“These are vulnerable people who don’t have a voice”: Exploring constructions of vulnerability and ageing in the context of safeguarding older people.

Abstract

This article reports findings from a PhD study which explored the involvement of older people in adult safeguarding. The aim was to gain a greater understanding of the key barriers to involvement in this area. The research applied a qualitative approach, underpinned by a critical realist research paradigm. In depth, semi structured interviews were conducted with key stakeholders, including social workers, advocates and family members of older people who had been involved in the safeguarding process, as well as members of the Adult Safeguarding Boards in two North East of England local authorities. Observations of key strategic meetings of the Safeguarding Adults Boards and associated subgroups were also undertaken, as well as an analysis of the local authorities’ key policy and guidance documents. Thematic analysis was used to identify key themes from the data. A number of key barriers to involvement were identified and are presented within this paper. These are explored and discussed in relation to the ways in which the construction of vulnerability and the positioning of older people within society, and within adult safeguarding in particular, has contributed to them. Overall, it is argued that older people are considered to be inherently vulnerable, and that this reduces their opportunities to be engaged in adult safeguarding processes. A number of recommendations for practice and policy are made.

KEY WORDS: Adult safeguarding, elder abuse, involvement, participation, older people, vulnerability

Introduction

Older people are highly represented within adult safeguarding, but are rarely involved directly in practice responses, despite a clear emphasis on the importance of this within the policy framework. In England, the Care Act (2014) now makes it a legal requirement for the local authority to investigate suspected cases of abuse and neglect and that in doing so they must pay regard to the “importance of the individual participating as fully as possible in decisions” (Section 3). However, there is evidence to suggest that levels of involvement are low (Wallcraft & Sweeney, 2011). This paper explores the barriers to involvement in adult safeguarding with a particular focus on the concept of vulnerability, which has underpinned adult safeguarding since responses were put into place. This paper argues that the particular way in which the concept of vulnerability has been constructed and applied, in combination with predominantly ageist views about older people, have limited the extent to which older people have been able to have their “views, wishes, feelings and beliefs” fully acknowledged and respected within adult safeguarding (Care Act 2014, Section 3).

Elder abuse: Nature and prevalence

The World Health Organisation defines elder abuse as “… 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” (WHO, 2018). This definition encompasses two key components: that abuse is something which causes harm to a victim and that abuse is a result of acts of commission or omission. These include, for example, financial, psychological, and sexual abuse, as well as neglect.

There have been some attempts to consider prevalence rates, for example, Yon et al. (2017) highlighted elder abuse as a global issue in their systematic review and meta-analysis of 52 studies from across 28 different countries. Their findings suggested that the prevalence rate for elder abuse was 15.7% (of those over the age of 60 and living in the community), a figure which equates to one in six older adults experiencing abuse (approximately 141 million people). Given that this study did not include older people who were not living in the community, the actual prevalence rates of elder abuse are likely to be significantly higher.

A number of risk factors for elder abuse have also been identified in various studies, including poor physical and mental health, social isolation, and socio-cultural factors such as ageism (Burnright & Mosqueda, 2011; Dutton & Nicholls, 2005; Krug et al., 2002 O’Keefe et al. 2007; Pillemor & Finkelhor, 1988). Abuse in institutional settings such as care homes has also become increasingly recognised and acknowledged as widespread within countries which have such institutions in place (Krug et al., 2002). These cases highlight issues with poor staff recruitment, inadequate training and staffing levels, lack of funding, ageism, and older people not being listened to as contributing to abuse (McDonald et al., 2012). Overall, it is clear that the risk of abuse and neglect is not just related to individual characteristics, but located within the interplay between these factors and wider socio-cultural factors that influence the contexts within which the abuse takes place.

Older people and the construction of vulnerability within adult safeguarding

The ‘victims’ of abuse are those who fall within the remit of adult safeguarding policy and the concept of vulnerability has been at the heart of understanding who might come within this remit. Under the Care Act 2014, adult safeguarding responds to the abuse of those “unable to protect” themselves due to their “needs for care and support” (Care Act 2014, Section 42). These adults are therefore positioned as dependent upon others to protect or safeguard them from harm; vulnerability within adult safeguarding has been constructed around the premise of *individual* passivity arising from inherent traits (for example, age) of certain people, potentially removing the person’s agency within responses to safeguarding concerns. This approach also links vulnerability with dependency which is also frequently perceived in a negative light. Fine & Glendinning (2005, p.605), for example, commented on how dependency in social policy is associated with the need for professional intervention and that there is “ambivalence about acknowledging that dependency is a normal … social condition”. Indeed, they further commented that dependency has “been made to appear shameful” (Fine & Glendinning, 2005, p. 606) thus the concept of vulnerability within the context of adult safeguarding creates and maintains an ‘us’ and ‘them’ divide by assigning difference – they are vulnerable and we are not.

This divide is exacerbated for older people. MacIntyre (1999, as cited by Gilson, 2014, p.18) posits that we attempt to ignore our “bodily experience” in order to distance “ourselves from the facts of vulnerability that define our existence”. In older age, however, we are confronted with the reality of bodily existence and therefore the reality of inherent vulnerability as part of the human condition. Thus age also serves to reinforce an ‘us’ and ‘them’ divide by positioning older people as the ‘other’. Numerous studies, such as that conducted by Weicht (2013), have explored the ways in which older people are positioned within society. Weicht (2013) examined discourses about older people and found that ageing was often discussed as a problem, with a particular focus on the “topic of demographic challenges” (p. 190) and the associated “exploding costs of care” (p. 191). Older people were positioned within this discourse as “the passive victim”, as “vulnerable” and as “passively vegetating in a state of sadness” (p.192). Weicht (2013) also reported that the close links between older people, dependency and vulnerability which he found reduced older people “to malfunctioning and ill bodies” (p. 192).

The homogenous way in which we view older people reduces them to a state of physical decline (which also symbolises cognitive decline). Studies such as these demonstrate that ageist stereotypes tend to reveal an association of ageing with frailty, ill health, dependency, and vulnerability. Vulnerability again is associated with affliction, passivity, and negativity; a state to be avoided and disregarded. Older age, seen as a time of inherent vulnerability, also becomes a state to be avoided and disregarded. Positioning older people in this way raises questions about how the agency of the person is promoted within adult safeguarding processes.

Involvement and Adult Safeguarding

The importance of involving older people within adult safeguarding has been increasingly emphasised within the policy framework. This emphasis is now embedded within the Care Act (2014) and associated statutory guidance and is also reinforced by the core principles which underpin involvement, for example, empowerment and equality, which are reflected in the values underpinning the social work profession. Despite this, it has been suggested that levels of involvement in this area of practice are low, both regionally (in the North East of England) and nationally (e.g. Jeary, 2004; Lonbay, 2015; Lonbay & Brandon, 2017 & Wallcraft & Sweeney, 2012). Additionally, there has been very limited research which has considered why this might be the case. It has been clearly demonstrated, however, that people want to be heard, to be listened to, and to be present and involved in meetings (DH, 2009; Sherwood-Johnson et al., 2013).

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 and neglect. Additionally, those older people without impairments or needs for support would be unlikely to fall within the remit of adult safeguarding meaning that those cases which do may be additionally complex. The policy, however, does not necessarily acknowledge the high level of need and the increasing complexity associated with engaging with this group, leaving social workers under pressure to fulfil these principles within limited time frames. This paper presents findings that demonstrate that the way in which involvement of older people in adult safeguarding has been interpreted has varied and that this is influenced by perceptions of older people and interpretation of the concept of vulnerability. The following section details the methodology employed within this study.

Methodology

Within the review of the literature, it was identified that there is a lack of involvement by older people within adult safeguarding, but limited research which has explored why this is the case. This research therefore sought to address this gap. The overall research aim was to contribute to adult safeguarding through greater knowledge and understanding of the involvement of older people and to develop indicators for best practice.

Critical realism was used as the underlying philosophy for this research. Critical realism (as developed by Roy Bhaskar) seeks to explore and expose social injustice and as such has an emancipatory approach felt to be suitable for research of this nature. Critical realism posits that there is an objective reality which is stratified into three primary levels; the real (mechanisms which are not observable, but which are responsible for what we observe), the actual (all events, whether experienced or not), and the empirical (what is experienced). Ontologically, therefore, critical realism holds that there is an objective reality but that our understanding of it is ‘concept dependent', therefore epistemologically, critical realism positions itself as interpretive. Critical realists “do not deny the reality of events or discourses; on the contrary they insist on them. But they hold that we will only be able to understand – and so change – the social world if we identify the structures at work that generate events or discourses” (Bhaskar, 2011, p.2).

Participants

Twenty six participants took part in the research. Participants included family members of older people who had been through the safeguarding process (n = 2), advocates (n = 6), social workers (n = 8) and members of the safeguarding adult boards (SABs) (n = 10) in both local authorities. The interviews of SAB members included one interview with an older person who was also a member of the SAB (no other older people were involved at a strategic level in either local authority).

Initially a key project aim was to include older people who had been through safeguarding as interviewees in the research project. Unfortunately, it was not possible to identify older people who had the capacity to give informed consent to take part in the research and who were willing to speak to the researcher about their experiences. All participants gave written informed consent for their involvement in the research and were assigned pseudonyms which are used within this paper.

Data collection

Multiple data sources were used within this research with all data collected within two North East of England local authorities. The primary data collection method was in depth interviews with key stakeholders. Notes from observations and the local authorities policy documents were also used as a data source. All interviews were semi structured allowing interviewees to open up new topics of discussion although questioning was based around key topic areas. For individual involvement (which is the focus of this paper), these topic areas included discussion around the meaning of involvement, the ways in which older people are involved, barriers to involvement, communication, outcomes, and flexibility within the process. To view full topic guides, please see Lonbay (2015).

Observations of relevant strategic meetings were also undertaken over a twelve month period. Meetings attended included those of the Safeguarding Adults Boards and associated subgroups. Notes were recorded which included factual accounts of the meeting (e.g. date/ time, ‘types’ of participants in attendance, and the setting of the meeting) as well as other comments and reflections on the meeting. The final data source was the adult safeguarding policy and practice documents from the two local authorities.

Data Analysis

All interviews were audio recorded (with the participant’s consent) and then transcribed in full. The transcripts were then analysed using thematic analysis. This approach was considered appropriate as it is not tied to any particular theoretical framework and provides a logical process for organising and categorising patterns in the data. In line with a retroductive methodology (explained below), thematic analysis allows the researcher to move from a description of the patterns in the data to a critical examination (Braun & Clarke, 2006). Notes from the research journal and from the observations were used to guide and inform this process.

The analytical process flowed through six phases (outlined by Braun & Clarke, 2006 and Boyatzis, 1998):

1. **Familiarisation** with the data through transcription and repeated reading
2. **Open coding** which was by a line by line analysis leading to an unrestricted generation of codes of interest (this approach allows the patterns found to be firmly grounded within the data and thus reduces the potential for researcher bias).
3. **Searching for themes** whereby patterns are searched for within the codes which are then grouped into themes
4. **Reviewing themes** and checking them against the raw data to ensure that they are a good fit. Reclassification of the themes into different levels (for example, sub themes).
5. **Defining and naming themes**  involved writing a description of the theme and labelling each theme
6. **Interpretation.** This is explained in more detail below.

**Interpretation.** The process of interpretation requires a move away from descriptive accounts of the patterns found within the data to a consideration of what accounts for them. This involves questioning the data and making analytic claims (Braun & Clarke, 2006). Interpretation, therefore, is about moving away from the “surface appearance” of the data to a more in depth consideration in order to gain a more “detailed knowledge of it” (Wengraf, 2001, p. 6).

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). Hypothesising about generative mechanisms can help us to explain why things happen in a certain way; in essence “retroduction is a means of knowing the conditions fundamental to the existence of a phenomena (Meyer & Lunnay, 2013). The process of retroduction involves returning to the identified themes and interpreting them in relation to relevant theoretical perspectives. The aim is to reconceptualise the data so that they can be interpreted “as part of general structures” (Danermark et al., 2002, p. 95). Within a critical realist paradigm, it is assumed that adult safeguarding is a direct response to actions, or inactions (of abuse and neglect) that occur in the real world (a critical realist ontology). However, critical realism also acknowledges the “concept dependent” nature of our knowledge and understanding of this real world (an interpretivist epistemology). As such, social constructions, whilst emergent, also have a real and demonstrable impact on our actions.

Limitations

There are 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 generalisablity of the research findings. However, given the similarities in the two local authorities used within this research, tentative generalisations can be drawn.

A further limitation is that older people who had been through adult safeguarding were not involved in the research. This omission is somewhat paradoxical considering the aim to generate greater understanding about how they can be further involved in adult safeguarding. However, considerable efforts were made to involve them within this research. A more participatory approach may have been more appropriate to engage with older people. The research still makes a contribution to discussion in this area through its in-depth exploration of this area with other key stakeholders.

Ethical Considerations

Northumbria University’s Health and Life Sciences ethics committee granted ethical approval and appropriate permissions were also gained from the two local authorities. Ethics overall was considered as an on-going process throughout the research journey and it was also considered important to ground the research in the same principles and values as social work practice. As such, attention was paid to Butler’s (2002) key principles of respect for autonomy, beneficence, non-maleficence and justice throughout the research design, process and dissemination. For example, semi structured interviews were chosen in order to allow participants to raise topics which they felt were important. A rigorous approach to gaining informed consent was also adhered to with all participants. Care was also taken to minimise or remove any potential risk of harm to the participants, for example, by protecting the anonymity of participants and keeping personal data confidential. For a more detailed discussion of how these principles were adhered to, please see Lonbay (2015).

Findings

Participants considered involvement in social work practice to be about service users having choice and control and being fully involved in “all discussions and decision planning, decision making”, but within adult safeguarding this became about simply “hearing the voice” of the older person as they were viewed as being “typically” unable to participate (Zara; Ethan, social workers). To satisfy the ‘hearing the voice’ construct of involvement in adult safeguarding, pen pictures were used and family members were brought in to represent the person. Advocates were also reported as being used in cases where there was no family to represent the person, or there were issues with conflict within the family.

A number of reasons why this was the case were identified and two key themes are presented and discussed; “older people are unable to be involved” and “older people are unwilling to be involved”. These themes reflected participants’ accounts of how older people are often unable to be involved in adult safeguarding as a result of either their own characteristics, or are unwilling to be involved in adult safeguarding, through lack of opportunity to make an informed choice about their involvement.

Older People as unable to be involved

Within the interviews conducted, participants frequently spoke about how older people were usually unable to be involved in adult safeguarding. One of the key reasons given for older people to be unable to be involved was related to the personal characteristics of the older person; their capacity, physical health and communicative ability were frequently cited as barriers to involvement. However, where appropriate support was provided, such as advocacy or bringing in speech and language therapists, barriers related to physical health and communication were easily overcome, meaning that the older person (whilst they might not always be physically present) could still be directly involved in contributing to the decision making process:

So she was very much involved even though she couldn’t attend any meetings at all… she very much led the entire thing from her room in residential accommodation

(Sheila, IMCA).

Lacking capacity was the most frequently cited barrier to involvement. As Brenda (social worker) stated, involvement centred “around the capacity of the person and their ability to be involved”. Lacking capacity was seen to be a barrier when it impacted upon the person’s ability to understand and engage in the safeguarding process itself. The Mental Capacity Act (MCA) (2005) was referred to as helping to bring “a process to bear… for people who lack capacity” (Becky, social worker) and the legislation was considered by social workers to have encouraged them to take “account of the person’s views” where they lacked capacity (Tina, social worker). However, there were also questions raised about whether the principles of the MCA were always being adhered to. For example, there was a suggestion that the decision specific element was not always adhered to:

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 professionals it’s ‘they lack capacity’.

(Hugo, IMHA).

As such, whilst capacity can influence the person’s direct involvement, it may be that some people are being excluded from decisions that they could be able to make. Some social workers did specifically refer to the decision specific nature of the MCA and also spoke about the importance of considering fluctuating capacity: “there might well be issues that they do understand and can give a valid opinion about” (Norman, social worker).

Overall, capacity assessments were a core part of safeguarding work with older people. Being deemed to lack capacity, as discussed above, was a core reason for not involving someone in the safeguarding process. However, it was suggested within this research that decision specific capacity assessments are not always carried out within adult safeguarding processes meaning that some older people may be being excluded from decision making unnecessarily. The physical health and communicative ability of the older person could also impact on their ability to be involved, but where appropriate support was provided these did not block the involvement of the older person.

Older People as Unwilling to be Involved

Participants also cited the older person not wanting to be involved in the process as the reason for a lack of involvement by older people. However, a number of factors were also offered to explain such unwillingness which are presented as two subthemes: lack of choice and lack of awareness and understanding.

 Lack of awareness and understanding.

The personal emotional reactions and feelings about the safeguarding process and the different professionals involved were identified by participants as a potential barrier to the involvement of older people. 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). Some participants spoke about how older people often did not understand the nature and purpose of adult safeguarding and might think that the “social worker is coming to intervene… or to have the ability to intervene in a way that the individual may not wish for” (Tabatha, social worker). Additionally, fear of what might happen to the perpetrator (particularly if this was a family member) could act as a barrier to involvement. This was related by participants to a lack of understanding around the aims of the safeguarding process (for example, assuming that it was a punitive process) and concerns about what might happen to the perpetrator. Both social workers and advocates shared that promoting a greater awareness and understanding of the safeguarding process was a core part of their role and could help to facilitate involvement:

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 older person so that they knew the potential outcomes the process could bring. A focus on asking the older person what outcomes they wanted from the process was considered to be a key factor in keeping safeguarding person centred, however, it was identified that this was not always occurring:

The most recent figures suggest that we’re not always 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)

As Becky again demonstrates here, capacity was a core element in whether the older person was involved in these ways, however, even when there was capacity, it was indicated that the older person was not always offered the choice to be involved or feed into decision making. This lack of choice is considered below.

Lack of choice

Some participants spoke about older people not being given a choice to feed in their views or be directly involved in the safeguarding process. This was related directly to practitioners (as gatekeepers to involvement) limiting the older person’s ability to make an informed choice. In some cases, participants reported, that social workers did not encourage people to be involved in safeguarding processes:

I don’t know whether they are always encouraged in the right way to attend. Cos if you say, ‘there’s going to be loads of people there, do you think it will be too much for you’, or, ‘ don’t worry, you’ll get loads 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. It was also suggested that social workers do this because they wanted to make decisions on someone’s behalf and want to “blast ahead, get things over quickly because they’ve got so many cases” (Ken, advocate) or because they felt it would “cause a person too much distress” and that in these cases they weren’t giving the person “enough credit for being able to cope” (Brenda, social worker).

This was associated with not involving the person in order to reduce the potential for causing further harm. However, in this instance it is suggested that the perceived vulnerability of the person is used as an excuse not to involve them, rather than allowing that person to make an informed choice for themselves. Indeed, the vulnerability of these adults was commented on frequently within the interviews, with one participant stating “These are vulnerable people who don’t have a voice sometimes and we definitely need to be the voice” (Fern, social worker). It is interesting in the context of this paper that the participant did not propose the promotion of self-advocacy. This perception could be linked to the overall view of older people and the deficit based approach adult safeguarding appears to take.

Discussion

The findings presented above provide a picture of some of the key barriers to involvement in adult safeguarding. Whilst participants considered involvement in general social work practice to be about full inclusion within decision making, within adult safeguarding the meaning of involvement changed and was considered to be about hearing the person’s voice within decision making. This was achieved through pen pictures and advocacy, although most frequently a family member would represent the older person. Direct involvement by the older person was reported as rarely occurring. The overall picture was of involvement as consultation and placation; “inviting citizens’ opnions”, but retaining for “power holders the right to judge the legitimacy of the advice” and make key decisions (Arnstein, 1969, p. 219-220). The findings presented above also highlighted some of the reasons why involvement occurs in this way. These included the characteristics of the older person (in particular whether they had capacity), and whether they were able to make an informed choice about their involvement.

Lacking capacity

These findings suggest that older people 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 their safeguarding plans. Others have suggested that protecting older people with dementia and capacity issues has been used as an excuse to control, rather than to empower (e.g. Brannelly, 2016). Given the suggestion that capacity assessments are not always robust, and that the outcomes from these are used to exclude older people from decision making, the findings from this research suggest that the focus on empowerment within the MCA (2005) is not always being delivered in practice. This was also revealed within the post legislative scrutiny of the MCA (2005) which identified that the empowering ethos was not being delivered, that implementation was “patchy” and that assessments were often not conducted or conducted poorly (Select Committee on the MCA 2005, 2014, p.33). Given the weight placed on lacking capacity as a reason for not involving older people in adult safeguarding, these findings are worrying. It is worth noting, however, that those who participated within this study did discuss the importance of the MCA (2005) and understood the key principles associated with the Act. It is likely that there are high numbers of older people who come into contact with adult safeguarding services, but do not have the capacity to make associated decisions about their safeguarding plans. For these individuals, it is important to involve them in others ways, for example, Independent Mental Capacity Advocates (IMCAs) can be instrumental in working directly with the person and their friends and family in order to ensure that their views remain central to any decision making (Lonbay & Brandon, 2017).

Willingness to be involved

Duffy (2016, p.7) commented on what has been described as “resistance to care” in relation to engagement with health and social care services broadly. In the context of these findings, this term could be used to describe those older people who do not wish to engage with the safeguarding process. As Duffy (2016) stated, this phenomena is described as fairly common within the literature on health and social care with older people and is often attributed to the older person themselves and their lack of “insight” and understanding of their circumstances and needs (Duffy, 2016, p.7). This also positions the issue of reluctance to engage as residing with the individual and their own lack of understanding, however, as Duffy (2016) pointed out, wider structural factors may also impact on this.

Within this research, it was suggested that a lack of willingness to engage with the process was usually as a result of the individual’s lack of understanding about the process and potential outcomes, although this could be overcome by social workers and advocates taking the time to explain the nature of adult safeguarding to the older person. However, in line with Duffy’s suggestion that such “resistance” is not solely related to individual factors, it was also suggested that this unwillingness to engage was also sometimes encouraged by workers who presented the process in a way that was off putting in order to deter engagement from the older person. It was not clear why this sometimes occurred, however, two suggestions were raised to explain this. Firstly, that it was due to a desire to complete safeguarding enquiries quickly (due to time constraints and heavy case loads) and secondly, that it was as a result of a paternalistic stance whereby not involving them was seen as a way of protecting older people from potential further distress. Each of these explanations remove the ‘blame’ from the individual, and instead highlight the role of structural and socio-cultural factors in removing choice about involvement from older people who come into contact with safeguarding services. Each of the arguments are explored in further detail below.

 Issues with resources and representation.

Lloyd (2005) raised the point that social workers’ decisions are often being made at a time of crisis for the older person, where their “capacity to engage in decision making is compromised by shattering events” (Lloyd, 2005, p. 1180). This is particularly true within adult safeguarding. Lloyd (2005) argued that care and time is needed in order to allow older people to be involved in decision making. Eligibility criteria under the Care Act 2014 and the high level of need that those coming within the remit of adult safeguarding may be experiencing mean that these cases may be particularly complex and time consuming, creating additional pressures for professionals. However, these findings suggest that social workers are not always willing or able to take the additional time needed to support this involvement (particularly due to high case loads and the pressures of responding to safeguarding concerns promptly).

 Again, when these pressures were identified, involvement became about hearing the voice of the older person within decision making, an approach which does not address whether that voice is being listened to. Indeed, given that family members are often relied on as representatives for the older person, it may be that it is their voice, rather than the older person’s, that is more frequently listened to within decision making. In fact, within this study, participants reported that care was always taken to ensure representation by some means (most frequently a family member), but others have found different results. Within Kitson & Fyson’s (2012) research, they found that “in the majority of cases there appeared nobody present who knew the service user well”. Clearly there is scope to develop the ways in which older people’s voices are listened to within safeguarding processes.

 Protecting people from further distress

Duffy (2016) stated that “ageism that is so pervasive in society it is often accepted as truth and internalised unwittingly by older people and their families and friends” (Duffy, 2016, p. 7). Such internalisation impacts on everyone in society; adult health and social care workers themselves are not immune to this. In relation to the findings discussed above, not involving someone because of assumptions about their capacity to cope could be perceived as ageist and paternalistic. Such an approach reflects an underlying assumption about incapacity or incapability, or, as Cherry and Palmore stated “underlying assumptions based on a restricted and stereotypic view of later adulthood” (2008, p. 857). Social workers in adult safeguarding are more likely to come into contact with older people at a time of crisis in their lives and so it may be more likely that they have a view of older people that is more deficit based. Indeed, it was notable within the interviews that the discussion of older people tended to focus on deficits, rather than any perceived strengths. This finding was not unique to this study. Barry (2007) and Kitson & Fyson (2012) also found that professionals focus on these aspects within adult safeguarding. It has also been found that the majority of older people who come into adult safeguarding have communication needs, capacity issues, and are socially isolated and dependent on others for day to living tasks (O’Keefe et al., 2007; Pillemeer & Finkelhor, 1998, Johannesen & LoGuidice, 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. However, it is concerning that these are potentially being used to reduce the involvement of older people, rather than strengths being recognised and promoted to encourage their contribution to decision making.

Conclusion

Overall, this paper has argued that the manner in which the adult safeguarding policy framework has come to be defined has positioned certain people in society in a particular way; as vulnerable and in need of protection. Vulnerability has been constructed as an individual and inherent characteristic and this can be seen as reaffirming a power hierarchy whereby ‘vulnerable’ individuals have safeguarding done to them, rather than being empowered and involved in decision making. For older people, the additional issues associated with widespread ageism further undermines their autonomy, eroding personhood and perpetuating paternalistic discourse. The findings from this study suggest that these may feed into safeguarding enquiries and reduce the involvement of older people. As such, a key practice recommendation from this research is the need for reflective practice. Houston, considering risk from a critical realist perspective, has 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).

Heavy case loads and time constraints were suggested as impacting on involvement within this study, but social workers need time and space to be able to involve people meaningfully. The complexity of the cases social workers are responding to therefore requires further recognition within policy and practice guidance in order to acknowledge the additional time needed to support reflective practice. Taking the time to build relationships is crucial and an essential aspect of involving older people within safeguarding enquiries (Wallcraft & Sweeney, 2011). Clear and effective communication, which allows older people to understand and make informed decisions about their involvement is also essential. Reflective practice will help these elements to occur and reduce the impact of potentially paternalistic views about older people from influencing choices about whether and how to involve them within safeguarding enquiries.

Adult safeguarding is an example of the state responding to individual vulnerability. As Fineman (2008) states, it is a means of providing “individuals with resilience” in the face of vulnerability. However, if such responses fail to allow the individual to regain some power and control then we are in danger of further disempowering them. The problem, in part, is the individualistic concept of abuse that has been taken forward by policy makers. Such an approach is not surprising given the wider political discourse of neoliberalism which focuses on the concept of “active citizenship”, narrowly defined within the parameters of individual work and success. Such an approach values invulvnerability and independence, simultaneously devaluing dependence and vulnerabililty. Within such a paradigm those who are structurally excluded from accessing this ideal of active citizenship are reduced to being viewed in a singular way: as vulnerable and somehow less worthy. Positioning some people, and not others, as vulnerable in this way serves only to reinforce divisions and unequal power relations, perpetuating discourses of paternalism and ageism. Lloyd has further argued that the way in which older people are positioned as dependent (and the way in which dependency is presented as ’outside’ of mainstream experience) means that ageing itself is not viewed as a “shared experience”, thus further marginalising older people (Lloyd, 2010).

There are other ways to frame these debates that do not marginalise older people. For example, Lloyd (2005), argued that vulnerability and dependency are a “fundamental aspect of all human experience and not just relevant to the “weak and needy other” (p. 1182-1183). This argument has also been presented by others, for example, Shakespeare who argued that we should be considering concepts of interdependency, rather than dependency (cited in Fine and Glendinning, 2005, p. 611). Shifts in social policy to move towards a recognition of shared vulnerability will help us to have a clearer understanding of the experiences of older people, as well as an acknowledgement that dependency and vulnerability are not ‘traits’ to be assigned to ‘others’, but aspects of the human condition which we all share. As Rabiee (2013) and others have argued, a focus on interdependence and an understanding of inherent vulnerability in all of us is important. Such a position might be a step towards moving away from a solely individualistic concept of adult abuse and towards a greater recognition of the wider societal impact of the way in which we talk about and view older people.

References

Arnstein, S. R. (1969). A Ladder of Citizen Participation. *Journal of American Institute of Planners*, *35*(4), 216–224.

Bhaskar, R. (2011). *Reclaiming Reality: A Critical Introduction to Contemporary Philosophy.* Routledge: Oxon.

Boyatzis, R. E. (1998). *Transforming Qualitative Information*. London: Sage Publications.

Brannelly, T. (2016). Citizenship and People Living with Dementia: A Case for the Ethics of Care. *Dementia, 15* (3), pp. 304-314.

Braun, V., & Clarke, V. (2006). Using Thematic Analysis in Pschology. *Qualitative Research in Psychology*, *3*, 77–101.

Burnight, K., & Mosqueda, L. (2011). *Theoretical Model Development in Elder Mistreatment*. Irvine: Univeristy of California.

Butler, I. (2002). A Code of Ethics for Social Work and Social Care Research. *The British Journal of Social Work*, *32*(2), 239–248.

Cherry, K. E., & Palmore, E. (2008). Relating to older people evaluation (ROPE): A measure of self-reported ageism. *Educational Gerontology*, *34*(10), 849-861.

Danermark, B., Ekström, M., Jakobsen, L., & Karlsson, J. (2002). *Explaining Society: Critical Realism in the Social Sciences*. Oxon: Routledge.

DH. (2009). *Safeguarding Adults: Report on the Consultation - the Review of No Secrets Guidance*. London: The Department of Health.

Duffy, F. (2016). A Social Work Perspective on How Ageist Language, Discourses and Understandings Negatively Frame Older People and Why Taking a Critical Social Work Stance is Essential. *British Journal of Social Work, 0,* 1-18.

Dutton, D. L., & Nicholls, T. L. (2005). The Gender Paradigm in Domestic Violence Research and Theory: Part 1 - The Conflict of Theory and Data. *Agression and Violent Behaviour*, *10*, 680–714.

Fine, M., & Glendinning, C. (2005). Dependence, independence or inter-dependence? Revisiting the concepts of ‘care’and ‘dependency’. *Ageing & society*, *25*(4), 601-621.

Fineman, M. A., (2008). The Vulnerable Subject: Anchoring Equality in the Human Condition. *Yale JL & Feminism, 20* (1).

Gilson, E. C. (2014). *The Ethics of Vulnerability*. Routledge: Oxon.

Houston, S. (2002). Transcending the fissure in risk theory: Critical realism and child welfare. *Child and Family Social Work, 6*(3), 219–228.

Jeary, K. K. (2004). The victim’s voice: how is it heard? Issues arising from adult protection case conferences. *The Journal of Adult Protection*, *6*(1), 12–19.

Johannesen, M., & LoGiudice, D. (2013). Elder abuse: a systematic review of risk factors in community-dwelling elders. *Age and Ageing*, *42*(3), 292–8.

Kitson, D., & Fyson, R. (2012). Outcomes following adult safeguarding alerts: a critical analysis of key factors. *The Journal of Adult Protection*, *14*(2), 93–103.

Krug, E. G., Mercy, J. A., Dahlberg, L. L., & Zwi, A. B. (2002). The world report on violence and health. *The lancet*, *360*(9339), 1083-1088.

Lachs, M., & Williams, C. (1997). Risk factors for reported elder abuse and neglect: a nine-year observational cohort study. *The Gerontologist, 37*(4), 469-474.

Lloyd, L. (2005). A caring profession? The ethics of care and social work with older people. *British Journal of Social Work*, *36*(7), 1171-1185.

Lloyd, L. (2010). The individual in social care: the ethics of care and the ‘personalisation agenda’in services for older people in England. *Ethics and Social Welfare*, *4*(2), 188-200.

Lonbay, S.P. (2015). *Bridges and Barriers: Exploring the Involvement of Older People in Adult Safeguarding.* PhD. Northumbria University: Newcastle Upon Tyne. Available at <http://nrl.northumbria.ac.uk/33327/1/Sarah%20Lonbay%20final%20copy%20thesis%20October%202015.pdf>

Lonbay, S. P. & Brandon, T. (2017). Renegotiating Power in Adult Safeguarding: The Role of Advocacy. *The Journal of Adult Protection, 19* (2), pp. 78-91.

McDonald, L., Beulieu, M., Harbison, J., Hirst, S., Lowenstein, A., & Podnieks, E. (2012). Institutional Abuse of Older Adults: What we Know, What we Need to Know. *Journal of Elder Abuse and Neglect, 24* (2), pp. 138-160.

Meyer, S. B., & Lunnay, B. (2013). The Application of Abductive and Retroductive Inference for the Design and Analysis of Theory-Driven Sociological Research. *Sociological Research Online*, *18*(1), 12.

O’Keefe, M. O., Hills, A., Doyle, M., McCreadie, C., Scholes, S., Constantine, R., … Erens, B. (2007). UK Study of Abuse and Neglect of Older People: Prevalence Survey Report . *Prepared for Comic Relief and the Department of Health*.

Pillemer, K., & Finkelhor, D. (1988). The prevalence of elder abuse: A random sample survey. *The Gerontologist*, *28*(1), 51-57.

Rabiee, P. (2013). Exploring the Relationships between Choice and Independence: Experiences of Disabled and Older People. *British Journal of Social Work, 43*, 872-888.

Select Committee on the Mental Capacity Act 2005. (2014). *Mental Capacity Act 2005 Report: Post-Legislative Scrutiny*.

Sherwood-Johnson, F., Cross, B., & Daniel, B. (2013). The experience of being protected. *Journal of Adult Protection, 15*(3), 115-126.

Wallcraft, J., & Sweeney, A. (2011). *User Involvement in Adult Safeguarding: Adults’ Services Report 47*. London: Social Care Institute for Excellence. Ward (2000)

Weicht, B. (2013). The making of ‘the elderly’: Constructing the subject of care. *Journal of aging studies*, *27*(2), 188-197.

Wengraf, T. (2001). *Qualitative research interviewing: Biographic narrative and semi-structured methods*. Sage. London.

WHO (2018). *Elder Abuse: What is Elder Abuse?* Available at: <http://www.who.int/ageing/projects/elder_abuse/en/>. Accessed February 2018.

Yon, Y., Mikton, C. R., Gassoumis, Z. D., & Wilber, K. H. (2017). Elder abuse prevalence in community settings: a systematic review and meta-analysis. *The Lancet Global Health*, *5*(2), p.147-156.