselves from the research, or if there had been indication that they had lost or were losing the ability to give informed consent, then any information collected about them up until that point would have been removed and destroyed. All participants had the capacity to give informed consent, meaning that they were able to fully

understand the information that was given to them and make an informed choice about whether they wished to be involved. The Mental Capacity Act (MCA) (2005) states that:

For the purposes of the Act, a person who lacks capacity in relation to a matter if at the material time he is unable to provide a decision for himself in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain.
(MCA 2005, Section 2)

The MCA also gives criteria which research involving those who lack capacity should evidence. These include that:

The research is connected with-
an impairing condition affecting P¹⁸, or,
its treatment

Furthermore the MCA states that:

There must be reasonable grounds for believing that research of comparable effectiveness cannot be carried out if the project has to be confined to, or relate only to, persons who have capacity to consent to taking part in it.
(MCA 2005, Section 31)

When planning and designing the research I did not feel that the research met these criteria, and therefore only participants who had the mental capacity to give informed consent were involved as participants. The informed consent process included the following; a consent form, which was signed in my presence, (Appendix C), a letter of invitation (Appendix D), and an information sheet (Appendix E) with a full description of the research, and details of what is required from the participants. Further details about each of these elements of the consent process are given in Appendices C, D, and E, which also include copies of the supporting documentation.

¹⁸ 'P' refers to "a person who lacks capacity to consent to taking part in the project" (MCA 2005, Part 1, Section 31)

Stage 4: Scoping phase.

The purpose of the scoping phase was to allow an initial exploration of the area in order to establish the significant aspects, and allow for some input from the key stakeholders that may have shaped the research. Input from gatekeepers was sought in relation to discussing such a sensitive topic area with older people and this knowledge was used to shape the way in which data collection tools were developed. Topic guides were therefore developed based on key themes identified from the literature and discussed within supervision and with the gatekeepers before use.

It is understood that the topic area is very sensitive and that to ask people to revisit their past involvement in adult safeguarding is something that may be emotionally and psychologically difficult for people to do. It was therefore very important to approach the research in an empathetic and sensitive manner. Within the scoping phase, I had discussions with the supervision team and the gatekeepers to establish with them the best approaches to take when talking to people about this topic. It was not expected that every participant would have the same ideas about how they would wish to be interviewed about this area, however, by approaching the research carefully and considerately, it was hoped that any psychological impact of revisiting the experiences could be reduced. On the basis of these discussions I identified relevant services that I could signpost people towards should the need arise. I also took care to consider the interview technique and approach that I would use, which is discussed below (stage 6).

Stage 5: Refinement of research and data collection tools.

Following the conversations held within stage 4, data collection topic guides and the informed consent documents were revised prior to data collection taking place. Changes to the informed consent sheet were made as detailed in Appendix C.

Stage 6: Data collection.

There were several aspects to the data collection stage. As outlined above, multi method data collection was used, and within this research several sources and methods were used to collect data. These are discussed below. Any data collected off site (i.e. outside of the Northumbria University campus) was transferred with due care onto the campus and stored securely (either on the university u:drive or in a locked cupboard in a restricted access room). The methods that were used within this research are described in detail below.

As discussed above, care was taken to ensure that the sensitivity of the topic was considered when making contact with all participants. I tried to ensure that I managed this by treating participants with courtesy, dignity and respect. I acknowledge SCIE's definition of dignity within this (SCIE, 2013). This identifies dignity as consisting of "many overlapping aspects, involving respect, privacy, autonomy and self-worth" (SCIE, 2013, p. 6). In practice, this meant that I treated every participant as an individual and ensured that they had the right to complain (by providing details of who they could contact should they wish to make a complaint). I also listened carefully to what they had to say and promoted effective communication. This involved the use of empathetic communication, for example, repeating what the participant said back to them and being mindful of my body language. I was also careful to avoid the use of jargon, unless the participant themselves introduced it to the conversation. In addition I ensured that details of appropriate services were available (for example, advocacy and counselling services) and made sure that the participant was comfortable, and aware of their right to withdraw from the research. The way in which I ensured that participants with dignity and respect is further discussed in relation to the different data collection methods (below).

Interviews. Interviews were conducted with key informants. These included social workers, advocates, members of the SABS, and family

members of older people who had been through safeguarding, as well as one older person who was involved at a strategic level within one of the local authorities (Tony). In total, twenty six interviews were conducted and table 4, below, provides details of all of the interviews that were undertaken. All interviews were conducted to gain the perspectives of participants on their own experiences, and not as proxies of those who had been involved in safeguarding. Interviews were semi structured and consisted primarily of open ended questions.

Table 4. *Showing an Overview of the Interview Data Collected*

Participant Group	Number of Interviews	Participant pseudonym	Interview topic (strategic or individual)	Interview length
SAB member	10	Kevin	Strategic	00:41:55
		Tracey	Strategic	00:47:09
		Tabatha	Strategic	00:55:23
		Tina	Strategic	0:57:18
		Ruth	Strategic	01:01:47
		Beth	Strategic	38:17:00
		Judith	Strategic	01:02:09
		Tony	Strategic	00:49:21
		Alexandra	Strategic	00:52:04
		Michelle	Strategic	00:40:50
Advocates (IMCA, IMHA and case advocates)	6	Brian	Individual	00:57:29
		Sheila	Individual	00:50:13
		Barbara	Individual	00:45:44
		Hugo	Individual	00:58:03
		Ken	Individual	01:07:06
		Nathan	Individual	00:39:17
Family members	2	Thomas	Individual	01:15:56
		Barry	Individual	00:56:59
Social workers	8	Brenda	Individual	01:04:42
		Becky	Individual	01:15:56
		Norman	Individual	00:56:32
		Zara	Individual	01:04:45
		Ethan	Individual	00:45:24
		Katie	Individual	01:06:56
		Debra	Individual	0:42:43
		Fern	Individual	0:54:13

Houston (2010) stated that in order to understand the area of interest, the researcher must draw upon “systematic reviews on the topic” (Houston, 2010, p. 83). The use of semi structure interviews allowed me to base the topic guides on concepts identified within the literature (Appendix F). Topic

guides therefore included, for example, consideration of risk, rights, choice, communication, and outcomes which were identified from the literature as relevant to involvement in this area. If the concepts identified from the literature emerged as relevant then there would be “strong triangulated measures on which to ground the emergent theory” (Eisenhardt, 1989, p. 536). However, the semi structured nature of the interviews also allowed for the possibility to deviate from the interview schedule if other issues or points were raised which were pertinent, but had not previously been considered. The approach to interviewing was therefore iterative; following the interviews, notes on key topics were made and the topic guides adjusted accordingly. The interview process is detailed below.

Open questions allowed participants an unrestrained opportunity to answer questions put to them, allowing the interview to flow more freely. Interviews were recorded with audio equipment and with the participants’ consent; all participants gave their consent to have the interviews audio recorded. Consent was gained within the consent form, as well as verbally at the start of the interview where I double checked that participants were still happy to have the interview recorded, told them how to switch off the recorder, or that they could let me know that they had changed their mind and that I would then switch it off for them.

A number of considerations were taken into account when interviewing participants. For example, participants were given the choice of where to hold the interviews, the opportunity to have someone present with them at the interview, and that they could skip any questions which they did not feel comfortable answering. Participants were not asked any questions that directly related to the circumstances which gave rise to safeguarding investigations. Questioning related solely to their involvement within the investigation, for example, attendance at meetings. I also adopted an empathetic interviewing style through the use of, for example, active listening, a non-judgemental approach and respect for the interviewee. I also included a debriefing session at the end of every interview when all

participants were given time to add any further comments, or to ask any questions that they wanted to ask.

The interviews themselves were conducted in a location of the participants' choosing. Two interviews were conducted within the participants' own home, two were conducted on university premises and the rest were conducted in the participants' workplaces. Within all of the interviews I ensured that the participant had access to information about the research, and their involvement within it, and gave them opportunities to ask questions. I used each interview as a source of learning for the research by reflecting on the process afterwards and taking time with the participant at the end of the interview to allow them to express their own views on how they felt the interview had gone. This proved to be a useful exercise, for example, one participant, a social worker, told me how she had found the interview a really useful reflective exercise. She told me how in day to day practice it was sometimes hard to find the time, given heavy case loads, to stop and reflect on her own practice. As such, she felt that the interview had allowed her time and space to think about what she was doing in her everyday practice, and that she had found this really useful.

Other participants communicated to me that they were very nervous about the interview. I worked hard to try and manage this and spent time at the start of every interview chatting with participants informally in order to build up a rapport and put them at their ease. I was careful to articulate that there were no 'right or wrong' answers and that I was just interested in their views on the topic. I felt that this helped to put participants at their ease and enable them to have a conversation with me. Restating that their personal data would be kept confidential also helped some participants to relax. At points during some interviews, participants would stray from the topic and in order to keep the conversational feel of the interview I allowed them to express themselves on other areas of interest to them before carefully guiding them back to the topic of interest. For example, I would usually ask a question or two about what they were telling me before saying something like "that's really interesting, thank you. I'd like to ask you about X now, please could you tell

me a little bit about this?”. This allowed me to demonstrate an interest in what the participant was saying to me whilst carefully keeping the interview focused on relevant material.

At points within the interviews I was uncertain about my understanding of what a participant had said to me, for example, if they used a phrase I was unfamiliar with, or there was some ambiguity in their statement. To avoid the possibility of misinterpreting what they had told me I employed two techniques to establish clarity as to the meaning of their statement. Firstly, I sometimes repeated their statement to them verbatim for clarification. This usually resulted in the participant restating their comment in a different way, allowing me to gain a better understanding of what the meaning was for them. Secondly, I asked directly for clarification, for example, by asking the participant what a particular phrase meant or questioning what they had said to ensure that I had understood what they were saying. In addition, I took time after each interview to reflect on the meeting and the interview content. I guided this process through written notes which I recorded after each interview. These notes were reflections on the content of the interview, as well as on how I felt the interview had gone. Examples of journal extracts are provided in Appendix G. The interviews were one of the most enjoyable aspects of data collection within this research project. The opportunity to meet with and hear from a range of people was a great contribution to the project, and I am very grateful for the time that people gave me to accomplish this.

Observations. The main aim of undertaking observations was to explore how service user involvement was discussed and practised at a strategic level within each local authority. This was also explored within the interviews, however, the observations added depth to these through the inclusion of direct observation of the actual practice, as it occurred, allowing me to gain a greater understanding of the context of the research, increasing the validity of my findings through the direct observation of the phenomenon of interest, and to triangulate the data with findings from my other data sources (Clarke, 2007).

Observations took place within all of the meetings that I attended, and within all areas of contact with the participants. Meetings attended included the local authority Safeguarding Adults Boards meetings, and meetings of the subgroups. For Local Authority One I attended two meetings of the Safeguarding Adults Boards and two meetings of the policy and procedure sub group. For the Local Authority Two I attended all of the Safeguarding Adults Boards meetings between October 2012 and October 2013 and all of the service user sub group meetings within this time. I also attended a number of other sub group meetings including meetings of the policy and procedure sub group.

An important element that I considered prior to engaging in direct observation was the extent to which I should reveal myself as a researcher within meetings that were observed. From the start of the observations I wanted to be fully open and honest about my position, and so at the start of meetings I introduced myself as a researcher, explained the area that I was researching, and stated that I was there as a silent observer. Verbal consent was gained from participants for me to be present (and had been formally agreed with the chairs of both SABs beforehand).

This approach was less ethically problematic than not identifying myself as a researcher, as I was not deceiving anyone. It does, however, raise questions as to the extent to which this might impact on the behaviours observed. I addressed this in several ways. Firstly, I agreed with both local authorities to sign a confidentiality agreement. This agreement meant that I could not disclose personal information but still enabled me to use the data gathered, once it had been anonymised. Signing the agreement enabled me to assure SAB and subgroup members that their confidentiality would not be breached (as under the conditions outlined above), and that I would not disclose personal information within any dissemination of research findings. Secondly, I took time at the start of the meetings to talk with various SAB and subgroup members in order to build a rapport with them. I would arrive early for meetings and sit and talk to different members, allowing them the opportunity

to raise any questions that they may have had. All of the members that I encountered during my observations were very positive about my presence, and none raised any concerns. Thirdly, I was careful within meetings to keep my presence there as a silent observer role. I occasionally asked for clarification on points that were discussed if I was unsure, and where I was directly asked to contribute I kept my answers short and generic in order to avoid influencing the direction of the discussion. Finally, when I introduced myself in meetings I stated that I was a student researcher, undertaking my PhD. I feel this also enabled participants to feel more comfortable with my role as they often had other students present as observers, for example, student social workers or nurses, who were shadowing other SAB members. Overall, I felt welcomed in the meetings and did not encounter any problems.

During meetings I kept notes where I recorded information such as the setting of the meeting (e.g. SAB meeting); the date and time of the meeting; the number and 'type' of participants at the meeting; a description of the setting; a description of the events (a factual account of the meeting) and other comments and reflections which I had about the meeting. The same information was recorded when I had interactions with participants, for example, following interviews. Following interviews and meetings notes were also made of any interesting or salient points the participants had made and any areas of interest which would be explored further. These notes were used during the analysis of interview data and were added to as and when further thoughts occurred. An example is provided within Appendix G.

Policy and other relevant documents. Within each local authority I also examined the relevant policy documents (those related to the research area). This involved collecting policy and procedural documents, as well as SAB annual reports and action plans. These were collected in both paper and electronic format. I gained access to these via my gatekeepers, however, the material is freely available via links on both local authorities' websites.

Research journal. A research log was kept throughout the research process. I used this to record evidence such as observations and comments

made by participants, as well as to record personal notes. Field notes recorded in the research journal were dated and described what was seen, heard, and experienced in the course of collecting the data. The personal notes included reflections about the research and the research process, ideas, thoughts, and reminders. The personal notes have aided with reflexivity. As mentioned above, the personal journal has also provided a means of recording any decisions I made that related to the research, for example, any refocusing of research questions or selective decisions related to the research were recorded within the research journal. Not only was this used as an aid, but also provides an 'audit trail' for the research, increasing the confirmability of the findings.

4.5: Trustworthiness

As discussed above, in section 4.3., one approach to demonstrating quality in qualitative research is to establish the trustworthiness of the research process. Establishing trustworthiness in qualitative research aims to support the argument that the study's findings are "worth paying attention to" (Lincoln & Guba, 1985, p. 290). Lincoln and Guba (1985) argued that trustworthiness should be established in order to convince the "consumer" (the reader) that the research is "worthy of confidence" (Lincoln & Guba, 1985, p. 328). According to Guba (1981) there are four criteria for establishing trustworthiness in qualitative research. These are credibility, transferability, dependability and confirmability (Guba, 1981). A number of steps were taken to increase the trustworthiness of this research in line with Guba's (1981) model and with reference to Lincoln and Guba (1985), Miles & Huberman (1994), and Morse, Barrett, Mayan, Olson, & Spiers (2002). These are detailed below.

4.5.1: Credibility.

Credibility refers to the 'truth value' of the research (Miles and Huberman, 1994). Miles and Huberman (1994) propose a number of criteria by which a researcher can assess the credibility of their work. These include providing an in-depth description of the data findings, the internal cohesion of the account, and the identification and reporting of negative evidence (Miles and Huberman, 1994, p. 279). I have provided an in-depth account of the research findings (supplemented with verbatim quotes) within Chapters Five and Six. By providing a detailed account of the research process, and reporting the links between the review of the literature and the development of the research questions, design, and approach to analysis I have also sought to provide a cohesive and detailed account of the research. Additionally, within Chapters Five and Six I have reported and commented on areas where there were conflicting findings.

4.5.2: Transferability.

Transferability refers to the ability to apply the findings from the research to other contexts (Miles and Huberman, 1994). Within a qualitative research paradigm it is recognised that generalisation of research findings should be undertaken with careful consideration (Lewis & Ritchie, 2003). The aim of addressing transferability is to allow the reader to make a judgement about whether transferability can be "contemplated as a possibility" (Lincoln & Guba, 1985, p. 316). It is therefore the researcher's responsibility to provide sufficient information to allow the reader to make such judgements (Lincoln & Guba, 1985). Again, Miles and Huberman (1994) recommend a number of ways in which researchers can enhance transferability. These include describing the setting of the research in sufficient detail in order to permit comparisons in other sites, exploring and explaining the limitations of the research, and providing a detailed coverage of the research methods used (Miles & Huberman, 1994).

To enhance transferability within the current research I have provided a detailed coverage of the research methods used, the setting and context of the research, and discussed the limitations of the research in the concluding chapter of this thesis. By conducting the research within two local authorities (rather than focusing on one setting), and using a multi-method approach I have also aimed to enhance transferability. This research focuses strongly on day to day practice within two north-east local authorities and there will therefore be limitations to transferability. The nature of adult safeguarding policy, as discussed previously, means that it is interpreted differently in different localities. This may mean that the findings from this research are idiosyncratic to the two local authorities involved within the research. However, it was clear from this research that both local authorities viewed the involvement of adults at risk as a priority, and approaches and difficulties encountered were very similar across both settings. Findings from national research have also identified that this is a problematic area which needs to be improved, which identifies that difficulties with involving older people in adult safeguarding are being encountered elsewhere (e.g. Wallcraft & Sweeney, 2011). With this in mind I feel that tentative generalisations can be drawn from the research findings which may be of interest and use in contexts outside of the two local authorities that were included within the research.

4.5.3: Dependability.

Dependability refers to the consistency of the process of the research (Miles and Huberman, 1994). Miles and Huberman identify ways in which researchers can improve the dependability of the research. These include clearly defining research questions and aims, clearly specifying the research paradigm, and identifying and describing the researcher's role within the research (Miles and Huberman, 1994). Within this chapter I have clearly outlined the research aims and questions with reference to the literature reviewed within the preceding chapters, as well as to the research paradigm which was also discussed in detail. In addition, I have discussed the

reflective account that I kept of the research process and have included below a section which details my own role within the research.

4.5.4: Confirmability.

This refers to “relative freedom from unacknowledged researcher biases – at the minimum explicitness about the inevitable biases that exist” (Miles and Huberman, 1994, p. 278). This can be addressed through an explicit discussion by the researcher about his or her own biases about the research and how they addressed them. This involves a reflexive approach to the research and urges us, as researchers, to “explore the ways in which a researcher’s involvement with a particular study influences, acts upon and informs such research” (Nightingale & Cromby, 1999, p. 228).

Within the current research I have been open and honest about my experiences, values, and knowledge, and how they may have impacted upon the research. I have kept a reflective diary to aid me with this process and have also used supervision meetings to help me to reflect on the research process. I have also provided a clear account of my data analysis procedure. By acknowledging and writing down expectations, judgements, and preconceptions about the research, the idea is that a researcher is better able to ‘bracket’ out these preconceptions and maintain a more objective position within the research process. However, there is an argument to be made that it is not possible for a researcher to fully ‘bracket’ themselves out of the research nor that they should seek to do so. Within a critical realist paradigm the existence of prior knowledge is assumed, as Bhaskar stated:

. . . if we are to avoid the absurdity of the assumption of the production of such knowledge *ex nihilo* it must depend on the utilization of antecedently existing cognitive materials (which I have called the ‘transitive’ objects of knowledge).
(Bhaskar, 1989, p.69).

For Bhaskar, the idea of bracketing is therefore “absurd”; researchers approach their research with pre-existing knowledge and experience. The transitive objects of knowledge, according to Bhaskar, are those objects which do not exist independently of human activity and are indeed dependent on such activity. Bhaskar’s statement, above, therefore, argues that knowledge is not spontaneously produced. We have transitive knowledge which is ever changing (although the object of this knowledge, the intransient) are not constructed by this discourse. My interpretation of this, in relation to bracketing is that I cannot, or indeed should not, fully bracket prior knowledge from my research endeavours. I therefore acknowledge the impact that they may have on the research process. However, “By engaging in ongoing dialogue with themselves through journal writing, researchers may be able to better determine what they know and how they think they came to know it” (Watt, 2007, p. 84). Within this research, I acknowledged that my own experiences and knowledge would have an impact on both the collection and interpretation of data, but through engaging in dialogue within my research journal and also within supervision meetings I have aimed to utilise these as a strength within the research process. For example, when reflecting on the idea of bracketing at the start of the research I noted in my research journal that I agreed with the idea that the interviewer is part of the data and that I inevitably approached the research with prior knowledge and experience that could potentially impact upon the data that I gathered, and the approach that I took to analysis. I noted that:

I am not a neutral participant. I am a woman who has experience in social care both as a worker and as a sibling, a granddaughter, a friend of those who are currently in receipt of regular social care services (and meet the criteria of an ‘adult at risk of harm’). I am not an objective data gathering tool.

(Research journal entry dated 30th March, 2012)

In order to acknowledge and articulate the potential impact that this may have on the research I detailed within the introduction why I am interested in this topic as well as some of the values and beliefs that are relevant, for example, my belief in the rights of adults to make choices and decisions that

affect their lives. I also discussed some of my personal experiences with this topic area within the introduction and within Chapter Two of this thesis. Because of these personal experiences I couldn't leave these preconceived ideas and beliefs completely "bracketed" from the research. I have provided below a reflective account of my experiences and the impact of these on my thinking and approach to the research.

I discussed in the introduction how the mistreatment of my brother has impacted upon my thinking in relation to involvement; seeing how strong he has been in the face of these experiences has instilled in me a strong belief in the importance of recognising people's strengths, and the importance of their rights to take risks, and exercise choice and control within their lives. My brother's experiences, and those I have encountered when working with older people, undoubtedly influenced my decision to research involvement in adult safeguarding. However, I also have to acknowledge that when my brother has had bad experiences with other people, which have sadly happened all too often, I have also reacted in a more protective manner. It was difficult for me to balance my feelings that he should make his own choices with the knowledge that sometimes those choices put him at risk. Ultimately my brother is an adult and he is free to make his own decisions. As a loving family member though, my instinct is often to be protective. My own personal experiences have meant that I have had to work through some of the complex issues that are associated with involving someone in the safeguarding process, for example, the difficulty in balancing autonomy against protection. I firmly believe in the importance of allowing people to make decisions and choices for themselves. I also acknowledge that sometimes this is incredibly difficult, both for practitioners and for family members who are concerned for the person's safety. I therefore recognise the difficulty that practitioners face when trying to balance their duty to protect against the rights of the individual. I feel that, having experienced this dilemma myself to some degree, I could empathise with social workers within this research who spoke about this difficulty. I also felt strongly, however, that people have the right to be involved in this process and that their strengths should be acknowledged.

In saying this, I acknowledge the complexities of this in particular situations. I also do not feel that at any point within this research I have worked from a viewpoint of feeling that social workers are not actively engaged in trying to promote the choices of the people with whom they work. The participants that I spoke to within this research were passionate about their work and strongly believed in the rights of older people to be involved in adult safeguarding. Whilst I acknowledge that I have come from a particular background that has positioned me as a friend and family member, rather than as a practitioner I have never had a 'bad' experience with a social worker. Indeed, I identify strongly with the core values of social work. I have therefore engaged in this research from the perspective of someone who has a personal and professional interest in understanding the phenomenon, and with the aim of developing indicators for best practice in this area.

As stated within the introduction I believe that all people have strengths and this should be recognised and promoted within adult safeguarding. I also found, as discussed within the literature review, that adult safeguarding has often been considered paternalistic, a cumbersome process that historically has not been one within which people's views and strengths have been recognised. Further consideration of the policy framework and relevant literature showed that there is, however, a changing emphasis within this area from protection to prevention and one that seeks to further shift the approach from one grounded in paternalism to an approach that is grounded in empowerment. As such, on beginning the research I was unsure as to what I would find; I am not a social worker and therefore had no prior direct experience of working in adult safeguarding which I drew on to develop the research. I was interested to explore whether this shifting landscape had impacted on practice or whether the issues raised, for example, in the 'No Secrets' consultation were still relevant (DH, 2009). I therefore sought to approach the research with an open mind as to what I might find. In order to facilitate this I incorporated this approach within the methods that I used, for example, the use of multiple methods to triangulate data and findings, and the use of semi structured interviews that would allow participants to raise

topics that they thought were important, and wanted to discuss, rather than interviews being guided solely by my own agenda.

Ultimately, when conducting the research I wanted to understand what meaningful involvement meant in the context of adult safeguarding, and to identify factors which could help to achieve it. I believe that my personal experiences have added a depth to my understanding of this area that I would not otherwise have had. It is because of this that I chose to be open and honest about my personal relationship with the research topic, rather than attempting to simply remove this from the research process (something which I am sceptical that any researcher can truly achieve).

4.6: Data analysis

This project involved a large amount of raw data. It was therefore important that a systematic and thorough approach was adopted towards the data analysis. According to Danermark et al. (1997) critical realist research involves articulating a description of the event or phenomenon of interest, following which the various components are distinguished. Following this the researcher aims to interpret and redescribe the various components with the aim of identifying underlying generative mechanisms (Danermark et al., 1997). The process that I used for this is a thematic analysis. Thematic analysis is appropriate as it is not tied to any pre-existing theoretical framework, and is a method used for findings themes (patterned responses) within the data. Thematic analysis was chosen as it provides a logical process for organising and categorising patterns in the data (Braun & Clarke, 2006), leading to an interpretation of the themes (or components). In line with a retroductive methodology, thematic analysis enables the researcher to move from a description of the patterns within the data to a critical examination (Braun & Clarke, 2006). Additionally, the process of open coding enables the patterns found to be firmly grounded within the data, thus reducing the potential for researcher bias.

The process of thematic analysis is therefore appropriate within a critical realism paradigm. There is no set method for adopting a thematic analysis. Therefore, the guide to conducting thematic analysis, as outlined by Braun & Clarke (2006) was used. The process used for analysing the data is outlined below and was taken from Braun & Clarke (2006), with additional information and stages taken from Boyatzis, (1998). The process flowed through 5 phases which are depicted within Figure 7., below: familiarisation with the data (through transcription and repeated reading); generating initial codes (line by line analysis leading to unrestricted generation of codes of interest); searching for themes (organisation of the initial codes into patterns to generate themes); reviewing themes (checking themes against raw data to ensure a good fit and reclassification of themes into levels); defining and naming themes (themes given a label and defined) and interpretation (identification of the story that the data is telling). Silverman also recommends a period of intense analysis followed by a period of extensive analysis (Silverman, 2005). This approach was used within the analysis of the data and is outlined in Figure 7 and discussed in detail below. This approach, as mentioned above, allows for the generation of themes which are grounded within the data, as such an in depth description of the themes provides a detailed picture of the research findings.

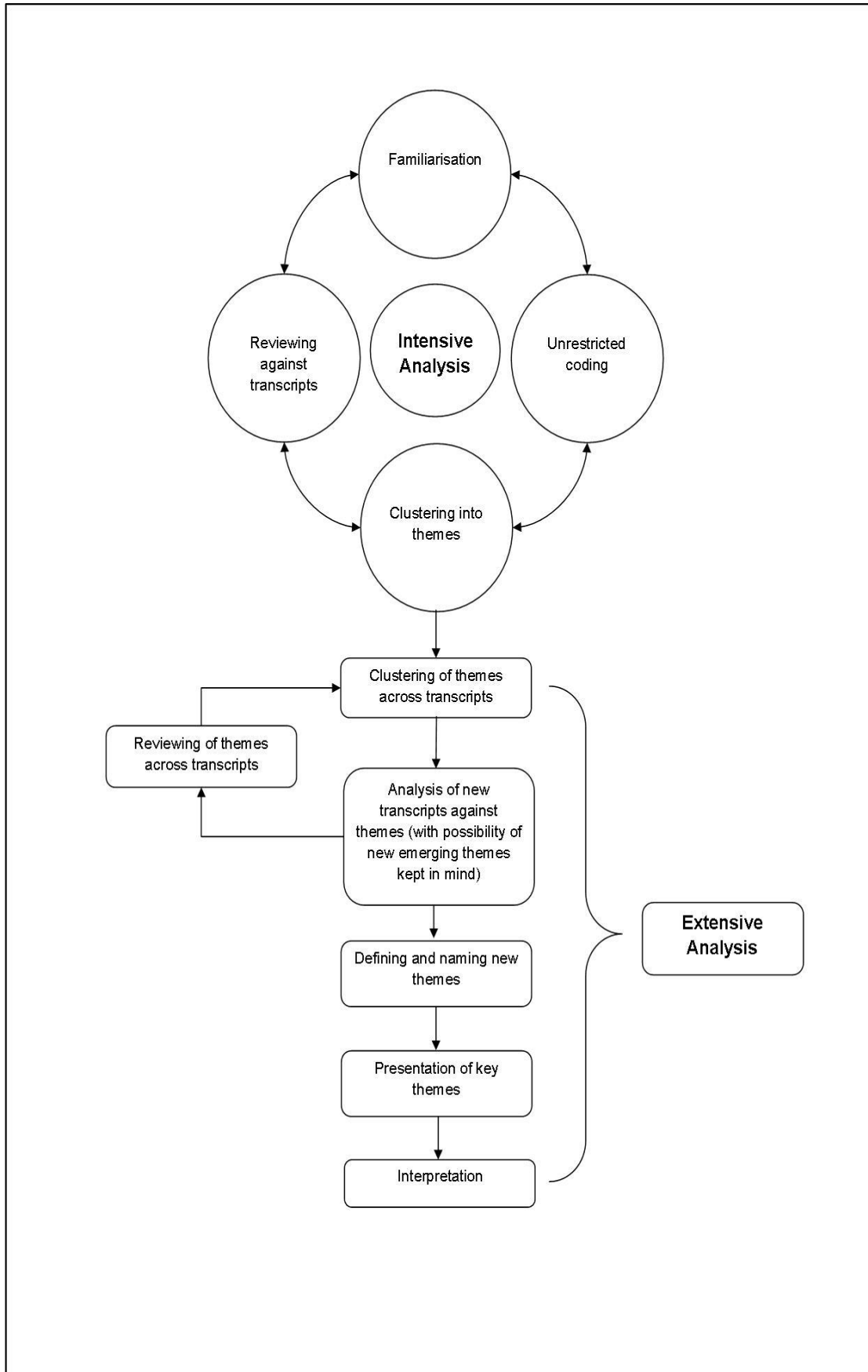


Figure 7. Showing the Thematic Analysis Procedure

Essentially, as shown in Figure 7 above, the method of thematic analysis allows for an initial period of intensive analysis to identify themes across a subset of the data. The approach taken was inductive; coding was unrestricted and not guided at this stage by theoretical constructs. Following the intensive analysis, the themes were reviewed against the transcripts and with reference to the research questions. The extensive analysis took a more deductive approach; themes identified from the intensive analysis which were relevant to the research questions (for example, those which related to the meaning of involvement) were focused upon and further transcripts were then analysed against these themes.

As the reviewing process continues throughout the analysis the themes and associated sub themes are subject to change throughout this process, allowing for the possibility of new themes emerging within the extensive analysis stage. I initially coded documents for the intensive analysis using Microsoft Word before using NVivo 10 to manage the extensive analysis. Chapters Five and Six present the findings from the thematic analysis. In line with my discussion of trustworthiness, above, I have included within the appendices extracts from the data analysis process including a section of a coded transcript (Appendix H), an extract from a document showing my initial categorisation of these codes into themes (Appendix I), and an extract from my research journal relating to the data analysis process (Appendix J).

The final stage of thematic analysis is that of interpretation. The process of interpretation requires a move from descriptive accounts of the patterns found within the data to a consideration of what accounts for them. This process requires questioning of the data and making analytic claims (Braun and Clarke, 2006). Braun and Clarke further suggest that this process involves going “beyond the ‘surface’ of the data” and asking questions such as “What is the overall story the different themes reveal about the topic?” (Braun & Clarke, 2006, p. 94). This fits with the overall aim of retrodution which questions why observed events occur in the manner that they do (Danermark et al., (1997). The process of interpretation involves moving from the “surface appearance” of the data to a more in–depth consideration in

order to gain a more “detailed knowledge about it” (Wengraf, 2001, p. 6). Within a critical realist paradigm the analytical emphasis of interpretation is on the identification of underlying generative mechanisms. As mechanisms cannot be observed (existing in the ‘real’ domain) interpretation must by necessity be grounded in theory (Morén & Blom, 2003). The research journal notes were therefore also used during the interpretation to inform the process.

The process of moving from the descriptive patterns found within the data to an interpretation and identification of mechanisms is not straightforward. For example, Danermark et al. (1997) posit the use of abduction to enable the researcher to “introduce new ideas of how individual phenomena are part of the structure and internal relations” (Danermark et al., 1997, p. 96). In order to facilitate this, the researcher should consider different theories and potential explanations. This process enables the researcher to consider the fundamental elements of the themes previously identified. Within the interpretation of the data I therefore adopted an eclectic approach, whereby different theories were considered in relation to the key themes. The process of considering theories was grounded in the overall approach and context of the research, for example, biological theories were dismissed within the interpretation, which focused on both psychological and sociological theories. This focus is consistent with critical realism, and within social work research, due to the key role such theories play within social work practice.

Blom and Morén have theorised about the mechanisms that operate within social work interventions. They conceptualised mechanisms at a micro (individual) level, a meso (collective group/organisational) level, and at a macro (societal) level. For Blom and Morén, there are therefore three types of mechanisms each of which consist of “causes, motives, considerations [and] choices and social interaction at these levels (Blom & Morén, 2011, p. 64). By positioning social interaction as a part of the mechanism Blom and Morén acknowledged that “social mechanisms have observable elements” (Blom & Morén, 2009, p. 104). They also acknowledge that these mechanisms “exist in different strata in social reality” (Blom & Morén, 2009,

p. 11). Layder also acknowledges that the different levels (or domains) of a stratified social reality contain causal powers; he states that each domain incorporates concepts of power; an “omnipresent reality in social activity”; but that this takes different forms within the different domains (Layder, 1997, p. 2). Both Layder, as well as Blom and Morén, highlight that the domains are interdependent. Consequently, mechanisms operating within one domain can influence (and in turn can be influenced by) mechanisms operating within other domains. In this way, the interplay between agency and structure is expressly acknowledged. Mechanisms are located within each of the domains discussed and therefore operate at a macro (context), meso (interventions), and micro (actors) level.

The search for mechanisms is the focus of retroduction; the aim is to understand what makes ‘x’ (involvement in adult safeguarding) what it is. Bhaskar (1986) has argued that reasons are causal, and as such the starting point for understanding human behaviour are the explanations that people themselves give for their actions. Within this project this was explored through interviewing key stakeholders in adult safeguarding, observing strategic meetings, and considering the policy documents that were created by the local authorities. This process of retroduction involves returning to the identified components (or key themes within this research) and interpreting them in relation to relevant theoretical perspectives (Danermark et al., 2002). The aim is to reconceptualise the data so that they can be interpreted “as part of general structures” (Danermark et al, 2002, p. 95). This was undertaken within the current research with reference to two key theoretical frameworks. These were Layder’s theory of social domains (Layder, 1997) and Blom and Morén’s CAIMeR theory (Blom & Morén, 2009). These were utilised as the most appropriate frameworks within which to consider the study’s data, as they both acknowledge the stratified nature of social reality, and are therefore congruent with a critical realist paradigm. As discussed previously, the social world, within a critical realist paradigm, is considered to be an open system within which different levels of social reality, comprised of various systems and structures, possess “particular generative mechanisms” (Houston, 2010, p. 75). Both Layder’s theory and Blom and Morén’s theory

acknowledge this and so were considered to be suitable frameworks within which to consider, and interpret, the findings from this research.

CAIMeR theory, developed by Blom and Morén (2009), is a conceptual framework which aims to explain how “results in social work practice arise from the content of interventions and its contextual contingencies” (Blom & Morén, 2009, p. 2). CAIMeR is a “scheme of concepts” which include Context, Actors, Interventions, Mechanisms and Results (forming the acronym, CAIMeR) which each include their own sub concepts. The theory is congruent with a critical realist philosophy; it includes the identification of underlying mechanisms and shares the same outlook on agency and structure that is posited by critical realism (Blom & Morén, 2009). Whilst CAIMeR theory was used as the framework for understanding the findings from this study, Blom and Morén have highlighted that it is not exclusive of other theoretical perspectives; it may still be necessary to complement its use with other theories. Within the discussion in Chapter Seven, therefore, CAIMeR theory was used as an overarching framework for understanding the research findings, but is complimented with the use of additional theoretical perspectives, for example, Layder’s domain theory of social life, which also considers the role of agency and structure within a stratified social world. Additionally, other theories were drawn upon to provide an interpretation of the findings, for example, Gaventa’s PowerCube, which was used to consider and interpret the findings from this research (Gaventa, 2005).

4.7: Chapter Summary

Within this chapter I have described and justified the research procedure for data collection and analysis. I have explored and described my own role within the research journey and given an account of how I have addressed the trustworthiness of the research, as well as outlining the data analysis process. The following chapters provide a presentation, interpretation, and discussion of the research data.

Chapter Five: Key Findings Part One: Involvement in the Local Authorities

5.1: Introduction

This chapter begins with a presentation of contextualising data that describes what I was told about the involvement of older people in adult safeguarding, as well as what I observed at a strategic level. Following this, two key themes from the thematic analysis are presented which relate to participants' constructions of involvement. As discussed within the preceding chapter, due to the similarities across the data from both local authorities themes are presented which cut across both local authorities and all data sources. However, at a strategic level one local authority had an older person as a member of the SAB and a subgroup, and the other local authority had no involvement. Therefore, when describing the current arrangements for involvement at a strategic level I have differentiated between the two local authorities.

As discussed within the previous chapter, data was collected via in depth semi structured interviews, and observations. Key policy documents were also examined and the research journal was also used to inform the analysis. All data was analysed using a thematic analysis and it is the resulting themes that are described within this part of the thesis. Quotations are used to illuminate the themes and provide a connection between the representation of the findings and the data analysis procedure. To protect the identity of the participants, pseudonyms are used.

5.2: Current Arrangements for the Involvement of Older People

This section details the current arrangements for the involvement of older people in adult safeguarding within both local authorities. It includes presentation of data relating to the current policy and practice arrangements for involving older people.

5.2.1: Strategic arrangements.

Both local authorities have a similar arrangement for strategic working with a centralised SAB and associated sub groups, for example, training sub groups and serious case review sub groups. During the course of the research some of these subgroups were merged across the two local authorities. Reasons given for this were largely related to the logistics of the strategic work. Many of the partner agencies straddled both local authorities, and it was felt that it was more effective to combine sub groups to reduce the number of meetings representatives from these organisations needed to attend. Additionally, it was articulated that sharing sub groups could enhance the strategic work that was being done by allowing the local authorities greater opportunities to share good practice, and to learn from serious case reviews that took place within either locality.

Whilst both local authorities had many similarities, in this strategic work there was one key difference; Local Authority One (LA1) did not have any direct involvement from older people (or any service users) at a strategic level whilst Local Authority Two (LA2) had direct membership on the SAB and a service user subgroup that had been operating for a number of years. Originally there were two older people on the SAB in LA2, however, prior to the data collection commencing, one member resigned (due to personal issues) leaving one service user on the board; Tony, who was interviewed for the research. Tony has been a member of the SAB and the sub group in LA2

for a number of years and described being “volunteered” to be a member of the SAB via an older persons’ forum of which he was a member.

Tony is also a co-chair of the service user subgroup of which membership includes carers, advocates, and family members of service users who have been through the safeguarding process. The interview data indicated that members of the SAB viewed Tony positively as a partner member and SAB members talked about how “everybody is quite happy” to have Tony on the Board (Alexandra, SAB member, LA2).

During the course of the research the service user subgroup was involved in working and commenting on documents used within the safeguarding process, and assisting in the development of the adult safeguarding website, amongst other activities. The clear role for the sub group was formalised by direct links between the SAB and the subgroup; at every SAB meeting a formal report would be given to the SAB on the work of the subgroup and there were clear lines of communication between the two groups. However, the meetings that were attended as part of the data collection phase showed that attendance was often low, and a number of meetings were cancelled or rescheduled due to sub group members being unable to attend, for example, due to personal time availability or health issues.

Both local authorities identified within their current action plans that improving the involvement of service users at a strategic level was an area that needed to be developed and how this was “an important aspect of the agenda” (Judith, SAB member, LA2). Both local authorities also identified national Adult Safeguarding policies as the key driver for improving the involvement of older people at a strategic level, identifying that they were “trying to make sure that we are in line with what is happening nationally” (Beth, SAB member, LA1).

Both local authorities felt that service user involvement needed to be wider than just direct involvement in SAB and sub group meetings in order to avoid being tokenistic or non-representative. As such, during the course of the

research both local authorities were actively seeking to develop their wider networks and means of engaging with service users. Reasons given for this, as well as the national guidance, included the need to ground the work of the SAB in the views and experiences of older people, as well as the view that having older people as SAB members could challenge the work that was being done. The approach to further developing strategic involvement was being done in a number of different ways. In LA1 a member of the adult safeguarding team had begun to reach out to existing forums and networks and was attending them and speaking about adult safeguarding. This was seen as a means of increasing community awareness of adult safeguarding (another key priority for the SAB) as well as establishing relationships in order to hear the views of service users. In LA2 a 'hub and spoke' approach to service user involvement was being developed. This approach utilised the service user sub group as the core hub of involvement with the 'spokes' reaching out to other existing networks and forums in order to gain wider representation without making the size of the sub group unmanageable:

So almost using that reference group as a link between the board and the wider community, of vulnerable adults ... So I suppose it is a bit like a spider really
(Ruth, SAB member LA2)

In addition, the SAB in LA2 had discussed the idea of SAB members attending service user forums and forums set up by other organisations to talk about the role of the SAB, and see if there was "any way that they could feed into us as well or we could feed into them" (Ruth, SAB member, LA2). This was related to a perception that participants felt that they should be flexible to accommodate older people, rather than them fitting into pre-existing arrangements. The extent to which this occurred appeared, however, to be limited. The accountability of the SAB to service users was another aspect of wider engagement. Both LAs identified that the SAB was accountable via other Local Authority Boards, such as, the Health and Wellbeing Boards "for scrutiny" (Alexandra, SAB member, LA2).

Local Authority Two was also accountable to service users via the service user sub group, however, both local authorities identified that accountability was currently limited and again an area that needed to be developed. However, some participants articulated that publishing their annual reports would help them to become more accountable. Other means of involving older people at a strategic level that were discussed by participants also included the use of feedback from individual processes to inform the work of the SAB. Neither local authority had formal feedback mechanisms in place at the time of the research. One participant, Ruth, also stated that she felt that there was no reason why an 'adult at risk' could not chair the SAB in order for there to be a more directed, active role within strategic work. She further commented, however, that this was unlikely to happen.

In summary, there were clear differences in the current arrangements for the involvement of older people at a strategic level within adult safeguarding between both local authorities. However, both local authorities identified that this was a priority area for them to improve and that this was largely being driven by national policy. As discussed in the introduction there is not a clear directive within national policy about what involvement should 'look like'; the meaning of involvement is explored below. Local Authority One, whilst it did not currently have arrangements in place for strategic involvement, was actively seeking to develop this area:

I think it's an area that we've really struggled with, but I think all local authorities have really struggled with it...where I worked before we struggled with it. I don't think we've engaged service users enough
(Tina, SAB member, LA1)

As Tina identifies in the quotation above, engaging service users at a strategic level was considered by all of the participants to be something that was difficult to do. Findings regarding barriers to involvement are presented within chapter six.

5.2.2: Individual arrangements.

Individual arrangements for involving older people in adult safeguarding were discussed within the local policy documentation. Both local authorities' policy and procedural documents detailed that the adult at risk should be involved in the safeguarding process, in particular that they should be invited to safeguarding meetings and involved in the associated decision making. Participants expressed strong views about involvement indicating that they felt this was a core part of their role. One participant, for example, stated that it would be "abhorrent" to her not to involve someone "in their own meeting" (Alexandra, SAB member). However, accounts of involvement by participants within this research identified that the older person "is sometimes at the meetings, not very often. Family members we tend to have" (Katie, social worker).

Participants, however, identified potential difficulties with this, for example, the potential for conflict between family members, or the potential that the family member may be advocating for what was best for the older person, but not representing the older person's own views. The older person, according to local policy, should also be "supported to take the lead in deciding what should be in the safeguarding plan" (LA1, policy documentation) or "involved in decision making to safeguard them" (LA2, policy documentation). Additionally, some participants commented on the need to involve the 'perpetrators' of abuse within adult safeguarding processes and that further complexities arose when the 'perpetrator' themselves were an older person and therefore perceived as vulnerable. Difficulties in relation to this were largely attributed to managing adult safeguarding meetings where both the 'victim' and the 'perpetrator' could be present and the potential for additional distress to the older people involved that this could cause. Finally, most participants felt that whilst they worked hard to involve older people in individual safeguarding processes, this was an area that needed further development:

I know in regards to user involvement I think we are improving...but there is still a long way to go” (Fern, social worker)

Not all participants agreed with this, however, with one social worker stating that he felt there was nothing more that could be done to improve this area of the adult safeguarding process:

I think we've gone as far as we can about keeping people involved, keeping contact, keeping communication as it should be, involving other parties ... So, we're really trying to be as inclusive as we can be
(Ethan, social worker)

This is potentially attributable to different meanings of involvement that were found within this research. Two key approaches to understanding involvement were found within this research and are presented below.

In summary, both local authorities' policies, as well as participants, expressly articulated the need to involve older people within the safeguarding process and within decisions taken as part of this process. However, usually the older person was not directly involved with family members being the usual representatives within safeguarding. There were also caveats attached to involvement, for example, that mental capacity should be taken into account when inviting adults at risk to safeguarding meetings. There was, though, an overarching message that:

Whether the person has mental capacity or not, they must be involved in the process as far as possible
(LA1, policy documentation)

Generally participants felt that more could be done to improve and increase the involvement of older people in adult safeguarding processes.

5.3: The Meaning of Involvement in Adult Safeguarding

Two overall themes were identified in relation to the meaning of involvement: involvement as ‘the older person making informed decisions’; and ‘involvement as hearing an element of the person’s voice’ when making decisions. These overall themes were reflective of the data that related to involvement at both an individual and a strategic level. Figure 8, below shows an overview of the two themes.

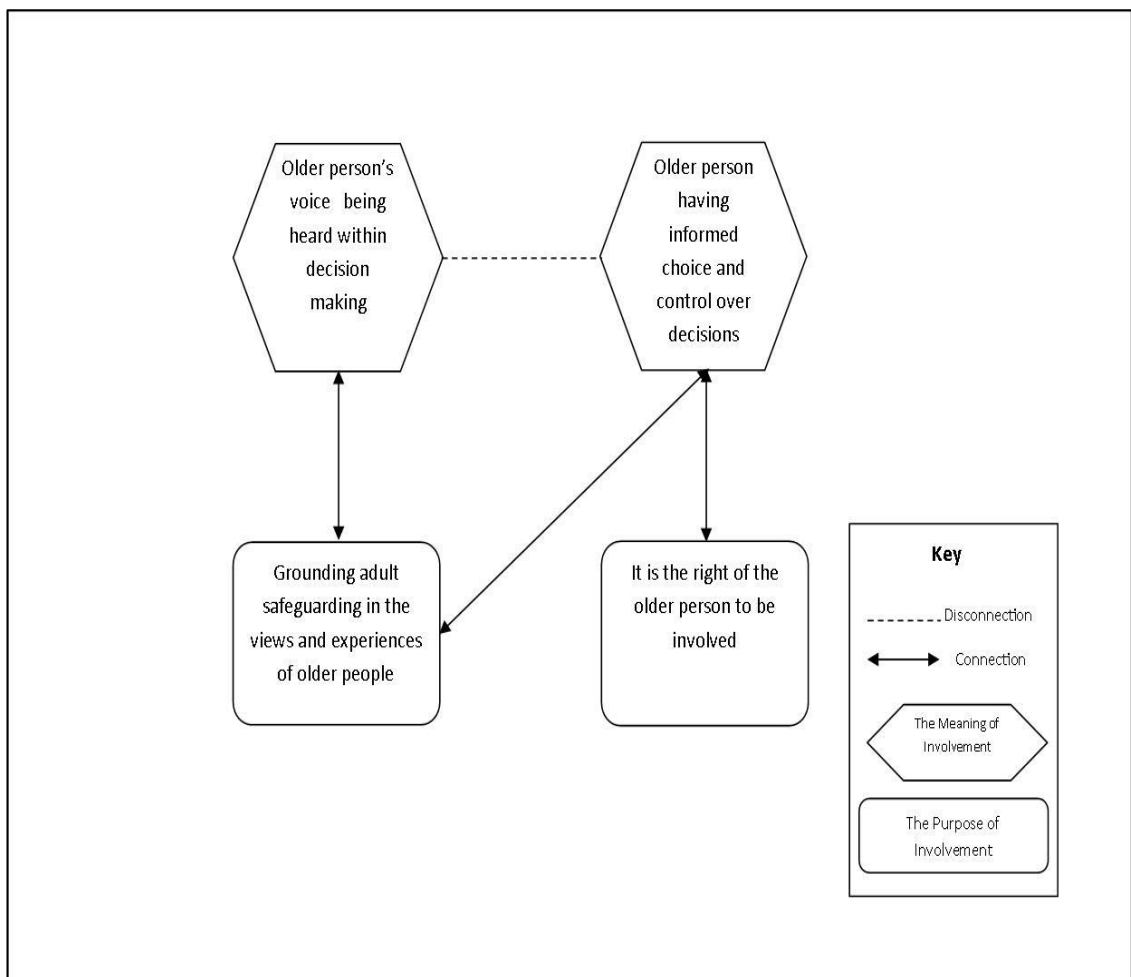


Figure 8. Showing the Meaning and Purpose of Involvement

Overall participants felt that the first construction of involvement (as informed decision making) should be the approach taken and was in line with social work practice in all areas, not just within adult safeguarding. As shown in Figure 8, above, this construction of involvement was associated with a rights

based discourse by participants; that it is the right of the older person to make decisions that impact on their lives. It was also associated with involvement as being about grounding adult safeguarding in the views and experiences of older people. However, it was articulated that this rarely occurred within adult safeguarding due to a number of barriers (which are presented within Chapter Six). As this approach to involvement was often not possible, involvement in adult safeguarding was reconstructed by participants as being about including an element of the person's voice within decision making, as shown in Figure 8, above. When considered in this way participants stated that they felt involvement always occurred within adult safeguarding and some additionally felt that there was nothing more that could be done to include the person. This approach was associated more with considering involvement as being about grounding adult safeguarding in the views and experiences of older people. Figure 8, above, shows an overview of the two themes of "meanings of involvement" and their associated purposes. These themes are also presented and discussed within this chapter. Verbatim data is also used to illuminate the themes and provide a connection between the thematic analysis and the raw data.

5.3.1: Involvement as informed decision making.

When asked what involvement meant to them, participants spoke about how involvement was related to involving the person within decision making and respecting their rights to make choices. As noted above, participants felt strongly that this was a core part of their role and an approach that should always be taken. As shown in figure 9, below, involvement as 'informed decision making' was comprised of decision making in two areas; making decisions about whether to become involved in adult safeguarding as well as within decisions that were made at either a strategic level or within individual safeguarding processes. Figure 9 also shows that this construction of involvement was associated with an emphasis on the person's rights to make decisions as well as the need to ground work that was being done in the views and experiences of older people. Involvement in this way was

supported by the person's presence within meetings, as well as through their being informed about adult safeguarding.

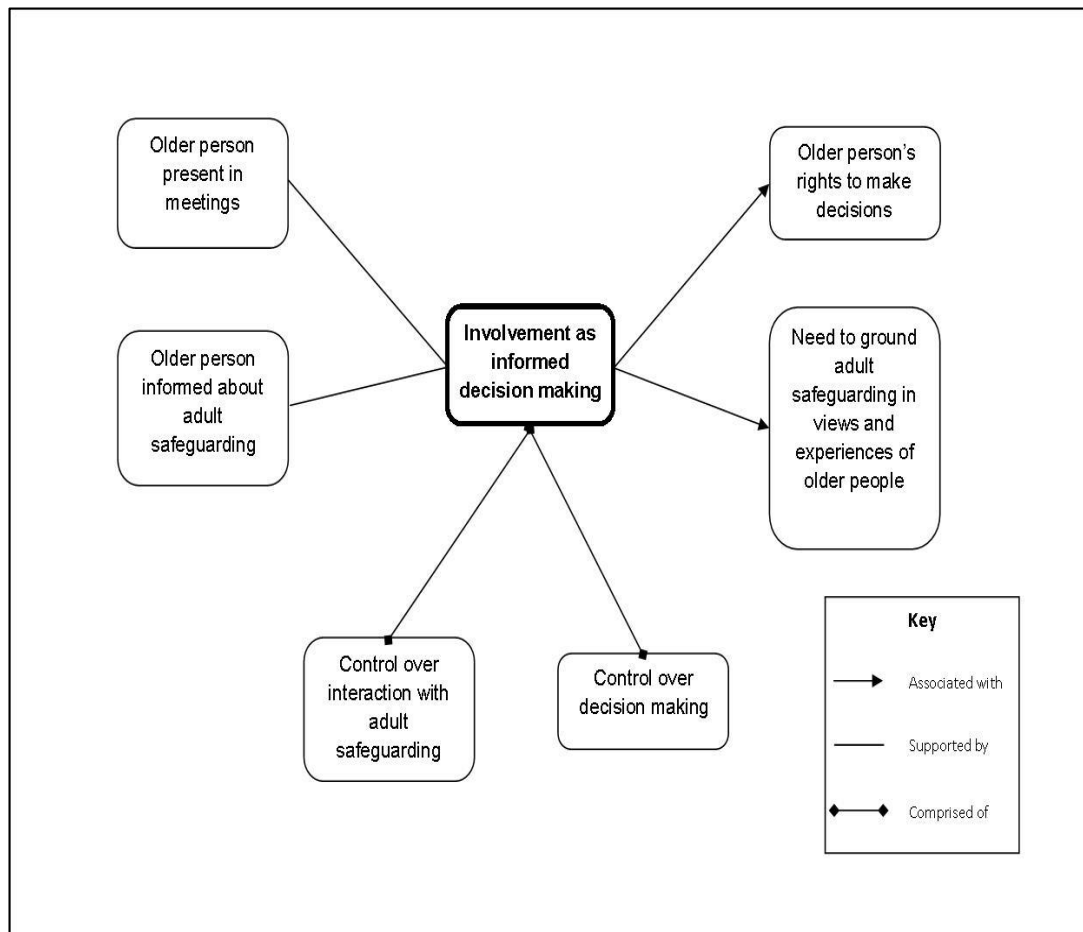


Figure 9. Showing the Theme "Involvement as Informed Decision Making" and its Associated Components

A key aspect of the data that presented involvement as informed decision making was the emphasis that was placed upon the rights of the older person to make choices “even if some of those choices involve a degree of risk” (LA2, policy documentation).

It comprises two types of decision; the first was the decision as to whether to engage with adult safeguarding (or wider social care services). As stated by Ethan, below, participants should have control over these interactions:

Users of services and or their carers should be at the forefront of any involvement and they should be really

dictating what the level of interaction with statutory services is.
(Ethan, social worker)

This control over engagement with social care services included the decision to be involved in adult safeguarding; again, the rights of the person to refuse to be involved in safeguarding were part of this:

People have the right to say, I don't want safeguarding, I don't want you to, to be involved in my life [...] we have no right to trample on their life, because that would be an infringement of their human rights as well.
(Becky, social worker)

The older person's right to make decisions within the adult safeguarding process was also supported within the policy documentation. The older person, according to local policy should also be "supported to take the lead in deciding what should be in the safeguarding plan" (LA1, policy documentation) or "involved in decision making to safeguard them" (LA2, policy documentation). As discussed above, some social workers also talked about how they would have an "issue if somebody felt that they could make decisions about somebody without involving them, without their agreement and without their consideration of a various number of options" (Ethan, social worker).

The addition of the "informed" aspect of this decision making is based on the emphasis that was placed on effective communication and provision of information to ensure that the older person had been given, and understood, the information that they needed to make decisions:

Obviously you, you wouldn't just be saying right, you can attend this meeting end of story. You are telling them about the process. You would be telling them what to expect. What would happen
(Zara, social worker)

As such, the importance of effective communication was emphasised by participants and is discussed further within the following chapter. Participants

also emphasised listening to the older person as a crucial aspect of involvement, and how not listening to the individual, and just carrying on with safeguarding would be the “worst outcome” (Becky, social worker). This type of involvement was also associated with the social worker’s “every day” work. Some participants talked about how involving service users in their work is “completely always embedded with in a professional approach towards service users anyway” and that the core skills used in all areas of social work “just attaches to another process that just happens to be called safeguarding” (Ethan, social worker).

Despite the clear focus that was found on involvement as informed decision making, participants stated that this did not happen very often within the adult safeguarding process. When discussing this type of involvement, participants often included a caveat along the lines of “not always possible...” as demonstrated in Brenda’s statement, below:

Um, ideally about them attending meetings, although that’s not always either their choice or always possible, but ideally it’s about them being involved in the meetings
(Brenda, social worker).

Such limitations also applied to the actual decision making itself:

To be involved in all discussions and decision planning, decision-making, *if they have capacity*.
(Zara, social worker)

These responses indicate that participants felt that they ought to be involving the older person in decision making, but that there were limitations on the extent to which this could occur. Such qualifications were also evident within the local authorities’ policy documentation. Both local authorities’ policies stated the adult at risk should be invited to safeguarding meetings “where it is safe to do so” (LA1, policy documentation), where the “confidentiality of third party information” will not be breached (LA2) and when issues of mental capacity have been taken into account. In cases where the older person does not have the capacity to make decisions “about their safety” it is detailed that

their views should be represented by a family member or an advocate. This is related to the second construction of involvement as being about hearing the person's voice within decision making.

5.3.2: Involvement as hearing an element of the person's voice.

Involvement as 'hearing an element of the person's voice' is the second theme that was found in relation to the meaning of involvement. This theme, as shown in figure 10, below, encompasses hearing the voice of the older person within decision making and is associated with grounding the work of adult safeguarding in the views of the person. Figure 10 also shows that hearing the voice of the older person was supported by representation, usually by a family member, as well as by the use of written accounts of the person's views, for example, the use of 'pen pictures'.

As the data presented above demonstrated, involvement was generally considered to be about the person being able to make informed choices within adult safeguarding at both an individual and a strategic level. However, it was evidenced that there were frequently limitations on the extent to which this occurred (explored within Chapter Six) and participants stated that it was only rarely that this type of involvement took place within adult safeguarding. This meant that involvement within adult safeguarding was often not about the person having control over decision making, but about ensuring that their views were considered within the decision making process. The quotation below, from Ethan, demonstrates this approach to understanding involvement:

Making sure that some element of that person's voice [is]
within the meeting to be considered and discussed
(Ethan, social worker)

As such, this meaning of involvement was not about the person themselves making decisions, but about their views being taken into account within decisions that were made on their behalf.

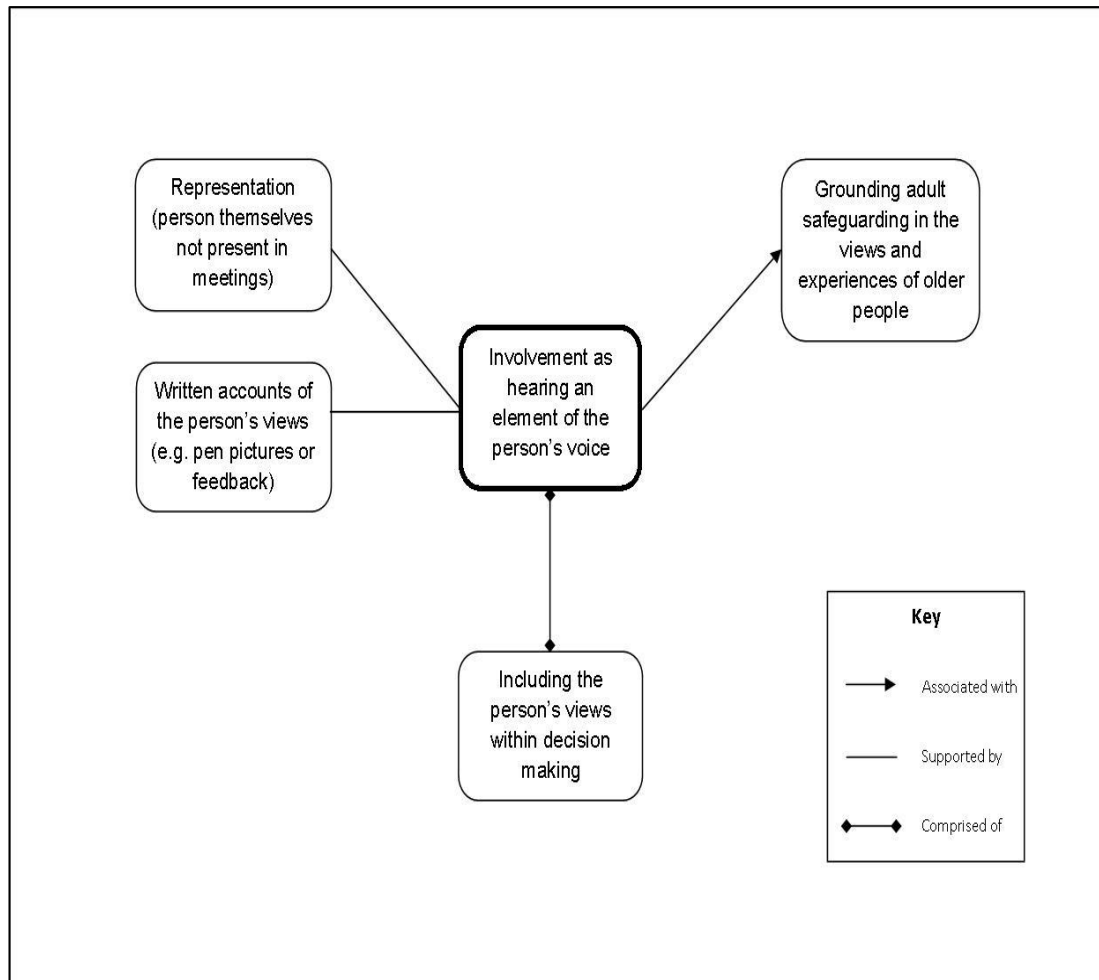


Figure 10. Showing the Theme "Involvement as Hearing an Element of the Person's Voice" and its Associated Components.

Although local policy documentation highlighted involvement in decision making, it also introduced limitations on when this needed to occur. Procedural documents which supported adult safeguarding processes also more closely positioned involvement within this second construct, as about hearing the person's views. Involvement within the policies was also identified as providing information to the person and ascertaining their wishes, particularly in relation to the outcomes of the process.

This approach was associated with the need to ground adult safeguarding in the views of the older person. This was also true at a strategic level where the involvement of older people was desired in order for the work of the SAB

to reflect the views and experiences of older people. For example, one stated function of the service user sub group that operated within LA2 was to “ensure that the service user and carer voice is heard within all policy and practice development” (LA2, policy documentation). This grounding in the views and experiences of older people was also articulated as the purpose for involvement at an individual level. This enabled practitioners to work to “what those service user’s views are” (Brenda, social worker).

As stated above, hearing the person’s voice within individual safeguarding meetings was often via representation, for example, a family member. Representation for older people was also considered as a means of hearing the voices of older people at a strategic level, for example, one SAB member spoke about how involving organisations that represented older people, such as “Age Concern”, could be a means of hearing older people’s voices at a strategic level. Pen pictures, a written record of the person’s views and experiences, were also used to bring the person’s voice into decision making. These were usually put together by social workers.

Overall, participants’ accounts of involvement suggested that this type of involvement was the most common within adult safeguarding. This was largely due to a number of barriers which limited involvement as informed decision making, as well as participants’ concerns about not making the “involvement of service users tokenistic” (Norman, social worker). Concerns about tokenism were particularly prevalent when considering involvement at a strategic level. Some participants also identified the term involvement as being connected to tokenism, and contrasted this with engagement as a more meaningful approach. This data is presented below.

5.3.3: Issues with terminology: involvement and engagement.

When discussing involvement at a strategic level, some participants articulated a discomfort with the term “involvement” contrasting it with that of “engagement”. When asked to explain the distinction between the two terms

these participants discussed how they considered involvement to be a tokenistic, tick box approach, whereas engagement was considered to be a more fluid and meaningful approach. Engagement was considered to go further than involvement by allowing people the ability to have an impact on the work that was done at a strategic level. Engagement was therefore:

... about listening and actually asking, or giving them the resources to be able to act... And that's what I think about engagement it is two way. It's thinking about the discussion between inclusion and integration, you know. Rather than people coming into something that is existing it is about much more fluid, that things change as a result of engagement.

(Ruth, SAB member)

This perceived distinction between involvement and engagement was related to the distinction that participants made between tokenism and meaningful involvement at a strategic level. It was stated by one participant that it is “very easy to tick a box and a little bit harder to do things in a more meaningful way” (Michelle, SAB member). As identified in Michelle's quotation the concept of meaningful involvement was something which participants articulated was difficult to achieve at a strategic level “it's not always easy...to engage service users” (Tina, SAB member). Some people felt that having service users represented at a SAB level “ticks a box and ... sometimes it doesn't do very much more than that” (Ruth, SAB member). There were also concerns that having individuals represented at a SAB level would not be representative of the wider service user population as:

You tend to get individuals views rather than a more representative, broader view. And the same individuals involved over and over again. And it's not to say their views are not valid, but they're not necessarily representative of everybody.

(Tina, SAB member)

However, not all participants agreed that involvement at a SAB level was tokenistic. It was suggested that such involvement was only tokenistic if it was seen as “static”, rather than as something which needed to be “multi faceted” and continually developed (Judith, SAB member).

Tony, an older person who was involved at a strategic level, described himself as an “observer” on the SAB. His involvement could be seen as more closely aligned with hearing his voice within the work of the SAB rather than as being able to make decisions, as he felt that he “did not have any” power or control within this role over decision making (Tony, SAB member, SU representative). He viewed his role as being about providing a “direct link” between what was happening in his community and the strategic work of the SAB whereby he could “report” back to contacts in the local authority about “any problems in the street” and “leave it up to them to say well that’s a safeguarding thing or that’s not a safeguarding thing” (Tony, SAB member, SU representative).

The meaning he attached to his role, and the view that he took over his ability to influence decisions, therefore fits within the construction of involvement as ‘hearing the person’s voice’. In summary, then, the distinction that participants were drawing by distinguishing between the two terms was about involvement as being tokenistic (having people in meetings without allowing them any control or power to impact on the decisions), and engagement as being meaningful (people are able to make changes and decisions). There appears, therefore to be a connection between participants distinctions between ‘involvement’ and ‘engagement’ and the two meanings of involvement presented above; as ‘informed decision making’ and as ‘hearing the person’s voice’. However, participants did not appear to feel that involvement as hearing the voice of the person was a tokenistic approach, as they were considering the views of the person when making decisions. This distinction is considered further within Chapter Seven. Overall there was a clear message when discussing involvement that tokenism should be avoided. However, discussed by Michelle, meaningful involvement (or engagement) is not as easy to achieve as “ticking a box”.

5.4: Chapter Summary

This chapter provided an overview of what participants told me about the current arrangements for involving older people in adult safeguarding within the two local authorities. In summary, at a strategic level only one of the local authorities had involvement at a strategic level with representation at both a SAB and a sub group level. There were differing opinions about whether this involvement was tokenistic, and involvement itself was constructed in different ways; involvement was seen as a tokenistic, consultative approach whilst engagement was considered to be much more meaningful, and a process that could actually affect change.

This chapter also highlighted that, although participants felt that involvement should be about the older person making informed decisions and having some control over their interaction with adult safeguarding, this rarely occurred. As a result participants also discussed how involvement could be about hearing an element of the person's voice within adult safeguarding decision making. This approach was considered to always occur within adult safeguarding, either through involving family members or through the use of pen pictures to bring that element of the person's voice into the room.

For both individual and strategic involvement there was an overriding view that more could be done to improve involvement and increase the level of involvement within adult safeguarding. Overall, there was also a clear message when discussing involvement that tokenism should be avoided. However, as discussed by Michelle, meaningful involvement (or engagement) is not as easy to achieve as "ticking a box". The barriers to achieving involvement as 'informed decision making' and as 'hearing an element of the person's voice' as well as some identified bridges to achieving this that were found within this research are presented within the following chapter.

Chapter Six: Key Findings Part Two: Barriers and Bridges of Involvement

6.1: Introduction

The previous chapter presented findings related to the meaning of involvement in adult safeguarding. Two themes were presented which showed how participants understood involvement as the older person being able to make informed choices. However, it was also identified that this was often not possible. As a result, involvement in adult safeguarding was usually considered to be about hearing an element of the older person's voice within adult safeguarding. Participants identified that this was usually achieved by involving family members as representatives of the person.

This chapter expands on this by presenting two further themes (shown within figure 11, below). These themes provide information about the barriers to involvement as 'informed decision making', and both of the themes were identified as inhibiting involvement at both an individual and a strategic level. Where there were clear differences in sub themes for the two levels of involvement (for example, in relation to the specifics of the safeguarding process or the nature of strategic involvement), these are identified within the narrative. The themes and discussion are directly drawn from the raw data that was analysed within this thesis, and represent what I was told by participants within the interviews, what I observed within meetings that I attended, as well as what was included within the local authorities' policy documentation.

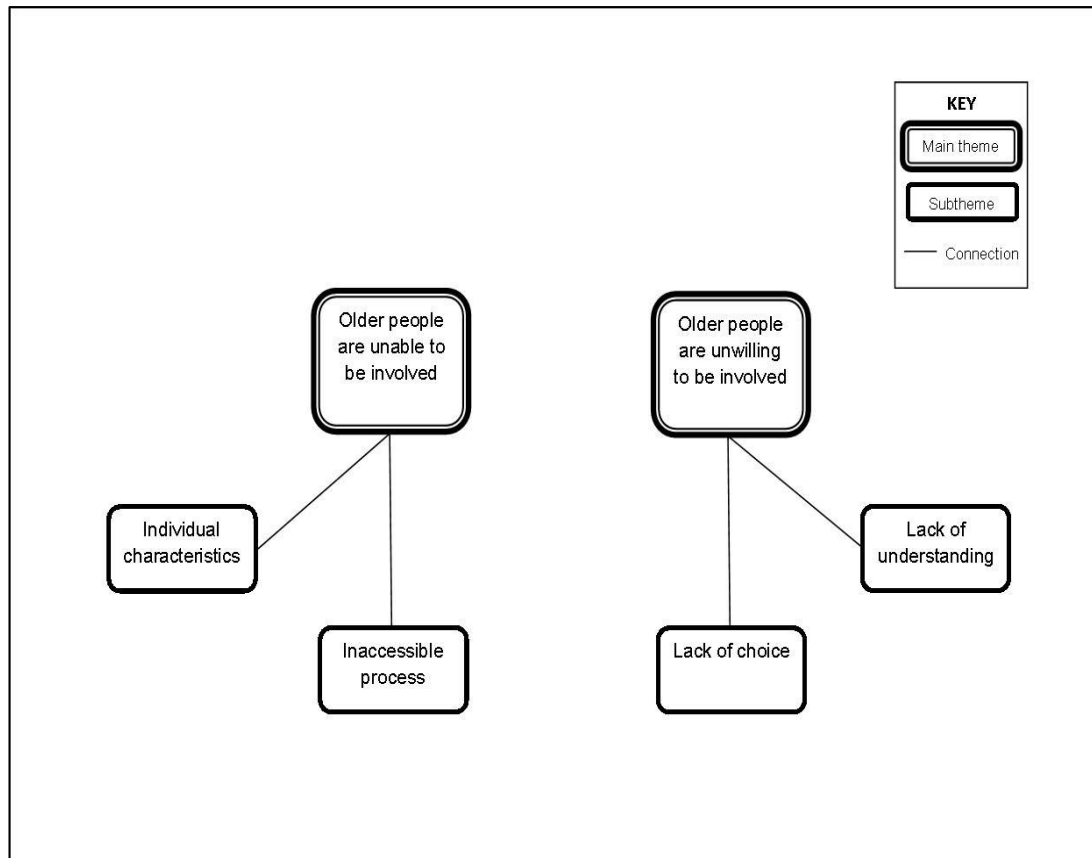


Figure 11. Thematic Map Showing Two Key Themes as Barriers to Involvement

The two key themes presented within this chapter are “older people are unable to be involved” and “older people are unwilling to be involved”. Both of these key themes were identified as inhibiting involvement and were represented across all of the data sets. Each theme also had associated subthemes as components of these barriers which are also presented within this chapter. At points, it was identified that although a factor had been considered as a barrier to involvement, participants had already identified means of overcoming these which were being used in practice. Where identified these bridges are also discussed within this chapter. Figure 11, above, shows an overview thematic map which identifies the two main themes, and their associated subthemes.

6.2: Older People are Unable to be Involved

The first main theme, 'older people are unable to be involved', reflects participants' accounts of how older people are often unable to be involved within adult safeguarding. This was related to two key themes; the 'individual characteristics' of the older person and the 'inaccessibility' of adult safeguarding. Figure 12, below, shows an overview of this theme and the associated subthemes of 'individual characteristics' and 'inaccessible process'. The figure also shows a number of basic themes. These are the components that make up the subthemes identified. For example, 'individual characteristics' included the basic themes of capacity issues, poor physical health and communication issues. 'Inaccessible process' includes issues related to the accessibility of meetings and the accessibility of key information within adult safeguarding. Each of the two subthemes is presented in detail below with verbatim extracts included to illuminate the themes.

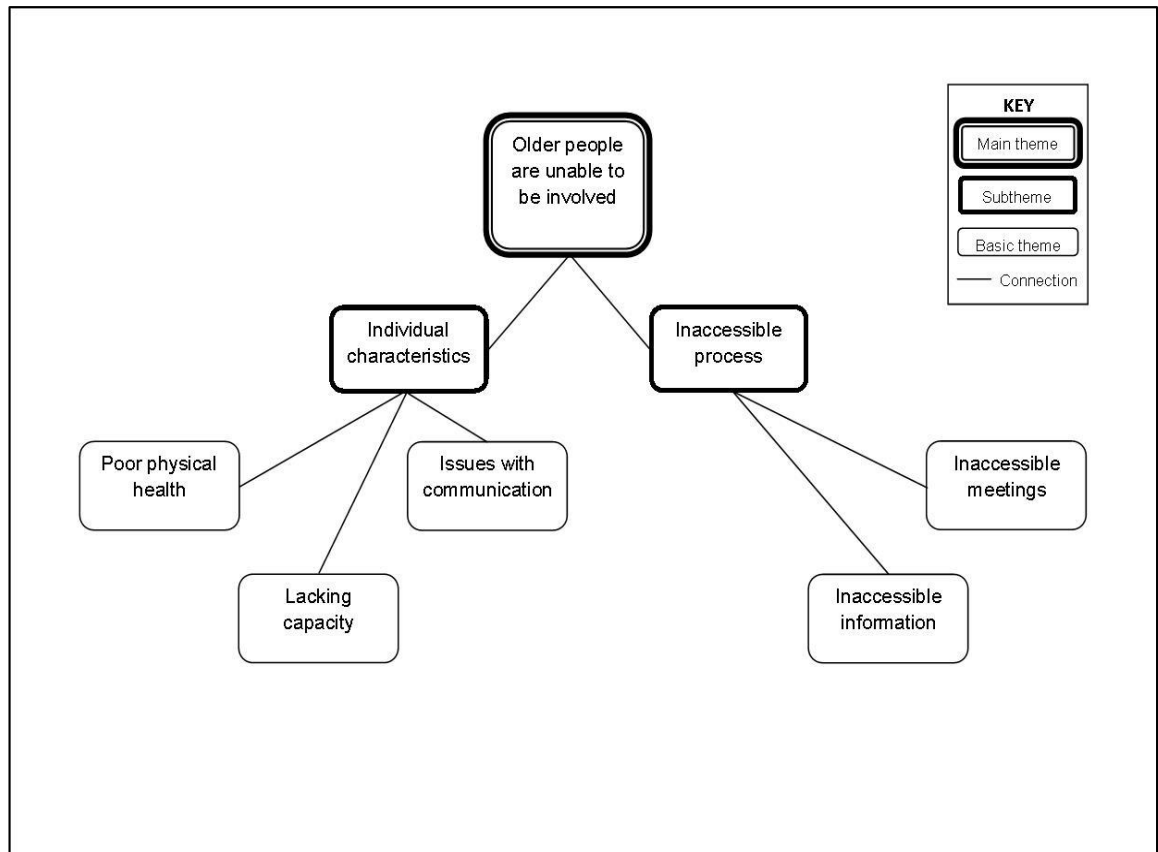


Figure 12. Thematic Map Showing the Main Theme "Older People are Unable to be Involved"

6.2.1: Individual Characteristics.

As introduced above, this subtheme encompasses components which were directly related to the personal characteristics of older people involved in safeguarding at an individual and a strategic level. The personal characteristics of older people as a barrier to involvement were a dominant feature of the discussions. This was particularly the case in relation to individual safeguarding processes, where participants often attributed a lack of capacity as being a key barrier. For strategic involvement, the personal characteristics of older people were also identified as a barrier to involvement. There were a number of key areas that were discussed in relation to this theme. As can be seen in Figure 12 (above) these included the capacity of the person, their physical health, and issues with communication.

Lacking capacity. Lacking capacity was the most frequently cited barrier to involvement in adult safeguarding at an individual level, across all data sources. As Brenda stated, involvement centred “around the capacity of the person and their ability to be involved” (Brenda, social worker). Participants discussed how sometimes the older person might not have any memory of the abuse taking place, regardless of the clear impact of the abuse to those in contact with them:

I've seen a lady who had horrendous, horrendous facial bruising, no awareness at all that there's any problem. It hadn't affected her diet, it hadn't affected her speech. Not indicated that she had a headache.
(Debra, social worker)

A lack of memory of the abuse was usually associated with capacity issues related to dementia for older people who had been abused. In these cases participants felt that it could be unhelpful and potentially distressing to the person to try and encourage them to remember the abuse and be involved within the process. Additionally, where the participant lacked capacity it was felt that it would not be “helpful to them” to involve them in safeguarding meetings “where they can't participate” (Norman, social worker).

Lacking capacity as a barrier to involvement was related, as mentioned above, to their ability to remember the abuse taking place as well as their ability to understand and engage in the safeguarding process itself. Not having capacity was therefore seen as a barrier to involvement as it was considered that due to their “understanding and their ability” they would not be able to engage meaningfully within the safeguarding process (Fern, social worker).

The Mental Capacity Act (2005) (MCA) was identified by some participants as helping to support people in adult safeguarding who lacked capacity. These participants discussed how the MCA (2005) was a useful piece of legislation within the safeguarding process. It could provide a more detailed

guide and structure for supporting people who lacked capacity within the adult safeguarding process. The MCA was described as having “brought ... a process to bear ... for people who lack capacity” (Becky, social worker).

It was also considered to be an inclusive piece of legislation which allowed social workers to take account of the person’s views within the process. It was felt that it “formalises ... what social workers have always done in the past anyway”, for example, encouraging them to take “account of the person’s views” where they lacked capacity and that having this enshrined in legislation could give people more confidence in their practice (Tina, SAB member). Despite an awareness of the MCA, when discussing capacity many participants talked in general terms about “lacking capacity” and often did not refer to the decision specific elements of the MCA. Although this may not reflect their approach to assessing capacity within practice there was a suggestion by one advocate that practitioners did not always consider the individual decisions that could be made within the process, instead referring to a more general blanket term of ‘lacking capacity’:

There are a number of meetings I go to and it’s really irritating when people say X lacks capacity, and I just want to tear my hair out and say well capacity for what? ... and I think for, for professionals it’s ‘they lack capacity’.
(Hugo, IMHA)

This could be problematic for involving people in decision making as a blanket assessment of lacking capacity may exclude them from some related decisions that they could be able to make. For example, as one participant stated, whether they have the capacity to decide whether to keep their money in the bank or whether they have the capacity to decide whether they want to continue seeing the grandson who has been taking money from them are two separate (although related) decisions. However, one or two of the social workers interviewed did refer to the decision specific nature of the MCA and suggested that it was important to consider fluctuating capacity or that older people may have capacity in different areas and that therefore

“there might well be issues that they do understand and can give a valid opinion about” (Norman, social worker).

However, Hugo in particular felt that decision specific assessments were not always carried out, or that he was not aware of this happening within the safeguarding process. He felt that it was not “broken down as it should be into decision specific” (Hugo, IMHA). Involving advocates in the safeguarding process meant that there was a safety net for older people in relation to capacity assessments. For example, if the advocate felt that the capacity assessment had not been carried out correctly then they could challenge the assessment:

If we're not happy then we can ask and we can get them to check and see what we think
(Brian, IMCA)

The benefits of involving advocates, particularly IMCAs, within the process were related partly to their knowledge and expertise around the MCA and their ability to make challenges on behalf of the person in cases where they felt that capacity assessments were not robust. They could also advocate for delaying meetings to accommodate people who might have fluctuating capacity, or for the person to make decisions within the process:

There are kind of questions around questions sometimes which people can get involved with
(Brian, IMCA)

Advocates also helped to ensure that the principles of the MCA were applied within the safeguarding process, ensuring that safeguarding “measures are not too restrictive” (Sheila, IMCA).

Overall, capacity assessments were a core aspect of safeguarding with older people. Being deemed to lack capacity, as discussed above, was a core reason for not involving someone within the safeguarding process and in these cases it was often family members who were involved as representatives for the person. However, it was suggested within this

research that decision specific capacity assessments are not always carried out within adult safeguarding processes. Despite this, the MCA was considered to be a useful piece of legislation within adult safeguarding, allowing social workers to take account of a person's views where they were assessed as lacking capacity.

Physical health. Physical health was also a factor mentioned by some participants in relation to why an older person might not be directly involved in the safeguarding process. This was usually related to an inability on the part of the older person to be physically present within adult safeguarding meetings due to their "health" or potentially being in a "hospital situation" (Brian, IMHA). Problems with physical health also featured strongly as a barrier to strategic involvement. For example, Tina, a member of the SAB in Local Authority One (LA1) discussed people who would often cite ill health as a reason for not becoming involved at this level:

Other people will say I haven't got the time, I'm not well...
Those are the people we work with...
(Tina, SAB member, LA1)

Tony, an older person who was a member of the SAB and the service user sub group in Local Authority Two (LA2), also discussed his physical health at length and identified that he felt that this limited his involvement at a strategic level. He talked about how he wanted to continue his involvement but that he felt there would be a time when he would have to bring this involvement to an end because of his physical health:

But I would like to be...I would like to keep ganning. But
there is a time when I'm going to have to say whoa that's
enough
(Tony, SAB member and SU representative).

Tony's physical health meant that he, on occasion, couldn't attend SAB meetings. This also impacted on his ability to contribute when he was present, as periods of absence affected his confidence and his feeling of being a core member of the SAB. Periods of absence due to his poor health

made him feel “on the outside again” (Tony, SAB member and SU representative).

Overall, the physical health of the older person was associated with involvement by participants, for example, whether the person was physically able to attend meetings. However, as a barrier to involvement this appeared to be a more difficult barrier to overcome at a strategic level where ongoing attendance was expected of Tony who, as discussed above, identified that periods of absence affected his confidence and therefore his involvement with the SAB. At an individual level, poor physical health might mean that an older person could not directly attend meetings but, as identified within Sheila’s comments below, this did not mean that they were unable to be involved in the safeguarding process. Involvement in this instance was via a representative (an advocate) who was able to bring the person’s views into the meetings and convey what they wanted from the process on their behalf:

So she was very much involved even though she didn’t attend any meetings at all because she couldn’t . . . So she very much led the entire thing from her room in residential accommodation
(Sheila, IMCA)

Sheila’s description of being a point of contact between the person and the ongoing safeguarding process demonstrates how effective and useful advocacy representation can be within the safeguarding process. Although the person in this case was unable to physically attend, she was able to tell Sheila what she wanted from the process. As an independent representative Sheila could then act for the person in ensuring that their views were heard and their wishes and choices taken into account. There were, however, some limitations on the effectiveness of advocacy, largely identified by the advocates interviewed for this research. These included a perceived lack of understanding of their role by other professionals, and limited time within which to work effectively (some advocates identified that they were often contacted at the last minute).

Issues with communication. It was also identified that issues with communication could have a negative impact on the ability of the older person to be involved. For example, as Zara stated, it could be “very difficult to communicate with the person” (Zara, social worker). However, this was a barrier that participants had ready responses to addressing; different approaches to meeting communication needs were discussed by a number of participants. Many people stated the chair of the adult safeguarding meeting had a responsibility to ensure that the communication needs of the individual were met within any meetings that they attended (for both individual and strategic involvement). Participants also discussed how they would bring in other professionals, such as speech and language therapists, or interpreters and signers.

Advocates also expressed ways in which they could support the person with their communication. They were able to spend time with the person, listening to their views and hearing their stories which could be fed back to other professionals. They could also advocate for the use of different strategies, techniques and resources, for example, “one thought per sentence”, and “communication charts” could be used to enable the person to communicate directly (Shiela, IMCA).

As identified by Shelia within this quotation, having the time to adopt these strategies and spend time with the person was an important aspect of the advocacy role. This could be limited by the time constraints associated with the process (which was also identified as a factor which limited involvement in some cases and is discussed below under section 6.2.2). It was therefore considered that although issues with the ability of the person to communicate could be a potential barrier to involvement, this was usually overcome by involving other professionals or by using various strategies, such as communication charts.

The consideration of older people as *unable* to be involved as informed decision makers due to individual impairment in adult safeguarding appeared to be the primary reason to reconsider involvement as about hearing their

voices within decision making, for example, via family member representatives where they lacked capacity. As demonstrated above, lacking capacity was the main reason for this as issues with physical health and communication could be overcome through the involvement of representatives or other professionals, such as speech and language therapists. It was identified by one participant, however, that the cost of additional support could create added difficulties when meeting communication needs. This participant discussed how she had a “battle” to access the technology needed to support one older person with a particular communication need. This raises the question of whether such support may become further limited by increasing competition for limited resources within local authorities.

6.2.2: Inaccessible Process

The second subtheme related to the overarching theme of ‘older person as unable to be involved’ is that of ‘inaccessible process’. This refers to aspects of adult safeguarding (at both an individual and a strategic level) that inhibit the older person from being involved. This subtheme is comprised of two key components: the accessibility of the information that is required to support involvement; and the accessibility of the actual meetings that take place within adult safeguarding.

Inaccessible information. As noted in Chapter Five, effective communication was considered to be an essential aspect of involving people as informed decision makers within adult safeguarding. However, inaccessible information was highlighted frequently as a key barrier to involving people. There were a number of aspects of this, including managing confidentiality, the use of jargon, and the accessibility of meeting minutes. As with other identified barriers there were also identified means of overcoming these barriers, for example, the role of the chair in challenging the use of jargon and work which had been undertaken to make meeting minutes more easily understandable. Additionally, the importance of basic elements, such

as body language, and being polite to the older person were identified as facilitating involvement. These are discussed below.

As identified above, effective communication and sharing information were considered to be important aspects of involvement. However, the need to maintain confidentiality could limit this as some people would not share information “because they see it as confidential information” (Katie, social worker). Thomas (a family member who had represented an older person within a safeguarding process) talked about how being asked to sign a confidentiality agreement within the meeting had made him feel uncomfortable as he was unsure what the true purpose was, what he would or would not be able to share, and what the potential consequences were:

we were asked to sign a confidentiality agreement, and, in one sense I mean, er, that caught us both on the hop because that was kind of like, hang on a minute, if there's a gagging order before we've actually... heard anything... And I asked for some clarity there.., how does this work? Because in reality, I'm going to have to talk about what we've been talking about
(Thomas, family member)

The need to maintain confidentiality also meant that meetings were often held which were ‘professional only’. These, by definition, excluded the older person and were identified as being held where there was information that needed to be discussed but which the older person could not be privy to, for example, the personal circumstances of the alleged perpetrator. Whilst a clear reason for holding ‘professional only’ meetings was articulated by participants, there were some further concerns raised in relation to this by one of the family members which are considered within the discussion on adult safeguarding meetings, below.

Participants also discussed how avoiding the use of jargon was an important aspect of enabling involvement. This was related to ensuring that the older person could understand the information that was given to them and

consideration to the importance of this was given with the training offered within the local authorities:

again in our training we're saying you mustn't be using acronyms, you mustn't be using terminology that's complex, you can't be talking about capacity assessment ... that's our language
(Becky, social worker)

Becky's use of the phrase 'our language' is interesting within this quotation. She identifies that this language may be inaccessible to older people who are not familiar with adult safeguarding. Other participants spoke about how, due to the increasing awareness of adult abuse, an increasing number of older people were becoming familiar with some of the language and utilising it themselves. However, overall, there was a sense that this was 'jargon' that could be inaccessible to older people. Whilst participants discussed the importance of avoiding the use of jargon to ensure that everyone was able to understand the content of communications, a number of participants commented on how "professionals quite often, not always but quite often, use jargon. Use terms that the people can't understand" (Ken, general advocate). Again the use of advocacy within meetings was identified as useful in enabling understanding. For example, Hugo spoke about how, if he was supporting someone within a meeting and he could "see that the person is not understanding the terminology" then he would address that and make "sure that questions are put in an understandable and a respectful way to the person" (Hugo, IMHA).

Barriers associated with the language used also occurred at a strategic level. Tony identified that sometimes "I could do with a book of acronyms ... I struggle with that" (Tony, SAB member, SU representative). This could also be an issue for other professionals:

I sit at some meetings and think 'I actually don't know what you're talking about'
(Tracey, SAB member)

Other participants also identified that it was important to remember that “language is a particular issue” and could be “a barrier” for involving service users at a SAB level as well as to other SAB members from partner agencies who may not be familiar with particular terms used in some services (Ruth, SAB member). As discussed by Tracey, below, it was identified as important to remember to use language that could be understood by those attending meetings and to ensure that adequate support is provided to help people to understand the language that is used. Such support could be provided by the chair of the meeting who was identified by a number of participants as playing a pivotal role in challenging the use of jargon and ensuring that those involved in the meeting could follow the discussion and understand what was being said:

They try and say can you please explain what that is
(Tracey, SAB member)

Some participants offered reasons why jargon and acronyms were used within meetings. Tony felt that it could be professionals trying to “flummox” him and “show their authority” because “maybe some of them are frightened of a power difference” (Tony, SAB member, SU representative). At a strategic level, training had also been provided to Tony to help facilitate his involvement at SAB meetings. He described the training as being a general introduction to adult abuse and safeguarding which may have helped him to understand the work of the SAB and some of the associated terminology. Another participant, a social worker, felt that sometimes professionals slipped into the use of jargon within individual safeguarding meetings simply because they were not used to the older person being present and so had grown accustomed to using terminology and not monitoring the language that they used. As mentioned above, the role of the advocate and the role of the chair were highlighted as central in challenging the use of jargon and ensuring that the older person could understand what was being discussed within meetings. As Ethan stated, the chair of the meeting was “the person responsible for the inclusion of everybody who is around the table” (Ethan, social worker).

The final aspect of inaccessible information is the meeting minutes that were recorded and sent to people following adult safeguarding meetings. Considering that participants identified that older people are not usually present within safeguarding meetings (at an individual level), the use of meeting minutes in enabling them to have clear understanding of what was discussed is of central importance. At a strategic level, meeting minutes were also recorded and sent to SAB members. Therefore, these also need to be clear and accessible for any service user representatives who may be involved at a strategic level. For individual safeguarding processes, “minutes are always shared” as another way of involving someone within the process by keeping them informed of what was happening (Ethan, social worker).

This was seen as particularly important if someone was unable to attend meetings, although the documents were seen as not being very “service user friendly”. One participant discussed how the local authority had undertaken a lot of work to ensure that meeting minutes were accessible for everyone, although some participants discussed how meeting minutes would only be shared with the older person if they had capacity:

if a person has capacity there is no reason why they wouldn't have a copy of the minutes ... so the information would be directly shared with someone with capacity
(Becky, social worker)

Some participants commented on how minutes were not always shared, or were shared at the last minute. This limited the chance that they had to check through the minutes, either to see what they had missed if they had not been present within the meeting or to check if they were an accurate record if they had been present. Where the person was not present at the previous meeting relying on minutes meant that they had to rely on other people's interpretation of what was said within the meeting. Ken identified that he felt uncomfortable with this as he could not be sure that the meetings were an accurate representation of what had been discussed:

You've got to trust the others, trust the other people to agree that the minutes were a correct record. But ... you know ... I was born a cynic ... and you're just never sure that was it...
(Ken, advocate)

This was considered by Ken to be problematic if he hadn't been in attendance at the previous meeting. Despite some potential issues with meeting minutes, for example, the timing of their dissemination and the clarity of the documents, it was identified that in one of the local authorities work had been done to start to address this and develop clearer documentation. Again, the issue of capacity was raised by Becky who identified that minutes may not be shared with someone who lacked capacity, although they would be sent to the person's representative.

Inaccessible meetings. Participants described how the nature of adult safeguarding means that a lot of the core work and decision making is done within formal meetings (at both an individual and a strategic level). Attendance at meetings was considered to be an important aspect of involvement. However, participants stated that this was not always possible for the older person:

Ideally about them attending meetings, although that's not always either their choice or always possible, but ideally it's about them being involved in the meetings
(Brenda, social worker).

The accessibility of meetings is therefore a central concern when considering involvement. Inaccessible meetings were cited frequently as a barrier to involvement by all participants. This was related to a number of different concerns. One of the major concerns related to the accessibility of meetings was the venue and location of the meetings, which were usually held within local authority buildings. Participants identified that having to attend formal meetings within these buildings could be intimidating for some older people. Additionally, being able to get to the meeting venue could potentially be problematic for some people. However, both local authorities offered transport to people to enable them to attend meetings. This occurred for

attendance at a both a strategic level and an individual level. Offering alternative venues within which to hold meetings was also identified as a potential means of involving people as “some people feel quite intimidated about coming to meetings, especially if it’s in a building like this” (Brenda, social worker).

However, for strategic involvement, holding meetings at someone’s home was not a possible option and therefore for Tony it was necessary for him to attend meetings in formal locations. Tony, however, did not raise this as a concern within his interview although other SAB members spoke of this as a potential barrier to older people becoming involved in strategic work. The second identified issue in relation to meetings was the size of the meetings. Adult safeguarding meetings at an individual level were described as often involving a large number of participants. Barry, a family member, questioned why so many people were needed within the meeting:

I wondered why they were [all] there. I got the impression that it was a committee, and people like to go to meetings. But did they need so many people?
(Barry, family member)

Other participants further discussed how coming into large meetings could be intimidating for older people who may not be used to attending formal meetings. Having to walk into a room full of people with whom the person was not familiar was considered by the participants to be difficult for many older people involved in adult safeguarding. This was an issue that was described as being managed at an individual level by offering the person the option to attend a “separate, smaller meeting ... as a sort of jump to meeting to a bigger one that takes place, you know that has full communication between the two” (Brian, IMHA). For Tony, who attended the SAB, having smaller ‘break-out’ groups within the main SAB meeting helped him to speak up within meetings:

I feel better speaking up in the hot topics, you know. Cos it’s smaller groups
(Tony, SAB member, SU representative)

For individual involvement, these smaller meetings could take place either instead of, or as well as, attendance at larger meetings with all agencies present (as preparation for the larger meeting). As expressed by Becky, a social worker, (“I offer people the choice”) it should be a decision made by the older person as to whether they would want a smaller meeting. Sometimes this takes the form of having a ‘professional only’ meeting before the older person comes in. However, this was associated by some as creating a difficult environment for the older person to walk into. For example, Thomas, a family member, described how he had been invited to attend a safeguarding meeting that took place directly after a professional only meeting. He felt that it was difficult to walk into a room where there was an already established dynamic within the group:

I always think if you are going to have a meeting of the agencies, without the family involved, it is probably best to do that separately. Rather than, well we’ve had a meeting and you are now being invited into it. Because, just thinking in dynamic terms, then they are already an established group, and you are being invited in.
(Thomas, family member)

The size of the meeting at a strategic level was also raised as a potential concern within observed meetings. Both SABs discussed membership during meetings that I attended and there were concerns raised that, whilst membership by other organisations was desirable, increasing the number of people involved may limit the effectiveness of the group. This issue did not seem easily resolved and the balance between involving the ‘right’ people and having a small group that is capable of functioning effectively appears to be a difficult one to strike. This raises questions about involving adults at risk at this level as well. For example, concerns about representation were raised by some participants. Having only one or two service users represented at a strategic level was considered useful in terms of having their views represented at a SAB level. However, this was also not felt to be representative of the views of all people that fall within the adult safeguarding remit. Including more people was not considered to be a useful solution and

therefore membership on the SAB by agencies representing different groups was felt by some to be a more effective means of hearing the voices of older people at this level. Incorporating feedback from individual safeguarding cases within work that was done at a strategic level was also considered to be a potential solution to issues of representation. However, neither local authority currently had structured feedback mechanisms in place, although participants identified that they needed “to look at how we actually now get feedback from people” (Brenda, social worker).

Another barrier that was raised regarding the meetings (in relation to individual adult safeguarding) was that of the timing. Some participants felt that the timeframes attached to the adult safeguarding process could be limiting for some older people. Participants felt that the process was not very flexible, but that flexibility in how meetings were run was obtainable and could help to facilitate involvement:

The process is the same but how you do the meetings, or how you tailor the meetings can be slightly different
(Fern, social worker)

However, participants also identified that there was the possibility to delay meetings to accommodate people but that this was only possible if there were “genuine reasons” to “delay it in some ways” (Fern, social worker). Sometimes the need to delay meetings was related to capacity, for example, in cases where an individual was identified as having fluctuating capacity, participants talked about how they could delay meetings so that the person could still be fully involved as “we’re not helping this person if we’re going to make decisions at this stage while we’re not clear on what they want” (Zara, social worker).

Other means of adapting meetings to accommodate people were also discussed. For example, one IMCA spoke about how she would alter seating arrangements to ensure that the older person was sitting next to someone with whom they felt comfortable. She felt that this could give them greater confidence to speak up within the meeting. Tony also talked about how sitting

next to someone he knew helped him to voice opinions within SAB meetings and gave him “confidence” (Tony, SAB member, SU representative).

Additionally, within individual safeguarding meetings, social workers discussed how they would ensure that they took the time to speak to the person prior to the meeting and explain what to expect in order to prepare them and to reassure them. They also discussed how they would ensure that the person knew that if they needed to, they could take a break from the meeting for a while. Thomas stated that “it was clear that if we needed to step out, if we needed time out for ourselves ... that that was available” (Thomas, family member).

A final issue with the meetings that was identified was related to the professions of those who attended. Concerns were voiced by both family members about health professionals involved in the safeguarding concern. One family member was angry that the professional in question had not attended meetings and had to be chased up on a number of occasions before putting in an appearance. Another family member felt that the health professional concerned had acted without due regard to others involved in the safeguarding concern. Additionally, social workers spoke about how having police involved could be concerning for older people who worried about the potential implications of their presence, particularly where family members were the alleged perpetrators.

Overall, the nature of adult safeguarding meetings was considered by participants as a barrier to the involvement of older people. However, when discussing this in detail with them, it became clear that many strategies were already being adopted to help overcome these issues. In addition the difficulties associated with inaccessible meetings were often considered as not particularly problematic given the low levels of older people who were directly involved in attending meetings.

Overall, factors which disabled people from being involved in adult safeguarding were identified as related to two core themes; individual

impairment (usually capacity issues) and the inaccessibility of the process. Where there were issues with physical health or communication, these were usually addressed with the use of representation or through the involvement of other practitioners, for example, speech and language therapists. At a strategic level, though, Tony's health concerns may mean that he will be unable to continue attending meetings. Capacity issues usually meant that the person was excluded from the process with family members involved as representatives on their behalf.

In regards to the process as inaccessible, there were two subthemes presented. The first, inaccessible information included the use of jargon, concerns about confidentiality as limiting involvement and the nature of meeting minutes as potentially inaccessible. Whilst participants were aware of these issues and were attempting to address them, it is clear that they still occur and can have an impact on involvement. The nature of safeguarding and the reliance on formal meetings was also considered to be problematic for involving older people. Again though, there were steps being taken to address these barriers.

6.3: Older People are Unwilling to be Involved

The second key theme, 'older people are unwilling to be involved' in adult safeguarding is related to older people who were identified as having capacity and therefore the choice as to whether or not to be involved in adult safeguarding. Having capacity was associated by participants as enabling older people to have a choice over their involvement and that "people have the right to say, I don't want safeguarding, I don't want you to, to be involved in my life" (Becky, social worker).

This key theme therefore identifies a different aspect that could limit involvement; that the older person had the right to choose whether to be involved and that some older people did not want to be. A number of factors were identified as potentially influencing older people's willingness to be

involved, for example, finding the process intimidating, concerns about the potential outcomes of the safeguarding process and whether or not they agreed with professionals about the level of risk that they faced. Additionally, however, there were questions raised about whether they were actually able to make an informed choice about their involvement. For example, concerns about risk management and the individual social worker's willingness to involve older people were raised as limiting the extent to which they were free to make these choices and have control over their involvement. At a strategic level, older people "are not always wanting to hear all of that... or want to be involved in it, or necessarily understand it" (Tina, SAB member), and therefore willingness to be involved could also be a barrier to strategic involvement as well.

Figure 13, below, shows an overview of the key theme 'older people as unwilling to be involved' and the associated subthemes which are presented and discussed within this section.

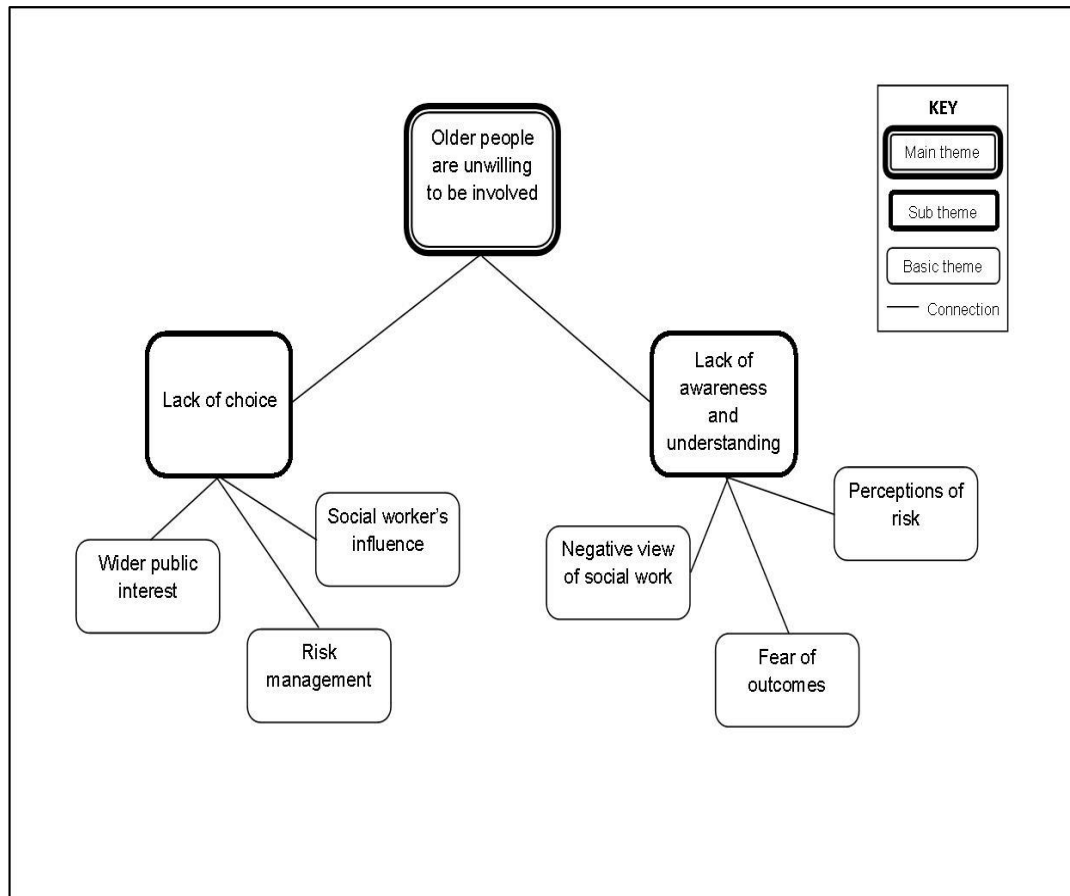


Figure 13. Thematic Map Showing the Main Theme "Older People are Unwilling to be Involved"

The figure shows two subthemes which influence older people's willingness to be involved with adult safeguarding; a lack of awareness and understanding of the safeguarding process which includes concerns about the outcomes of the adult safeguarding process, a negative view of social work and social workers, and their perceptions of risk. These were identified as a subtheme 'lack of awareness and understanding' as participants often discussed how these concerns arose due to misperceptions about adult safeguarding and social workers that could be addressed through provision of information and raising the awareness of the person about the issues of risk and what the safeguarding process could achieve for them. The second subtheme, a lack of choice includes issues related to risk management, wider public interest and the influence of the individual social worker. The subtheme was considered to be "lack of choice" due to the constraints these

placed on the older person's ability to make informed choices about their involvement.

6.3.1: Lack of awareness and understanding.

The personal emotional reactions and feelings about the process and the different professionals involved were identified by participants as a potential barrier to the involvement of older people within the safeguarding process. For example, some participants discussed how the process could be distressing for the older person and how they could "feel very concerned and anxious about the thought of safeguarding" (Zara, social worker). Previous experience in a similar setting was identified by both family members as being a facilitating factor in their involvement with the safeguarding process. However, they both discussed how, if they had not had previous experience, the process and associated meeting would have been "quite intimidating" (Barry, family member).

One family member added that access to advocacy would have been a useful source of support for him within the safeguarding process. One participant also suggested that the national portrayal of social workers and public perceptions of social workers could also mean that older people might not want to be involved in safeguarding. This was related by the participant to potential concerns that the person might have about "the idea that the social worker is coming to intervene... or to have the ability to intervene in a way that the individual might not wish for" (Tabatha, SAB member).

Additionally, some participants also discussed how, where family members were the alleged perpetrators, this could act as a barrier to the older person wanting to be involved in the safeguarding process. This was related to a fear about what would happen to their family member as a result of the safeguarding process and to a lack of understanding about what the safeguarding process was about:

I think ... a person has that conflict of, I know something is not right, but the person who is responsible for making things not as they should be are people who have a family commitment to, and there's always that concern as to what is going to happen.
(Ethan, social worker)

At a strategic level, how Tony viewed the other SAB members also had an impact. For example, he spoke about how he felt that he was a “lay person” on a board of professionals and how this impacted negatively on the amount of confidence that he had in speaking up at the SAB. He felt that he had to be “accepted” by other SAB members who needed to get “used to lay people being there” (Tony, SAB member, SU representative).

Overall, there were a number of different influences identified that could impact upon the older persons' choice whether to engage within the safeguarding process. These included concerns about the intimidating nature of the process; their level of agreement over the riskiness of their situation; negative perceptions of social workers and concerns over the outcomes of adult safeguarding, particularly where family members were the alleged perpetrators and they were concerned about what would happen to the family member. When discussing these issues participants also talked about how they felt that sometimes these arose from a misperception of the adult safeguarding process on the part of the older person. Social workers particularly discussed how the adult safeguarding process was not a punitive process, that it was something that was carried out for the benefit of the older person, but that this might not be understood by the older person themselves if they had not had involvement with this area previously. It was therefore identified that supporting the person by enabling them to have a greater awareness and understanding of the process and what it could offer them was a central part of the process and could help to facilitate involvement. Home visits and taking the time to explain what was happening was discussed as an important part of addressing this:

Obviously you, you wouldn't just be saying right, you can attend this meeting end of story. You are telling them about the process. You would be telling them what to expect.
(Zara, social worker)

This was also linked to managing the expectations of the person so that they knew what potential outcomes the safeguarding process could bring. A focus on outcomes was also identified by a number of participants as an important way of 'hearing the voice of the older person'. Both local authorities had updated their documentation in order to record the desired outcomes at the start of the process, during the process and then to what extent the person felt that they had been met at the end of the process. The policy documentation also highlighted the importance of "supporting and enabling the adult at risk to achieve outcomes that they see as the best for them, where possible" (LA policy documentation). The focus on outcomes was described as being driven by "national guidance" which made it a "higher priority" (Beth, SAB member).

The focus on asking the older person what outcomes they wanted from the process was considered to be a means of enabling their voice to be heard within the process and also for enabling the process to become more person centred. Some participants talked about how this did not always relate to the person achieving the outcomes that they wanted. However, being involved in the process could help them to understand more fully why certain decisions had been made and that, through being involved in the process, they were more likely to be satisfied with the outcomes:

I don't think I can think of any, many situations where people have been not satisfied by the outcome, when they've been involved in the process
(Brenda, social worker)

However, despite an increased focus on outcomes, it was identified that further work still needed to be done. One participant spoke about how older people were not currently being consistently asked about what they wanted

from the process and that those who lacked capacity, in particular, were not often asked:

. . . the most recent figures suggest that we're not asking everybody in a way that we probably should and I think that's about some people not asking service users who lack capacity, so I think that's probably an issue for us to work on ... but we are asking and we're starting to ask that question and we're recording and I think that's a good thing (Becky, social worker)

The emphasis on asking people what were their desired outcomes was considered to be an important aspect of involving them in the process and helping to alleviate their concerns about what their involvement in adult safeguarding might lead to. However, as identified above, participants spoke about how it was not always possible to meet these outcomes, thus demonstrating that the control the older people have over the process may be limited. This is considered further below, in section 6.3.2.

Overall though, older people's lack of awareness and understanding of the process as limiting their willingness to be involved was being addressed directly within both local authorities. For example, the communication that occurs outside of formal meetings was identified as an essential part of raising awareness and understanding. Such communication was considered by participants as a means of enabling the older person to be kept informed of what is happening within the process. This was considered to be particularly important where the older person was not directly involved in attending safeguarding meetings. This highlights the importance of addressing issues with the accessibility of the information provided which was discussed within section 6.2.2, above.

The involvement of advocates could also help to raise the understanding of the older person and address their concerns. Advocates spoke about how their knowledge and experience of the adult safeguarding process could be beneficial for the older person as it meant that they had someone with them

who understood the process and could “before you even get to the meeting ... dispel a lot of concerns that people have” (Sheila, IMCA).

At a strategic level there was a lot of work being done to raise awareness and understanding of adult safeguarding within the community, although this was largely focused on enabling people to recognise and report abuse and neglect. However, work was also being done to help people involved in adult safeguarding to be better informed about the process. Within LA2, for example, the service user sub group had been actively involved in reviewing material that will be used within the safeguarding process to help facilitate understanding of the process. The material includes a pack of printed information which details what will happen within the process and who the main points of contact are. There is also a DVD that had been developed regionally that could be given out which included, for example, a ‘mock’ safeguarding meeting. This material had been developed and adapted for LA2 and the SU sub group had been doing some ongoing work to update the material and make it more “accessible”. Those who were involved in this subgroup (which included carers and family members alongside the older person, Tony) therefore had an active role in developing the process for the benefit of others.

The final aspect to be discussed within this subtheme is the extent to which an older person might agree with professionals about the level of risk that they faced. This was identified as potential barrier to their willingness to be involved. For example, participants spoke about how “ they may or may not agree with it [the level of risk] because they may not perceive there being a problem” (Brenda, social worker). Participants spoke about how, in situations where the older person did not agree with professionals regarding the level of risk that they faced, they had the right to refuse safeguarding, but only where they had the capacity to make that decision. The management of risk within the process (and its impact on involvement) is further discussed below.

6.3.2: Lack of Choice

Whilst, in cases where the older person was assessed as having the capacity to make the choice, older people were considered to have the right to make decisions about their involvement, there was also evidence that often these choices were limited. Reasons for this were identified as being related to the social worker themselves (as a gatekeeper to involvement) limiting the older person's ability to make an informed choice as well as issues related to risk management and cases where there was a wider public interest. These are discussed below.

The unwillingness of some professionals to involve older people in adult safeguarding was an unexpected finding given the importance that those interviewed placed on involvement. As discussed in Chapter Five, there was a general agreement amongst participants that involvement was important and that professionals wanted to involve older people at both an individual and a strategic level. However, there was also some suggestion that this was not always the case. For example, at an individual level, some participants suggested that social workers did not always encourage people to be involved in safeguarding processes:

I don't know whether they're always encouraged in the right way to attend. Cos if you say, oh, there's going to be loads of people there, do you think it will be too much for you, or, we'll have a meeting, don't worry you'll get lots of support, you can have support there, you can leave if you need to....you know, how you put that to someone about their involvement, I don't think we're quite there yet, involving people in that way
(Katie, social worker)

This quotation from Katie raises questions about whether the choices that older people make about their involvement are always informed choices. Another participant also suggested that some social workers might discourage people from being involved, using the excuse that it would be too distressing for them and potentially not recognising that older people could be able to manage this:

I still think sometimes that some workers shy away from inviting people to meetings, and they usually ... use the distress, it would cause a person too much distress. And I think quite often people don't give them quite enough credit for being able to cope with, kind of coming to meetings and dealing with stuff and putting their voice forward
(Brenda, social worker)

This was associated with not involving the older person in order to reduce the potential for causing further harm, discussed below. However, in this instance it is suggested that causing distress to the older person could be used as an excuse not to involve them, rather than allowing them to make the judgement for themselves. One advocate also felt that sometimes people were not involved because the social workers wanted to be able to make decisions for them. He further identified that this may be related to the heavy caseloads that social workers were working under and that the additional time that was needed to involve someone was therefore a constraint as social workers:

“sometimes ... just want to blast ahead, get things over with quickly because they've got so many cases ... It can occasionally feel like you're part of a conveyor belt process.
(Ken, general advocate)

Again this highlighted the usefulness of involving advocates who could support the person within the process and build their confidence and ability to self-advocate. Additionally, as Katie (social worker) stated, advocates were not “caught up in the kind of case loads and the funding situations that a lot of social workers are” and so they could invest more time into supporting the person in order to facilitate involvement.

The role of the professional and the associated duties this placed upon them was also a mediating factor in determining whether involvement occurred. Their key role in facilitating involvement was discussed above in relation to the role they played as “gatekeepers” to involvement and the association of this with their willingness to involve older people. However, other factors, related to their role, were also important in mediating the extent to which

involvement occurred, for example, the duty placed on them (by virtue of their role) to protect and the associated implications for managing risk. They also had a responsibility to carry out mental capacity assessments, chair adult safeguarding meetings and to consider the wider public interest when carrying out safeguarding processes. Such duties are also relevant at a strategic level as the ultimate aim of the SAB, as identified by Judith (SAB member, LA1), was “to keep people safe”.

Risk was a key theme that always recurred in the analysis of the data. The importance placed by social workers on involving adults at risk within the process (as discussed in Chapter Five) was reflective of the local authorities’ policies which also identified the need to involve older people in the process. For example, a key principle from the policy documentation was “the right to be involved in making decisions that affect them” (LA policy documentation). The local authorities’ policy documentation also included a proviso which allowed for the possibility of not involving the older person, for example, in relation to the capacity of the person or where “considered necessary in the interests of their own safety or the safety of others” (LA policy documentation). Management of risk and the duty to comply with national policies was a factor in limiting the amount of control that the older person had over the safeguarding processes being initiated. This was the case where there was a risk to others as in these cases the local authority has a wider public interest and a duty to act:

It’s possibly not just about that individual, it could be a whole range of individuals that that individual who put their hand up isn’t really interested in but we have to be as that responsible agency for the populations that we’re responsible for. So that, that’s where things can take a life of their own
(Ethan, social worker)

In these cases, even if the individual expressed that they were not interested in being involved in safeguarding processes, the process would be undertaken anyway, potentially limiting the amount of control and the level of involvement that they were able to have. One participant discussed a slow move within the local authority away from a risk averse culture towards one

where staff were encouraged to support service users to take risks. This was managed, for example, through the development of policy to support positive risk taking. This participant, and others, felt that there was still some way to go in changing attitudes and approaches towards risk.

Risk to the individual was a key factor that influenced their level of involvement in the process. For example, where it was identified that speaking to the person and involving them could “put them at risk or put other people at risk” they may not be involved in discussions about adult safeguarding (Katie, social worker). Potential for further harm from the perpetrator was therefore a potential barrier to involving someone within the process. More commonly, however, participants spoke about the potential (or perceived) risk to the person from being involved in the process. This aspect of risk was related to the potential distress that they could suffer as a result of being involved in safeguarding processes. In these instances social workers actively chose not to involve the individual directly in order to protect them from further potential harm. It was also identified above that involvement in the process could be difficult for people and this was also cited as a reason why they might not be involved, for example, where participants felt that they did not want to cause the individual further distress. However, as discussed above, it is not always clear whether the choices were made in the person’s best interests, or in those of the social worker.

It was also discussed above that one barrier to involvement could sometimes be the older person choosing not to be involved because of differing perceptions of the level of risk that they faced. The co-construction of risk between the individual and the social worker was identified as a means of addressing risk in cases where the individual did not perceive it in the same way as the social worker and was therefore unwilling to be involved in the safeguarding process. Brenda, for example, identified that involving the individual in the process could benefit the person by allowing them to hear what professionals had to say about their situation and the level of risk that they faced:

Also there's that element of them hearing what other people have to say, because sometimes you have situations where people are in quite risky situations and just think that's normal...and it's only when they hear other people say 'actually that's quite a risky situation' or 'I'm really worried about what's happening to you' that they actually hear what, they begin to hear what... they begin to think it's actually more serious than they perhaps perceived it as
(Brenda, social worker)

Such a discussion relies on those involved having strong interpersonal and communication skills. This was largely related to the professionals involved developing those skills through training:

You've got to have the right training to be able to do this and the right attitude (Fern, social worker)

Risk was a recurring theme across all of the interviews and although it was predominantly discussed in relation to risks to the individual concerned it also arose in relation to risk to the social worker and the organisation. Risk to the organisation was a key factor in limiting the amount of control that participants could have over the process. Whilst it is a multi-agency arena, responsibility for adult safeguarding lies ultimately with the local authority. National policy sets out a framework for responding to abuse which the local authority is duty bound to follow, although as one participant identified adult safeguarding was not (at the time of the interview) a legislative duty and as such "nobody is legally bound to be involved in that process" (Becky, social worker). However, there were potential repercussions from not following national procedures, for example, the potential cost to individuals who were not kept safe due to a failure on the part of the local authority and the negative media attention that this could generate. As one participant stated, "I don't want any headlines on my patch" (Michelle, SAB member).

Such negative consequences of not following national policies are identified as potential risk to the organisation. However, there are occasions when following national policies conflicted with the ability of the older person to be involved within adult safeguarding processes in a position where they had

control. For example, a core theme within the data was that risk is the crucial factor when considering where responsibility for addressing situations of abuse lies:

It's down to risk . . . Risk to the individual, risk to the community, risk to the organisation, risk to other professionals involved, risk to family member, legal challenge, dispute. So the more . . . there is of all of that . . . the greater the responsibility
(Ethan, social worker)

Ethan's statement highlights the importance of risk management within adult safeguarding and the acknowledgement that ultimately someone has to take responsibility for this, potentially leading to "risk averse" practices (Hugo, IMHA). The professional construction of risk is therefore acknowledged within these findings as having an impact on the involvement of older people within the safeguarding process. This manifested itself as a top down approach; the importance of risk management was mentioned frequently within local authority policy documents. The management of risk was therefore a potential factor in limiting involvement due to the fear of "getting something wrong" and social workers being "terrified" of "something happening and being blamed" which had led to "risk averse practices" (Tina, SAB member).

The duty to protect was also identified as potentially limiting involvement at a strategic level. For example, Norman talked about how the duty to protect "vulnerable people" meant that local authorities needed to develop adult safeguarding processes in a way that was "meeting the needs of the organisation" but that this might not reflect the views of service users (Norman, social worker).

The need for formal processes could therefore limit involvement. Concerns about risk and the need to follow process to avoid "getting things wrong" could also impact on the level of flexibility that social workers felt they had in adapting the process to suit the individual. This could also limit the sense of control they felt that older people could have over the process:

I can understand how sometimes service users might not feel as if they are in control, because the process still has to come first in a way. The process still, you still have to monitor the process, you still have to follow the process
(Fern, social worker)

Other participants felt that historically the process had not enabled individuals to be in control but that this had changed. However, there was still a strong sense from participants that the process had to “come first”:

But it is a formal process. With formal responsibilities that have to be met if we're to be seen and do our jobs as we should do
(Ethan, social worker)

Overall, the management of risk both to the individual concerned and to the social worker and the organisation was a dominant feature of discussions. Managing these risks created barriers to involvement, for example, because of a fear of what would happen to the individual or to the worker if they did not adhere to guidelines which could potentially restrict involvement. There was also a sense that a shift was occurring to a more positive approach to risk taking. Discussing risks with the person and focusing on positive risk taking could help to facilitate involvement. Additionally, one participant spoke about how having a “culture of involvement” within the local authority could promote involvement by incorporating the importance of involvement within training and through a having a management in place that prioritised involvement; it was felt that this would “trickle down” to those engaging in adult safeguarding in their day to day practice (Alexandra, SAB member).

6.4: Chapter Summary

Two key themes were presented in this chapter. The first key theme, older people as unable to be involved, included consideration of the characteristics of older people who may be involved in adult safeguarding and the potential impact of these on their ability to be involved. The data indicated that issues around the level of understanding and awareness of the older person (often

related to dementia and capacity issues) were a key barrier to their involvement. Other factors such as health or communication issues could also be a barrier. Participants identified that where there were issues concerning physical health and communication these could be overcome by involving other professionals, such as advocates as well as speech and language therapists. Lacking capacity, however, meant that the older person would not be involved, with family members usually representing the older person within adult safeguarding processes.

This key theme, 'older people as unable to be involved' also included issues related to the inaccessibility of information and meetings as preventing involvement. Participants acknowledged that it was sometimes easy to slip into using jargon as they were not used to the older person being present within meetings. It was identified that it was the role of the chair to address this and to ensure that older people and their family members, if present, could understand the meeting and engage with it. The role of the chair was pivotal in this sense. Other barriers were related to the more physical or structural aspects of the meetings, for example, the meeting venues or the layout of the room which could be easily modified in some cases, although there were concerns about not following the adult safeguarding processes and the potential repercussions of this.

The second key theme, 'older people as unwilling to be involved' was related to two subthemes. The first was around the level of awareness and understanding the older person had to make choices about their involvement within adult safeguarding. For example, their perception of the risk that they faced, their views about social workers and their fears about the potential adverse outcomes of the adult safeguarding process could all impact on their willingness to be involved in the process. There were questions raised about the extent to which choices that they made were informed. For example, the role of the social worker as a gatekeeper to involvement and their willingness to involve the person could impact on the extent to which older people were able to make informed choices about their involvement. Additionally, the management of risk was a key barrier to involvement. Risks to the individual,

to the social worker and to the organisation were all cited as potentially limiting involvement. Participants identified how they were starting to move away from risk averse practices, but that there was still work to be done in this area.

The following chapter further develops the themes from this part of the thesis through a discussion and interpretation with reference to the wider literature and to relevant theoretical perspectives.

Chapter Seven: The Emerging Theoretical Model

7.1: Introduction

The preceding chapters provided a presentation of the key findings from this research study. Chapter five began with an overview of what was learned about current arrangements for involvement in the two local authorities. It was identified that levels of involvement were low and that, at an individual level, it was usually family members who were involved in adult safeguarding on behalf of the older person.

The preceding chapters also identified that, where older people are considered to have the capacity to be involved in adult safeguarding, there was strong agreement that the person should have the right to choose whether to engage with adult safeguarding. It was also stated by many participants that older people often choose not to be involved, for a variety of reasons. However, the extent to which such a choice is always an *informed* choice is questionable in light of the findings from this research. There was some suggestion that, at times, older people were dissuaded from attending. Additionally, there was a suggestion that the level of awareness and understanding around the safeguarding process may be limited, and this can also have an impact on the ability to make an informed choice about whether to be involved within the process. Two subthemes were therefore related to the overarching theme of 'unwilling to be involved'. These were: 'lack of choice' and 'lack of awareness and understanding' (shown in Figure 14, below). Additionally, barriers which disabled the older person from being involved were identified within this research. These included perceived or identified deficits of the older person (including their physical health and their capacity) as well as aspects of adult safeguarding (for example, the accessibility of information and meetings) (also shown in Figure 14, below).

Chapter six therefore presented two overarching themes as key barriers to involvement. These were: 'older people are unable to be involved' and 'older people are unwilling to be involved'. Several subthemes were also introduced which included barriers to involvement, and efforts that were being made to 'bridge' these and overcome them. This chapter builds on those findings by offering an interpretation, grounded in the wider literature and relevant theory, with the aim of developing an explanation for the findings. A focus on explanation is consistent with the interpretive stage of thematic analysis, and with retroduction which seeks to identify why a phenomenon or event occurs, in this case the involvement of older people in adult safeguarding.

The findings from this research suggest that the role of the social worker, as a gatekeeper to involvement, is central to understanding the process of involvement within adult safeguarding. It was identified that key stakeholders interviewed for this research felt strongly about involvement; they were positive about the importance of involving older people in adult safeguarding and some social workers even spoke about not to do so would be abhorrent to them. However, as identified with Chapter Five, they also spoke about how involvement, as they thought it should be, (the older person being able to make informed decisions) was not often possible within adult safeguarding. Involvement therefore became reconstructed as being about 'hearing the person's voice within decision making'. With this in mind, the process of involvement can be understood as largely influenced by professionals' views about involvement and factors which constrain their ability to involve older people in decision making. Their role in including older people within adult safeguarding is mediated by a range of other individual and structural factors, such as, the location and size of adult safeguarding meetings, the influence of wider policy and legislative frameworks, and the personal characteristics of the older people who may be involved in adult safeguarding (for example, whether the older person has the capacity to make associated decisions or chooses to be involved).

This interplay between individual agents and the social structures within which they are embedded forms the basis for understanding the involvement

of older people within adult safeguarding, and for the emerging model. The themes from this research are considered in detail within this chapter with the aim of providing an interpretation of the data and an explanation for how and why involvement occurs (or does not occur). Figure 14, below provides a reminder to the reader of the key barriers that were identified from this research.

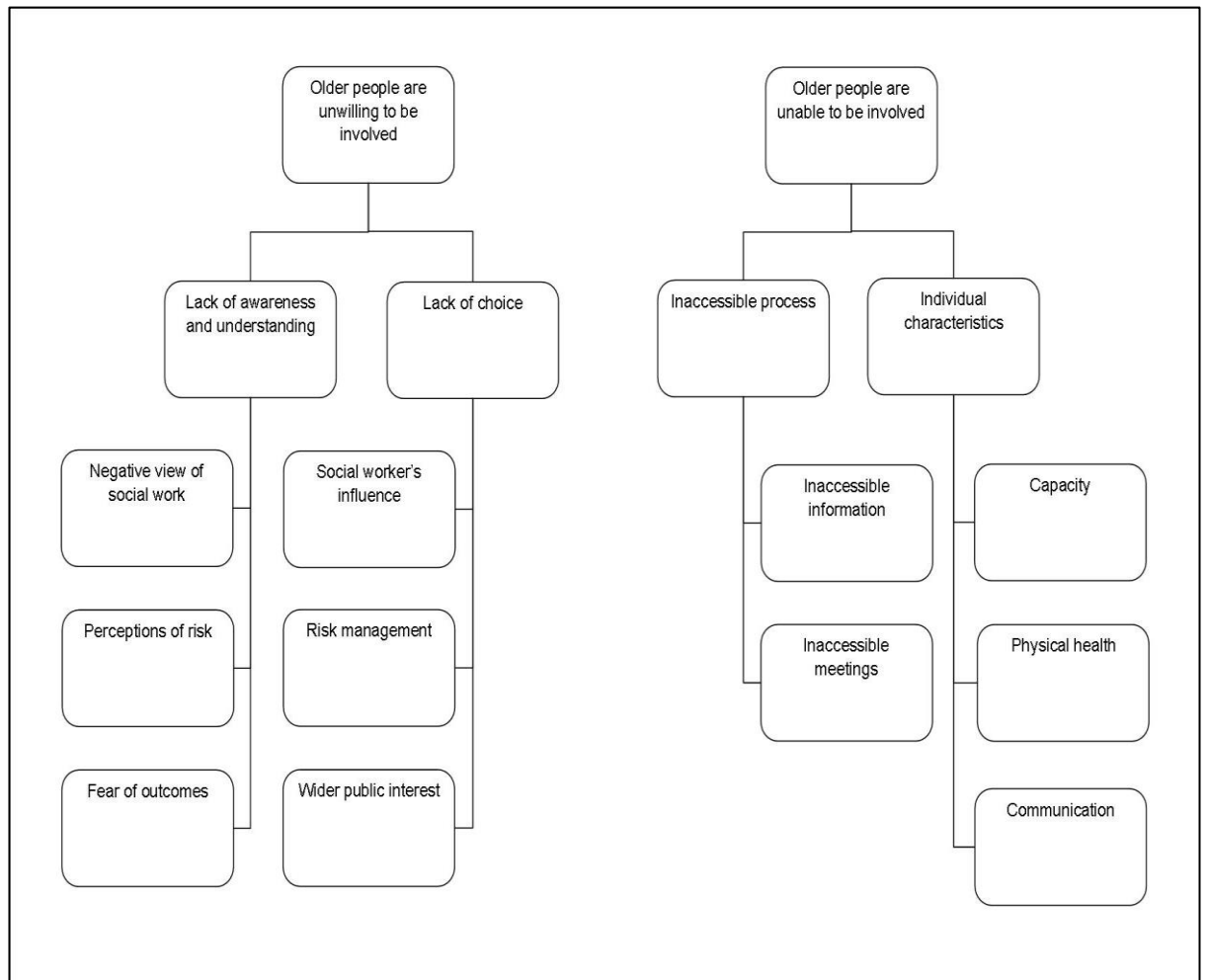


Figure 14. Showing an Overview of Key Themes Identified from the Thematic Analysis

This chapter explores these themes in further detail with the aim of providing an explanation through the use of retroduction. Brom and Morén (2003) defined “mechanisms in social work practice as forces (reasons and motives)”. They are “unobserved analytical constructs” which explain events (p. 47) they are therefore only accessible via theory. To understand an area

of interest it is therefore necessary to develop a theoretical model which provides “hypothetical links between observable events” (Brom & Morén, 2003, p. 48). This does not lead to an understanding that mechanisms are not real, but rather that our knowledge of them is concept dependent. As such, to understand involvement in adult safeguarding, a theoretical model was developed on the basis of the findings from this research and with reference to wider literature and theory, as proposed by Danermark et al. (2002). This research aimed to identify and explain how and why involvement occurs, through the use of retroduction; the focus was on generating greater knowledge and understanding of the involvement of older people in adult safeguarding. The following section details the interpretive process that was used to develop the model. The model takes into account the role of the context, adult safeguarding activity, and the individuals who are involved in adult safeguarding in influencing involvement. The following discussion provides further details of each of these elements that make up the overarching model that was developed based on the findings from this research.

7.2: The Process of Interpretation: Theorising Mechanisms

As discussed in Chapter Four, interpretation of the themes requires a shift from description to an account of the story that the themes identify (Braun & Clarke, 2006, p. 94). Within a critical realist paradigm the emphasis is on the identification and discussion of generative mechanisms; those which exist in the real and produce events, in this case involvement (or lack of involvement) in adult safeguarding (Bhaskar, 1979; 1985). Hypothesising about generative mechanisms can help us to explain why things happen in certain ways. As Blom and Morén (2009) stated, these mechanisms exist “whether we conceptualize them or not” (p. 4).

Within this research, an overarching research question was “why is the current level of involvement in adult safeguarding low?”. Whilst this question

is still relevant, the findings suggested that the manner in which involvement is conceptualised impacts on the degree to which professionals feel that they are achieving involvement. This was demonstrated in Chapter Five which identified the differences between involvement as ‘informed decision making’ and involvement as ‘hearing the voice of the older person’. Although it was felt that the first should be the desired approach, due to various barriers which impacted upon the ability for this to occur, the latter was depicted as the general (and accepted) approach to involvement at both individual and strategic levels. Retroduction “refers to asking why things are observed as they seem to be” (Olsen, 2009, p. 7). I therefore reconsidered my original overarching research question ‘why are levels of involvement low?’ and instead focus within the following discussion on the question ‘why does involvement in adult safeguarding occur in the way that it does?’. The following section provides further details of the CAIMeR theory and Layder’s social domains (introduced in Chapter Four), which were used to guide the interpretation of the findings. The discussion considers each of the key concepts of these theories in relation to the findings from this research, outlining the key mechanisms that form the overarching model presented in the following chapter.

7.3: The Emerging Model

An overview of CAIMeR theory and Layder’s social domains is provided below, where each of the key concepts of these theories are discussed in relation to the research findings. First, an overview of the concept, or domain, is provided before the findings are discussed, with reference to other key theories where appropriate. Mechanisms have been discussed above, and within Chapter Four, and so they are not considered separately again within the discussion below. They are, however, identified and discussed in relation to the different domains of context, actors, and interventions. In keeping with critical realism, and with the theories of social life and social work practice used within this discussion, these domains, and their associated

components, (as identified within this research) are considered to influence one another, but are also “characterized by their own distinct features, giving rise to a measure of independence from the others” (Houston, 2010, p. 77).

7.3.1: Context: National and local context.

Three types of context are identified by Blom and Morén: intervention context; ‘client’s’ life world; and societal/ cultural context. Layder also distinguishes between different contexts, for example, Layder’s domain of ‘social settings’ could be articulated as the intervention context, and encompasses the context, or setting, within which social interaction occurs. These can be formal, such as social institutions of organisations, informal, such as the family, or transient, including, for example, public spaces (Houston, 2010b; Layder, 1997). Layder additionally emphasised the rules and regulations associated with organisations and their influence on those employed within them in “shaping their working practice” (Houston, 2010). In the context of the current research, therefore, the domain of social settings could include the local authority as the organisation, and the venue of the meetings that take place within adult safeguarding.

The societal/ cultural context articulated by Blom and Morén ties in with Layder’s domain of contextual resources. Social settings are situated within the wider contextual resources domain, which includes economic and cultural resources. For Layder, the features of each domain do not determine the others as they have their own unique characteristics. They are, however, “interwoven and interdependent with the others” (Layder, 1997, p. 4). In other words, as an example, the social settings within which social interaction occurs will be influenced by wider contextual resources and will “play a significant role in the structuring of self-identities through individual psychobiographies” (Layder, 1997, p. 4). In Layder’s theory, this stratified view of social life incorporates an autonomous, objective aspect of social life, alongside an acknowledgement of the subjective, constructed elements contained within the social world (Layder, 1997).

The following discussion considers the key findings from this research in relation to Layder's, and Blom and Morén's, 'context' domain. An overview of this discussion is provided within Figure 15, below. The figure shows the key components, or themes, associated with the context of adult safeguarding. For example, the mechanisms identified within the literature review that impact on the national framework for adult safeguarding. Key mechanisms associated with the national context for adult safeguarding include, as shown in the figure, the construction of risk and vulnerability, the focus on involvement and the duty placed on the local authority to protect 'adults at risk of harm'.

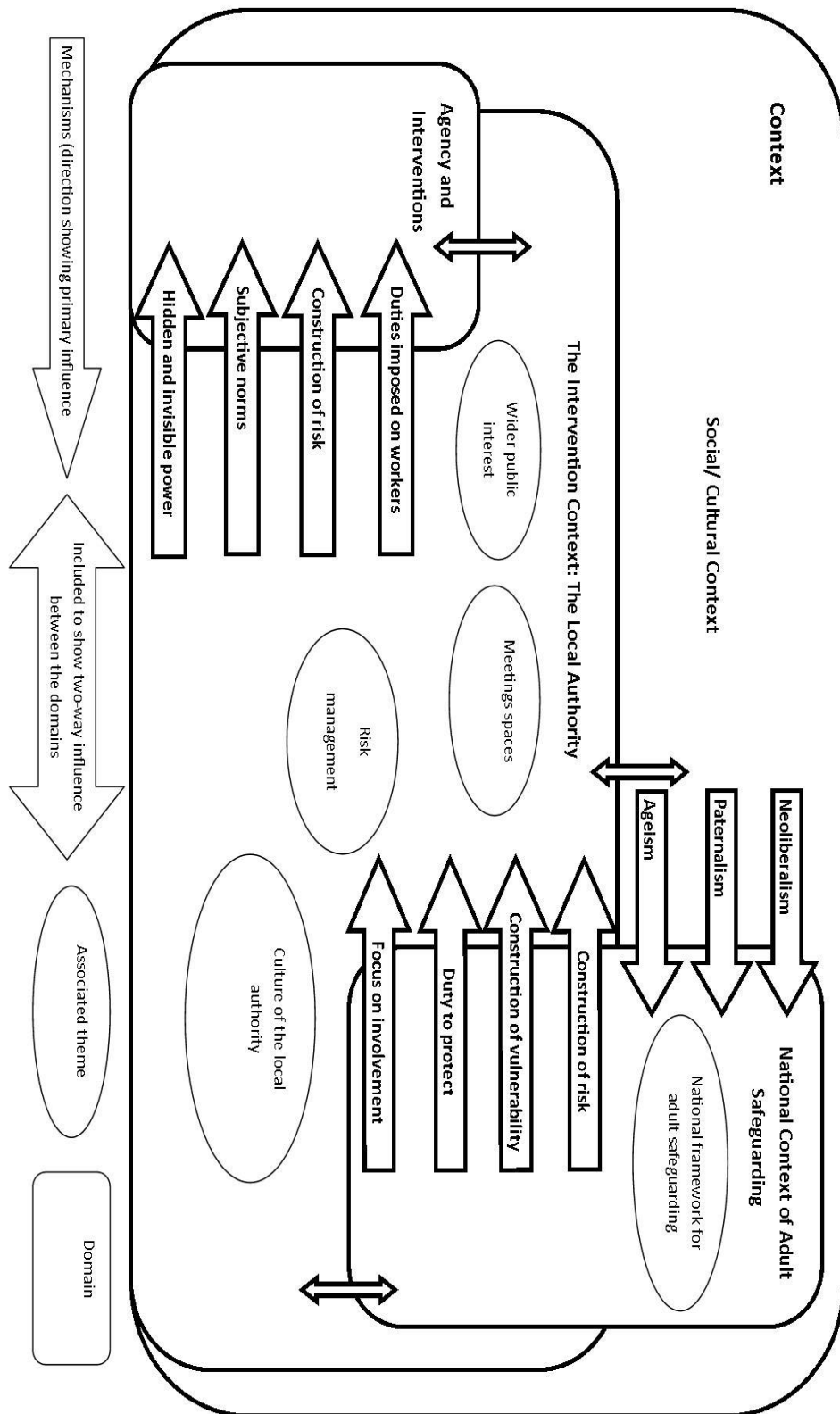


Figure 15. Model Showing an Overview of Key 'Context' Themes and Mechanisms

Contextual Resources: The Wider Context for Adult Safeguarding

Societal and economic factors were not prominent features within the data collected from this study although, clearly, they are of relevance to this field of interest and will have underpinned the way in which adult safeguarding has developed and is understood by participants. For example, the availability of resources within the local authority is influenced by wider economic conditions, for example, mechanisms of production and consumption (Houston, 2010). The literature review also considered the way in which older people are positioned within society, and within national safeguarding policy, identifying mechanisms of paternalism and ageism as impacting upon responses to elder abuse within the UK, for example, the way in which vulnerability has been constructed. The construction of vulnerability can therefore be considered as an emergent property, but also as a causal force in itself, impacting as it does on the responses to abuse within England.

The wider social context for adult safeguarding was discussed in detail within Chapters One, Two and Three of the thesis and so is not repeated in depth here. As a summary, key influences identified within the literature review included the impact of a neoliberalist agenda on the approach taken to involvement in health and social care, and the impact of paternalism and ageism on both elder abuse, and current responses to it, within England. These mechanisms are shown within Figure 15, above.

The literature review also explored the national context of adult safeguarding. The way in which adult safeguarding has developed, and the national policy and guidance framework, have a clear impact on the local context. Historically, as discussed within the literature review, adult safeguarding has been positioned within a paternalistic approach. Whilst there have been some steps to move away from this (for example, through the increased focus on involvement) the impact of this approach is still clear within the local context. There is also an argument to be made that the increased focus on involvement and empowerment is grounded in rhetoric; offering greater choice and control within a neoliberal framework of consumerism is

meaningless within a context where adults do not choose to engage with the services available in the first place. Key mechanisms identified from the literature in relation to the national context for adult safeguarding, as shown in Figure 15, above, include the construction of risk and vulnerability, the duty to protect, and an emphasis on involvement. These influence and shape the local context for adult safeguarding.

Social settings: The context of adult safeguarding at a local level

The local authority is the lead agency in responding to abuse, and as such has responsibility for developing local policy and practices which are in line with the national guidance. This places the local authority in a position of power within adult safeguarding. This 'visible' form of power means that it is the local authority which makes and enforces the rules of adult safeguarding, at a local level (Gaventa, 2007). Such rule making governs both strategic and individual levels of safeguarding. Examples of the influence of this power found within this research include the focus on risk management, and decision making structures (e.g. formal meetings) that have historically been 'closed' to older people. Although this has now changed, and these decision making spaces are now 'invited', the formal nature of these spaces remain (Gaventa 2005, 2007). It was highlighted within this research that this has resulted in decision making spaces often being inaccessible for older people due to the venue, size and nature of the meetings. The agendas for these meetings are also set by the local authority, a hidden form of power, which prioritises their interests over those of older people (Gaventa, 2005, 2007). It was clear also, from the interview data, that participants felt constrained by these forms of power (shown as a mechanism in Figure 15). Social workers expressed how they felt that the adult safeguarding process "had to be followed", and there was an element of fear over the potential repercussions of not doing so. This influenced the extent to which participants felt that there was flexibility in the adult safeguarding process to involve older people, and the extent to which older people were actually able to have any control over the process. This is explored further below, within Section 7.4.3.

The venue of the meetings was also mentioned frequently as a potential barrier, for example, in terms of the potentially intimidating nature of holding meetings in formal workplaces. Meetings within adult safeguarding have often been 'closed' to older people; evidence from this research suggests that this may still occur, for example, where 'professional only' meetings take place. At a strategic level meetings were always held within organisational settings. The findings from this research show that meetings are now, predominantly 'invited'; institutionally instigated but where older people are invited to take part. The importance of the environment within which adult safeguarding takes place was highlighted as being a potential barrier to involvement, both at an individual and a strategic level. Whilst social workers highlighted the safety of the organisational space as a venue for holding meetings they also considered that these formal settings could be intimidating for some people to enter. The very nature of these formal spaces can be considered in their own way to be dominated by power (Gaventa, 2005). The dynamics of the group who comprise those at the meeting will also hold their own power within such a formal setting. For example, Thomas's reference to never walking into a room "apologetically" can be considered as a reference to not seceding to this power. Those within an established group, such as Thomas described walking into when he entered after a 'professional only' meeting, have an already established power dynamic. For those who do not have Thomas's background and experience of attending formal meetings to enter such a setting is likely to be considerably harder. Lacking confidence and self-esteem were also identified by Beresford (2013) as potentially limiting the involvement of service users. The nature of the meetings is considered further below, in Section 7.4.3.

The availability of resources was also an associated factor, most significantly the availability of time. Involving older people was identified as more time consuming, and there was some suggestion that the heavy case-loads social workers are operating under were also a limiting factor in enabling involvement. Simply "hearing the voice" of the older person as involving them in the process is clearly less time consuming than actively trying to take steps

to involve them in a more empowering way. It also does not address whether that voice is being listened to. Other resources discussed within this research were financial in nature. For example, availability of money to provide transport and technology that might be needed to support communication. Whilst participants identified that provision of transport and support to enable involvement was a priority, there is a concern within the current economic climate that such additional resources may become limited.

The culture of involvement within the local authority was also referred to within the interview data with one participant stating that, if there was a focus on involvement at a higher level, this would then impact on what was happening in practice. The extent to which this occurs may depend on the lead that is taken on involvement at a strategic level, which is informed by national policy and legislation. It was identified within Chapter Six that involvement was considered to be a priority, at both a strategic and an individual level, and this was largely driven by national policy and legislation. Participants also expressed a concern about involvement being tokenistic. Wright et al. (2006) suggested that a more appropriate approach to involvement is a whole-systems approach which does not view involvement as linear in the same way that Arnstein's model does. Instead they propose that it should be seen as more of a jigsaw with different aspects of service development each considered as a separate piece of the jigsaw. One of their jigsaw pieces was about having a culture of involvement within the local authority. The culture of involvement within the local authority can be considered as influential in establishing the norms of involvement that operate and impact upon the individual workers as 'gatekeepers' to involvement, which is discussed below in Section 7.4.2.

Whilst the involvement of older people was identified as a priority, and was seen as important across both local authorities, the norm appeared to be that the older person would not be present in meetings, or able to take full control within adult safeguarding, at either level. Elder-Vass considers that social norms can "*influence* individuals without directly and completely *determining* their behaviour" (Elder-Vass, 2010, p. 153-154, emphasis in original). For

Elder-Vass, the power to exert normative influence is attributed to real material groups of people, and at the same time depends on the beliefs of individuals which arise from the experience of interacting with those around them (Elder-Vass, 2010, 2012). Elder-Vass further argues that the normative environment influences the manner in which we think and speak. It also provides the resources with which we do so, further establishes what social actions are available to us, and exerts some pressure on which of these options will be taken (Elder-Vass, 2012). We can also accept that the individual operating within this world can exercise some choice and control over the actions with which they engage. Conversely, the actions that individuals take can reproduce or transform the normative environment within which they operate. The culture of involvement within the local authority can therefore be considered as influential in establishing the norms of involvement which operate within practice. These norms, according to Elder-Vass, also influence the individual intentions and behaviour in relation to their facilitation of involvement (considered further below, in Section 7.4.2). Findings from this research suggest involving family members on behalf of the older person, especially where they lacked capacity, was the “norm” within both local authorities. The subjective norms associated with the context of the local authority are therefore considered as an influencing factor on the key stakeholder (‘actors’) within adult safeguarding and on the work that is done within adult safeguarding (‘interventions’). This mechanism is shown in Figure 15.

Overall, the manner in which adult safeguarding has developed has left a legacy of top-down, organisationally led practice, at both individual and strategic levels. Involving older people within a context that has historically been ‘closed’ may limit the effectiveness of their involvement. For example, Tony’s feeling of a lack of confidence may be related to his involvement in a context which has not made sufficient adaptations to promote his involvement. At an individual level, this may also exacerbate the exclusion of older people from the process. As Cambridge and Parkers (2004) stated, such “top down” processes risk “service user exclusion and defensive practice” (Cambridge & Parkes, 2004, p. 713). The context of adult

safeguarding, therefore, needs to be considered in relation to the culture of the local authority, as well as in relation to the actual spaces within which decision making occurs, if older people are to be fully involved in adult safeguarding. Mechanisms operating within this domain therefore include constructions of risk, subjective norms, and the duties imposed on workers by virtue of their role within the local authority.

7.3.2: Actors: Older people, social workers, SAB members and representatives.

'Actors' are those who are involved in the intervention and can include, for example, the social worker, the 'client' and other intervention actors (Blom & Morén, 2009). It also includes the actors "formal qualities (e.g. education, position and sex)" and their "assumptions about humans, society and social work" (Blom & Morén, 2009, p. 11). Layder's domain of psychobiography encompasses similar elements. For Layder, psychobiography is the "development of self as a linked series of evolutionary transitions, or transformations of in identity and personality at various significant junctures in the lives of individuals" (Layder, 1997, p. 47). The focus is on understanding the person through their "identity and behaviour as it has unfolded over time" (Layder, 1997, p. 2).

Findings from this research, and from the wider literature, identified the importance of the role of the professional in facilitating involvement, as gatekeepers. At a strategic level the SAB, led by the chair will consider SAB membership and other strategies for involving (or not involving) older people. At an individual level the social worker acts as the gatekeeper for involvement. Beresford (2013) also used the term "gatekeeper" to refer to those in a position to "support or obstruct the involvement of service users" (Beresford, 2013, p. 40), stating that they could be a barrier to involvement. Understanding professionals' personal motives for involving an older person is therefore a central aspect of understanding involvement in adult safeguarding. Therefore their views and beliefs about involvement and about

older people are included as a key mechanism with the theoretical model (shown in Figure 17).

With the professional positioned as the key gatekeeper for involvement, their own personal circumstances and beliefs are considered of importance in influencing the extent to which involvement will occur. The links between beliefs and behaviour are well established with the literature. The theory of planned behaviour proposes that an individual's behaviour is influenced by the strength of their intention to perform the behaviour (Ajzen, 1991). However, according to Ajzen, it is mediated by the extent to which the behaviour is under the volitional control of the individual. The theory of planned behaviour (Figure 16, below) also includes the role of the person's attitudes towards behaviour "the extent to which the person has a favourable or unfavourable evaluation or appraisal of the behaviour in question" (Ajzen, 1991, p. 188). Social or subjective norms "perceived social pressure to perform or not perform the behaviour" (Ajzen, 1991, p. 188) are also relevant within this theory in dictating whether the behaviour occurs (discussed above, in 'Contexts'). Subjective norms are therefore also included within the 'context' mechanisms (shown in Figure 15).

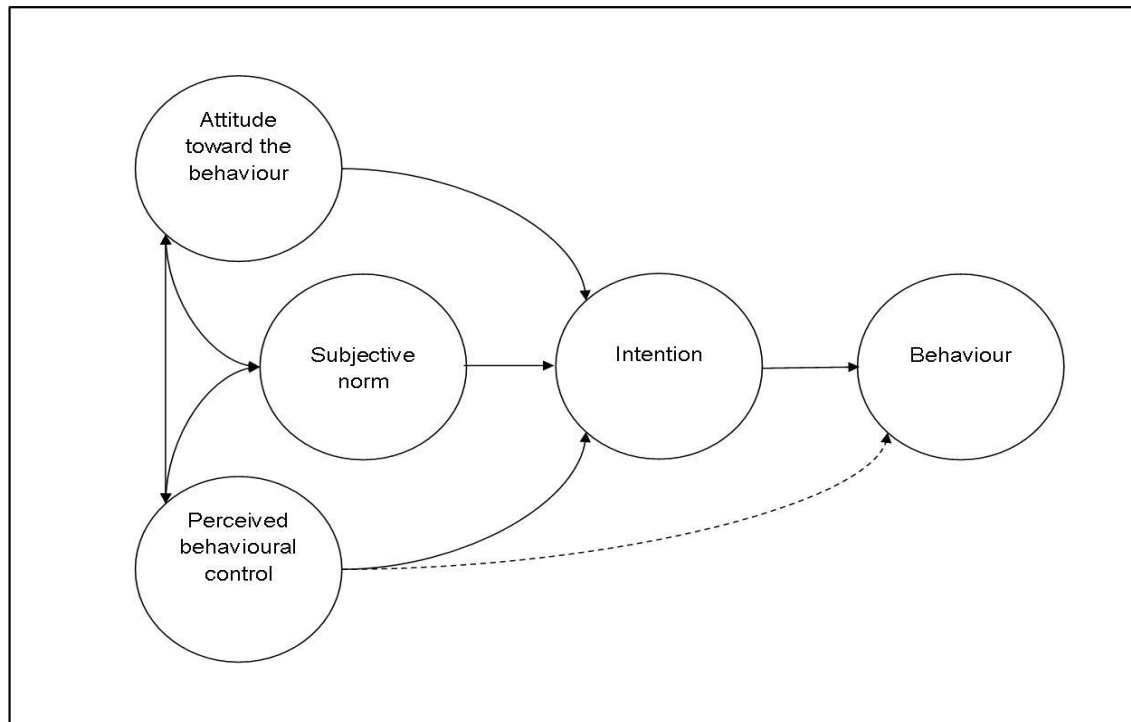


Figure 16. The Theory of Planned Behaviour (Ajzen, 1991, p. 182)

With this in mind, it is hypothesised that professional’s intentions and the behaviour directed at involving older people will be mediated by their attitudes towards involvement and older people, the social and subjective norms surrounding involvement and their perceived level of control in influencing involvement. Herek (1999) has described an attitude domain as consisting of related attitude objects, for example, in relation to involvement, the attitude domain may consist of attitude objects comprising the involvement itself, older people, vulnerability and capacity. He further argued that attitudes are socially constructed; “the meanings associated with attitude objects and domains are largely socially constructed” (Herek, 1999, p. 2). In light of this, Elder-Vass’s argument that social constructions are both emergent properties and have real, causal powers themselves can be understood in terms of the impact that such constructions may have in influencing people’s attitudes and the resulting effect on behaviour (Ajzen, 1991, Elder-Vass, 2012). Within this study, attitudes were not directly measured, however, the thematic analysis did highlight some of the views that participants held about involvement and about older people. These are

discussed below. Considering Ajzen's theory, in relation to Elder-Vass's argument, formed the basis for theorising about mechanisms operating within this domain. An overview of this domain, and associated themes and mechanisms is provided within Figure 17, below. The figure shows the key findings from the thematic analysis, for example, the older person's perceptions of risk, as well as the hypothesised 'actor' mechanisms. The figure shows hypothesised mechanisms for both professionals (social workers and SAB members) as well as for older people. It should be noted though, that the views of older people were not directly gained from older people at an individual level, and only from one older person at a strategic level. Therefore, although they are included for consideration within the figure, the discussion below focuses on social workers' and SAB members' views about involvement and about older people as one of the identified mechanisms.

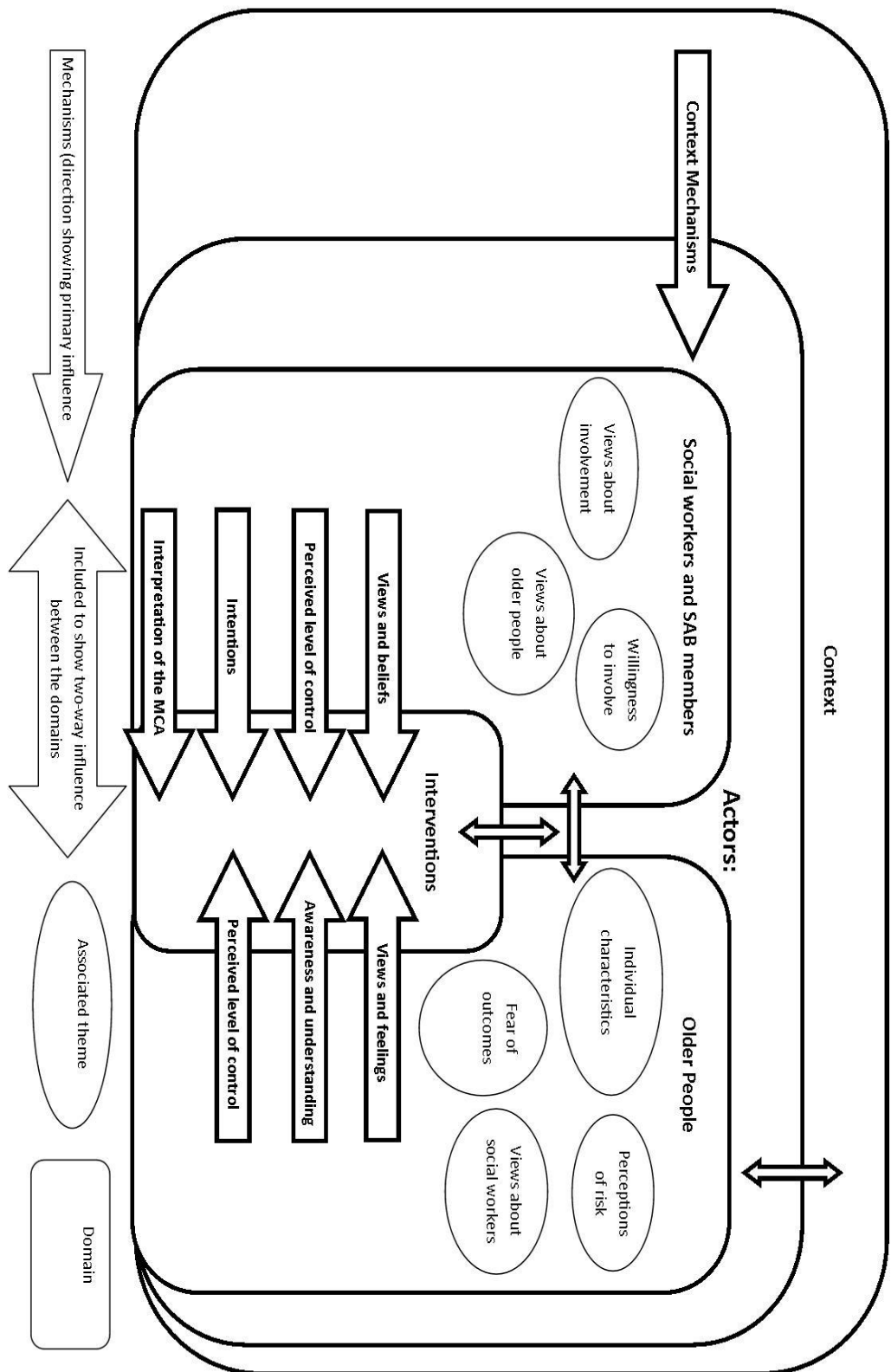


Figure 17. Model Showing an Overview of Key ‘Actor’ Themes and Mechanisms

Social worker and SAB members views about involvement.

A number of key stakeholders were interviewed within this research. These included advocates, social workers, SAB members and family members. This allowed their views about involvement to be considered within the research. As Danermark et al. (2002) stated, a key aspect of describing the events is the “interpretation of the persons involved and their way of describing the current situation” (p. 109). The meaning of involvement, as described by participants, was also considered within this research and the key findings were presented within Chapter Five. Participants discussed involvement as about the older person being part of decision making, in control of their interaction with services and that this was grounded in their rights to make choices. Participants’ also expressed concerns around tokenistic involvement and a desire to avoid involvement being merely a “tick box” exercise. Tokenism was perceived as having someone present in a meeting in a meeting in order to “tick a box” but without including any of the aspects detailed above. This was contrasted with what some participants called ‘engagement’ which they considered to be more meaningful and an approach that had power redistribution at its core.

The distinction drawn between involvement and engagement linked the term involvement to a more tokenistic approach, whereas engagement was seen as more fluid and meaningful. In relation to the models of involvement discussed within Chapter Three of the thesis, therefore, involvement was seen as more closely resembling Arnstein’s tokenistic level of the ladder whereas engagement was considered to be more closely aligned to the higher rungs of citizen power (Arnstein, 1969). These research findings highlight the limitations of Arnstein’s conceptualisation of involvement as solely linear and hierarchical. The different reasons for having involvement articulated by the participants, ranging from challenging the work of the SAB to hearing the voices of older people, suggest that different approaches to involvement may be appropriate in order to meet different aims. The distinction drawn by one participant between “being heard” and “being listened to” does, however, raise concerns about the potentially tokenistic

practice of focusing solely on “hearing the voice of the older person”. For example, hearing the voices of older people could be more about a consultative approach achieved, for example, through feedback mechanisms from individual processes to inform strategic work. The role of older people as “challenging and grounding” strategic work suggests a more proactive role within which the empowerment of older people would be necessary in order to allow them to shape and develop strategic work.

At an individual level, control over decision making was considered by participants to lie at the heart of involvement. However, participants articulated that this was not often possible and so the focus of involvement became about hearing the voices of older people within decision making, rather than actual engagement by older people in decision making. By reconceptualising involvement in this way participants felt that they were in fact involving the older person within individual safeguarding processes as their voice could be heard via a representative or through ‘pen pictures’, regardless of what barriers might exist for the person to be able to make decisions, and take some control over the work that was being done. At a strategic level, the voice of the older person was considered by one local authority SAB member to be met if there were representatives from, for example, Age UK on the board. For the other local authority, having the older person as a member of the SAB achieved this aim, although his direct input into the work of the SAB was limited (as he described).

As discussed above, overall professionals viewed involvement in a positive manner, indicating that it was a core, and important, aspect of their roles. However, involvement was not viewed favourably where it was perceived that this could cause harm to the older person or to the process, for example, by causing distress to the older person or involving them in a meeting to which they could not contribute. It was also identified by some participants, that social workers may at times actively dissuade older people from being involved. This suggests that, whilst the concept of involvement was viewed favourably, the actual process of involvement in adult safeguarding may be considered as problematic by some social workers, and in some

circumstances. Additionally, the level of control that 'gatekeepers' had on involvement may be limited in some circumstances, for example, if there is a potential for further harm to be caused to the individual through their involvement. This aspect of risk management is considered further below, in Section 7.4.3. and highlights the impact of gatekeepers' perceived and actual control over involvement; it is often limited by other mechanisms identified within this research.

Social worker's and SAB members' views about older people

Professionals' views about older people were also related to their intentions to involve them, for example, whether they considered the person to have the capacity to be involved. The personal characteristics of older people were identified by participants as a potentially disabling feature that impacted upon involvement. For Tony, key factors which limited his involvement at a strategic level were his confidence and his physical health. His understanding of adult safeguarding and his contribution and role¹⁹ at a strategic level were also factors influencing his involvement. At an individual level, personal characteristics and circumstances of the older person featured even more strongly as impacting on involvement. Physical health, lacking capacity, and ability to communicate, were all cited as having an impact on involvement. Lacking capacity in particular was the most frequently given reason for an older person not to be involved in adult safeguarding. This was also a feature of local policy which explicitly stated that professionals should seek to involve people as much as possible, where they had capacity. This has also been reflected in national policy (e.g. ADSS, 2005).

Discussion of older people by the participants notably focused on deficits, such as lacking capacity, rather than on any perceived strengths. The reality of elder abuse is that the majority of the older people who come into contact with adult safeguarding have capacity issues, health problems, and

¹⁹ These are discussed further within other sections of this chapter.

communication needs, as well as poor health, social isolation and dependency on others for day to day living tasks (O’Keefe et al., 2007; Pillemer & Finkelhor, 1988). Cognitive impairment has also been associated with higher risk of abuse (Johannesen & LoGiudice, 2013; Lachs & Williams, 1997). It is therefore perhaps not surprising that within a context that places a higher contact with individuals who may have these characteristics that professionals focus on these aspects. Indeed, this has also been found by other researchers, for example, Kitson and Fyson (2012) who examined the factors which influenced whether abuse was substantiated within adult safeguarding processes and also found that the deficits of the adults at risk were highlighted.

Kitson and Fyson (2012) developed a form which included details about the characteristics of the alleged victims, whether or not case conferences were held and the outcomes from the investigations. They also allowed for reflective responses from participants on how they felt these factors had influenced the safeguarding process. Participants were safeguarding managers and in total there were forty-two responses which were analysed within a qualitative approach (Kitson & Fyson, 2012). Whilst the use of the pro-forma may have limited the extent to which participants could contribute other ideas about what influenced outcomes, the research provides some insight as to how practitioners viewed the areas outlined above.

Kitson and Fyson (2012) found that the characteristics of the service users involved in safeguarding were perceived as a hindrance to achieving a definitive outcome in adult safeguarding investigations with participants highlighting the deficits of service users, including cognitive impairment, and issues with communication. In addition, factors such as “providing inconsistent versions of events; exhibiting challenging behaviour; refusing to engage in the safeguarding process; and having a reputation as someone who makes challenges” were cited as making the safeguarding assessments more difficult to carry out (Kitson and Fyson, 2012, p. 97). In contrast, comments about other professionals were more likely to focus on strengths than on deficits. They also noted that there was no evidence of support being

provided to meet communication needs, despite this being highlighted as a factor that impacted negatively on assessments (Kitson and Fyson, 2012). This contrasts with my own findings, where participants seemed very aware of potential communication issues, and gave lots of examples of how they might address these, for example, the use of speech and language therapists.

The finding within this research that there was a strong focus on deficits, are corroborated by Kitson and Fyson's (2012) research which also identified that deficits were highlighted. My research adds to this through the evidence that these views about older people also limit their involvement in adult safeguarding. Barry (2007) has also commented on how assessments that happen at a time of crisis (as is the case in adult safeguarding) are "generally reactive rather than proactive and workers in these instances may focus on weaknesses and inabilities rather than strengths and abilities" (p. 19). The authors argue that this occurs as a result of the need to "play safe, minimising risk at the expense of user empowerment" (Barry, 2007, p. 19). As Alaszewski & Manthorpe (1991) have additionally pointed out, agencies have to manage risk assessments in a manner that strikes a balance between over and under reaction. They further identified, in relation to child safeguarding, that a sensitive approach to risk needed to be taken to avoid the focus becoming on risk to the practitioner, rather than to the child (Alaszewski & Manthorpe, 1991). Whilst their focus was on child protection, the same issues can be seen as arising within this research. Risk to the professional and the organisation were identified as potential barriers to involvement in Chapter Six. The potential for this to create defensive practice and exclude the 'adult at risk' has also been pointed out by Cambridge and Parkes (2004) who linked such issues with the organisationally led focus within adult safeguarding processes. Within this research, risk to the professional and the organisation, as well as the perceived deficits of the older person, were identified as factors that inhibited involvement. Again, this highlights the role of mechanisms of risk (risk tolerance and risk aversion), discussed further below (Section 7.4.3).

Overall, the discussion of older people by participants appeared to align with a dichotomous view of older people: as capacitated adults who had the right to make decisions and choices, and as incapacitated adults who were vulnerable and unable to make decisions and choices. This is reflective of the “legalistic” approach to risk assessment, described by McDonald (2010), and discussed in Chapter Three of the thesis. This approach to risk assessment is discussed further below, in Section 7.4.3.

The reality of the circumstances of those who come into contact with adult safeguarding services is not disputed within this discussion. There is some evidence to support the participants’ emphasis on the number of people with whom they work as lacking capacity. However, their role as ‘authorised spokesperson’ (Bourdieu, 1989) in assessing decision making capacity, and the associated implications for involvement, needs to be further considered. Assumptions about older people have a definite impact on responses to adult abuse as can be demonstrated through four constructions of older people in relation to elder abuse and neglect posited by Harbison and Morrow (1998):

- As adults in need of protection
- As victims of family violence
- As persons subject to illegal acts
- As active agents in defining their experiences as a necessary condition toward a better understanding of their mistreatment (Harbison & Morrow, 1998, p. 692)

Each of these constructions will impact upon the way in which policy makers design and implement adult safeguarding policies. For example, the first construction ‘older people as adults in need of protection’ is reflected in the policy guidance on adult safeguarding; ‘No Secrets’, where a paternalistic approach was taken to protect ‘vulnerable adults’ from harm (DH, 2000). Such an approach actively discourages the involvement of older people through their positioning as passive recipients of safeguarding services. This conception of older people was found within the current research when

involvement was considered to be about 'hearing their voice' rather than the person being able to make decisions.

Harbison & Morrow (1998) concluded that older people needed to regain a position of independence in order to avoid responses to their needs and views being driven solely by professional interpretation. It is argued that in order to achieve this, full participation within adult safeguarding is required. This argument has also been proposed by others, for example, Slater & Eastman (1999) who proposed that the involvement of older people was essential for challenging and preventing elder abuse (Slater & Eastman, 1999). This relates to the construction of older people as 'active agents' (Harbison and Morrow, 1998), a very different positioning from older people as vulnerable, and one that encourages and promotes full participation. Such involvement needs to be achieved at a strategic level, where older people may help to challenge and ground the work of the SAB but also at an individual level through a move away from a deficit focused mode of practice to a more strength based approach. A strength based approach to social work practice takes the persons' strengths and abilities as the starting point for intervention, rather than focusing on perceived deficits (Saleebey, 1996). It does not, however, "require social workers to ignore the real troubles that dog individuals and groups" (Saleebey, 1996, p. 297). This perspective focuses on resilience, resources, and capabilities and seeks to shift the emphasis from the process of pathologising the individual, for example, the focus shifts from thinking about the person as a 'case' to a holistic view of the person and the role of intervention or therapy as possibility or solution focused as opposed to problem focused (Saleebey, 1996). The research undertaken by Sherwood-Johnson et al. (2013) also highlighted the importance that service users placed on not being considered as 'just another case', and their concerns about case notes not being accurate as they were a record of the professionals' views and not their own.

As discussed previously, the reality of the circumstances of those who come into contact with adult safeguarding does also need to be acknowledged. There is a danger in applying the rhetoric of involvement to those who may

not be in a position to fully participate. However, in these cases the advantages of advocacy have been clearly highlighted within this research (and are discussed in detail within Section 7.4.3, below). It is also important not to “write off” someone’s ability to be involved on the basis of assumptions about their capacity. As Fitzgerald wrote:

If we take away someone's right to make a decision or fail to identify what they would have wanted – and we do it in the name of protection – then we run the risk of becoming abusers ourselves.

(Action on Elder Abuse, 2004, p. 41).

Participants stated that where older people lacked capacity, their level of choice over whether to be involved in the process was limited, as was their overall involvement in the process. This was related to reasons such as not being able to understand the process, or not being able to remember the abusive situation, and therefore being unable to contribute meaningfully within adult safeguarding meetings. These findings suggest that those who lack capacity are doubly disempowered. They may be more at risk of abuse and, if abused, are unlikely to have the opportunity to contribute to the development of safeguarding plans. Others have further suggested that protecting older people with dementia and capacity issues has been used as an excuse to control rather than to empower (Moore & Jones, 2012). In summary, key ‘actor’ mechanisms, shown in Figure 17 and identified within this discussion, include professionals’ views and beliefs about involvement and about older people, as well as their perceived level of control over involvement in adult safeguarding.

7.3.3: Interventions: Adult Safeguarding Activity

The third concept within CAIMeR theory is that of ‘interventions’. Blom and Morén (2009) divide this into formal interventions (what the person is required to do as a result of their professional role) and informal interventions (what someone may do, but is not required to do). This can be reframed as

the activity that takes place as part of adult safeguarding. Layder refers to “situated activity” as everyday interaction that can only be understood in relation to the other identified domains (Layder, 1997). Whilst Layder specifically refers to “face-to-face encounters” with reference to Blom & Morén (2009) I explore and discuss this concept in relation to the formal and informal “methods, models, techniques and relational approaches” that professionals use within adult safeguarding to involve older people (Blom & Morén, 2009, p. 12). Figure 18, below shows an overview of the key components and hypothesised mechanisms related to the actual work that is undertaken within adult safeguarding. As shown in the figure, the work that is undertaken is influenced by both context and actor mechanisms, discussed above. The mechanisms identified within the discussion below are depicted as either disabling or enabling. For example, the mechanism of ‘risk’ can either be interpreted as ‘risk aversion’ (a disabling mechanism) or ‘risk tolerance’ (an enabling mechanism). The way in which the mechanism operates is contextually contingent; dependent on the ‘actor’ mechanisms and ‘context’ mechanisms it can operate (or not operate) in shaping and influencing the practice which occurs.

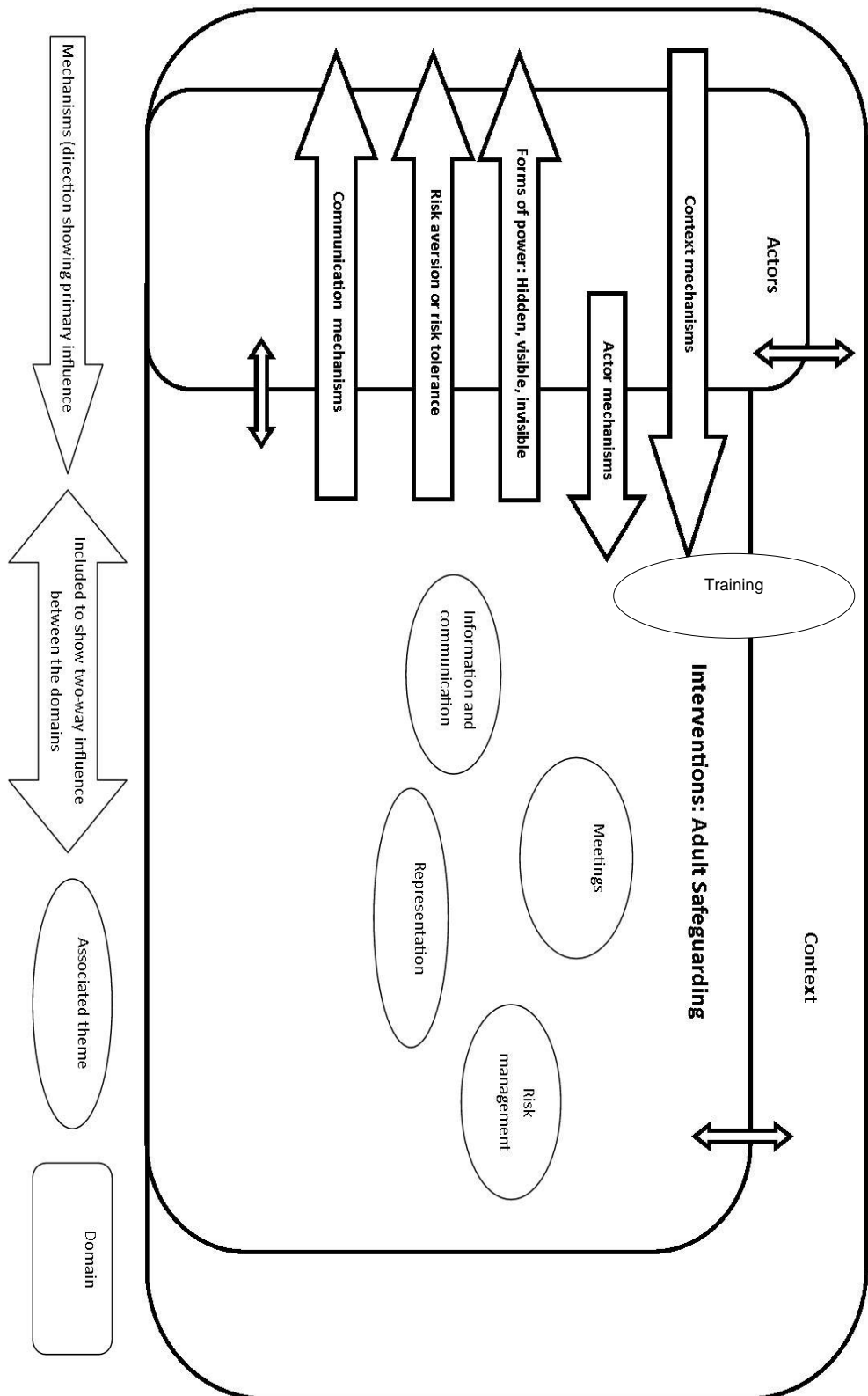


Figure 18. Model Showing an Overview of Key 'Intervention' Themes and Mechanisms

The figure highlights the duties placed on professionals by virtue of their role, for example, the need to manage risk and undertake capacity assessments. The figure also shows other important elements, highlighted by this research, for example, the nature of the safeguarding meetings that take place, the importance of communication, and the use of representation. These are discussed below.

Risk Management

The professional's own role within the organisation placed upon them various duties which, at times, were in conflict with involving older people. For example, the wider public interest of the local authority was often cited as a barrier to involvement. This is associated with the management of risk which is a core component within adult safeguarding. Discussion of risk was a recurring theme throughout the data and risk mechanisms (risk tolerance and risk aversion) are a core component of the 'intervention' mechanisms included within the model. Risk to the individual was cited as a reason for not involving them in the process. This was sometimes related to the potential risk from the perpetrator, but risk from the process itself was also given as a reason for not involving someone, for example, because of the distress it might cause them. Wallcraft and Sweeney (2011) identified the perceived potential to cause further distress as a barrier to asking people to feedback their views about the process after the event, however, the finding that this was a barrier to involvement itself is not addressed within their research. Worryingly, within my research, it was further suggested that this was sometimes used as an excuse not to involve someone, and it was further suggested that some practitioners actively discouraged people from becoming involved. This finding suggests that a paternalistic approach to adult safeguarding is still occurring, despite the focus on empowerment that has become a more prominent feature of recent policy discourse. The active discouragement by professionals will itself be influenced by the wider contextual and individual factors which are discussed within this chapter, for example, the duties placed on social workers by virtue of their role, which

entails working with heavy case-loads, and the associated implications for the amount of time they have available to support involvement.

Wallcraft and Sweeney (2011) also identified that the potential for disagreement between practitioners and adults at risk about the level of risk they faced could prevent practitioners from engaging people within the safeguarding process. This was also identified within the current research with participants stating that older people may disagree with the professionals' views about the risk that they faced. Within both local authorities, participants discussed how there was a move towards a collaborative approach to risk assessment, with clear and effective communication established as an essential component of this. Another participant also suggested the use of peer support as an effective mechanism for supporting people who are involved in adult safeguarding. Risk averse practices and a fear of "getting it wrong" were clear a barrier to this move towards a more empowering approach to risk management. This was related to a stated need to stick closely to the safeguarding process, and a perception that this "must be followed" in order to protect people. This sense of the process as being "in control" is reflective of Foucault's conception of disciplinary power.

Participants' feeling of the process being on control was associated with the perceived risks attached to sharing or handing control to older people. These were identified as potential risks to both the organisation, and to the individual worker by virtue of their role and associated duties within the organisation. This construction of the process is reflective of Foucault's concept of power as operating outside of human agency. Foucault's disciplinary power is a "terminal, capillary form of power; a final relay, a particular modality by which political power, power in general, reaches the level of bodies and gets a hold on them, taking actions, behaviours, habits and words into account" (Foucault, 1973, p. 40). Foucault further uses the metaphor of the Panopticon to explicate the means by which such power takes its hold on the individual. The Panopticon is an "intensifier of power" within institutions; it fixes the individual with an all-seeing eye (Foucault,

1973, p. 74). It is, in addition, immaterial, it “passes from mind to mind, although in actual fact it really is the body that is at stake in the Panoptican system” (Foucault, 1973, p. 74).

This conception of power is clearly reflected within the construction of the process as in control and the resulting risk aversion. For Foucault, power is ubiquitous. What he doesn't acknowledge, however, is the role of human agency within this disciplinary power, for example, the power that professionals hold in either enabling or disabling people from becoming involved. Layder has acknowledged the usefulness of understanding power as operating “through the discourses and practices they are associated with” (Layder, 1997, p. 13) whilst calling into question the removal of human agency within this. As Layder stated “This is very unfortunate since there is no logical or substantive reason to suppose that modern forms of power – notably disciplinary power and bio-power – do not exist alongside, and are related to other forms, including power as an aspect of human agency” (Layder, 1997, p. 15). Indeed other theorists have explicitly acknowledged the human agency with their approach to power, for example, Lukes (1974) and Gaventa (2005) who acknowledge power as multi-dimensional and fluid.

In considering the role of human agency within this discussion, the approach to risk assessment is considered. The earlier discussion on the perceived dichotomous view of older people as “having” or “lacking” capacity was reflective of the legalistic approach to risk assessment highlighted by McDonald (2010). Legalistic decisions were described by McDonald (2010) as including a “dualism” between “capacity” and “no capacity decision making” (p. 1237). McDonald (2010) further discussed how this approach to decision making was more likely to be seen within cases involving inter-agency working (as is the case in adult safeguarding) where making a “defensible decision became an important driver of practice” (p. 1240). Again this approach may therefore be linked with the perceived risk to the professional and organisation if they fail to protect the older person through taking control within adult safeguarding. Furthermore, whilst the MCA can be seen as grounded in the “principle of autonomy”, as McDonald (2010)

pointed out, it is in the implementation of the MCA “that we will see whether or not positive risk-taking is supported by formal action” (p. 1243). There is a duty placed upon local authorities (and hence upon their associated workers) to protect. However, the implementation of policy and legislative duties to protect is enacted by individuals. A partnership approach to developing and implementing policy could enable those involved within it to take more ownership over the process, and feel more in control of adapting it to suit individual needs. As it currently stands only two aspects of adapting the process were felt to be fully under the control of participants. These were delaying meetings and altering meetings. This suggests that ownership needs to be taken of the process in order to foster a greater sense of control by those who are affected by it, in either a work capacity, or because they are involved in the adult safeguarding process.

Capacity assessments.

Where older people lacked capacity, their level of choice over whether to be involved in the process was limited, as was their overall involvement in the process. This was related by participants to reasons such as not being able to understand the process, or not being able to remember the abusive situation and therefore being unable to contribute meaningfully within adult safeguarding meetings. Participants in this research placed an emphasis on the MCA which emphasises decision specific capacity, and the focus on choosing the least restrictive action, as being extremely useful when safeguarding adults who lacked capacity. The emphasis in these cases was on being able to hear “an element” of the person’s voice within decision making which was achieved either by representation (usually family members) or by taking a “pen picture” of the person to be considered within best interest decision making. The use of advocacy, despite identification of the clear benefits of using it within adult safeguarding, was limited. The findings from this research suggested that social workers were making a strong attempt to hear the voice of the older person within any decision making. The methods used to manage this are discussed below. It does also

need to be considered that assuming that everyone will be able to be directly involved in decision making could be disempowering in itself and discriminatory against those who are not able to exercise such power. In these situations the importance of advocacy becomes further emphasised.

There was some suggestion within this research that the decision specific element of the MCA was not always adhered to, which emphasises the need for robust capacity assessments to be carried out. Participants within this research identified that there are often numerous decisions to be made within an adult safeguarding process. For example, a decision about whether to carry on seeing a family member who has financially abused someone is a separate decision from consideration of whether someone can manage their finances independently. The MCA was considered to a useful piece of legislation within the adult safeguarding process and was spoken of in positive terms by participants. Other have also found that the MCA is considered positively (Manthorpe et al., 2009). However, the emphasis placed on capacity as a crucial factor impacting on involvement highlights the importance of robust assessments. There was some suggestion within the research findings that this does not always occur. The recent post legislative scrutiny of the MCA also revealed that:

The Act has suffered from a lack of awareness and a lack of understanding . . . The empowering ethos has not been delivered. The rights conferred by the Act have not been widely realised. The duties imposed by the Act are not widely followed.

(Select Committee on the Mental Capacity Act 2005, 2014, p. 6)

The report goes on to identify that implementation of the principles of the MCA was “patchy”, and that assessments were often either not conducted or conducted poorly (Select Committee on the MCA 2005, 2014, p. 33). There was no direct evidence to judge the quality of capacity assessments within this research, however, there was a suggestion that these were not always robust. This therefore suggests that the interpretation and use of the MCA may be an additional ‘actor’ mechanism which impacts on the involvement of

older people in adult safeguarding (and is shown within Figure 17). The ability of advocates to challenge decisions on capacity was also discussed within this research adding further support to the importance of their role within the adult safeguarding process.

“Making Safeguarding Personal” has also helped to introduce the use of Family Group Conferences (FGCs) within adult safeguarding as another method of keeping the process more centred around the individual, and giving them greater control (Cooper et al., 2014; Manthorpe et al., 2014). Family group conferences are meetings which include the adult at risk and their family member and friends with the aim of enabling them to discuss and create their own solutions (Hobbs & Alonzi, 2013). The significant aspect of FGCs is the inclusion of private time, without the presence of professionals, to enable the family, friends, and individual to discuss and create their own plans for addressing the identified problem. This approach therefore places control of the situation into a shared format with those involved in the meeting and is based on principles of empowerment. The method is facilitated to some extent by professionals who are required to ensure that the group has appropriate preparation and support to enable the most positive outcomes (Hobbs & Alonzi, 2013). Manthorpe et al., (2014) have summarised some of the findings from the ‘Making Safeguarding Personal’ programme and found that in some authorities involved in the project, FGCs had been used as a means of mediation within the adult safeguarding process. They further identified their usefulness in supporting best interest decision making in cases where the adult lacked “specific decision making capacity” (Manthorpe et al., 2014, p. 99). There were no reported uses of this approach within the current research, although the potential benefits of this approach and the empowering ethos of FGCs has the potential to contribute a significant and positive benefit to involving older people in adult safeguarding.

Representation and Relationships

Representation within the adult safeguarding process was either via a family member (the most common approach) or via an advocate. Social workers were also sometimes used to represent the person with the advocacy aspect of their role emphasised. Participants largely recognised the limitations of this with reference to the fact that the social workers were not independent to the process. The findings suggested that care was always taken to include representation via one of these means (usually a family member) which conflicts with findings from Kitson and Fyson's (2012) who, in their research into adult safeguarding outcomes found that "in the majority of cases there appeared nobody present who knew the service user well" despite identification by their participants that the "absence of anybody with an ongoing relationship with the service user hindered effective safeguarding" (p. 99).

Manthorpe et al. (2012) also explored the abuse of people with dementia, with a focus on financial abuse, by undertaking fifteen interviews with adult safeguarding co-ordinators. They found that sometimes an advocate was used to support or represent the person (Manthorpe et al., 2012). This was also found within the current research, although the more common approach was to involve family members on behalf of the individual. Jeary (2004) also found that family members were often used to represent the person, and found no cases of formal advocacy being used within her research. Within the current research the use of family members as representatives was considered by participants to be an essential aspect of involvement and was cited as the most common method, where the older person lacked capacity, for hearing their voice within the process. Family members were considered as valuable contributors as they were the person who knew the older person the best. The two family members interviewed for this research had both been involved as representatives for an older parent. Their reported experiences of representing someone with the safeguarding process were very much in line with the wider data in regards to identified barriers and factors which supported their involvement. They both, for example, identified

the pivotal role of the chair in supporting their engagement. They also identified the intimidating nature of meetings. Whilst they felt that they were advocating for their parent it was also identified that advocacy support could have been beneficial for them as well.

Rees (2011) wrote about her experiences of supporting her mother following a series of neglect and abuse in three different care homes. Rees's reflection on this experience led her to state that "too often the vulnerable adult, particularly where that adult lacks capacity, is sidelined . . ." and left out of the process (Rees, 2011, p. 46). Rees (2011) recognised the importance of her mother's views and feelings being taken into account within the safeguarding process despite, as she stated, "meetings papers and initiatives [being] meaningless" to her (p. 50). Her clear message from this experience was to highlight the importance of advocacy within adult safeguarding processes (Rees, 2011). Rees also stated that she felt that family members were viewed as a nuisance, rather than as a potentially valuable contributor to the safeguarding process. Rees's notion of the family member as a nuisance was also reflected within the research which highlighted some of the associated difficulties, for example the potential for conflict between the views of different family members.

Some of the difficulties associated with family members representing the older person included the possibility that they might be representing their own views, rather than those of the person, as well as the potential for a conflict of interest amongst family members. There were also some suggestions that family members were not always working in the best interests of the older person. The reliance on family members to speak for those who have dementia and associated capacity issues may therefore deny the older person their own voice. Advocacy only appeared to be considered in these cases where there were identified issues with the family member representative, or where there was no family member available to represent the person. This finding was also reflected in Irvine et al (2013) (discussed in Chapter Three). Reasons for referral to advocacy were stated in my research as being for cases where there was no other identified representation for the

older person. Some participants also identified that they would involve an advocate if there were capacity issues, although this reason for referral was given less frequently, as in these cases family members were usually involved instead. Irvine et al (2013) also found that reasons for advocacy referral were related to situations where the individual was “unbefriended” (Irvine et al, 2013, p. 22).

Overall, it was identified that advocacy provision could be beneficial when involving older people in adult safeguarding. The benefits of advocacy in adult safeguarding include support for the person (including supporting their ability to self-advocate), the independence of the advocate, making challenges within the process and their ability to spend time with the person, develop a relationship with them and “bring the person into the meeting”, regardless of whether the older person was physically present themselves. They were also identified as being very knowledgeable about the safeguarding process, and could therefore be supportive to the person in terms of increasing their awareness and understanding of the process (which was identified as a potential barrier to involvement). These benefits are a useful addition to the safeguarding process, regardless of whether the person has a family member to support them. Cambridge and Parkes (2004) also argued that advocacy input into adult safeguarding could be helpful in shifting “the balance of power in decision-making towards service users and away from professional interests” (p. 724).

The benefits of advocacy could be reduced in some situations, for example, where there was a lack of understanding about the role of advocacy, where advocates were not given sufficient time to prepare and meet with the older person, and where there were limitations related to funding and other resources. Many of the advocates interviewed stated that they were often not contacted to be involved in safeguarding or, where they were, referrals were often received at the last minute, giving them limited time to spend with the older person. This reduced their ability to work effectively with the older person. Clearly the tight timeframes imposed by national adult safeguarding standards will be part of the reason for late referral, but evidence from this

research also suggests that advocacy support should be an integrated part of the safeguarding process and perhaps, as Rees (2011) also suggested, should be triggered automatically when safeguarding referrals are made.

The provision of advocacy support in adult safeguarding has been considered within the English policy and guidance. For example, No Secrets stated that “In some cases, it will be necessary to appoint an independent advocate to represent the interests of those subject to abuse” (DH, 2000, p. 32, section 6.32) and under Standard 9 “Effective Procedures” of their guidance “Safeguarding Adults: A National Framework of Standards for Good Practice and Outcomes in Adult Protection Work” ADASS also acknowledged that advocacy should be available within safeguarding procedures (ADASS, 2005). The principles of advocacy are also closely related to those of involvement, for example, advocacy principles and values include “empowerment”, “putting people first” and “independence” (Action for Advocacy, 2006). However, there is no detailed guidance within adult safeguarding policy and guidance relating to the benefits of advocacy, or the conditions under which it might be offered. The Mental Capacity Act (2005) gives the local authority the power to appoint an Independent Mental Capacity Advocate (IMCA) within adult safeguarding procedures. This power exists regardless of whether the person has other people available to represent or support them. Despite the inclusion of the role of advocates and the benefits of involving them within the safeguarding process this research identified that the level of advocacy involvement was low. More commonly, family members were used to represent or support the person. This is in line with previous research which has also highlighted low levels of advocacy involvement in adult safeguarding, as discussed in Chapter Three.

The advocates interviewed for this research attributed low referral rates as being, in part, due to a lack of understanding by social workers about the role of an advocate. However, when social workers were questioned about the role of advocacy within adult safeguarding they were able to articulate clearly what the role was, and the benefits that it could bring. It therefore appears

from this research that social workers may not understand the benefits and role of an advocate *over and above* what a family member acting as a representative could bring to the process. Irvine et al's finding that the their interviewee's perceived that an IMCA should only be involved in cases where the person is "unbefriended" also supports this hypothesis (Irvine et al, 2013, p. 28), suggesting that gatekeepers' views and understanding of advocacy may be an additional mechanism impacting on involvement.

The importance of relationships was also highlighted as a core factor in either supporting or negatively impacting on involvement. At a strategic level the relationship between Tony and other SAB members was described by Tony as being an integral aspect of how involved and confident he felt on the SAB and in his role on the sub group. He further identified that, as his relationships with other strategic partners developed, he felt more confident in speaking up at the SAB and sharing his thoughts with the board. Smith et al. (2009) also identified the importance of relationships in service user involvement, indeed they conceptualised involvement itself as "relationships within social contexts" (p. 200).

It was also commented upon by participants that older people's views about professionals, and their relationships with family members and advocates, could also help or hinder involvement depending on the nature of that involvement. Wallcraft and Sweeney (2011) also highlighted the importance of relationships in their report, stating that taking the time to build relationships was an essential aspect of involving the person within adult safeguarding processes. On a wider level, the often negative portrayal of social workers in the national media was considered to have a potential influence on older people's willingness to engage with adult safeguarding. Such perceptions are difficult to challenge at a societal level, although individual relationship building may help to address this barrier.

The power dynamics between professionals and service users inevitably impact upon and shape such relationships. Sakamoto and Pitner (2005) argued that social workers always operate from a top-down approach, by

which they mean that the social worker is the “expert who imparts knowledge and skills to the service user” (p. 438). Drawing on the work of Friere, they further argued that anti oppressive practice in social work therefore entails the danger of the “teacher/student trap” thus perpetuating, instead of challenging and reframing, the existing power dynamics (Sakamoto & Pitner, 2005, p. 439). This occurs through the imparting and challenging of oppression by the social worker, who draws on their knowledge of oppression and “teaches” the service user raising the question “Who knows more about oppression? Those who teach it or those who live it?” (Sakamoto & Pitner, 2005, p. 439). For Sakamoto and Pitner, social workers need to challenge these power differentials through critical consciousness examining their own role and how it may perpetuate existing power relations (Sakamoto & Pitner, 2005).

Communication.

Communication was emphasised within the research data as an integral aspect of involvement and communication as a mechanism is a core element of the model. This was related to ensuring that older people were kept informed and updated about what was happening within the safeguarding process itself, and so that they were able to understand and contribute within meetings, at both an individual and a strategic level.

The communication needs of the older person were identified as a potential barrier to their involvement in adult safeguarding. However, there was a lot of discussion on how these needs could be managed within the process in order to enable the older person to be involved. The use of speech and language therapists was suggested by participants as a method employed to enable involvement. Other research has suggested that this does not occur; “Despite communication being such a key issue there was no evidence of support being sought from speech and language therapists, and no therapist attended safeguarding plan meetings” (Kitson & Fyson, 2012, p. 97). Participants within this research stated that speech and language therapists

were involved. It should be noted, however, that there was no direct evidence gathered to support their statements. Other means of facilitating communication included the use of technology. However, there were difficulties with obtaining suitable technology due to the financial implications.

Simple aspects of effective communication were also highlighted, for example, the importance of body language and simply being polite to the older person, for example, by checking with them what they would like to be called. The importance of effective communication within social work is highlighted in detail within a range of texts (e.g. Koprowska, 2008; Lishman, 2009). Goldsmith (1996) has discussed communication with people with advanced stages of Alzheimer's disease, arguing that it relies on a flexible approach to communication, which includes both verbal and non-verbal communication. Goldsmith (1996) further emphasised the importance of environmental factors, allowing time for the person to understand what is being said, listening carefully, and using illustrations, such as photographs, to support communication (Goldsmith, 1996). The advocates involved in this research also highlighted these aspects of communication, for example, discussing how using an approach of "one thought per sentence" could help to facilitate greater understanding. This approach considers voice in its broadest sense; enabling people to communicate in whatever way they can. A life course, or biographical approach can also be useful; understanding the individual in the context of their whole life can help professionals to work in a more person centred manner (Kitwood, 1997).

Wood and Wright (2011) also highlighted the importance of communication when involving older people in shaping policy and practice. They facilitated, in collaboration with Age Concern, an introductory course which included the use of role play to help older people to develop their communication skills. The older people who were involved in the course reported afterwards that the course had helped them to develop their confidence and that they "now use the communication skills they have learnt to act as champions for their generation" (Wood & Wright, 2011). Whilst demonstrating the importance of communication for participation, this also highlights the important role of

support and training in encouraging and promoting involvement, which is discussed below.

A barrier to involvement that was mentioned frequently was the use of jargon within meetings. Participants were aware of the need to avoid the use of jargon but it was frequently mentioned as a potential barrier to involvement at both an individual and a strategic level. The use of jargon was attributed to professionals 'forgetting' that the older person might not understand, as they were used to conducting meetings without them being present or, as Tony felt, because they were trying to show their authority over the older person. Wallcraft and Sweeney (2011) also addressed language within their report on involvement in adult safeguarding recommending that plain language should be used. The reliance on jargon has been widely identified within the literature as a barrier to involvement (e.g. Beresford, 2013a; Reed et al., 2006). This research highlights that it is also a key barrier to involvement in adult safeguarding.

Two approaches to managing the use of jargon were identified within the research. The first was the role of the meeting chair (whether in a strategic or an individual meeting) in challenging the use of jargon and ensuring the understanding of the older person. The second was the development of accessible information for those involved in the safeguarding process. This approach could help to enable greater knowledge and understanding of the older person in order to help facilitate their involvement. For Tony, having greater experience in the SAB helped to overcome his difficulties with understanding jargon and acronyms. Other local authorities have also developed "jargon busters" (for example, Hertfordshire SAB, 2014).

Reed et al. (2006) examined the involvement of older people in policy and planning activities, as well as their involvement as co-researchers in the project, and identified the use of jargon as a barrier to involvement. They further described a means of overcoming the use of jargon as a barrier: the "red card" approach. This approach was effectively a system by which people could challenge the use of jargon and encourage more accessible

explanations. If language was used which someone did not understand they could raise their red card and the person would then be asked to explain their point in language that everyone could understand (Reed et al, 2006, p. 52). This approach could be useful in an adult safeguarding setting, however, the confidence of the older person to challenge professionals in this way could place limitations on its effectiveness. This research suggests that lack of confidence could limit active involvement at both individual and strategic levels.

The accessibility of meeting minutes was also discussed as a means of keeping the person involved and informed about adult safeguarding. Findings from this research suggested that meeting minutes were often sent out late, and could be lengthy documents that were not very accessible to older people. Wallcraft and Sweeney (2011) described how in one local authority an experienced minute taker had been involved in training staff to foster the development of more detailed note taking as a means of “better involving users and working cooperatively with them” (p. 21). Work had also been undertaken within one of the local authorities involved in this research to improve the quality of meeting minutes. For strategic involvement Braye et al. (2010) have suggested the publishing minutes of strategic meetings could be utilised as a mechanism for making the work of the SAB more accountable to the public.

It was also identified from this research that neither local authority had feedback mechanisms in place in order to capture what was happening at an individual level and use this information to inform strategic work. Many participants felt that this could be distressing for the older person to have to repeat their stories, although they also articulated that perhaps this could be a useful way of incorporating people’s direct accounts in adjusting and improving the safeguarding process. Manthorpe et al. (2014), reporting on the “Making Safeguarding Personal” Programme stated that there was “general agreement that the process of seeking people’s views following a safeguarding investigation (or similar) was not distressing if the participants were screened and the lessons from these were useful” (p. 99). As discussed

within the literature, the development of feedback mechanisms needs to be done with the understanding that these may constitute the professionals' construction of events, and may not always accurately reflect the older person's views. Consideration needs to be given as to how the views of older people might be collected via feedback in order for them to remove or reduce professional bias, as well as how this might be implemented without causing further distress.

Training for involvement.

The importance of training for professionals is a clear finding from this research. Training which supports ability to undertake robust assessments of both capacity and risk which include the older person is essential in order to promote the involvement of older people. The importance of effective training for social workers has been emphasised within the wider literature (ADSS, 2005; Beresford & Hasler, 2009). Training for older people was also an important component of involvement, particularly at a strategic level. Training was offered for Tony, however, this was generic training around what adult safeguarding is and how it is responded to within the local authority. Whilst useful to develop knowledge of the area other, more tailored, training would also have been useful. This could include, for example, more information about the role and responsibilities of strategic involvement, confidence building, support with communication and more information about the operation of the SAB and sub groups. Training should also include awareness raising and confidence building so that people are aware of their rights to have a voice and are enabled to have the confidence and capacity to challenge professionals (Gaventa, 2005).

Adult safeguarding meetings.

Flexibility regarding meetings was considered to be a crucial aspect of involvement, however, participants felt that at times there was limited

flexibility to accommodate involvement. Jeary (2004) also found that her participants (who were professionals who had been involved in adult safeguarding case conferences) felt that the only way to meaningfully involve adults at risk within safeguarding meetings was to give greater consideration to the flexibility of the process and not to expect people to just “fit in” with professionals (Jeary, 2004, p. 15). In the current research, flexibility was largely related to the adaptation of meetings, either through delaying them in order to accommodate people, or by altering the format of the meeting itself. Flexibility was felt to be limited to some extent by the nature of the process and a sense that the process itself was in control (as discussed above). The delaying of meetings could also occur where there was a reasonable case to be made for doing so. For example, where a person was identified as having fluctuating capacity, meetings could be delayed so that they were able to be involved.

For both individual and strategic meetings, adapting the format of the meeting was a means of facilitating involvement. For example, at a strategic level Tony spoke about how he was more comfortable contributing when the SAB split into smaller groups to discuss key agenda items. At an individual level, smaller meetings were often offered in order to give the older person the opportunity to contribute within a forum that was considered to be less intimidating. ‘Professional only’ meetings also sometimes occurred. They were usually identified as necessary where there were confidential issues that needed to be discussed, for example, information about the alleged perpetrator of the abuse which could not be shared with the older person, or their representative. One of the family members had discussed how he felt that these meetings should be more distinct from the one that he had been invited as walking in halfway through the meeting into an already established group was difficult and had made him feel uncomfortable and like an outsider to the group.

Tony also articulated this feeling of being an “outsider” when he first joined the strategic groups he was involved with. For Tony, simple adjustments to the meeting, for example, being able to sit next to someone he knew and felt

comfortable with, made a large difference to him and helped him to feel more comfortable within the setting. Tony also emphasised how this enabled more positive feedback on his contributions from those he was sitting with which also helped to foster a greater sense of belonging and for him to understand the value of his role on the SAB. These findings highlight the role of confidence and the impact of the environment in facilitating involvement. The flexibility of the process to accommodate older people was limited, however, the small changes that could be made had a large impact. The second issue was circumvented by holding meetings in the older person's own home. However, this was not done very often, presumably largely due to the limited nature of older people's direct involvement, or due to concerns about holding meetings in the places where the abuse may have actually occurred; the importance of meetings taking place in a location where the individual felt safe was emphasised. In summary, key 'intervention' mechanisms include communication and risk mechanisms.

7.3.4: Results: Type and extent of involvement.

The final concept in CAIMeR theory is that of results. Blom and Morén (2009) stated that these can be quite "diffuse" in social work practice but stated that they could largely be related to two parts: client effects/ outcomes ("changes in the client's life situation"); and outputs ("performance in terms different types of support" which could include, for example, receiving counselling). For the purposes of this research a different type of result is of interest; whether older people are involved within the adult safeguarding intervention. As identified above, involvement appears to occur within adult safeguarding as "hearing the voice of the older person", achieved via representation from family members of the older person. The discussion above has highlighted and discussed the key contributing factors that lead to this result, for example, different forms of power that operate, as well as the views of gatekeepers about involvement and about older people.

The CAIMeR model, as outlined above, aims to provide an overview of how social work works, “in principle” (Blom & Morén, 2009, p. 14). The theory, in relation to adult safeguarding, therefore proposes that adult safeguarding begins with the older person in their own ‘life-world’ context who, on contact with adult safeguarding becomes an older person within a particular social setting the “intervention context” (this term is used in this discussion to refer to adult safeguarding at both an individual and a strategic level). The adult safeguarding process is “constituted by different types of actors” (e.g. family members, social workers, advocates, SAB members) “which make various kinds of interventions that trigger different mechanisms, which generate different types of diverse results” (Blom & Morén, 2009, p. 14). The process is not, however, linear. Different feedback loops and interacting processes mean that the course of events which take place are much more dynamic than this linear explanation makes apparent (Blom & Morén, 2009, p. 14).

The discussion above highlighted the need to consider both individual circumstances and contextual factors when considering results in relation to involvement. It was argued that the way in which ‘gatekeepers’ view involvement and older people impacts on their intentions to involve them. However the type, format and nature of the communication that occurs between older people and professionals (or through representatives and social workers), and the relationship that older people have with the social worker, also has an impact, as do wider factors at an organisational level. The evidence presented within this thesis suggests that involvement is severely limited by the perceived individual circumstances of the older person, associated with a focus on their ‘deficits’, an approach which has some considerable overlap with the medical model of disability which too focuses on the impairment of the individual. In contrast then an approach which also considers the role of wider contextual, organisational and interpersonal factors should help to shift the emphasis from solely individual characteristics. Ash, who considered the day to day practice of adult safeguarding through the lens of Lipsky’s street level bureaucracy, proposed the metaphor of a cognitive mask which “narrowed the vision of what was seen, excluding the wider social, political and cultural context that framed the

view” (Ash, 2011, p. 112). These masks were discussed as preventing practitioners from questioning why things occurred in the way that they did, and that they arose from pressures such as resources constraints in relation to time and money. Ash argued that removing these cognitive masks in order to address wider contextual constraints would require systemic change. This could be related to the apparent lack of perceived flexibility to involve older people in adult safeguarding, for example, through not questioning the remit of adult safeguarding.

The emerging model therefore takes into account both personal characteristics as well as other mediating factors, such as the norms of involvement and limitations on the extent to which the process can be adapted to meet individual needs. All of these impact on the results that are obtained in relation to the type and extent of the involvement which occurs.

7.4: Chapter Summary

The discussion drew upon the findings presented within Chapters Five and Six, restating them with reference to the CAIMeR theory and Layder’s domain theory. Consideration was also given to other theories, for example, Ajzen’s theory of planned behaviour, Elder-Vass’s norm circles and Gaventa’s PowerCube. These enabled the findings to be interpreted and mechanisms to be hypothesised at macro, meso and micro levels (Figures 15, 17 and 18, respectively). These included: contextual mechanisms, such as subjective norms and the duties imposed on workers; actor mechanisms, such as the gatekeepers views and beliefs about involvement and their perceived level of control over involvement; and, intervention mechanisms, such as communication and risk management.

Whilst this chapter focused on an interpretation of the findings in relation to the different identified domains, the following chapter builds on this by considering the interplay between the domains through presentation and

discussion of the overall theoretical model that was developed on the basis of these findings and their interpretation.

Chapter Eight: Bridges and Barriers: A Theoretical Model of Involvement in Adult Safeguarding

8.1: Introduction

The literature discussed in the initial chapters of this research highlighted the importance of involvement, and the increased emphasis that has been placed on involving 'adults at risk' within adult safeguarding. The manner in which adult safeguarding has been constructed within the UK was also considered, which raised questions about how the autonomy of older people is respected within a policy framework which positions them as vulnerable. Additionally, existing literature was examined that suggested the levels of involvement in adult safeguarding are currently low. This PhD thesis set out to explore the involvement of older people within adult safeguarding and has identified that involvement is affected by a range of complex, and often conflicting factors. Overall, it was identified that participants felt that involvement should be about the person being included in making informed decisions about their interaction within adult safeguarding (at both individual and strategic levels), however, there were a number of constraints on the ability for this to happen. As a result, involvement was described as often occurring as 'hearing the voice of the person', achieved through 'pen pictures' and involvement from family members. The previous chapter provided an interpretation and discussion of the key findings from this research. This chapter will identify and discuss some of the competing mechanisms that operate within the context of adult safeguarding, and which impact on involvement. Consideration was given to mechanisms which operate at a context level, an individual level and within the work that is undertaken as part of adult safeguarding. Overall, adult safeguarding

encompasses a diverse interplay between all of these factors, resulting in differing outcomes for different people, at different times.

The overall theoretical model that is presented within this chapter synthesises these competing mechanisms to demonstrate the complexities of involvement in adult safeguarding, and some of the factors that either provide barriers or bridges to involvement. This, concluding, chapter also extends the discussion by considering the extent to which the research has met the original aims, stated in Chapter Four. Consideration is also given to the strengths and limitations of the research, and the key recommendations for research, practice, and policy are discussed.

8.2: Addressing the Research Aims

The starting point for the research was the identification that the levels of involvement by adults at risk in adult safeguarding are low, and that there has been very little research which has explicitly explored this area (Jeary, 2004; Wallcraft and Sweeney, 2011). The overall aim of the research was therefore to contribute to adult safeguarding through greater knowledge and understanding of the involvement of older people, and to develop indicators for best practice. This aim arose following review of the literature which enabled the identification of a number of issues. There were three subsidiary aims. These were:

1. To gain a more in-depth understanding of the current status and meaning of involvement for older people in adult safeguarding.
2. To gain a more in-depth understanding of what barriers there are to involvement and how these may be overcome.
3. To use the research findings to develop a theoretical model of involvement in adult safeguarding.

The core aim of this research was therefore to provide an explanation of the causal processes by which older people are either involved or excluded from adult safeguarding, at both an individual and a strategic level. It is suggested that these aims have been met within this thesis, which has explored the area in depth, and identified mechanisms which both help and hinder involvement in adult safeguarding. The discussion of the theoretical model, below, provides an overview of how these aims have been met.

8.3: A Theoretical Model of Involvement in Adult Safeguarding

The research enabled an in-depth understanding of the current status of involvement by exploring how involvement currently operates within the two local authorities. Two different approaches to involvement were identified and the extent to which older people are currently involved was also explored. Key findings were presented and discussed within the thesis and are summarised below.

In summary, involvement at both an individual and a strategic level was identified as limited although both local authorities considered this to be a priority area of development. Plans were in motion within both local authorities to further develop involvement through the use of a wider engagement strategy. At an individual level involvement was also limited, and the emphasis was placed on hearing the voice of older people within decision making. Family members were usually involved on behalf of the older person, and advocacy was also used (although infrequently). Participants identified that involvement should be about the person being able to have some control and make decisions, however, this was limited by a number of factors and so involvement was considered to take place if the person's voice was heard within decision making.

The construction of vulnerability as relating solely to individual characteristics positions older people as in need of protection, and as needing someone to

“be their voice”. The overall approach to involvement appeared to be in line with this; the meaning of involvement found in this research was about hearing the person’s voice within adult safeguarding. Such an approach means that the person does not have to physically present within meetings, or have power or control within adult safeguarding, for them to be ‘involved’. Engagement in adult safeguarding, constructed as a democratic approach to involvement, appears to be an oxymoron within the current approach in England. When considering engagement a number of paradoxical issues arise, for example, the duty of the local authority to protect versus the autonomy of the older person.

The act of balancing these antagonisms is both difficult and time consuming for practitioners, and indeed a full shift of power and control into the hands of older people would not be possible under the current policy and legislative arrangements. In addressing the first research aim, therefore, the picture that has emerged from this research is of involvement as consultation and placation; “inviting citizens’ opinions” but retaining for “power holders the right to judge the legitimacy of feasibility of the advice” and make the key decisions (Arnstein, 1969, p. 219 - 220). This occurs as a result of a number of complex, and often competing, mechanisms identified in this research. It should be noted, however, that the participants involved in this research felt strongly that involvement should not be tokenistic, and advocated for a more democratic approach. The extent to which they were able to achieve this, however, was often mediated by factors outside of their direct control.

The discussion in Chapter Seven highlighted the key motives, reasons and choices which impact on the involvement of older people within adult safeguarding. From a critical realist perspective, these reasons and motives are the underlying mechanisms which influence involvement (Bhaskar, 2008). This section further considers the interplay between these domains. The overall picture from the research is presented as an emerging theoretical model which is based on the direct data from this study, as discussed above. The key components of this model were discussed in detail within the preceding chapter, and so the current section provides an overview of the

whole model and addresses the second research aim: to gain a more in-depth understanding of what barriers there are to involvement, and how these may be overcome.

The role of the professional in 'gatekeeping' involvement places their own views about involvement and older people as a defining feature of this model of involvement within adult safeguarding. It can therefore be stated, based on these findings, that the involvement of older people in adult safeguarding is influenced by the role of the gatekeeper who is in turn constrained by the various 'context', 'intervention', and 'actor' mechanisms identified in Chapter Seven. This interplay is represented within Figure 19, below.

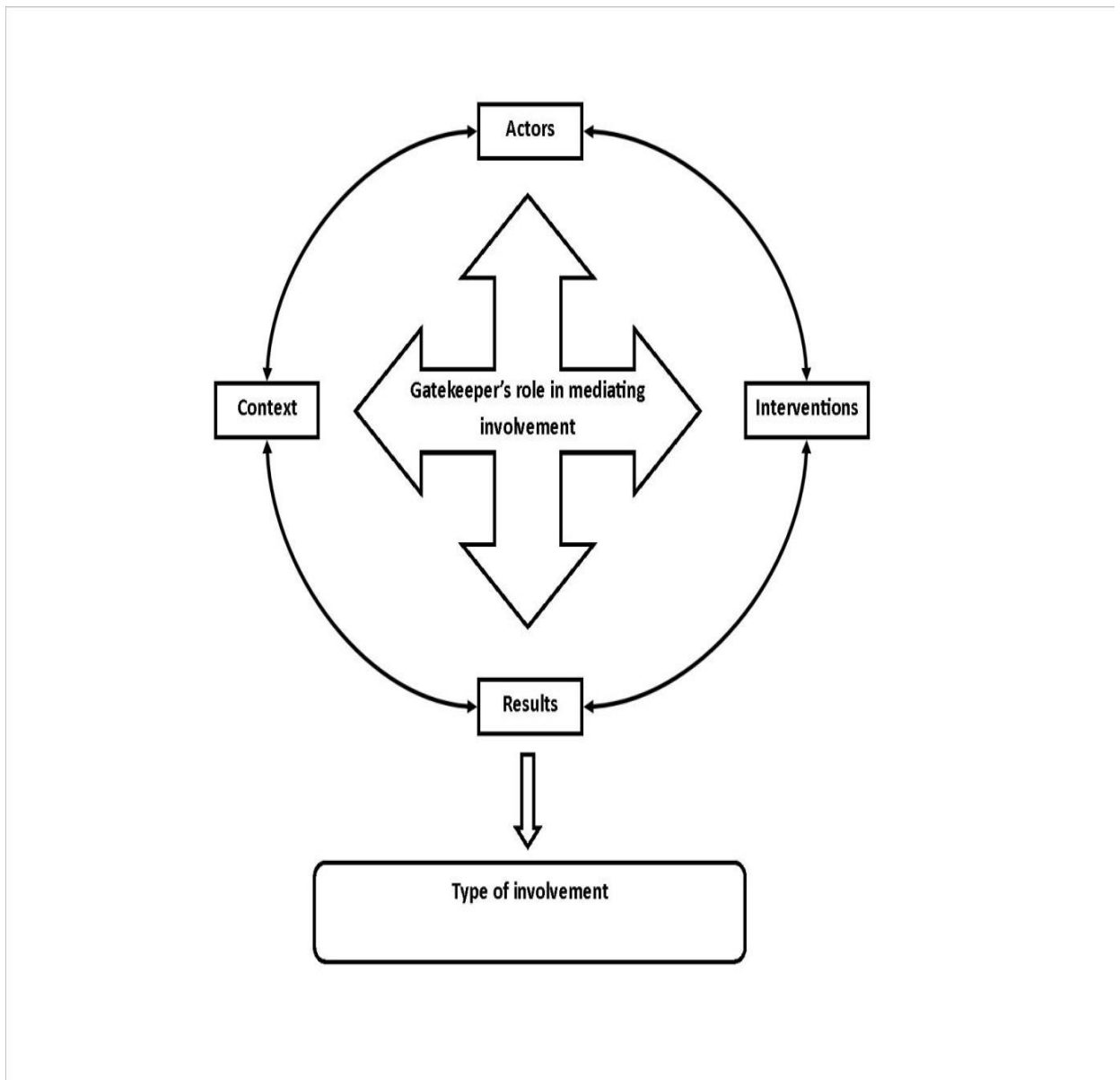


Figure 19. A Theoretical Model of Involvement in Adult Safeguarding showing the Interplay between Gatekeepers, Context, Interventions and Result

This complex interplay between the different factors identified within this study forms the basis of the theoretical model. Despite the influence attributed to professionals in facilitating involvement, the model explicitly acknowledges the wider context in influencing and dictating whether involvement occurs; whilst they influence involvement, their ability to do so is mediated by a range of other factors. The model also clearly includes the influence of factors associated with the actual process of adult safeguarding, alongside the person's own characteristics, as influencing involvement.

Furthermore the model considers the mechanisms that operate within and across the different domains.

With this framework in mind, and with consideration to the mechanisms identified within Chapter Seven, involvement in adult safeguarding is positioned within this model as being influenced by the gatekeeper (either the social worker or the SAB chair). Their choices and actions regarding involvement are influenced by:

- 1) Social and national 'context' mechanisms (including: neoliberalism; paternalism and ageism, as well as the construction of risk and vulnerability; the duty to protect; and a focus in involvement);
- 2) Local authority 'context' mechanisms (including: duties imposed on the person by virtue of their role; the construction of risk; and subjective norms);
- 3) Mechanisms operating within the work of adult safeguarding: (including: communication and risk mechanisms).

The gatekeepers' own choices in relation to how they manage these (often conflicting) factors are in turn influenced by their own personal circumstances including:

- 4) Their attitudes and views about involvement and older people;
- 5) Their interpretation of the MCA;
- 6) Their awareness and understanding of the role of advocacy; and
- 7) Their perceived level of control over involvement within adult safeguarding.

Within this interplay different modes of power are also in operation which impact on the level of choice and control, not only exerted by older people, but by the professionals who are involved in this area as well. These include hidden, invisible and visible forms of power. This model is represented within the figures below. The model has been split into two within the figures to facilitate the distinction between hypothesised disabling mechanisms (Figure 20) and hypothesised enabling mechanisms (figure 21). This is, however, a

theoretical distinction; these mechanisms are, as previously discussed, contextually contingent and as such, may not always be operating.

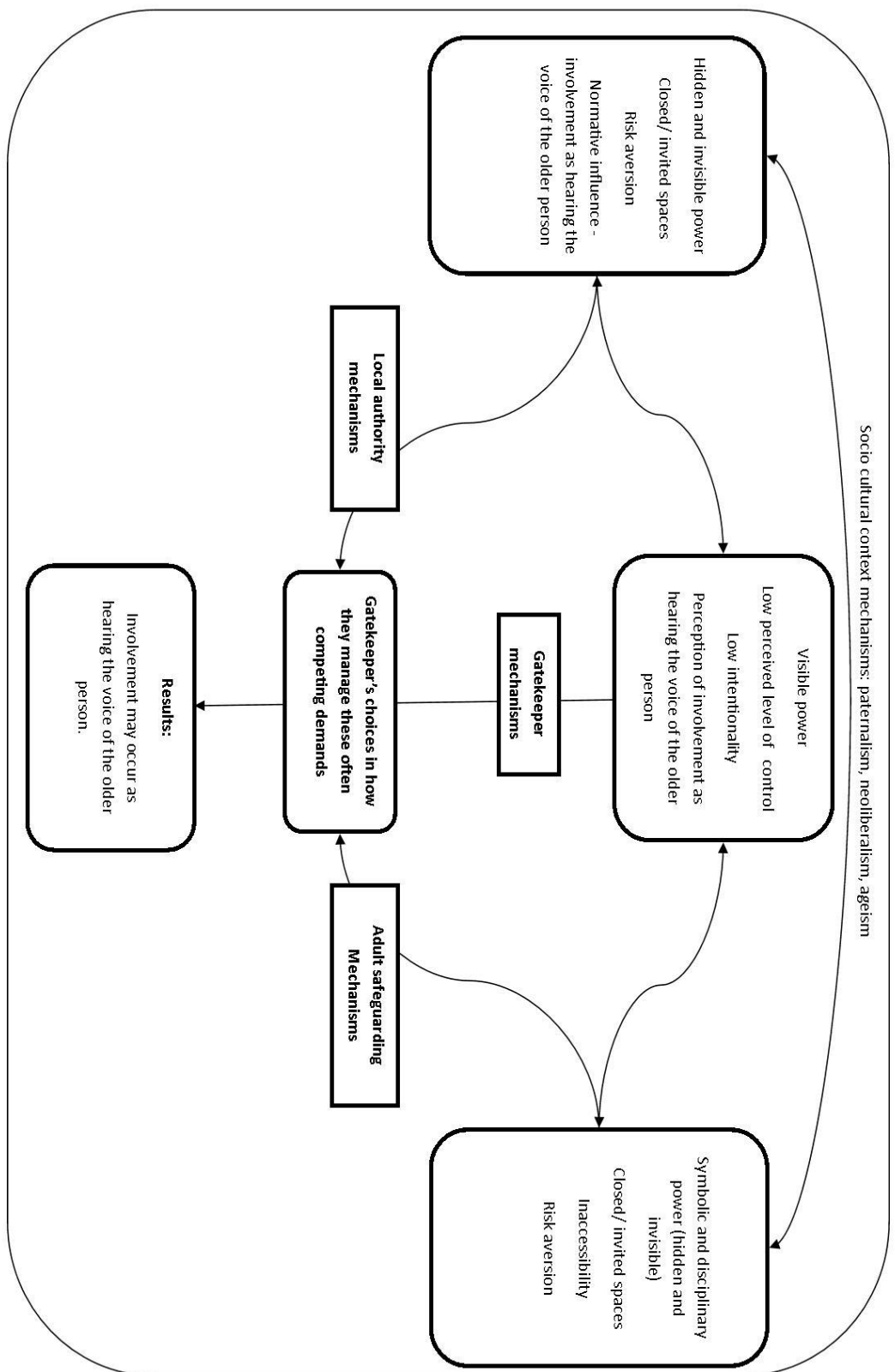


Figure 20. Theoretical Model of Involvement showing Hypothesised Disabling Mechanisms

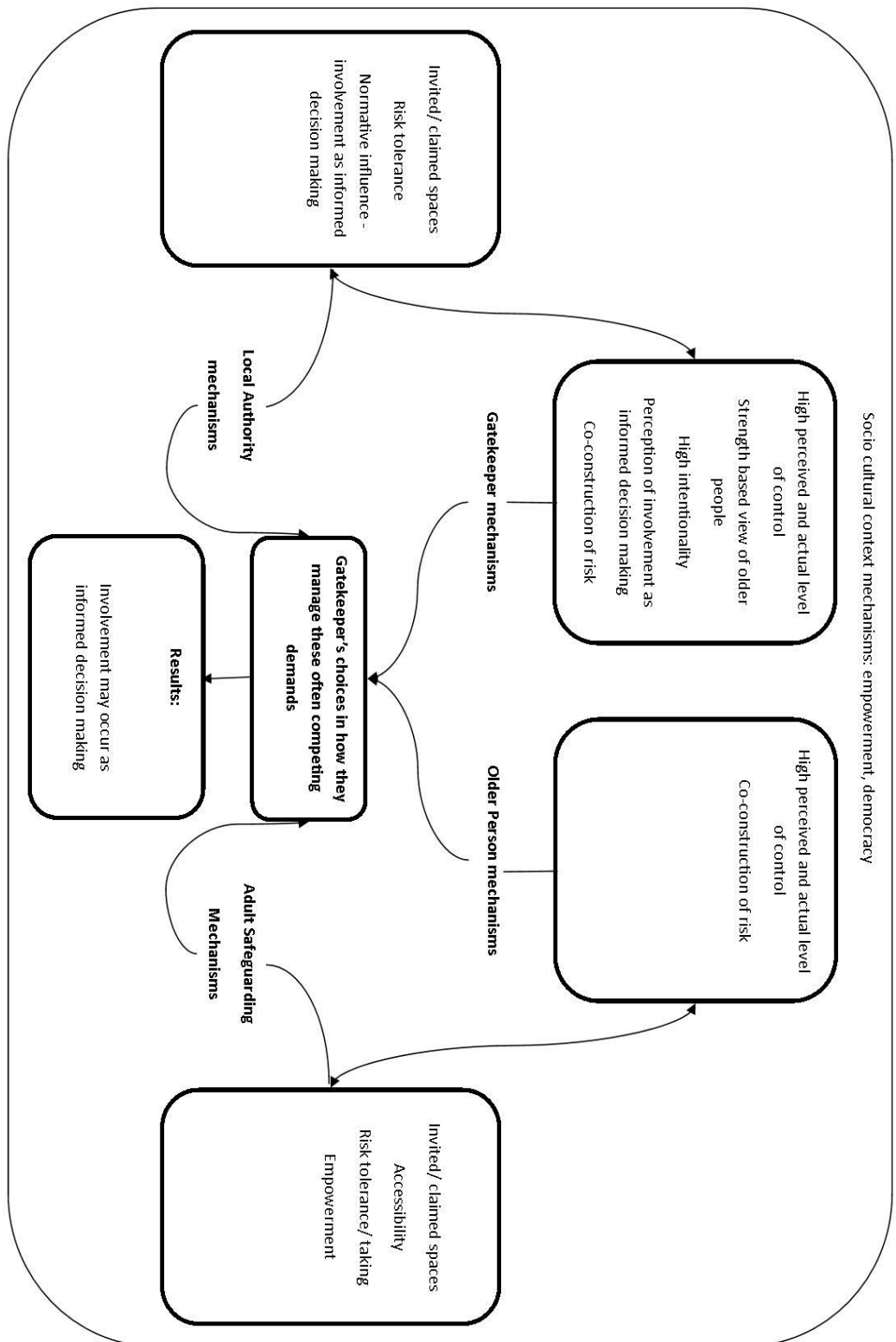


Figure 21. Theoretical Model of Involvement showing Hypothesised Enabling Mechanisms

The model details the different mechanisms identified within Chapter Seven of this thesis as well as some of the core elements identified within the thematic analysis. These included context, intervention and actor mechanisms, such as the perceived level of control over involvement experienced by gatekeepers. These mechanisms shape and influence the practice that takes place within adult safeguarding, including impacting on the spaces of involvement, the level of flexibility that gatekeepers feel that they have, and their choices about how to involve older people in adult safeguarding. The exercise of power within adult safeguarding and involvement was also considered within Chapter Seven. It was argued that the findings demonstrated different forms of power that operate in this field. This also highlights the limitations of a linear concept of involvement, with its associated one dimensional view of power. Such an approach fails to acknowledge other forms of power that may operate, such as the hidden and invisible forms of power discussed in the previous chapter. Power in this model is explicitly conceptualised as multi-dimensional, fluid and evolving. What the model highlights, importantly is the role of the individual agent, or gatekeeper, who has a key influence on the extent to which involvement occurs, but who is also constrained in this role by various other factors.

Overall, this research identified a number of bridges and barriers to involvement in adult safeguarding at both an individual and a strategic level. The model details the complex interplay between the context, people, and adult safeguarding work itself in either facilitating or preventing involvement. The various identified mechanisms affect a number of elements which impact on involvement. Notably in this research, a historically paternalistic and organisationally led approach to adult safeguarding has resulted in spaces for involvement which are imbued with power; the nature of the adult safeguarding meetings was highlighted frequently as a barrier to involvement. Participants, however, identified that they could influence the meetings to make them more accessible. For example, delaying or altering the format of the meetings could help to involve people.

Additionally, risk mechanisms operate in reducing the extent to which older people are able to be involved as decision makers in adult safeguarding. Risk aversion was identified as a disabling feature of adult safeguarding and was related to risk to both the older person, and the organisation and its workers (shown in Figure 20). Perceived risk to the organisation was a disabling feature of involvement; participants were concerned about the potential repercussions should they fail to keep someone safe, and this was considered to impact negatively on the ability of older people to make decisions within adult safeguarding. This highlights a need for flexibility within adult safeguarding and a more open approach to risk management which focuses on the potential for a collaborative approach. Some participants felt that this was starting to be developed; in relation to the risk to the older person, participants identified that a collaborative approach to risk management could enable greater involvement. This was depicted as a mechanism of 'risk tolerance' within the model above (Figure 21), and encompassed the open discussion between professionals and the older person about the potential risk that they faced.

As Figures 20 and 21 above, show, effective communication was also emphasised within this research as a central component of involvement. The research identified that this was often limited, for example, the use of jargon, issues of confidentiality and inaccessibility of meeting minutes were highlighted as barriers to involvement. As discussed above, the role of the 'gatekeeper' was emphasised within the model as impacting on involvement. As such, the gatekeepers views and perceived level of control over involvement are considered to have a strong impact on the type and extent of involvement which occurs. The other identified mechanisms, alongside the duties imposed on them due to their role in the organisation, as well as the influence of subjective norms, also impacted on the involvement of older people.

Overall therefore, the model indicates how contextual factors interact with other factors in influencing involvement and is a useful analytical framework for considering different elements that should be taken into account within

involvement in adult safeguarding. The model highlights the role of the gatekeeper drawing attention to dynamic elements that are under their control, for example, their intentions to involve older people, and more static elements that may be outside of their control, such as the duties imposed upon them by virtue of their role within the local authority.

8.4: Recommendations and implications of the research findings

The following section details some of the recommendations and implications that have arisen from this research. The hypothesised mechanisms detailed in Figures 20 and 21, above, were derived from the key findings from this research and with reference to wider literature, and relevant theory. The mechanisms impact, not only, on the actions of the gatekeeper, but also on the way in which adult safeguarding occurs within the local authorities. From this, and from the key themes presented within Chapters Five and Six, a number of recommendations and implications for policy, practice and research are highlighted. These are detailed below.

8.4.1: Policy and Practice.

Firstly, the research findings highlighted the role of the professional, and their views, in facilitating involvement. This underscores the need for reflective practice, as well as the time and space within which to reflect. As one participant said:

We haven't really had time ... to actually reflect on that aspect of what we do. And I think . . . we need to be reflective. It's not that we don't reflect, but . . . we should be reflecting more on all of the aspects that we do and think about how we can improve things
(Katie, social worker).

Houston, considering risk from a critical realist perspective has also argued that:

With the pressure of high case-loads, procedural imperatives and shrinking resources, there is a pressure to act without having time for considered reflection (Houston, 2002, p. 227).

Houston was considering child welfare within this statement, however, the same is true in this context of adult safeguarding. Heavy case-loads were identified as impacting on involvement, however, social workers need to take the time to reflect carefully on their attitudes and views about involvement, and older people, in order to ensure a careful and considered approach to how they involve older people in adult safeguarding. The centrality of their role in dictating levels of involvement has been demonstrated within this research, but the mediating factor of their beliefs about involvement need to be deconstructed further. Reflective practice can help with this. Reflective practice can provide a means of grappling with “the ‘messy’ complexities of real-life situations” (Thompson, 2000, p. 143). Additionally, the need to pay close attention and reflect on the power dynamics that operate in adult safeguarding were highlighted within this research.

Other practice recommendations include the importance of paying close attention to the actual spaces within which involvement occurs. Consideration should be given to the format of meetings, where people are sitting, the venue of the meeting, and to making a clear distinction between ‘professional only’ meetings, and those which involve the older person or their family member, so that people do not need to walk into an already established group. Greater utilisation of ‘claimed’ spaces could also help to foster greater involvement at a strategic level. For example, the ‘hub and spoke’ approach discussed could tap into already existing, user led, forums in order to hear a wider range of voices at a strategic level without always being led by an organisationally developed agenda.

These research findings also stress the importance of clear and effective communication in facilitating involvement. This includes ensuring that older

people are fully informed and aware of what adult safeguarding entails (at both individual and strategic levels) in order to make informed choices about their involvement. It also includes effective communication to facilitate involvement, and ensure that older people are able to be kept informed and understand what is occurring as part of their involvement. For example, the research highlighted the need to carefully explain the reasons for having confidentiality agreements in meetings. Additionally, the use of jargon was cited as a barrier to involvement. The role of the chair in challenging this was emphasised, but this is clearly a responsibility for anyone who is involved in adult safeguarding. The role of advocacy was also considered important in ensuring full understanding, and the role and benefits of advocacy, over and above where a person may be 'befriended' needs to be more clearly understood by professionals working in adult safeguarding, as well as articulated within policy and practice guidelines. Automatic triggering of advocacy as part of the safeguarding process could help to generate greater involvement of advocates; the individual could then be offered the choice as to whether they wish to take this up.

Greater flexibility within the process and the need for people to be able to take ownership of adult safeguarding was also raised within this research. Fear of "getting it wrong" was highlighted as a barrier to involvement due to the potentially negative repercussions. This reduced involvement, as the process was felt to be restrictive, and concerns about harm occurring to the older person contributed to their reduced ability to make decisions within adult safeguarding. There are two elements related to this which may help to alleviate this situation. Firstly, increased involvement at a strategic level may encourage a more collaborative approach to risk management, and a more risk tolerant culture, by grounding adult safeguarding policy and practice in the views of older people, who can then influence perceptions of risk in a manner which is more reflective of their views. Secondly, increased attention to the communication that occurs within adult safeguarding should occur, as discussed above, to enable effective discussions about risk to take place between professionals and older people.

This research also pointed to potential issues with capacity assessments and associated decision making, highlighting the need for robust capacity assessments and greater attention to the principles of the MCA. Training is therefore an important practice recommendation from this research. This includes training for professionals in relation to the MCA, and to their wider role within adult safeguarding.

There is also a need to have clarity about the role and purpose of involvement. National policy does not give directive instructions about involvement, meaning that it is interpreted by the local authority and individual workers. If the aim of involvement is to move beyond a consultation approach, this needs to be made clear within the guidance and associated changes need to be made to the national policy framework, discussed further below. At a strategic level, clarity for those older people involved about the nature and remit of their role, and supportive training, may help to foster a greater sense of belonging, confidence and clarity about their role which can enable involvement.

8.4.2: Research.

This research addressed an area identified in the literature as being under researched. Service user involvement has been widely considered as an area of importance in health and social care and as such there have been numerous studies which have considered involvement in other contexts. This study, however, addressed a gap in the literature by specifically exploring stakeholders' views about the involvement of older people in adult safeguarding. These included family members', advocates', social workers' and SAB members' views about safeguarding. The inclusion of Tony's voice within this research is also unique to this study. However, the voices of older people who have been through adult safeguarding were missing from this research, and there is a need to hear directly from those who have experienced this in order to fully understand involvement in this area. Future research should therefore focus on identifying how this can be achieved.

Sherwood-Johnson et al.'s (2013) research highlighted the use of creative methodologies for hearing the voices of service users, and participatory research methods may be an effective approach. For example, O'Brien et al. (2011) stated in their research that this approach allowed older people to feel more comfortable in discussing their views about elder abuse. Participatory approaches may also help to avoid further compounding oppressive power dynamics which more traditional approaches to exploring this area may unwittingly perpetuate, for example, the power dynamic between the researcher and the participant.

Additionally, this exploratory research has identified a number of hypothesised mechanisms which help and hinder involvement in adult safeguarding which were used to develop a theoretical model of involvement. The conclusions drawn within this chapter are based on two local authorities in the North East of England, and whilst they provide a coherent account of the nature of involvement in these areas, they are tentative conclusions that need to be further developed with more research.

8.5: Strengths and Limitations

One of the key elements that this research adds to the literature is evidence to support the critique of other widely used models of involvement. The consumerist/ democratic models and Arnstein's model have the concept of power as the key feature, and the extent to which this is redistributed becomes the focus of involvement. This was critiqued within the literature review in relation to its one dimensional approach to involvement. However, the manner in which power itself is conceptualised is also problematic. Power within these models is conceptualised as a commodity which is possessed by some and not by others. In this sense, these models advocate the removal of power from, in this instance, the local authority and its redistribution to service users. The findings from this research highlight the role of other forms of power, for example, Foucault's disciplinary power and Bourdieu's symbolic power. This emphasises that when consideration is given to involvement, a

conception of power as multi-dimensional may be more appropriate, further emphasising the need for reflective practice.

The concept of power, and its operation within adult safeguarding, was a dominant feature of the discussion chapter and within the theoretical model, presented above. I feel it is also important to acknowledge my role within this discussion. Although this discussion considered power which exists within the forum of adult safeguarding, I also acknowledge that, as a researcher, I was a part of this. My views and understanding of the areas have, as have those of my participants, been shaped and influenced by my own experiences as well as cultural, personal and normative influences. As discussed within Chapter Four, I did not seek to bracket my experiences from this research, instead I openly acknowledged them as a strength within the research. This is a potential limitation to the research as it opens up the possibility of bias. However, I have ensured that I have been open and honest about my experiences and thinking about this topic, and have also ensured that I provided a detailed account of the research findings, before offering an interpretation, so that the reader is able to make a judgement about the trustworthiness of the conclusions. Within this presentation and interpretation, I aimed to present a balanced account of the involvement that occurs within the local authorities, by reporting both barriers to involvement, as well as the work that was being to overcome these and address them in order to involve older people.

There are, additionally, some limitations with the methodology that was used within this research. Firstly, the use of two local authorities for data collection is a potential limitation as it is possible that the findings from this research are idiosyncratic to these local authorities, thus raising questions about the generalisability of the research findings. However, given the similarities in the two local authorities used within this research, I feel that tentative generalisations can be drawn. Additionally, to enhance the transferability of the research findings, I provided a detailed account of the research methods within Chapter Four, and a detailed and in depth description of the findings

and interpretation with the aim of allowing the reader to make an informed judgement about the transferability of these findings.

The volume and breadth of the data collected, whilst it can be seen as a strength of the research, also presented challenges, as inevitably some areas were prioritised over others. For example, within the previous chapter, I feel that I devoted more attention to the 'actors' and the 'intervention' than to the context of involvement. However, as I have stated, I feel that the areas are interwoven and equally important. Indeed, the model developed clearly shows that the three areas should all be considered within involvement. There is, perhaps, scope to develop this model and explore each of the areas in further detail through future research.

Adult safeguarding within England is, as previously discussed, responded to as a multi-agency approach. This research, however, focused on the perspectives of social workers and advocates, rather than engaging more widely with participants from other professional backgrounds. This approach was adopted in order to keep the focus of the research clear and consider involvement from the perspective of those working in adult social care rather than, for example, a health or criminal justice setting. Whilst this could be considered a limitation to the research, this did enable an in-depth exploration which included the perspective of practitioners engaged in adult safeguarding as part of their daily work. There is scope to further explore this area of practice with those from other professional settings.

A further limitation is one that was considered above, in relation to implications for future research. This is that older people who had been through adult safeguarding were not involved in the research. This omission is somewhat paradoxical considering that I have hoped to generate greater understanding about how they can be further involved in adult safeguarding. However, as discussed in Chapter Four, I made considerable efforts to involve them within this research. As stated above, I hope to continue the work that I have begun with this study by exploring participatory research methods as a means of addressing this. I do feel, however, that the research

still makes a contribution to discussion in this area through its in-depth exploration of this area with other key stakeholders.

8.6: Final Thoughts: An Argument for Recognition?

Ultimately, despite the rhetoric employed in adult safeguarding policy, it is still rooted in a paternalistic approach to safeguarding, for example, within the approach to involvement which does not seek to shift existing power relations but further embeds them within the new legislation. There was some evidence to suggest this was starting to change. This research contributed to the existing knowledge about the involvement of older people by providing further insight on factors which help and hinder the involvement of older people in this area. It also further extends what was found by Wallcraft and Sweeney (2011). Some of the findings from Wallcraft and Sweeney are replicated within this research which provides further support for the importance of considering these factors, for example, the importance of clear communication, when involving older people in adult safeguarding.

This research adds to that knowledge with its explicit focus on older people which highlighted a number of new areas of consideration. These included the consideration of the professionals' views and perceptions of control over involvement, and the importance of adapting and delaying meetings. The underlying philosophy of critical realism also allowed for a consideration of the interplay between agency and structure. This approach allowed for the acknowledgement of involvement as being located in the complex interplay between personal, interpersonal, organisational and societal factors. This approach formed the basis for the development of the theoretical model developed within this thesis which highlighted the interaction between the mechanisms operating at each of these levels in either enabling, or disabling, involvement. The model allows for a holistic view to be taken when considering involvement, highlighting the importance of considering the context, the activity of adult safeguarding and the individuals involved and their views and beliefs. However, there is another argument to be made here,

which goes beyond the immediate context of adult safeguarding. The literature review enabled me to make speculations about mechanisms operating at a societal level that influence the involvement of older people in adult safeguarding. One of these, neoliberalism, was discussed in relation to the positioning of involvement as being about consumerist choice and control, but the impact of this extends beyond this remit in influencing involvement in adult safeguarding, through the way in which it has influenced social norms which shape our identities.

The starting point for this research, as noted in introduction, was a belief in recognising the strengths of those who are considered to be 'vulnerable' and the belief in the importance of people being able to make decisions about their life. This was challenged, at times, by what I found within this research, in relation to participants discussions around why they do not involve people who lack capacity within adult safeguarding. I have worked with people who lack capacity and have late stage dementia. My grandmother also has Alzheimer's and this has had a profound impact on her cognition; she is often unable to remember things that have happened only moments before. She currently lives in a care home in the United States. She is a long way away from many of her family members, although we visit as often as we can. She doesn't have many friends in the local area; my grandmother is in her nineties and has outlived most of them. It is conceivable that if something happened to her she would not be able to remember and tell someone about it.

I fully appreciate the difficulty when working with individuals in this situation in relation to involving them. It is difficult to see how someone who cannot remember the abuse taking place, and who perhaps believes that they are living in a long since passed time, could not be involved and would be unable to contribute within adult safeguarding. Ultimately though, I still believe that everybody has strengths and something to offer. For my grandmother I hope that, should anything ever happen to her, her life and choices would be respected. In these cases, I can understand the description of 'hearing the person's voice' as being the best approach to involvement, however, I still

believe that if this is the 'norm' then we are doing older people in this situation a disservice. People can communicate in lots of different ways, and the role of advocacy in these cases can help to bring the person into the room via someone who is independent to the process, rather than via a 'pen picture' taken by a social worker, or the report from a family member who, while they may be working in the person's best interests, may not be accurately reflecting what that person actually wants. Additionally, involvement as 'hearing the voice of the older person' when that person does not have capacity raises questions about whether 'being vulnerable' reduces the rights of the person.

Participants did identify that they attempted to involve older people in decision making, where they had capacity, but ultimately, the older person is not able, within the current framework to become an equal partner (at either an individual or a strategic level) or to have any real control within adult safeguarding, raising further questions about whether and how a more equal partnership could be achieved in adult safeguarding. The Care Act 2014 emphasises the importance of 'wellbeing' but continues to position adult safeguarding within a narrative of paternalism and conformity to a neoliberalist agenda. The understanding of being at risk within the Care Act still focuses on the inherent characteristics of the individual as being the deciding factor in whether they may be at risk of harm. There is, as I have previously discussed, an element of truth in this, but it is not the whole picture. Positioning some people as vulnerable in this way serves only to reinforce divisions and unequal power dynamics, perpetuating discourses of paternalism and ageism. The person within this discourse, becomes lost; to use Honneth's terminology, they are not 'recognised' (Honneth, 1996).

I do not critique this with the intention of presenting the argument that we do not need policy and legislative responses to adult abuse, it is all too clear, sadly, that we do. However, I would argue that by perpetuating an individualistic discourse which creates division between groups, placing the 'blame' for abuse onto the individuals (both the 'perpetrator' and the 'victim') it becomes all too easy to ignore the wider issues at stake here. Honneth

argues that the basis for human well-being and self-actualisation, lies in their being recognised in relation to, for example, their rights and their personal qualities (Honneth, 1996). Fraser further argues that misrecognition relates to being positioned by social institutions and groups as less worthy, thus constituting recognition as a social and institutionalised relation, rather than a psychological state (Fraser, 1998). Regardless of the role of agency within this discussion, the concept of recognition, both Honneth's and Fraser's, draw into the discussion of involvement in this area a moral element, and can also be seen within Bourdieu's symbolic power, discussed in Chapter Seven, in the way in which this shapes meaning and creates an imbalance of status between the oppressed (or misrecognised) and the suppressor (the authorised spokesperson) (Bourdieu, 1989; Fraser, 1998; Honneth, 1996).

The point that I want to make in these final reflections is that the discourse of involvement in adult safeguarding itself perpetuates the misrecognition, or non-recognition of older people in and of itself by the very process of labelling them as "vulnerable", or "at risk". As discussed within Chapter Two, older people see the erosion of personhood as abusive, and in Chapter Three, the principles and values of involvement were discussed which highlighted the importance of empowerment and autonomy within approaches to involvement. However, the dichotomous view of older people and their positioning as vulnerable, may undermine both personhood and autonomy. There is thus a fundamental paradox in involvement in adult safeguarding; the tension between misrecognition through viewing people through a singular and dichotomising lens (as old, as vulnerable, as at risk, as service users – which labels are the reason they are included within the adult safeguarding remit) and the aim of involvement which is to empower and respect the person's autonomy, personhood and their life history. For me, these reflections highlight the need to take a step back from what is happening in adult safeguarding to consider the wider societal impact of the way in which we view and talk about older people.

On a more positive note, it was clear that the participants whom I spoke to did not want to perpetuate a paternalistic approach to adult safeguarding and

involvement. Participants spoke about wanting to involve older people more, and to involve them particularly in making decisions, but felt that there were many limitations placed on their ability to do so. These limitations have been presented and discussed in detail within this thesis which highlights the importance of considering both individual and contextual factors when thinking about involvement. As Houston stated:

Social work, to be truly anti-oppressive, must understand the nature of and interplay between these different levels if it is to give rise to the challenges posed by modern life.
(Houston, 2010, p. 89)

Perhaps, there is a need for further recommendations drawn from this reflection regarding the need, not just to challenge some of the barriers identified within this research, but also to challenge the wider 'top-down' nature of the way in which adult safeguarding is constructed, and to shift the emphasis away from an individualistic focus to one which considers more readily wider societal factors at play here, for example, the structural abuse identified by older people within O'Brien's (2011) research. This requires not only a shift in the way that we approach and view adult abuse, but also a need to challenge the hegemony of neoliberalism. Within this meritocracy, the individual is presumed to have the freedom to act and to challenge, but this freedom is not afforded to all.

As discussed in previous chapters, my motivation for undertaking this research stemmed from my interest in the area, and from my belief in the importance of enabling all people to make choices and decisions about their own lives. Adult safeguarding and involvement is seemingly associated with a string of paradoxical scenarios: safeguarding as protection versus safeguarding as empowerment; strict timelines for safeguarding versus the need for flexibility; the need for older people to have knowledge about safeguarding versus communication issues such as the need for confidentiality. Navigating these complex and often contradictory scenarios is a minefield for any practitioner, but it is my hope that the model presented within this research can help to shed some light and add some understanding

to the process of involvement in this area. Further research is needed to test and further develop the model but it is, at least, a stepping stone towards better understanding the engagement of older people in adult safeguarding.

“We will probably never have all the right answers, but hopefully we will be going in the right direction” Michael, Project Worker.

(Shaping Our Lives, 2014).

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Appendices

Appendix A: Glossary of Key Terms

Abuse. Abuse may consist of a single act, or repeated acts. It may be physical, verbal or psychological. It may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse may occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it (DH, 2000, section 2.6).

Adult social care. The care and support provided by local social services authorities to adults who need extra support. This includes social services' power and duties to safeguard adults from abuse and neglect (Law Commission, 2011).

Adult Safeguarding. All of the work which enables an adult who is or may be eligible for community care services to retain independence, well-being and choice, and to access their human right to live a life that is free from abuse and neglect (ADSS, 2005).

Adult at risk of abuse or neglect. An adult who (a) has needs for care and support (whether or not the authority is meeting any of those needs), (b) is experiencing, or is at risk of, abuse or neglect, and (c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it (Care Act, 2014).

Advocacy. Taking action to help people say what they want, secure their rights, represent their interests and obtain the services they need. (SCIE, 2012, P. IV - XI glossary)

Alerter. The person who raises a concern that an adult is being, has been, or is at risk of being abused or neglected. This could be the person themselves, a

member of their family, a carer, a friend or neighbour, a member of staff or volunteer. (SCIE, 2012, P. IV - XI glossary)

Alerting manager. The person in an organisation to whom the alerter is expected to report their concerns. They may also be the designated Safeguarding Adults lead within an organisation. It is the alerting manager who will make the referral and take part in the safeguarding adults process (SCIE, 2012, P. IV - XI glossary)

Capacity. The ability to make a decision about a particular matter at a particular time (SCIE, 2012, P. IV - XI, glossary)

Carer. Refers to unpaid carers for example, relatives or friends of the adult at risk. Paid workers, including personal assistants, whose job title may be 'carer', are called 'staff' (SCIE, 2012, P. IV - XI glossary).

Case conference. A multi-agency meeting held to discuss the outcome of the investigation/assessment and to put in place a protection or safety plan (SCIE, 2012, P. IV - XI glossary).

Consent. In relation to health and social care interventions - the voluntary and continuing permission of the person to the intervention based on an adequate knowledge of the purpose, nature, likely effects and risks of that intervention, including the likelihood of its success and any alternatives to it (SCIE, 2012, p. iv - xi glossary).

Mental capacity. Refers to whether someone has the mental capacity to make a decision or not. (SCIE, 2012, p. iv - xi glossary).

Harm. Ill treatment (including sexual abuse and forms of ill treatment which are not physical), but also the impairment of, or an avoidable deterioration in, physical and mental health, and the impairment of physical, intellectual, emotional, social or behavioural development (DH, 2000, section 2.18).

Independent Mental Capacity Advocate. Established by the Mental Capacity Act (MCA) 2005 IMCAs are mainly instructed to represent people where there is no one independent of services, such as family or friend, who is able to represent them. IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions about where they live, serious medical treatment options, care reviews or adult safeguarding concerns (SCIE, 2012, p. iv - xi glossary).

Investigating/assessing officer. The member of staff of any organisation who leads an investigation/assessment into an allegation of abuse. This is often a professional or manager in the organisation who has a duty to investigate (SCIE, 2012, p. iv - xi glossary).

Perpetrator/ person causing harm. The term used to describe the person or adult who is alleged to have caused abuse or harm (SCIE, 2012, p. iv - xi glossary).

Protection plan. A risk management plan aimed at removing or minimising risk to the person and others who may be affected if it is not possible to remove the risk altogether. It will need to be monitored, reviewed and amended/revised as circumstances arise and develop (SCIE, 2012, p. iv - xi glossary).

Public interest. A decision about what is in the public interest needs to be made by balancing the rights of the individual to privacy with the rights of others or society as a whole to protection (SCIE, 2012, p. iv - xi glossary).

Review. The process of re-examining a protection plan and its effectiveness (SCIE, 2012, p. iv - xi glossary).

Safeguarding Adults Board. A multi-agency committee which represents various organisations in a local authority who are involved in safeguarding adults (SCIE, 2012, p. iv - xi glossary)

Safeguarding Adults contact point. The place where safeguarding alerts are raised within the local area. This could be a local authority single point of access, the relevant social work or mental health team or a 'safeguarding hub' (SCIE, 2012, p. iv - xi glossary).

Safeguarding Adults coordinator/lead. These titles or similar are used to describe an individual who has safeguarding lead responsibilities across an authority. For example, supporting the work of the Safeguarding Adults Board (SAB) and/or advising on Safeguarding Adults cases in the local authority. The role varies from council to council, and carries different titles (SCIE, 2012, p. iv - xi glossary)

Safeguarding Adults process. The decisions and subsequent actions taken on receipt of a referral. This process can include a strategy meeting or discussion, an investigation, a case conference, a care/protection/safety plan and monitoring and review arrangements (SCIE, 2012, p. iv - xi glossary)

SCR (serious case review). A review of the practice of agencies involved in a safeguarding matter. An SCR is commissioned by the Safeguarding Adults Board (SAB) when a serious incident(s) of adult abuse takes place or is suspected. The aim is for agencies and individuals to learn lessons to improve the way they work (SCIE, 2012, p. iv - xi glossary)

Safeguarding alert. The first stage of the safeguarding process where concerns of abuse or neglect are reported (ADSS, 2005).

Safeguarding investigation/assessment. A process to gather evidence to determine whether abuse has taken place and/or whether there is ongoing risk of harm to the adult at risk. In some local authorities this may be referred to as an 'inquiry' (SCIE, 2012, p. iv - xi glossary)

Safeguarding referral. An alert received by the safeguarding team is placed within a multi-agency context and a decision is made as to whether adult safeguarding procedures are appropriate to address the concern. An alert

becomes a referral when the details lead to an adult safeguarding investigation taking place (ADSS, 2005; SCIE, 2012, P. IV - XI glossary)

Strategy discussion/meeting. A multi-agency discussion or meeting between relevant individuals to share information and agree how to proceed with the investigation/assessment, considering all known facts. It can be face to face or by telephone and should start to bring together the intelligence, held in different agencies, about the adult at risk, the person causing harm and approaches that each agency can take to instigate protective actions (SCIE, 2012, p. iv - xi glossary).

Vulnerable Adult. A person who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation (DH, 2000).

Appendix B: Details of Dissemination

Conference Presentations and Workshops

- “Bridges and Barriers: Exploring the Involvement of Older People in Adult Safeguarding”: 1ST Annual Conference of The Association for Psychosocial Studies, UCLAN (December, 2014).
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- “Protecting the Human Rights of Older People: Does Adult Safeguarding Policy Help or Hinder?": Aging and Society Conference: Manchester Conference Centre (November, 2014).
- “Intervention versus Interference: To What Extent Should we Safeguard?": (Workshop): BSA Medical Sociology Conference: Aston University (September, 2014).
- “Exploring the Involvement of Older People in Adult Safeguarding” (Workshop): Social Work Stakeholder Conference: Northumbria University (July, 2014).
- “Factors which Help and Hinder Involvement of Older People in Adult Safeguarding”: (Poster presentation): Social Work Stakeholder Conference, Northumbria University (July, 2014)
- “ ‘These Are Vulnerable People Who Don’t Have a Voice’: Exploring Constructions of Risk, Vulnerability and Involvement of Older People in Adult Safeguarding”: (Oral presentation): Safeguarding the Vulnerable Conference : Bucks New University (May, 2014)
- “Exploring the Involvement of Older People in Adult Safeguarding” (Oral presentation): Fourth European Conference for Social Work Research, Bolzano, Italy (April, 2014)

- “Exploring the Involvement of Older People in Adult Safeguarding”: (Poster presentation): Fourth European Conference for Social Work Research, Bolzano, Italy (April, 2014)
- “Factors which Help and Hinder Involvement of Older People in Adult Safeguarding” Pecha Kucha Presentation): Northumbria Research Conference, Northumbria University (May, 2014)
- “Factors which Help and Hinder Involvement of Older People in Adult Safeguarding”: (Poster presentation): Northumbria Research Conference, Northumbria University (May, 2014)
- “Paternalism and Empowerment: The Involvement of Older People in Adult Safeguarding”: (Oral presentation): BSA conference (April 2014)
- “Paternalism and Empowerment: The Involvement of Older People in Adult Safeguarding”: (Poster presentation): BSA conference, Newcastle Upon Tyne (April 2014)
- “Planning and Running a Research Conference”: (Oral presentation): Graduate School PGR Training, Northumbria University (2013)
- “Exploring the Involvement of Older People in Adult Safeguarding”: (Oral presentation): Faculty of Health and Life SCIE, 2012, p. iv - xinces PGR Conference (2013)
- “Exploring the Involvement of Older People in Adult Safeguarding”: (Poster presentation): Faculty of Health and Life SCIE, 2012, p. iv - xinces PGR Conference (2013)

- “Exploring the Involvement of Older People in Adult Safeguarding”: (Poster presentation): University of Northumbria Research Conference (2013)
- “Exploring the Involvement of Older People in Adult Safeguarding: The Research Process”: (Poster presentation): University of Northumbria Research Conference (2012)
- “Research Methodology”: (Oral presentation): Coach Lane PGR Research Seminar (2012)

Other dissemination

- “Bridges And Barriers: Exploring The Involvement Of Older People In Adult Safeguarding”: (Presentation) To Adss, North East (Sept, 2014)
- “Best Practice Indicators For Involving Older People In Adult Safeguarding”: (Presentation) To Safeguarding Team In A North East Local Authority (Sept, 2014)
- “Involving Older People In Adult Safeguarding Processes” (Workshop) To Social Workers In Their Assessed And Supported Year Of Employment, Northumbria University (July, 2014)
- Other Dissemination Has Included Presentations And Workshops With Social Work Students At Northumbria University Based On Research Findings.

Appendix C: Consent Form

Once participants had read the information sheet and had the opportunity to ask questions, if they were happy to proceed then they were asked to sign the consent form. This was always done in the presence of the researcher so that they could ask any further questions that they might have had. The consent form asked participants to sign based on their agreement of a number of statements. These included, for example, the voluntary nature of participation, their agreement for the interview to be recorded and their agreement that the data could be used in various reports and publications (following the anonymising of the data). Participants who wished to take part in the research were asked to tick a box next to each statement to indicate that they had read and agreed to the statement. They were then asked to sign the form at the bottom and return it to the researcher, who also signed and dated the form. The informed consent process allowed assurances to be made that participants were undertaking the research voluntarily and were fully informed about exactly what their involvement would entail. I also made it clear to all participants that they could change their minds at any time about their involvement. I also offered to send a copy of the signed consent form to participants but none of them wanted me to do this.



Study title: Exploring the Involvement of Older People within Adult Safeguarding

Researcher: Sarah Finlay, Room H005, School of Health, Community and Education Studies, Coach Lane Campus East, Northumbria University, Newcastle-Upon-Tyne, NE7

7XA

Email: sarah.finlay@northumbria.ac.uk

Tel:

	YES	NO
Please <input checked="" type="checkbox"/>		
1. I have read the information sheet and understand the purpose of the study	<input type="checkbox"/>	<input type="checkbox"/>
2. I have been given the chance to ask questions about the study and these have been answered to my satisfaction	<input type="checkbox"/>	<input type="checkbox"/>
3. I understand that my participation in the research is voluntary	<input type="checkbox"/>	<input type="checkbox"/>
4. I understand that I can withdraw from the research at any point without giving a reason	<input type="checkbox"/>	<input type="checkbox"/>
5. I am aware that my personal information will be kept confidential and will not appear in any printed documents	<input type="checkbox"/>	<input type="checkbox"/>
6. I understand that my words may be quoted in publications, reports and other research outputs but that they will be anonymised so that I am not identifiable	<input type="checkbox"/>	<input type="checkbox"/>
7. I have been given the contact details of the researcher who I can contact if I have any further queries about the research	<input type="checkbox"/>	<input type="checkbox"/>
8. I would like to request a summary of the research to be sent to me	<input type="checkbox"/>	<input type="checkbox"/>

I agree to the University of Northumbria recording and processing this information about me. I understand that this information will be used only for the purposes set out in the information sheet supplied to me and my consent is conditional upon the University complying with its duties and obligations under the Data Protection Act 1998. By signing this statement I agree to take part in the research.

Name: _____

Signature: _____

Researcher name: Sarah Finlay

Researcher Signature: _____

If you have requested a summary of the research, please fill in the following details so that the summary can be sent to you.

I would like the summary to be sent to me by:

Postal address:	Email address:
_____	_____
_____	_____
_____	_____
_____	_____

Appendix D: Invitation Letters

The invitation letter explained to the participants that they were being asked to take part in research about adult safeguarding, and why they had been selected. It directed potential participants to the information sheet and provided the contact details of the researcher whom they could contact if they had any questions. Invitation letters were tailored to the participant group, as can be seen below. For those participants who were members of the SAB it detailed that I was interested in their views about the involvement of older people at a strategic level in adult safeguarding. Invitation letters that were developed to be sent to older people in relation to individual safeguarding processes stated merely that they were being approached as they “may have experience of the topic area”. The letter was phrased in this way as it was considered to be a possibility that others could accidentally view the letter after delivery and it would have potentially caused harm or distress to the older person (and been a breach of their trust and confidentiality) if their involvement in adult safeguarding was disclosed to others who may not be aware of their experiences.

Invitation letter one: older people



Sarah Finlay (Researcher)

Room H005

School of Health, Community and Education Studies

Coach Lane Campus East

Northumbria University

Newcastle-Upon-Tyne

NE7 7XA

Email: sarah.finlay@northumbria.ac.uk

Tel:

Date:

Dear Sir/ Madam,

My name is Sarah Finlay and I am a PhD researcher from Northumbria University. I am carrying out research on adult safeguarding and am writing to invite you to participate in the research. In order to help you to make a decision as to whether you would like to participate I have included full details of the research with this letter, including why the research is being carried out, what you would be asked to do if you were to become involved and how the research will be used. I am approaching you about this research as you have experience of the research topic area.

I have provided information about the research which is enclosed with this letter. If you would like to get in touch to talk about the research my contact details are provided above and at the end of the enclosed information sheet.

Thank you for taking the time to read the information sheet.

Yours faithfully,

Sarah Finlay

Invitation letter two: social workers



Sarah Finlay (Researcher)

Room H005

School of Health, Community and Education Studies

Coach Lane Campus East

Northumbria University

Newcastle-Upon-Tyne

NE7 7XA

Email: sarah.finlay@northumbria.ac.uk

Tel:

Date:

Dear Sir/ Madam,

My name is Sarah Finlay and I am a PhD researcher from Northumbria University. I am carrying out research on adult safeguarding and am writing to invite you to participate in the research. In order to help you to make a decision as to whether you would like to participate I have included full details of the research with this letter, including why the research is being carried out, what you would be asked to do if you were to become involved and how the research will be used. I am approaching you about this research as you have experience of the research topic area.

I have provided information about the research which is enclosed with this letter. If you would like to get in touch to talk about the research my contact details are provided above and at the end of the enclosed information sheet.

Thank you for taking the time to read the information sheet.

Yours faithfully,

Sarah Finlay

Invitation letter three: Independent organisations



Sarah Finlay (Researcher)

Room H005

School of Health, Community and Education Studies

Coach Lane Campus East

Northumbria University

Newcastle-Upon-Tyne

NE7 7XA

Email: sarah.finlay@northumbria.ac.uk

Tel:

Date:

Dear Sir/ Madam,

My name is Sarah Finlay and I am a PhD researcher from Northumbria University. I am carrying out research which will explore the involvement of older people within adult safeguarding and am writing to invite you to participate in the research. In order to help you to make a decision as to whether you would like to participate I have included full details of the research with this letter, including why the research is being carried out, what you would be asked to do if you were to become involved and how the research will be used. I am approaching you about this research as you have experience of the research topic area.

I have provided information about the research which is enclosed with this letter. If you would like to get in touch to talk about the research my contact details are provided above and at the end of the enclosed information sheet.

Thank you for taking the time to read the information sheet.

Yours faithfully,

Sarah Finlay

Invitation letter four: members of the SAB



Sarah Finlay (Researcher)

Room H005

School of Health, Community and Education Studies

Coach Lane Campus East

Northumbria University

Newcastle-Upon-Tyne

NE7 7XA

Email: sarah.finlay@northumbria.ac.uk

Tel:

Date:

Dear Sir/ Madam,

My name is Sarah Finlay and I am a PhD researcher from Northumbria University.

As you are aware, I am carrying out research on adult safeguarding and am writing to invite you to participate in the research. In order to help you to make a decision as to whether you would like to participate I have included full details of the research with this letter, including why the research is being carried out, what you would be asked to do if you were to become involved and how the research will be used. I am approaching you about this research as you are a member of the local authorities Adult Safeguarding Board and I am interested in your views about the involvement of older people within decision making on policy related to adult safeguarding.

I have provided information about the research which is enclosed with this letter. If you would like to get in touch to talk about the research my contact details are provided above and at the end of the enclosed information sheet.

Thank you for taking the time to read the information sheet.

Yours faithfully,

Sarah Finlay

Invitation letter five: Family members and advocates



Sarah Finlay (Researcher)

Room H005

School of Health, Community and Education Studies

Coach Lane Campus East

Northumbria University

Newcastle-Upon-Tyne

NE7 7XA

Email: sarah.finlay@northumbria.ac.uk

Tel:

Date:

Dear Sir/ Madam,

My name is Sarah Finlay and I am a PhD researcher from Northumbria University. I am carrying out research on adult safeguarding and am writing to invite you to participate in the research. In order to help you to make a decision as to whether you would like to participate I have included full details of the research with this letter, including why the research is being carried out, what you would be asked to do if you were to become involved and how the research will be used. I am approaching you about this research as you have experience of the research topic area.

I have provided information about the research which is enclosed with this letter. If you would like to get in touch to talk about the research my contact details are provided above and at the end of the enclosed information sheet.

Thank you for taking the time to read the information sheet.

Yours faithfully,

Sarah Finlay

Appendix E: Information Sheets

Participants were given the information sheet to read and given the opportunity to ask any further questions. As with the invitation letters these were tailored to the participant group. For example, the information sheets developed for older people in relation to the adult safeguarding processes stated:

I am interested in talking to you if you have experience of being involved in an adult safeguarding investigation. If you do not have experience in this area or you do not wish to take part then you may ignore this information sheet.

Again it was phrased in this way in order to avoid the possibility that their involvement could be accidentally disclosed. The information sheet contained full details of the research and why it was being carried, details of how their information would be kept confidential (and the circumstances under which this might be breached) as well as detailing the informed consent process. Both the invitation letters and the information sheets were developed by the researcher and then shared with the supervision team, the gatekeepers, the ethics committee and members of the SAB in order to obtain their feedback. On the basis of the feedback some minor changes to type font and size were made to the documents that would be sent to older people in order to ensure that they were accessible. Additionally, on the basis of feedback I identified other means of obtaining informed consent, for example, the possibility of using audio or video recordings of the informed consent documents should these be needed. Additionally, one local authority offered to support me with access to interpreters should this need be encountered. However, neither of these resources needed to be accessed.

Confidentiality. All personal data was kept confidential. This means that no information that could possibly identify the participants was disclosed to others. There was a statement of confidentiality included within the information sheet given to participants. For participants taking part in interviews, confidentiality was maintained by the researcher through the

careful storage of data (as described below) and the anonymising of data used within the write up of the research. Finally, all participants were informed that there are circumstances under which confidentiality can be breached. Confidentiality would have been breached if any participant made a disclosure of risk of serious harm to themselves or others. This would have included cases where I knew or suspected that an individual was harming themselves or others or might have done so in the future, where I knew or suspected that the individual was acting illegally, or where I knew or suspected that the individual was being harmed by another or was at risk of being harmed in the future. The guidelines for 'serious harm' are not clearly defined, however, if at any point I had been in doubt as to whether confidentiality needed to be breached it would have been discussed with supervisors and the relevant gatekeeper before further action was taken. Through discussion with the gatekeepers it was identified that if a disclosure was made I should either contact them directly or access someone within the safeguarding team of the local authority (a phone number was provided). If I had needed to breach confidentiality, I would have discussed this with the participant. Within this research no situation arose which required a breach of confidentiality.

Anonymity. All data, following collection, was fully anonymised. "Anonymised data exists when it can no longer be used to identify a living individual either by itself or in conjunction with any other information available to the person possessing that data" (Northumbria University, 2010/11, p. 26). The University guidelines state that data is fully anonymised where the researcher keeps an index list containing a unique reference number next to the names of the participants and a working list which contains the same reference numbers against each set of data collected. Two lists were kept (in separate locations) on the password secured university u:drive. The list Excel files were also password encrypted. Each participant was given a pseudonym which was used during the write up to protect the identity of the participant. I also have not revealed which two local authorities were involved in the research in order to further protect the identity of the participants. Despite this, there were additional considerations that needed to be made

within this research regarding anonymity. For example, only one older person was involved at a strategic level and involved in this research. Therefore, despite the use of a pseudonym it is clear who this participant is to any other participant from that local authority's SAB who were aware of the research taking place within that local authority. I therefore discussed this with the participant who gave his consent for his interview data to be used within the research with the understanding that his input may not be anonymous to some readers. He was happy for this to occur and did not raise any concerns with me. I therefore felt comfortable including his data within the thesis. Additionally, the same issues could have arisen with other SAB members. To avoid the identification of these participants I have therefore not identified their roles or the organisations they represented when using their quotations.

Data collection, storage, retention and use. The methods of data collection were described to the participants within the information sheet. They were also informed of the data storage procedure as follows. All hard copies of data were kept in a locked cupboard in a restricted access room on the university campus. This complies with the university standards which state that hard copy records "should be stored and indexed in appropriate secure containers such as lockable filing cabinets, draws or shelves" (Northumbria University, 2010/11, p. 33). Any electronic files were kept on the researchers personal space on the university u:drive which is a password protected storage space. Storing the electronic data here complies with university requirements that electronic data should "remain secure through controlled access or regular back up" (Northumbria University, 2010/11, p. 33). No one else had access to the stored data although it was shared and discussed within supervision meetings (although within supervision meetings the participants' pseudonyms were used).

Participants were also informed of the retention and use of the data. This included informing participants that the findings from the research would be used in reports to the local authority, the write up of the thesis, the publication of academic papers, and presented at conferences. All participants were given the option of requesting a summary of the research to be sent to them

on completion of the PhD. Details of research dissemination so far is provided within Appendix B.

Complaints procedure. All participants were informed of their right to make a complaint and to whom complaints should be addressed. Contact details of the supervision team were provided to all participants.

Information Sheet one: Older people (safeguarding investigations).



Study title: Exploring the Involvement of Older People within Adult Safeguarding

What is this research about and why have I been asked to take part?

What is the research about?

This research project is going to look at the involvement of older people within adult safeguarding. Adult safeguarding work is all the work that helps an adult to stay safe from abuse and ill treatment. I plan to study how well older people are involved in this area by talking to as many people as possible about their thoughts and experiences. This will include talking to older people as well as social workers and carers and those that work for the adult safeguarding teams.

In particular I want to look at two areas. Firstly, I want to explore how older people are involved in making decisions about adult safeguarding work that affect policies and practice in this area. Secondly, I want to look at how well people are involved in safeguarding investigations where there has been an alert made indicating that abuse has occurred. This includes exploring issues such as whether the person was invited to and attended meetings, was involved in any decision making and generally exploring their experiences of being involved in the investigation.

Why is the research being done?

This is an important area and this research will help to provide greater understanding and knowledge which will hopefully lead to the development and improvement of this area.

Why are you asking me to take part?

I am interested in talking to you if you have experience of being involved in an adult safeguarding investigation. If you do not have experience in this area or you do not wish to take part then you may ignore this information sheet. If you want to talk to me about your involvement, my contact details are given below.

If I choose to take part what will I have to do and how will my information be used?

What would I have to do if I choose to take part?

I understand that this is a very sensitive topic to discuss with other people and I would like to reassure you that the research will be conducted in a manner that is sensitive and that you will not have to disclose the circumstances which lead to the investigation taking place.

It is also important that you understand that your involvement in the research is voluntary and that if you decide to take part you can change your mind at any time without having to give a reason and without it affecting your services in any way.

If you choose to take part in the research you will be invited to take part in an interview. The interview will involve talking to me about your thoughts and experiences of being involved in an adult safeguarding investigation. The interview will focus on what happened during the investigation, but not on the reasons for the investigation.

- The interview will last for approximately one hour
- If you want to, you can bring someone with you to the interview
- There will be opportunities to take a break whenever you want to during the interview
- You can choose where the interview takes place – it can be at your house, at a public place, such as a cafe, or on the university campus
- If you agree, I would like to audio record the interview
- Following the interview the audio recording will be transcribed and made anonymous and once this has been done the original recording will be deleted.
- Everything that you say is confidential unless you tell me something that indicates that you or someone else is at risk of harm. I would discuss this with you before telling anyone else.

How will my information be used and will it be kept private and confidential?

All of your personal details will be kept confidential. The things that you say during the interview may be written up as part of my thesis or in reports presented to the local authority, presented at conferences, or published in research articles. However, anything that is used in this way will be anonymous and you will not be identifiable from this information.

All of the information that is collected will be stored in a restricted access room in a locked cupboard and only I and my supervisors will have access to it. Any electronic files will be kept in a password protected folder that only I have access to. Your personal details will be destroyed once the research is over. Any written or recorded information (such as the transcript from the interview) used in the thesis or other published work will be retained by the university in a secure storage facility and will be destroyed twelve months after completion of the study. You have the right to access any information held about you and you may request this information at any time.

Will I get any feedback from the research?

If you would like to request a summary of the research you can tell me by ticking the appropriate box on the consent form.

Other important information

- The research has approval from the University Research Ethics Committee
- The research is being supervised through Northumbria University
- If at any point you are not happy with anything related to the research then you can discuss this with me or you can go directly to my supervisors. Their contact details have been provided below.
- Taking part in the research will **not** cost you anything and you will **not** be asked to provide any bank, or other financial details.

I would like to take part – what should I do now?

If you would like to take part in the research then all you have to do is sign and return the reply slip below in the stamped, addressed envelope provided. If you wish to discuss the research with me before you do this then you can contact me on the details given below. I would be very grateful if you could do this within two weeks of the date on this letter.

Once I receive your reply I will contact you to arrange a time and place for the interview that is convenient for you. You can change your mind about taking part in the research at any time. If you do not want to take part then you do not need to do anything.

Further Information

Please feel free to get in touch and discuss the research with me at any point. My contact details are provided below.

Thank you for taking the time to read this information sheet

Contact Details

Sarah Finlay (Researcher)
Room H005
School of Health, Community and Education Studies
Coach Lane Campus East
Northumbria University
Newcastle-Upon-Tyne
NE7 7XA
Email: sarah.finlay@northumbria.ac.uk
Tel:

Professor David Stanley (Principal Supervisor)
Chair of Social Care
School of Health, Community and Education Studies
Coach Lane Campus West
Northumbria University
Newcastle-Upon-Tyne
NE7 7XA
Email: david.stanley@northumbria.ac.uk
Tel: 0191 2156261

Julie Irvine (2nd Supervisor)
Academic Head (Social Work)
School of Health, Community and Education Studies
Coach Lane Campus East
Northumbria University
Newcastle-Upon-Tyne
NE7 7XA
Email: Julie.Irvine@northumbria.ac.uk
Tel: 0191 2156235

REPLY SLIP

Please complete and return in the attached, reply paid envelope



**Exploring the Involvement of Older People Within Adult Safeguarding
Work**

**I would like to take part in the research. Please contact me to make
arrangements for my involvement.**

Name:

Address:

Tel:

Email:

Signature:

Researcher: Sarah Finlay

Room H005

School of Health, Community and Education Studies

Coach Lane Campus East

Northumbria University

Newcastle-Upon-Tyne

NE7 7XA

Information Sheet two: Older people (decision making on policy)



Study title: Exploring the Involvement of Older People within Adult Safeguarding

What is this research about and why have I been asked to take part?

What is the research about?

This research project is going to look at the involvement of older people within adult safeguarding. Adult safeguarding work is all the work that helps an adult to stay safe from abuse and ill treatment. I plan to study how well older people are involved in this area by talking to as many people as possible about their thoughts and experiences. This will include talking to older people as well as social workers and carers and those that work for the adult safeguarding teams.

In particular I want to look at two areas. Firstly, I want to explore how older people are involved in making decisions about adult safeguarding work that affect policies and practice in this area. Secondly, I want to look at how well people are involved in safeguarding investigations where there has been an alert made indicating that abuse has occurred.

Why is the research being done?

This is an important area and this research will help to provide greater understanding and knowledge which will hopefully lead to the development and improvement of this area.

Why are you asking me to take part?

You have been selected to take part as you have experience of being involved in a reference group within adult safeguarding.

If I choose to take part what will I have to do and how will my information be used?

What would I have to do if I choose to take part?

First of all, it is important that you understand that your involvement in the research is **voluntary** and that if you decide to take part **you can change your mind at any time** without having to give a reason and without it affecting your services in any way.

If you choose to take part in the research you will be invited to take part in an interview. The interview will last approximately one hour to discuss the involvement of older people within decision making on policy and practice in adult safeguarding.

- The interview will last for approximately one hour
- If you want to, you can bring someone with you to the interview
- There will be opportunities to take a break whenever you want to during the interview
- You can choose where the interview takes place – it can be at your house, at a public place, such as a cafe, or on the university campus
- If you agree, I would like to audio record the interview
- Following the interview the audio recording will be transcribed and made anonymous and once this has been done the original recording will be deleted.
- Everything that you say is confidential unless you tell me something that indicates that you or someone else is at risk of harm. I would discuss this with you before telling anyone else.

How will my information be used and will it be kept private and confidential?

All of your personal details will be kept confidential. The things that you say during the interview may be written up as part of my thesis or in reports presented to the local authority, presented at conferences, or published in research articles. However, anything that is used in this way will be anonymous and you will not be identifiable from this information.

All of the information that is collected will be stored in a restricted access room in a locked cupboard and only I and my supervisors will have access to it. Any electronic files will be kept in a password protected folder that only I have access to. Your personal details will be destroyed once the research is over. Any written or recorded information (such as the transcript from the interview) used in the thesis or other published work will be retained by the university in a secure storage facility and will be destroyed twelve months after completion of the study. You have the right to access any information held about you and you may request this information at any time.

Will I get any feedback from the research?

If you would like to request a summary of the research you can tell me by ticking the appropriate box on the consent form.

Other important information

- The research has approval from the University Research Ethics Committee
- The research is being supervised through Northumbria University
- If at any point you are not happy with the researcher then you can discuss this with me or you can go directly to my supervisors. Their contact details have been provided below.

- Taking part in the research will **not** cost you anything and you will **not** be asked to provide any bank, or other financial details.

I would like to take part – what should I do now?

If you would like to take part in the research then all you have to do is sign and return the reply slip below in the stamped, addressed envelope provided. If you wish to discuss the research with me before you do this then you can contact me on the details given below. I would be very grateful if you could do this within two weeks of the date on this letter.

Once I receive your reply I will contact you to arrange a time and place for the focus group that is convenient for you. You can change your mind about taking part in the research at any time. If you do not want to take part then you do not need to do anything.

Further Information

Please feel free to get in touch and discuss the research with me at any point. My contact details are provided below.

Thank you for taking the time to read this information sheet

Contact Details

Sarah Finlay (Researcher)
Room H005
School of Health, Community and Education Studies
Coach Lane Campus East
Northumbria University
Newcastle-Upon-Tyne
NE7 7XA
Email: sarah.finlay@northumbria.ac.uk
Tel:

Professor David Stanley (Principal Supervisor)
Chair of Social Care
School of Health, Community and Education Studies
Coach Lane Campus West
Northumbria University
Newcastle-Upon-Tyne
NE7 7XA
Email: david.stanley@northumbria.ac.uk
Tel: 0191 2156261

Julie Irvine (2nd Supervisor)
Academic Head (Social Work)
School of Health, Community and Education Studies
Coach Lane Campus East
Northumbria University
Newcastle-Upon-Tyne
NE7 7XA
Email: Julie.Irvine@northumbria.ac.uk
Tel: 0191 2156235

REPLY SLIP

Please complete and return in the attached, reply paid envelope



Exploring the Involvement of Older People Within Adult Safeguarding

Please contact me to make arrangements for my involvement.

Name: _____

Address: _____

Tel: _____

Email: _____

Signature: _____

Researcher: Sarah Finlay

Room H005

School of Health, Community and Education Studies

Coach Lane Campus East

Northumbria University

Newcastle-Upon-Tyne

NE7 7XA

Information Sheet three: Social workers



Study title: Exploring the Involvement of Older People within Adult Safeguarding

What is this research about and why have I been asked to take part?

What is the research and why is it being done?

This research project is concerned with the involvement of older people in adult safeguarding investigations and within decision making on policy and practice within adult safeguarding. It will also examine the thresholds for identifying and progressing a safeguarding alert. I will be talking to both safeguarding professionals and older people about this topic area with the aim of contributing to knowledge and understanding of this area and to developing indicators for best practice in this area. This is an important area about which not very much is known and so the research will help to provide greater understanding and knowledge which will hopefully lead to the development and improvement of this area.

What would I have to do if I choose to take part?

First of all, it is important that you understand that your involvement in the research is **voluntary** and that if you decide to take part **you can change your mind at any time** without having to give a reason.

If you choose to take part in the research you will be invited to take part in an interview. Details about the interview are given below to help you make your decision.

The interview:

The interview will involve talking to me about your thoughts and experiences regarding the involvement of older people within adult safeguarding investigations.

- The interview will last for approximately one hour
- There will be opportunities to take a break whenever you want to during the interview
- If you agree, I would like to audio record the interview
- Following the interview the audio recording will be transcribed and made anonymous and once this has been done the original recording will be deleted.
- Everything that you say is confidential unless you tell me something that indicates that you or someone else are at risk of harm. I would discuss this with you before telling anyone else

How will my information be used and will it be kept private and confidential?

All of your personal details will be kept confidential. The things that you say during the interview may be written up as part of my thesis or in reports presented to the local authority, presented at conferences, or published in research articles. However, anything that is used in this way will be anonymous and you will not be identifiable from this information.

All of the information that is collected will be stored in a restricted access room in a locked cupboard and only I and my supervisors will have access to it. Any electronic files will be kept in a password protected folder that only I have access to. Your personal details will be destroyed once the research is over. Any written or recorded information (such as the transcript from the interview) used in the thesis or other published work will be retained by the university in a secure storage facility and will be destroyed twelve months

after completion of the study. You have the right to access any information held about you and you may request this information at any time.

Will I get any feedback from the research?

If you would like to request a summary of the research you can tell me by ticking the appropriate box on the consent form.

Other important information

- The research has approval from the University Research Ethics Committee
- The research is being supervised through Northumbria University
- If at any point you are not happy with the research then you can discuss this with me or you can go directly to my supervisors. Their contact details have been provided below.
- Taking part in the research will not cost you anything and you will **not** be asked to provide any bank, or other financial details.

I would like to take part – what should I do now?

If you would like to take part in the research then all you have to do is sign and return the reply slip below in the stamped, addressed envelope provided. If you wish to discuss the research with me before you do this then you can contact me on the details given below. I would be very grateful if you could do this within two weeks of the date on this letter.

Once I receive your reply I will contact you to arrange a time and place for the interview that is convenient for you. You can change your mind about taking part in the research at any time. If you do not want to take part then you do not need to do anything.

Further Information

Please feel free to get in touch and discuss the research with me at any point. My contact details are provided below.

Thank you for taking the time to read this information sheet

Contact Details

Sarah Finlay (Researcher)
Room H005
School of Health, Community and Education Studies
Coach Lane Campus East
Northumbria University
Newcastle-Upon-Tyne
NE7 7XA
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REPLY SLIP



Study title: Exploring the Involvement of Older People Within Adult Safeguarding

I would like to take part in the research. Please contact me to make arrangements for my involvement.

Name: _____

Address: _____

Tel: _____

Signature: _____

Researcher: Sarah Finlay

Information sheet four: Family members and advocates



Study title: Exploring the Involvement of Older People within Adult Safeguarding

What is this research about and why have I been asked to take part?

What is the research about?

This research project is going to look at the involvement of older people within adult safeguarding. Adult safeguarding work is all the work that helps an adult to stay safe from abuse and ill treatment. I plan to study how well older people are involved in this area by talking to as many people as possible about their thoughts and experiences. This will include talking to older people as well as social workers and family members/ advocates and those that work for the adult safeguarding teams.

In particular I want to look at two areas. Firstly, I want to explore how older people are involved in making decisions about adult safeguarding work that affect policies and practice in this area. Secondly, I want to look at how well people are involved in safeguarding investigations where there has been an alert made indicating that abuse has occurred. This includes exploring issues such as whether the person was invited to and attended meetings, was involved in any decision making and generally exploring their experiences of being involved in the investigation.

Why is the research being done?

This is an important area and this research will help to provide greater understanding and knowledge which will hopefully lead to the development and improvement of this area.

Why are you asking me to take part?

I am interested in talking to you if you have experience of representing someone who has been involved in an adult safeguarding investigation. If you do not have experience in this area or you do not wish to take part then you may ignore this information sheet. If you want to talk to me about your involvement, my contact details are given below.

If I choose to take part what will I have to do and how will my information be used?

What would I have to do if I choose to take part?

I understand that this is a very sensitive topic to discuss with other people and I would like to reassure you that the research will be conducted in a manner that is sensitive and that you will not have to disclose the circumstances which lead to the investigation taking place.

It is also important that you understand that your involvement in the research is voluntary and that if you decide to take part you can change your mind at any time without having to give a reason.

If you choose to take part in the research you will be invited to take part in an interview. The interview will involve talking to me about your thoughts and experiences of being involved in an adult safeguarding investigation. The interview will focus on what happened during the investigation, but not on the reasons for the investigation.

- The interview will last for approximately one hour
- If you want to, you can bring someone with you to the interview
- There will be opportunities to take a break whenever you want to during the interview
- You can choose where the interview takes place – it can be at your house, at a public place, such as a cafe, or on the university campus
- If you agree, I would like to audio record the interview

- Following the interview the audio recording will be transcribed and made anonymous and once this has been done the original recording will be deleted.
- Everything that you say is confidential unless you tell me something that indicates that you or someone else is at risk of harm. I would discuss this with you before telling anyone else.

How will my information be used and will it be kept private and confidential?

All of your personal details will be kept confidential. The things that you say during the interview may be written up as part of my thesis or in reports presented to the local authority, presented at conferences, or published in research articles. However, anything that is used in this way will be anonymous and you will not be identifiable from this information.

All of the information that is collected will be stored in a restricted access room in a locked cupboard and only I and my supervisors will have access to it. Any electronic files will be kept in a password protected folder that only I have access to. Your personal details will be destroyed once the research is over. Any written or recorded information (such as the transcript from the interview) used in the thesis or other published work will be retained by the university in a secure storage facility and will be destroyed twelve months after completion of the study. You have the right to access any information held about you and you may request this information at any time.

Will I get any feedback from the research?

If you would like to request a summary of the research you can tell me by ticking the appropriate box on the consent form.

Other important information

- The research has approval from the University Research Ethics Committee
- The research is being supervised through Northumbria University

- If at any point you are not happy with anything related to the research then you can discuss this with me or you can go directly to my supervisors. Their contact details have been provided below.
- Taking part in the research will **not** cost you anything and you will **not** be asked to provide any bank, or other financial details.

I would like to take part – what should I do now?

If you would like to take part in the research then all you have to do is sign and return the reply slip below in the stamped, addressed envelope provided. If you wish to discuss the research with me before you do this then you can contact me on the details given below. I would be very grateful if you could do this within two weeks of the date on this letter.

Once I receive your reply I will contact you to arrange a time and place for the interview that is convenient for you. You can change your mind about taking part in the research at any time. If you do not want to take part then you do not need to do anything.

Further Information

Please feel free to get in touch and discuss the research with me at any point. My contact details are provided below.

Thank you for taking the time to read this information sheet

Contact Details

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REPLY SLIP

Exploring the Involvement of Older People Within Adult Safeguarding Work

**I would like to take part in the research. Please contact me to make
arrangements for my involvement.**

Name: _____

Address: _____

Tel: _____

Signature: _____

Researcher: Sarah Finlay

Information Sheet five: Members of the SAB



Study title: Exploring the Involvement of Older People within Adult Safeguarding

What is this research about and why have I been asked to take part?

What is the research and why is it being done?

This research project is concerned with the involvement of older people in adult safeguarding investigations and within decision making on policy and practice within adult safeguarding. It will also examine the thresholds for identifying and progressing a safeguarding alert. I will be talking to both safeguarding professionals and older people about this topic area with the aim of contributing to knowledge and understanding of this area and to developing indicators for best practice in this area. The research will help to provide greater understanding and knowledge which will hopefully lead to the development and improvement of this area.

What would I have to do if I choose to take part?

First of all, it is important that you understand that your involvement in the research is **voluntary** and that if you decide to take part **you can change your mind at any time** without having to give a reason.

If you choose to take part in the research you will be invited to take part in an interview.

The interview:

The interview will involve talking to me about your thoughts and experiences regarding the involvement of older people within decision making on policy.

- The interview will last for approximately one hour
- There will be opportunities to take a break whenever you want to during the interview
- If you agree, I would like to audio record the interview
- Following the interview the audio recording will be transcribed and made anonymous and once this has been done the original recording will be deleted.
- Everything that you say is confidential unless you tell me something that indicates that you or someone else are at risk of harm. I would discuss this with you before telling anyone else

How will my information be used and will it be kept private and confidential?

All of your personal details will be kept confidential. The things that you say during the interview may be written up as part of my thesis or in reports presented to the local authority, presented at conferences, or published in research articles. However, anything that is used in this way will be anonymous and you will not be identifiable from this information.

All of the information that is collected will be stored in a restricted access room in a locked cupboard and only I and my supervisors will have access to it. Any electronic files will be kept in a password protected folder that only I have access to. Your personal details will be destroyed once the research is over. Any written or recorded information (such as the transcript from the interview) used in the thesis or other published work will be retained by the university in a secure storage facility and will be destroyed twelve months after completion of the study. You have the right to access any information held about you and you may request this information at any time.

Will I get any feedback from the research?

If you would like to request a summary of the research you can tell me by ticking the appropriate box on the consent form.

Other important information

- The research has approval from the University Research Ethics Committee
- The research is being supervised through Northumbria University
- If at any point you are not happy with the research then you can discuss this with me or you can go directly to my supervisors. Their contact details have been provided below.
- Taking part in the research will not cost you anything and you will **not** be asked to provide any bank, or other financial details.

I would like to take part – what should I do now?

If you would like to take part in the research then all you have to do is sign and return the reply slip below in the stamped, addressed envelope provided. If you wish to discuss the research with me before you do this then you can contact me on the details given below. I would be very grateful if you could do this within two weeks of the date on this letter.

Once I receive your reply I will contact you to arrange a time and place for the interview that is convenient for you. You can change your mind about taking part in the research at any time. If you do not want to take part then you do not need to do anything.

Further Information

Please feel free to get in touch and discuss the research with me at any point. My contact details are provided below.

Thank you for taking the time to read this information sheet

Contact Details

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Northumbria University
Newcastle-Upon-Tyne
NE7 7XA
Email: Julie.Irvine@northumbria.ac.uk
Tel: 0191 2156235

REPLY SLIP

**Study title: Exploring the Involvement of Older People Within Adult
Safeguarding**

**I would like to take part in the research. Please contact me to make
arrangements for my involvement.**

Name: _____

Address: _____

Tel: _____

Signature: _____

Researcher: Sarah Finlay

Appendix F: Topic Guides

Interview topic Guide one: Social workers

Thresholds	<ul style="list-style-type: none">• Interviewee job role and background• Understanding/ meaning of involvement• Existing policy and practice• Older people's involvement in decision to progress alerts• Level of agreement between older people and social workers regarding progression of alerts
Safeguarding interventions	<ul style="list-style-type: none">• Existing policy• How well policy translates into practice• Overview of how older people are involved in the process• Communication• Choice• Flexibility• Accessibility• Information• Process driven or person centred?• Outcomes• Satisfaction with process and outcomes• Family members and advocates• Risk and harm• Positive and negative aspects of involvement

Interview Topic Guide two: Older People (safeguarding investigations)

<p>Thresholds</p>	<ul style="list-style-type: none"> • Overview of what was done to include the person within this part of the process • The initial alert • The speed of the response • Appropriateness of the response • Adult at risk involvement in the decision to progress the referral and undertake an investigation
<p>Safeguarding intervention</p>	<ul style="list-style-type: none"> • Overview of what was done to include the adult at risk within the process • Communication • Choice • Listening • Flexibility • Accessibility • Information – including about policy • Process driven or person centred? • Presence of the service user within meetings etc – or representatives? • Outcomes • Satisfaction with the process and outcomes • Family members and advocates acting on their behalf • Risk and harm • Positive and negative aspects of involvement

**Interview Topic Guide three: family member and advocates
(safeguarding interventions)**

<p>Thresholds</p>	<ul style="list-style-type: none"> • Overview of what was done to include the adult at risk within this part of the process • The initial alert • The speed of the response • Appropriateness of the response • Adult at risk involvement in the decision to progress the referral and undertake an investigation • Family member/ advocate involvement in this part of the process
<p>Safeguarding intervention</p>	<ul style="list-style-type: none"> • Overview of what was done to include the adult at risk within the process • Communication • Choice • Listening • Flexibility • Accessibility • Information – including about policy • Process driven or person centred? • Outcomes • Satisfaction with the process and outcomes • Risk and harm • Positive and negative aspects of involvement

Interview Topic Guide four: Members of the SAB (decision making on policy)

Decision making on policy	<ul style="list-style-type: none">• Interviewee job role and background• Existing policy• How well policy translates into practice• Decision making process• Opportunities for older people to get involved and existing levels of involvement• Awareness of existing reference groups and/or opportunities to set them up• Service user willingness to be involved• Positive aspects of involvement• Negative aspects of involvement• Barriers to involvement (and ways of overcoming them)• Communication• Choice• Flexibility• Information• Accessibility• Support and training
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Focus Group Topic Guide five: Older people (decision making on policy)

Decision making on policy	<ul style="list-style-type: none">• How participants initially became involved in the reference group• What their role is• Communication – between the group and the SAB etc• Accessibility and flexibility within the group and in its relationship with the SAB• Decision making process• Power and voice of the group• Information – including about policy• Effectiveness of the group (e.g. outcomes)• Support and training• Credibility• Value of the group• Issues encountered by the group• How well the aims of the group ‘fit’ with the aims of the SAB• Resources• Who should be involved
---------------------------	--

Appendix G: Research Journal Extracts (following interviews and observations)

Research journal extract showing reflecting on the content of an interview:

Emphasised strongly in the interview that involvement in safeguarding was not a 'special phenomenon' (my words) – i.e. this type of working was what social workers should be and are doing in their everyday work – i.e. keeping the person at the centre of everything they do. Stated that just because it is safeguarding doesn't mean that this changes. This is his experience - again will be interesting to see if this is how it is articulated by other social workers - evidence from previous research actually suggests otherwise.
(Research journal entry dated 23rd November, 2012).

The notes also included reflections on how the interview itself had gone. The extract below, from my research journal, was recorded after one of the first interviews I undertook:

**** seemed quite uncomfortable in the interview and the answers were quite short. Was hard to prompt him for further information sometimes. This might have been because I was nervous as well as haven't done many of the interviews. Perhaps I need to practice the interview topics a little more with someone outside of the project to make sure that I am more confident and relaxed next time..?!
(Research journal entry dated 16th November 2012).

Following this entry I reviewed my topic guides and practiced the interview questions with peers at Northumbria University. This allowed me to feel much more confident and comfortable in the following interviews that I undertook. I also took more time at the start of interviews, following this, to spend time chatting with the participant and not to rush into getting the interview started. This allowed me to establish better rapport with the participant and gave them time to relax before the interview began.

The extract below was recorded following an observation of a SAB meeting in local authority two:

Is there any involvement within actual decision making? – the board makes decisions as a group – usual process is to ask does everyone agree – anyone disagree – anyone on the board (inc SU) then has the chance to speak up and make comment on the proposal so technically yes the SU is part of the decision making process but in reality does he have the confidence to speak up? Would he speak up? – indication from chatting with him informally is that he doesn't feel confident to do so how much does he actually contribute to decision making in this way? Will be interesting to see what he says about this in his interview.

(Research journal entry dated February 7th, 2013).

This journal entry shows how I began the process of triangulating my data from a reflection on the meeting to considering how this might connect with interview data collected.

Appendix H: Section of Coded Transcript

Becky for me personally, it's not a process that is done to you it's a process that's done for you, and I think that, you know, that if that's my ethic and I'm designing training packages for our team managers and our safeguarding managers then I hope that comes through, because that's what this is all about, it's about, I guess regaining autonomy for somebody who's lost their autonomy for whatever reason. It's about making sure that people are respected throughout the process, it's about making sure that um, as I say what we're doing is we're delivering, we're coordinating that, that process for that person, but we're not doing it to them and I think that historically that's how that's felt that, um, it's a bit of a machine that once it starts the person loses control of that machine and it just, you know starts to free wheel down the hill and they can't stop it and it's very frightening. So, um, so I think for me, service user involvement, genuine service user involvement, is about properly sharing information in an accessible way. It's about making sure that we're not taking decisions away from people, that we're supporting them to make decisions when they can.

Codes and line numbers

Becky 93 – 94 – safeguarding is not a process that is done to you, it is a process that is done for you

Becky – 94 – 97 – training should be underlining the ethic of safeguarding being for people – influenced by managerial approach to involvement

Becky 98 – 99 – safeguarding is about regaining autonomy for people

Becky 99 – 100 – people should be respected throughout safeguarding process

Becky 100 – 103 – safeguarding is about co-ordinating process for the person – not doing it to them

Becky 103 – 106 –

Appendix I: Extract Showing Initial Categorisations of Codes into Themes

Table A1

Showing an example of initial categorisation into themes, following intensive analysis of three transcripts.

	HINDERS	HELPS
Themes	Evidence	Evidence
Family perpetrators or other perpetrators	Brenda 174 – 189, 1093-1097, 1109-1115, 1118-1126, Ethan 75-88, 398-403, 427 – 431, 641-652	Brenda 189-192, 1129-1135 Ethan 408-410
Environmental factors (includes transport/ money/ venue)	Brenda 340 – 342, 532-353, 363-369, 374-376, 595-598, Ethan 167-171 Becky 319 – 323, 336-341, 373-374	Brenda 342 – 351, 354-356, 369-374, 1061-1065 Ethan 171-184, Becky 323 – 336, 585-587
SU personal factors (e.g. capacity, understanding, communication issues, feelings about the process etc,	Brenda 24-25, 35-36, 58-65, 167-174, 237 – 238, 338 – 342, 599-601, 604-611, 613-615, 617-621, 635-647, 652-654 Ethan 184 – 186, 189-191, 191-200, 253-257, 333-343, 356-363, 370-377, 597-601, 653 – 657 Becky 341-342, 347, 374-389, 501-509, 758-766, 766-771, 1003-1005	Brenda 24-30, 237 – 238, 336 – 338, 402-405, 411-415, 433-440, 445-448, 464-470, 492-493, 601-604, 615-617, 631-634, 647-651, 700-706 Ethan 118 – 120, 186-189, 189-191, 303-313, 330-333, 343-348, 348-351, Becky 27 – 28, 35-36, 341 – 350. 368

		– 374, 509-522, 509-574, 581-585, 751-757, 766-771, 815-860, 939-945, 946-959, 994-1003
The individual social worker involved (inc relationship between SU and SW)	Brenda 392 – 396, Brenda 577-592 Ethan: 318-323 Becky 374-389, 396-398	Brenda 452-463, 592 – 595, 651-652, 855-864, Ethan 110 – 118 Ethan: 239-247, 314-318, 323-329, 425 – 427 Becky 443 – 446, 628-650, 701-742
Language and communication (e.g use of jargon, methods of communication, information sharing, feedback,) 2-way communication	Brenda 297 – 307, 308-319, 416-418, 426-430, Ethan: 279-284 Becky 358-368, 396-398 Becky 1126 - 1130	Brenda 322, 415-416, 418-420, 422-426, 430-433, 453-463, 673-680, 683-690, 1065-1085 Ethan: 223-227, 239-247, 248-252, 271-275, 276-279, 284-288, 348, 435 – 427 Becky 106 – 109, 368 – 371, 396-402, 404-422, 445-464, 465 – 479, 478-489, 490-494, 495-501, 597-612, 613-614, 628-650, 815-860, 1130-1133
LA having a	Brenda 194 – 227	Ethan 419-420

wider duty of care – SU just wanting their abuse to stop - conflict	Ethan 333 – 343, 365-370, 371-377 Becky 165 – 166, 197 - 198	
Other agencies involved	Brenda 378-382	
Flexibility - of involvement/ of the process / compromise/ opportunity to challenge	Brenda 238-241, 707-716, 742-744 Ethan 333-343, 354-356, 354-370 Becky 861-869, 898-901	Brenda 238-241, 357-360, 382-386, 738-741, 1097-1104, 1109-1115, 1125-1129 Ethan 223-239, 260-266 Becky 389-396, 478-489, 523-549, 509-574, 615-620, 869-870, 880-897, 1005-1010
Policy, guidance and legislation	Ethan 354 – 370, 378-384, 384-387 Becky 336 – 341, 351-357, 469-476, 861-869, 898-901	Brenda 278-297 Becky 277 – 283, 284-318
Having representation if the person is not there/ having a ‘picture’ of the person (link with sub theme above)		Ethan 571 – 577, 577 – 585 – 596 Becky 612 - 613
The chair of		Brenda 406-

the meeting		410, 420-422 Ethan: 289-300, 614-633 Becky 423 - 437
Risk – agreement between SW and SU over level of risk/ alert	Brenda 24-25, 167-174, Ethan 75 – 85, 414-419	Brenda 25 – 30, 35-41, 492-493, 960-968, 970-980, Ethan 602-611 Becky 876-880
Other processes that run with safeguarding	Brenda 734-738, 741-744	Brenda 732-734, 738-741
Having someone at the meeting to support them		Brenda 695-699 Becky 109 – 111, 1015-1019
Making sure things are resolved – nothing is left hanging		Ethan 348-351 Becky 1133 - 1176

Appendix J: Extracts From Research Journal Related to Data Analysis

Dated 17th April, 2013 - Ethan expresses very strong views about sus being involved in decision making - there is no should, or usually in this answer – it is ‘yes definitely’. Again suggests a difference in involving someone in decision making and being in meetings. Interesting to note contrast in how he talks about involvement generally and caveats to this for involvement in adult safeguarding – suggests an incongruence between what he feels involvement should be and what it can be in adult safeguarding.

Dated 15th August, 2013 - Quite a lot of participants compare the process to, e.g. a mental health tribunal or other statutory processes – might be interesting to go back through the transcripts and pull out examples of this – construction of safeguarding as a statutory process – more inflexible?

Overall reflections on the use of thematic analysis:

Qualitative thematic analysis is a cyclical process whereby themes are repeatedly revisited and categorised until the point at which the researcher feels the themes consistently ‘map’ onto the whole data set. An open and transparent approach to data analysis is a necessary step when using qualitative data in order to enhance the trustworthiness of the data. With this in mind, I feel it is also important to acknowledge the ‘messiness’ of this process. When reading qualitative researcher’s accounts of their findings, they are often represented as ‘emerging’ from the data. In reality the process is far more painstaking than this; inevitably some areas are prioritised over others and it is often difficult to incorporate all of the data into a coherent account or story. Within this analysis I prioritised codes and themes which either provided a description of involvement and the meaning of involvement, or which related to factors which helped or hindered involvement. As Braun and Clarke stated, within their criteria for “good thematic analysis”, “the research is positioned as active in the research process; themes do not just emerge” (p. 96 – emphasis in original). Within the current research there was

a large amount of data collected, and a large number of themes were identified. The method that I have used to present these was the result of a large amount of work and a constant and rigorous reviewing of the themes across the whole data set. I therefore feel that the data presented within Part Two are an accurate reflection of the data collected within this research project. By presenting the data in this way the links between the raw data and my interpretation of it are made explicit and can therefore be viewed as trustworthy.

Appendix K: The Literature Search Strategy

The literature reviewed within this thesis is not exhaustive; there is a large amount of literature on service user involvement in health and social care and to cover all of the relevant articles would not be possible within the confines of this thesis. Therefore the literature review has used selective citation; where literature searches have been conducted the articles found have been examined in terms of a number of key factors (discussed below) in order to determine which papers to include within the literature review. This section describes the search strategy used to identify the papers presented within the literature review with a discussion on why and how certain articles have been chosen to be used within the literature review.

Scholarly articles: Identifying relevant articles

A number of search strategies were used to identify relevant literature for the review. Firstly, key word searches were used within the main data bases for the subject area. The databases searched were:

- Cinahl
- Proquest
- Social Work Abstracts
- Assia
- Social Care Online
- Social Services Abstracts
- Web of Knowledge
- Community Wise
- Swetwise Online
- IngentaConnect
- International Bibliography of the Social Sciences

Northumbria University's search tool, NORA, and Google Scholar were also used to search for articles. The keywords used to search were:

- Involvement (participation; engagement)
- Adult at risk's views (perceptions; experiences)
- Adult safeguarding (adult protection)
- Older people (adults; adults at risk; vulnerable adults; victims; service users)
- Abuse (adult abuse; elder abuse)

The words in brackets indicate synonyms of the main search terms that were also used to search. Boolean search terms were used to combine keywords, for example, by searching for 'service user' AND 'involvement'. RSS feeds were set up using Google reader for the key search terms in order to remain up to date with new articles. In addition to searching databases a number of key journals were searched. These were:

- *Analyses of Social Issues and Public Policy*
- *British Journal of Social Work*
- *Critical social policy*
- *Working with Older People*
- *European Journal of Social Work*
- *International social Work*
- *Journal of Adult Protection*
- *Journal of Ageing and Social Policy*
- *Journal of Elder Abuse and Neglect*
- *Journal of Evidence Based Social Work*
- *The journal of Policy Practice*
- *Journal of Social Work*

Again, RSS feeds were set up using Google Reader in order to keep up to date with new issues of the journals. The Journals were identified following the key word searches as those that returned the most number of relevant

articles and were considered to be most relevant to the research. All of the Journals that were specifically searched in this way were peer reviewed Journals. An iterative approach was also used whereby reference lists of found articles were scanned in order to generate further sources of material. Additionally, Google and Google scholar were used to search for key policies and other 'grey literature' that could inform the literature review.

Narrowing the list

As mentioned above, there is a large amount of literature available on service user involvement within health and social care. Therefore it was necessary to eliminate certain articles that were identified using the search strategies above. The findings from each search were first scanned by title to eliminate articles that were clearly of no relevance, for example, a search for 'adult safeguarding' AND 'involvement' returned an article entitled 'safeguarding genetic information in Drosophila' which was discarded without further analysis. Other articles were examined through reading the abstract to determine whether they were relevant. Some criteria were used to determine eligibility, for example, articles that discussed involvement in adult safeguarding, or different approaches to service user involvement were included. In addition articles were included where they discussed positive or negative aspects of involvement and the reasons for these. Where articles were considered they were then read to determine the quality of the literature. The basis for assessing the quality of the literature included consideration of the following:

- Synthesis – whether the article discussed other scholarly literature and placed the research within an appropriate context
- Methodology – whether the article clearly outlined the methodology and the appropriateness of the methodology used
- Significance – whether the article rationalised the scholarly and practical implications of the research

- Language – whether the article used appropriate academic language and a clear structure was applied to the article
- Peer reviewed – whether the article was published within a peer reviewed Journal. Articles that were not published in peer reviewed were included only where they were determined to be of a high quality as established by the above criteria.

Articles were then read in full and notes were made under the ‘bookmarks’ using a PDF reader. The bookmarks created related to the main points the article made, the main findings, the methodology and criticisms of the article. Where further useful references were identified, these were highlighted and a comment added to the bookmarks Following this a mindmap of all PDFs stored electronically was created using ‘DOCEAR’. This software automatically updates all PDFs within a selected folder into a mindmap that also includes all of the created bookmarks allowing for easy reference during the write up of the literature review. Mendeley (referencing software) was also updated with each new article to allow for citation whilst conducting the literature review.

