ekosgen

Celebrating 10 years

Qualitative analysis of the provision of adult support for people who have gone through adult protection procedures

Phase 2 report

October 2012

in association with

University of Bedfordshire
Bedford and Luton

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EXECUTIVE SUMMARY

Introduction

- This is the final report from Phase Two of a qualitative research project into the implementation and outcomes of the Adult Support and Protection Act (Scotland) 2007 ('the Act'). The evaluation has been undertaken by ekosgen, working in partnership with the University of Bedfordshire.

- Phase One of the research took place between late 2011 and mid 2012 and was based upon a meta-review of the 2008-2010 biennial reports submitted by each Adult Protection Committee (APC). Phase Two has taken place between June and October 2012 and has been based upon two main strands of primary research:

    - Ten qualitative case studies (one in each of ten different local authorities) to explore the use, outcomes, successes and drawbacks of the Act from the perspectives of service delivery professionals, service users and members of their families. The majority of the case study consultations were undertaken by telephone, with a small number completed face-to-face.

    - A series of workshops (held in Glasgow, Edinburgh, Perth and Kilmarnock) and one-to-one consultations (undertaken by telephone) with service delivery professionals working in adult protection. A broad range of agencies and job roles were represented at the workshops, including managers from social work and addiction teams, the police, the fire service, health representatives and independent chairs of APCs.

- ekosgen and the University of Bedfordshire would like to offer their sincere thanks to everyone that has contributed to this research project.

How has the Act helped adults at risk?

- Without exception, the service delivery professionals consulted during Phase Two of the research agree that whilst the implementation of the Act has not been without its challenges, the majority of the outcomes it has generated have been very positive. From the perspective of adults at risk, these have included the following:

    - **Financial stability:** cases of abusers withholding people's Disability Living Allowance or other benefit payments, selling their household goods and emptying their bank accounts have been commonplace. Where the Act has led to the prevention of further financial harm, the effect on the adults at risks' lives has often been transformational, enabling them to become more self-sufficient and to re-engage in social activities. It is impossible within the scope of this research to estimate how much money has been saved by the Act, but even a conservative estimate would suggest that it must run into the hundreds of thousands of pounds.

- **Physical safety:** many adults at risk have been saved from further physical harm, and in some cases regular and severe harm, as a direct result of the Act. With one exception, the research has not identified any cases where the Act has been used but an adult has continued to experience physical harm from the same abuser.

- **Self-confidence and re-assurance:** numerous accounts have been provided during Phase Two that highlight significant improvements in adults' happiness and dignity. Where banning orders have been issued, the sense of *"he/she can't get to me now"* comes across very strongly in the case studies and is evidently central to many adults' renewed sense of self-confidence.

- The research has not identified anything that should be of concern to the Scottish Government by way of negative outcomes for adults at risk or their families, but the view was raised on a few occasions that its formality – which in most cases is a strength – can also be a disadvantage. The most obvious example comes from one of the case studies, where allegations made by a service user were investigated through the Act and proved to be false. The view from some service delivery professionals involved in that case, and also from the family, is that had less formal inquiries been made at the outset of the investigation, the false allegations would have quickly become apparent and the need for any further intervention avoided.

Partnership working and other outcomes for agencies

- The Act has been a catalyst for organisations and agencies working together in a more structured and systematic way than in the past. This includes better and broader representation at meetings, the introduction of information sharing protocols and, perhaps less tangibly, a prevalent view across stakeholders that the responsibility for adult protection has now become more shared, as opposed to being seen as a single organisation issue. Chapter Four of the main report provides a range of specific examples.

- Ongoing efforts are being made to publicise and embed multi-agency training on adult protection, but it is clear that the extent to which this has been successful at a local authority level varies considerably. Where it has worked well, the results include improved information sharing, more suitable referrals and less time being consumed on cases where adults are not at risk or where the Act is not the most appropriate course of action. However, a recurring theme at the workshops was that multi-agency training has suffered because *"it hasn't been made mandatory"* and as such will always be subject to the risk of non-attendance, regardless of its quality and importance.

- Over time, the number and suitability of referrals coming through channels other than local authorities has improved. Staff in most local authorities would also agree that as the Act has become better known, the throughput of referrals from the health service has increased. However, it is also clear that in the majority of those authorities represented in the research, staff feel that there is still considerable scope for a greater volume of referrals to come from health. As was the case in the 2008-2010 biennial reports, GPs were once again highlighted as a relatively inactive partner.

Barriers and constraints

- The research suggests that on many occasions the service users being harmed are judged to have the capacity to make decisions, yet either cannot recognise they are being harmed or choose (knowingly or otherwise) not to protect themselves. Whilst service delivery professionals can work with their clients to help them see the reality and risks of the situation, they are ultimately obliged to respect the wishes of those clients, which in some cases results in them remaining in harmful and dangerous situations.

- More frustrating for service delivery professionals is where the decision about an adult's capacity is (in their view) borderline. In one of the case studies, for example, an elderly lady continued to suffer financial harm for two years before she was deemed not to have capacity to manage her financial affairs, thus allowing the council to apply for guardianship. The view from those involved in this case was that the initial judgement on her capacity was, at best, questionable.

- Inter-agency working has improved in most, if not all, local authorities as a result of the Act. However, concerns continue to be raised on a regular basis about the relative lack of engagement from health professionals vis-à-vis those in other agencies. There is also a perception that the level of training within the health service has been limited (due to a lack of funding) which is contributing to the situation.

- The majority of banning orders have been well observed with relatively few breaches reported. However, the point was raised numerous times during the research that the punishment that a breach carries (which at most amounts to very short term detention) could be an insufficient deterrent. This had happened in one of the case studies, where the abuser had, in the words of the social worker, "got wise" to the fact that he they would not be severely punished if he breached his order and had taken to visiting the adult at risk's home, even though he was banned from doing so.

- All of the service delivery professionals consulted for the research agree that the Act has increased their workload. This is due to a combination of more cases being investigated, the associated administration and (as covered in Chapter Five of the main report) a sense that some professionals may be making referrals even though the balance of evidence suggests that the adults are not at risk.

What would stakeholders like to change?

- No legislation will ever be universally welcomed or be considered perfect and the Adult Support and Protection Act (Scotland) 2007 is no different. However, the workshop and case study evidence suggests that in the main it enjoys very strong support across the country and is seen by the vast majority of those concerned to be fit for purpose. Where recommendations for change or improvement were raised, they most commonly related to:

    - **Resources:** this covers the general point of needing more staff to work on cases investigated through the Act and the more specific issues of being able to free up

more time for multi-agency training, evaluate the impact of the Act at a local authority level and secure more consistent attendance at APC sub-committee meetings;

- **Training:** there is general support for the introduction of nationally consistent training for sheriffs, especially on the sensitive but pivotal issue of whether an adult at risk has capacity (and the equally fundamental issue of whether they are at risk);

- **Public awareness raising:** whilst this research has not been tasked with assessing the effectiveness or reach of the public awareness raising that has taken place to date, there is a sense amongst service delivery professionals that given the positive outcomes that the Act can generate, a refreshed or updated awareness raising campaign would be beneficial.

Conclusions

- The overriding conclusion from Phase Two of this research, and from the project as a whole, is that the Adult Support and Protection Act (Scotland) 2007 has been a positive addition to the legal framework in Scotland and has made a range of tangible differences to the way in which adult protection is viewed and delivered. Whilst the extent of people's support for the Act understandably varies, none of those consulted for the research argued that it was a mistake to make it law or felt that it should be removed.

- In every local authority there are examples of cases that have been resolved more quickly or with better outcomes than would have happened in the absence of the Act. Across Scotland, many people's lives have been improved as a direct result of this legislation and in some cases very serious harm has been prevented. Adults feel safer, more self-confident and more financially secure than they did whilst they were at risk and have become more trusting of the adult protection system and of the different agencies involved.

- The Act has helped to foster closer inter-agency working than existed in the past, in many cases resulting in better information sharing and a transition towards the shared ownership of the cases. Previous chapters of this report make it clear that more is still to be done to maximise the opportunities of partnership working, particularly in terms of links with the health service and to a lesser extent with financial institutions, but the main message is one of significant progress that is unlikely to have happened as quickly (or at all) had the Act not been in place.

- The amount of additional resource (in the form of staff time) that is taken up by the Act is of concern to service delivery professionals, with many reporting that little additional slack exists to accommodate more work without the quality and/or timeliness of frontline delivery being compromised. Aside from this, however, there appear to very few systemic issues that require a national response, reflected in the relatively small number of recommendations made in the sub-section below. This is testament to how the Act has been received across Scotland and whilst there are understandably various frustrations and challenges at a local level, none of these is felt to outweigh the benefits of continuing to use the Act to support adults at risk.

- The Scottish Government can therefore be reassured that the Act has the backing of the vast majority of the people that are involved in its implementation, many of whom have worked very hard to ensure that it delivers the best outcomes for adults in their area. Sight should not be lost of the barriers and constraints raised in this report, but these are issues that affect the optimisation of the Act rather than calling into questions its justification or ongoing relevance.

Recommendations

- In taking forward the adult protection agenda in Scotland, the Scottish Government is advised to consider the following recommendations:

  - **Knowledge sharing:** it was evident from the stakeholder workshops that service delivery professionals are very interested in, and can potentially learn a great deal from, the experiences of their counterparts in other local authority areas, especially where they have been able to overcome common challenges. It was equally evident that they have very little knowledge of what is going on elsewhere, except perhaps in their bordering authorities. The Scottish Government is therefore encouraged to consider how knowledge and information sharing across authorities can be improved, for instance via the introduction of an e-newsletter or an online forum for adult protection. Regional or national seminars, sponsored by the Scottish Government and held annually, would also be welcomed, although there should be an imperative on making sure that detailed notes can shared nationwide, especially if a regional seminar approach is taken. In short, the benefits and learning from the excellent work that is clearly taking place should be available to everyone working in adult protection across the country. For this not to be the case would be a real shame given the difference it can make to people's lives.

  - **Health service engagement:** resources have not permitted health service professionals in each local authority to be consulted for the research, and the risk of presenting a rather one-sided perspective on the issue of health service involvement should therefore be acknowledged. However, the feedback gathered during both phases of the research suggests quite clearly that, for a number of justifiable reasons, the health service has tended to be less participatory than other agencies. A number of local authorities identified the need for further awareness raising work with their local health board, which raises the question as to whether it could be more efficiently managed through a central 'campaign' organised by the Scottish Government. To be successful, this would require the support of senior health board officials in each area. In terms of targeting, however, it should be aimed at frontline staff and those that most commonly come into contact with adults that are potentially at risk.

  - **Understanding the local picture:** this report provides numerous examples at a local level of effective practice in adult protection and is supplemented by a series case studies, each with a local focus. It has not been possible, however, to explore the workings of adult protection in each authority in detail, nor to uncover all of the successes and challenges that exist. The forthcoming biennial reports, submitted by

APCs across Scotland, will give this granularity, and the Scottish Government is therefore advised to commission a follow-up meta review exercise to allow important findings not available to this study to be shared more widely. This will contribute to the achievement of the recommendation made above about knowledge sharing, although it should also be accompanied by a more regular programme of cross-authority activity.

1 BACKGROUND

Introduction

1.1 The Adult Support and Protection Act (Scotland) 2007 ('the Act') became law in October 2008. It is a piece of preventative legislation designed to alleviate the risk of harm and to reduce harm that is taking place before it escalates. The Act places a duty on councils to investigate whether action is required to safeguard adults at risk and permits the use of assessment orders, removal orders and banning orders where appropriate.

1.2 In August 2011, the Scottish Government appointed ekosgen, working in partnership with the University of Bedfordshire, to undertake qualitative research into the implementation and outcomes of the Act. The specific objectives of the work were to:

- Analyse and understand the implementation of the Act, looking in particular at the similarities and differences across local authorities;
- Identify a sample of service users (also referred to in this report as 'adults at risk') who have experienced adult support and protection interventions and engage them, their families, carers and the professionals who have supported them in the research;
- Carry out case study research with service users, their families, carers and professionals who have supported them to understand their experiences and the impact of interventions carried out under the Act.

1.3 The research has been carried out in two phases, explained under 'Research Method', below. This is the final report from Phase Two of the research and therefore the final output from the project as a whole.

Research Method

1.4 Phase One of the research took place between late 2011 and early 2012 and concentrated on two main tasks:

- A meta-review of the 2008-2010 biennial reports submitted by Adult Protection Committees across Scotland[1], supplemented with additional information drawn from local authorities' websites;
- Telephone research with 11 stakeholders whose remits include, or bring them into regular contact with, adult protection generally and the 2007 Act specifically. These included adult protection co-ordinators, senior social work representatives and representatives from various health related organisations.

1.5 Phase One culminated with the submission of a report to the Scottish Government, signed off in June 2012, conveying the key themes from the meta-review and stakeholder consultations.

[1] Section 46 of the Act requires biennial reports to analyse, review and comment on adult protection activity, including trends, outcomes, use of protection orders, training, performance concerns and co-operation between agencies. The next round of biennial reports are due towards the end of 2012.

1.6 Phase Two has taken place between June and October 2012 and has been based on two main strands of primary research:

- Ten qualitative case studies (one in each of ten different local authorities) to explore the use, outcomes, successes and drawbacks of the Act from the perspectives of service delivery professionals, service users and members of their families (see 'Case Studies' below). The majority of the case study consultations were undertaken by telephone, with a small number completed face-to-face.
- A series of workshops (held in Glasgow, Edinburgh, Perth and Kilmarnock) and one-to-one consultations (undertaken by telephone) with service delivery professionals working in adult protection. A broad range of agencies and job roles were represented at the workshops, including managers from social work and addiction teams, the police, the fire service, health representatives and independent chairs of Adult Protection Committees.

Case Studies

1.7 To select a sample of ten case studies, the researchers first invited all local authorities in Scotland to nominate a shortlist of potential cases, providing details of the service users' gender, age group and type of harm, along with the status (at that time) of the case, e.g. investigation, banning order etc. No details were requested (or provided) that could enable any service users to be identified.

1.8 Twelve authorities responded to the request, identifying a total of 53 cases. Two authorities provided only very sparse information and were therefore discounted from the sample. One case from each of the remaining ten authorities was selected, giving a broad (if not necessarily representative) profile of genders, ages, types of harm and outcomes.

1.9 Each of the case studies has been written up into a short report. These can be found at Appendix A.

Acknowledgements

1.10 The researchers would like to thank service delivery professionals across Scotland for their participation in the research, especially in terms of their willingness to assist the case study set-up process and facilitate access to adults that have supported through the Act. The Scottish Government is also thanked for the ongoing support and assistance that has been provided.

2 THE ADULT SUPPORT AND PROTECTION ACT (SCOTLAND) 2007

Introduction

2.1 This chapter provides the context for the remainder of the report by explaining the rationale for the Act and its main parameters and duties. The majority of the text in this chapter has been adapted from a very informative and comprehensive guide to the Act produced by Scottish Care[2].

Rationale for the Act

2.2 Research conducted in 2007 by Comic Relief and the Department of Health reported that up to 42,000 older people in Scotland were potentially being abused in a number of ways, including physically and sexually, in their own or family homes[3]. It also reported that two thirds of those carrying out the abuse were family members and that the majority of the victims were men. This research, which excluded people with dementia and those living in care homes, indicated that Scotland had the second highest rate of adult abuse in the United Kingdom (Wales being worse).

2.3 Predating this research was a growing legislative drive in Scotland to better protect adults, and in particular vulnerable adults at risk of harm. Important developments in this area had included the recommendations for new legislation made in the 1997 Scottish Law Commission *'Report on Vulnerable Adults'* and by the Mental Welfare Commission for Scotland and the Social Work Services Inspectorate of the Scottish Executive. The second and third of these were prompted by the 2003 inquiry into abuse in the Scottish Borders.

2.4 The Adult Support and Protection (Scotland) Act 2007 was introduced in response to these and other concerns about the unsuitability of the legislative landscape for adult protection. It was not intended to be a wholesale replacement for what already existed, but rather to complement and fill recognised gaps in the Adults with Incapacity (Scotland) Act 2000 and the Mental Health (Care & Treatment) (Scotland) Act 2003.

2.5 The Act became law on 29 October 2008.

Parameters

2.6 The Act introduces new measures to identify and protect individuals who are described as 'adults at risk'. These measures include:

- Placing a duty on councils to make the necessary inquiries and investigations to establish whether or not further action is required to stop or prevent harm occurring;
- A requirement for specified public bodies, such as the NHS and the police, to co-operate with local councils and each other about adult protection investigations;

[2] Tell Someone: Implementing the Adult Support and Protection (Scotland) Act 2007 – ASP Guidance Booklet, 2009
[3] UK study of abuse and neglect of older people: qualitative findings, 2007

- A range of protection orders including assessment orders, removal orders and banning orders (covered in more detail under 'Duties', later in this chapter);
- The establishment of multi-disciplinary Adult Protection Committees (also covered later in this chapter).

Defining 'adults at risk'

2.7 The Act defines 'adults at risk' as individuals who:

- Are unable to safeguard their own well-being, property, rights or other interests;
- Are at risk of harm[4]; and
- Are affected by disability, mental disorder, illness or physical or mental infirmity, and are therefore more vulnerable to being harmed than others who are not so affected.

2.8 It is important to note that all three elements of this definition must be met (sometimes referred to as the 'three point check') for an adult to be classified as 'at risk' and for the duties of the Act to be appropriate.

2.9 It should also be noted that the Act does not seek to take away a person's right to self-determination, nor is it a tool for removing a person's right to make choices. Its introduction was intended to allow councils to make necessary inquiries and to put support services in place, where needed, to enable people to continue to lead fulfilling lives free of harm.

Defining 'harm'

2.10 The Act describes four main types of harm:

- Conduct which causes **physical harm**;
- Conduct which causes **psychological harm** (e.g. by causing fear, alarm or distress);
- Unlawful conduct which appropriates or adversely affects property, rights or interests (e.g. theft, fraud, embezzlement or extortion), i.e. **financial harm**;
- Conduct which causes **self-harm**.

Principles underlying the Act

2.11 The fundamental principle, sometimes referred to in the Act as the 'overarching principle', is that *"any intervention in an individual's affairs should provide benefit to the individual and should be the least restrictive option of those that are available"*.

[4] An adult is classed as being at risk of harm if another person's conduct is causing (or is likely to cause) the adult to be harmed, or if the adult is engaging (or is likely to engage) in conduct which causes (or is likely to cause) self-harm.

2.12 Alongside this, the Act also contains a number of 'guiding principles', which are to be taken into account when the Act is used. These are:

- The wishes and feelings of the adult at risk (past and present);
- The views of other significant individuals, such as the adult's nearest relative, their primary carer, guardian, attorney, or any other person with an interest in the adult's wellbeing or property;
- The importance of the adult taking an active part in the performance of the function under the Act;
- Providing the adult with the relevant information and support to enable them to participate as fully as possible;
- The importance of ensuring that the adult is not treated any less favourably than another adult in a comparable situation;
- The adult's abilities, background and characteristics (including their age, sex, sexual orientation, religious persuasion, philosophical belief, racial origin, ethnic group and cultural and linguistic heritage).

Duties of the Act

Inquiries

2.13 One of the major components of the Act is that it places a duty on councils to make inquiries where the council knows or believes that the person is an adult at risk and that it may need to intervene to prevent (further) harm. This includes inquiring about an individual's wellbeing, property and/or financial affairs.

2.14 In this regard the Act is intended to be a preventative measure, either alleviating the risk of harm or reducing harm that is taking place before it escalates.

Support

2.15 The Act also places a duty on councils to ensure that adults are properly supported when there is an intervention under the terms of the Act. This support can come from different sources, including independent advocacy or members of council staff. Such support can be very important, as there is a recognition that in order to find out about the welfare of an adult at risk and to make thorough inquiries, a council and its representatives may have to carry out visits, interview those people involved in the person's life and perhaps examine financial or health records (indeed, the Act specifically allows for a health professional to conduct a medical examination). Having an appropriate support network in place to help adults at risk through what can be an emotional and stressful time is therefore a key consideration under the Act.

Protection Orders

2.16 As the name suggests, protection orders are measures which can be used in order to further protect or start to protect an adult at risk of harm. The Act allows a council to apply to a sheriff for one of three different types of protection order:

- **An assessment order:** allows the council officer to take the adult from a place visited in the course of the investigations to conduct an interview and for a health professional to conduct a medical examination in private.

- **A removal order:** used when a council officer considers that an individual is at risk if they are not moved from a specific place. Removal orders are effective up to a maximum of seven days. A removal order does not authorise the adult's detention and the adult may therefore leave the place they have been removed to if they wish.

- **A banning or temporary banning order:** bans the subject of the order from being in a specified place for up to six months. A banning order can only be granted where an adult at risk is being, or is likely to be, seriously harmed by another person and the sheriff is satisfied that banning the subject of the order from the place will better safeguard the adult's wellbeing or property than by moving the adult. The sheriff can also grant a temporary banning order pending the determination of a full banning order.

Adult Protection Committees

2.17 The Act creates an obligation upon councils to establish multi-agency APCs. These committees are responsible for overseeing local adult protection polices and each produces a biennial report on its functions. They also provide advice and information to those involved in adult protection work. The chair of each APC must be a non-council employee with membership including nominated representatives from the health board and police force. The Care Inspectorate also has the option of nominating a representative.

Further information

2.18 Further detail on the Act is available in the document *'Tell Someone: Implementing the Adult Support and Protection (Scotland) Act 2007 – ASP Guidance Booklet'* (2009).

3 IMPLEMENTING THE ACT: THE EARLY STAGES

Introduction

3.1 Phase One of this research involved a meta-review of the 2008-2010 biennial reports produced by each APC. The review provided a nationwide assessment of the early implementation and use of the Act and, whilst now somewhat dated, is summarised here to convey the structures and models that have underpinned its introduction. The full report, approved by the Scottish Government in June 2012, contains considerably more detail.

3.2 The second round of biennial reports are being produced by APCs in the autumn of 2012.

Structures and Aims

3.3 As required under the Act, each local authority established an APC, led by an independent chairperson and with membership that includes agencies with a statutory responsibility for safeguarding adults. Core APC members are from social work, the police and the health service, with more variation in the representation from other public sector bodies and the private, voluntary and independent sectors. An early challenge for some APCs was the need to strengthen the representation from agencies such as the emergency services, housing providers and registered social landlords.

3.4 The aims of the APCs are relatively consistent, as are their strategic priorities, which commonly include the evaluation of staff knowledge and skills, the development of review or audit protocols for adults at risk, and service user/carer consultation and involvement. Most APCs developed business or strategic plans, which in numerous cases were subsequently been streamlined based on the ongoing experience of the APC and their available resources.

3.5 Although all authorities emphasised the importance of service user participation in the implementation of the Act, only two of the APCs included service user representation at the time that the 2008-2010 biennial reports were submitted.

Multi-agency working

3.6 It is clear from the reports that all APCs took on board the importance of multi-agency working at an early stage. This was supported by the stakeholders consulted during Phase One, who stressed that one of the Act's most positive features is how it engenders partnership working on the basis that adult protection cannot be managed or addressed by a single organisation.

3.7 By 2010, communication between local authorities, the police and (to a lesser extent) the health service had generally been positive. Understandably, the relationships were still developing and embedding, and tended to be at a notably earlier stage with GPs, with whom it had been less straightforward to establish a regular dialogue. As discussed in Chapter 5, this is still the case, although there are examples (potentially good practice

examples) where GPs' participation in case conferences, and in partnership working through the Act more generally, has become much more active.

3.8 The majority of APCs put in place information sharing protocols. However, there is considerable variety in how these translated into (improved) information sharing on the ground, with stakeholders citing it as one of the most common challenges due to different organisations' interpretation and approaches to data protection and ethics. Whilst further progress has been made since the biennial reports were submitted, it is clear from the findings outlined in subsequent chapters of this report that issues still remain.

Training

3.9 The development, delivery and evaluation of training strategies has generally been delegated to an APC sub-committee, occasionally with service user and/or carer involvement. In designing, delivering and reviewing training, APCs identified considerable value in multi-agency collaboration and there have been concerted efforts to train staff across organisations in a consistent way.

3.10 However, very few APCs had evaluated the impact of the training by mid 2010 (and few appear to have done so since). Whilst staff that had been trained often reported increased confidence and knowledge, there is little evidence (beyond the anecdotal) on the outcomes for service users and carers, or on the knowledge and skill sets of practitioners.

Information and Advice

3.11 Between 2008 and 2010, APCs devoted considerable resources to raising public awareness and understanding of adult protection generally and of the 2007 Act specifically (one of the cases researched for Phase Two of this project arose as a direct result of the publicity campaign). Sometimes this involved regional consortia but more often was a focus of APC activity locally, building on the impetus of the Scottish Government campaign *"Act against Harm"* in 2009/10.

3.12 A variety of approaches to raise awareness have been used, including publicity campaigns, information packs and working with advocacy and community organisations. By mid 2010 few awareness raising strategies had been evaluated, although where they had, they appeared to show a discernable increase in referrals.

Operation of the ASP Act

3.13 By 2010 the Act had become well understood and embedded in practice within local authorities (particularly social work teams) and the police. This was less true of the health service, with the reports and stakeholder consultations suggesting that staff awareness of the Act was somewhat inconsistent.

3.14 As expected, the Act led to a considerable increase in referrals which by 2010 was said to have impacted upon the workloads of frontline staff in social work, health and the police, and had led to increased demands for advocacy. This made it quite challenging for some authorities and organisations to manage workloads and commit the required resources

to follow through with each case. Health boards, in particular, noted that they had not been given any additional funding to help implement the Act despite an increased call on their time.

3.15 At the time that the biennial reports were submitted, the police were reported to be the main source of referrals (although this varied by authority) and the majority of the adults referred were female. Physical or self-harm was the most frequent type of referral and whilst protection orders had been appropriate in some cases, they were being used as the exception rather than the rule. There also appeared to be some confusion surrounding the interface between the 2007 Act and the Adults with Incapacity (Scotland) Act 2000, with practitioners and managers sometimes unsure about which course of action to take, particularly when issues of guardianship and/or mental illnesses were involved.

Engagement of Users and Carers

3.16 Participation has been recognised from the outset by APCs as a key strategic priority, with a drive to involve service users and carers in improving the accessibility of services and support, from referral through to outcome.

3.17 A range of approaches were used to engage service users during the first two years that the Act was in place, including working with advocacy groups and community associations, inviting service users to case conferences and involving them in the development of information and awareness raising material. In some local authorities it is clear that service user involvement led to a revision of procedures and staff training programmes, and to the development of action plans for audits or public information.

Challenges

3.18 A great deal of progress was evidently made by APCs between 2008 and 2010, yet at the time that the biennial reports were submitted, several challenges were evident. The most pertinent of these included:

- Managing their extensive remit and responsibilities with (what they perceived to be) limited budgets;
- Strengthening their membership and ensuring equal engagement of all parties;
- Further developing their protocols, especially relating to the interface between health and social work.

3.19 To varying degrees these points have re-occurred during the Phase 2 research and are revisited in later chapters of the report. Certainly the issues of resources and the full engagement of all partners are still very evident, although the membership of APCs now appears to be well established.

4 OUTCOMES FOR ADULTS AT RISK

Introduction

4.1 The feedback obtained during this research supports the argument that the Adult Support and Protection Act (Scotland) 2007 has benefited the vast majority of the adults that it has been used to support. Without exception, the service delivery professionals that have contributed to the research agree that whilst the implementation of the Act has not been without its difficulties, the majority of the outcomes it has generated have been very positive. Some of these are more tangible and easy to explain than others, but all are equally relevant.

4.2 This chapter draws the outcomes together into a series of themes. Further detail, including more quotes from adults as risk, family members and service delivery professionals, is available from the individual case study reports at Appendix A.

Financial stability

4.3 Financial harm, either directly (through the withholding or stealing of someone's money or possessions) or indirectly (through influencing or pressurising someone to use their money inappropriately or frivolously) is relatively commonplace amongst the cases covered by the Act. The case studies undertaken for this research highlighted numerous variants of financial harm, with examples including:

- Abusers withholding people's Disability Living Allowance or other benefit payments, or only giving them very small amounts to live on each week (£5 and £10 per week were cited in the case studies);
- Abusers selling people's household goods, including new televisions, under the pretence that they were removing them from the property because they were faulty and needed to be repaired (i.e. that they were doing the adult a favour by getting it fixed for them);
- Abusers using the adult at risks' bank cards to empty or severely deplete their accounts.

4.4 It is therefore no surprise that where the Act has led to the prevention of further financial harm, the effect on the adults at risks' lives has often been transformational. Whilst at a day-to-day level the sums of money in question tend not to be especially large (although in some cases many thousands of pounds have been taken from accounts over time), they are nonetheless fundamental to the adults' quality of life, social activities and basic subsistence.

"I can buy DVDs and go to the snooker club again...he [the abuser] stopped from doing that because he took all my money" Adult at risk

"Having my own money again has given me my life back" Adult at risk

4.5 The efforts that service delivery professionals have made to improve adults at risks' financial circumstances, especially prior to the use of a protection order, should also be noted. These have included the following, which have been instrumental in helping to stop, or certainly slow down the financial harm taking place whilst the abuser is still in contact with the adult at risk:

- Making arrangements for the adults to receive small, daily amounts of money, rather than weekly or monthly lump sums (the idea being that this prevents them from losing significant amounts of money in one go);
- Changing the guardianship on bank accounts and savings accounts such that abusers are no longer legally entitled to remove money;
- Closing down existing accounts and opening new ones.

4.6 It is impossible to estimate how much money has been 'saved' by actions such as these, nor by the Act itself, but even a conservative estimate would suggest that it must run into the hundreds of thousands of pounds.

Physical safety

4.7 There is relatively little to say about outcomes relating to physical safety beyond the obvious and very significant point that many adults at risk have been saved from further physical harm, and in some cases regular and severe harm, as a direct result of the Act. With one exception, the research has not identified any cases where the Act has been used but an adult at risk has continued to experience physical harm from the same abuser.

4.8 The prevention of physical harm can also be the trigger for other beneficial outcomes, such as improved quality of life, feelings of self-worth and self-confidence (see below) and reductions in the misuse of alcohol and other substances. Although not quantifiable, or at least not without a much more detailed and large scale research study, it will also lead to savings in GP time and police time which, after a point, will comfortably outweigh the time and cost that was committed to the case itself.

> *"You can see that he's become the person he once was again...he's not afraid any more"*
> Relative of adult at risk

Self-confidence and re-assurance

4.9 There has been broad agreement from consultees during Phase Two of the research that in most cases, the use of the Act has led adults at risk to feel more confident about their lives. Numerous accounts have been provided that highlight significant improvements in happiness, dignity, self-assurance and willingness to (re-)engage in social activity.

4.10 These outcomes appear to be underpinned by two main factors:

- The **change in circumstances** for the adult at risk, i.e. that they are no longer the victim of a particular type of harm;

- The **knowledge and re-assurance** that where a banning order has been issued, the abuser will be arrested if they contravene the conditions of that order. This sense of *"he/she can't get to me now"* came across very strongly in the case studies and is evidently central to many adults at risks' renewed or rejuvenated sense of self-confidence.

"If he [the abuser] comes back, I know the police will come and take him away" Adult at risk

"The Act results in a clear protection plan for the adult at risk with clear outcomes" Stakeholder

4.11 There are, however, exceptions, which whilst frustrating for service delivery professionals, are to a large extent unavoidable given that the Act does not remove an adult's ability to make choices (assuming that they have the capacity to do so with an appreciation of the implications of those choices). The most notable example from the case studies relates to a woman who asked for a banning order to be removed so that her abuser (who was her long term partner in an on-off relationship) could move back in with her. Despite a long history of alcohol related domestic violence, including an attempt on her life, the woman was strongly of the view that she was happier when the man was in her life than when he wasn't. Even the best and repeated efforts of service delivery professionals to help her realise the potential benefits of a life without the man could not persuade her to keep the banning order in place. She frequently talked of loneliness and unhappiness whilst they were apart. The couple have in fact subsequently married although the domestic violence is reported to have continued.

4.12 Another example (although not a case study) was given of a woman who began drinking to excess as a result of the solitude that she felt had been created by the banning order, despite being complicit in its introduction.

More trusting of authority

4.13 Based on the feedback from service delivery professionals and adults at risk themselves, the adults' participation in case conferences and other discussions relating to their case has tended to follow a similar pattern. From a position of initial anxiety and in some cases reticence to engage, the adults have typically become more vocal and forthcoming with information as they have become more familiar with, and trusting of, the service delivery professionals involved in the case.

4.14 The service users consulted during the case studies reported feeling "nervous" at first, especially when attending meetings with representatives from the police, legal services and others in positions of authority. However, it seems to have been the case (assuming that the case studies are broadly representative of how other case conferences have operated across Scotland) that choices, courses of actions and implications were clearly explained to

the adults at risk and that they were given regular opportunities to put across their points of view.

> Researcher: *"were you able to ask questions at the meetings?"*
>
> Adult at risk: *"yes...yes, definitely"*
>
> Researcher: *"and did you understand the answers you were given to those questions?"*
>
> Adult at risk: *"yes, they helped me to understand what was going on"*

4.15 As a result, and especially where the cases resulted in a marked increase in quality of life, there is anecdotal feedback to suggest that the adults at risk have become more trusting of people in authority and have developed an improved and more accurate understanding of how adult protection legislation operates.

4.16 Of course, in many cases, it often takes a lot of close working from social work teams and other service delivery professionals before an adult at risk is in a position to cope with multi-agency meetings or even to acknowledge that genuine harm is taking place. It is not necessarily the Act per se that is prompting adults at risk to become more trusting of the system, but the service delivery professionals working on the case. The amount of time and effort that goes into this 'preparatory' work should not be underestimated, even though it is one of the less visible or obvious elements of the Act.

Why have the successes been so evident?

4.17 The answer to this question is multi-faceted and links back both to the partnership arrangements put in place following the Act's introduction in 2008 and to its implementation on a day-to-day basis since then. The reasons can be grouped into the following categories, but as most of these are covered in more detail elsewhere in the report, they are summarised here with the relevant chapters highlighted for further reference:

- **A mandate for partnership working:** the duty that the Act placed on councils to create multi-agency APCs has been the catalyst for improved partnership working in the vast majority, if not all, local authorities across Scotland. The APCs and the multi-agency case conferences have promoted more joined up responses to adult protection and a sense of shared ownership that wasn't always evident in the past. (Further detail: Chapter Five)

- **Better information sharing:** closely linked to the above, the sharing of information across organisations has markedly improved since the Act was introduced, helping to ensure that appropriate courses of action are taken based on robust evidence. There is still some way to go in this area, most notably with the health service, but it is clear that progress has been made. (Further detail: Chapter Five)

- **Service user involvement and support:** for those adults that have capacity, there is a sense from service delivery professionals, and from the small number of service

users consulted for the research, that the use of the Act is something that has been done *with* them rather than *to* them. It is difficult to gauge how important this has been, but from the case study research there are evident examples of where the ongoing involvement and consultation of the service users has resulted in them agreeing to protection orders that they probably would not have agreed to otherwise.

- **Inquiries and protection orders:** perhaps most obviously, the Act has been successful because it obliges councils to make formal inquiries upon referral (although this has workload implications) and enables definitive action to be taken to separate abusers from adults at risk. The Act would not have been nearly as successful had one or both of these duties not been included.

Setting the outcomes in context

4.18 Almost universally, the people consulted for this research agree that the Act has been a valuable addition to the adult protection legislative landscape, but it would also be wrong to portray it as any sort of 'golden ticket' or universal solution. The lives of the adults in question are often beset with a myriad of complex challenges that the Act cannot be expected to address and for many these continue once the case is closed, although the hope is that they do so to a lesser extent than before.

4.19 This should not detract from what the Act has achieved, which is clearly a significant amount (one service delivery professional felt that in some of her cases it had quite possibly *"been the difference between life and death"*). But it also needs to be borne in mind when reviewing the results from this research that whilst the Act can help to move an adult at risk along a journey towards a better overall quality of life, it is very unlikely to be the only factor or the only intervention that is required.

Negative outcomes

4.20 The research has not identified anything that should be of concern to the Scottish Government by way of negative outcomes for adults at risk or their families, but the view was raised on a few occasions that its formality – which in most cases is a strength – can also be a disadvantage. Perhaps the most obvious example comes from one of the case studies, where allegations made by a service user were investigated through the Act and proved to be false. The view from some service delivery professionals involved in that case, and also from the family of the alleged adult at risk, is that had less formal inquiries been made at the outset of the investigation, the false allegations would have quickly become apparent and the need for any further intervention avoided.

4.21 Overall, however, there can be little question from the evidence gathered through the research that the primary target group for the Act – adults at risk in Scotland – have generally benefitted from its introduction.

5 PARTNERSHIP WORKING AND OTHER OUTCOMES FOR AGENCIES

Introduction

5.1 It is evident from the first round of biennial reports, and more recently from the primary research undertaken for this study, that the Act has been a catalyst for organisations and agencies working together in a more structured and systematic way than in the past. This includes better and broader representation at meetings, the introduction of information sharing protocols and, perhaps less tangibly, a prevalent view across stakeholders that the responsibility for adult protection has now become more shared, as opposed to being seen as a single organisation issue. Echoing the views of others, one stakeholder noted that across different organisations, they are *"all working to the same end goal...it's much less about one agency referring someone then forgetting about them"*.

5.2 This section does not go back over the chronology of improved partnership working (the summary being that is has improved in all authorities but to varying degrees) but rather looks at four specific topics: examples of effective partnership working and the drivers underpinning them; multi-agency training and the success or otherwise of it; referrals; and gaps in partnership working.

5.3 The second round of biennial reports will provide further detail on how inter-agency co-operation and information sharing is working at a local authority level.

Examples and drivers

5.4 One or more examples of improved partnership working could doubtless be cited here from each local authority, but the following have been selected as they were raised during the stakeholder workshops and could be of potential interest and benefit to those working in adult protection elsewhere in Scotland. They are in no way intended to be exhaustive – the scope of the research did not permit a detailed review of partnership activity within each local authority – but feedback from the workshops would also suggest that they are not yet commonplace or regular practice.

Engaging banks

In response to the growing number of financial harm cases, the Edinburgh and Scottish Borders local authorities have both put considerable effort into raising awareness of the Act with banks. Similarly, Midlothian and East Lothian councils organised a conference at Queen Margaret College on financial harm which had more than 100 attendees, including representatives from banks and other financial institutions.

Whilst the aforementioned authorities all recognise that there is further work to be done, they can also cite examples of referrals from banks for investigation through the Act (one recent case concerned bogus workers extracting money from an elderly man). The sharing of financial information for the purposes of investigation through the Act – which is and will remain a sensitive subject – is also said to be improving although there can often be a

disparity between what the service delivery professionals would like and what the banks feel able to give them.

Engaging health professionals

Whilst the lack of representation from the health service, and particularly GPs, at case conferences has long been lamented by service delivery professionals, some authorities have had some notable recent successes. For example, West Lothian Council has implemented a two year rolling programme of adult protection training in surgeries, covering all staff, including those working on receptions. The programme is reported to have been very successful.

In Dumfries and Galloway, GP (or nominated deputy) representation at case conferences and health service participation in Act-related activity more generally has improved significantly, which stakeholders attribute primarily to the engagement and buy-in of senior management within the local health board. This is said to have had a substantial influence on the 'visibility' of the Act locally and the extent to which health service staff are likely to refer cases. It has also helped with the co-ordination of multi-agency responses and information sharing.

Co-location

In a small minority of cases, the Act has facilitated or catalysed changes in the physical locations of various agencies, recognising the (formal) need for them to be working more closely together. For example, in the Scottish Borders, the Public Protection Unit has been set up, bringing together the police and adult and child protection, which stakeholders agree has led to better communication across agencies, improved information sharing and stronger relationships. In West Lothian, there are now seven agencies co-located in the same building, including representatives from the procurator fiscal, the police, the fire service and the local authority's housing team. Whilst both this move and the creation of the Public Protection Unit in the Scottish Borders have not been solely reliant upon the Act, it is clear that the Act has helped to expedite the changes and helped to provide the justification for the new arrangements.

Other examples

In various local authorities the Act is reported to have made demonstrable improvements on links with community based or third sector organisations that work closely with (and provide vital support to) vulnerable adults. The most frequently cited examples were drug and alcohol partnerships and violence against women organisations, although the full range is considerably more broad.

In North Lanarkshire, the local authority has made efforts to improve links with housing associations, with one measure having been a half-day training session for joiners so that they are better able to identify and report harm when they see or suspect it.

Quotes from service delivery professionals on partnership working

"Previously there had been patches [of good practice] all over the place but now because the framework tells you that you must co-operate it's more consistent."

"Overall, there is definitely better partnership working in this area."

"Organisations are sharing information collectively now, which allows them to see the whole picture. It is really breaking down barriers."

"It's really improved our [the local authority's] relationship with the police, although I do sometimes feel like we're getting swamped with referrals from them."

5.5 The final comment above is notable because it was echoed by service delivery professionals in each of the workshops, with one suggesting that the police were effectively *"covering their backs"* and referring cases even when the weight of evidence suggested that adults were probably not at risk (as defined by the Act). Local authority staff were understandably concerned about the additional work that this is creating and recognised the need to engage in further dialogue with the police to help ensure that a lower proportion of ineligible referrals are made.

Training

5.6 The 2008-2010 biennial reports highlighted the effort and importance that APCs have placed on the development and delivery of multi-agency training. However, in terms of the take-up of that training, especially in the period since the biennial reports were submitted, there has been a great deal of variation at local authority level and it is evident that social work teams, in particular, harbour some frustration that is has not been more successful.

5.7 The workshops identified examples where it continues to work well. In the Scottish Borders, Edinburgh and West Lothian, for example, cross-agency training on adult protection appears to have become well embedded and has strong senior management backing. The results include:

- A shared understanding of adult protection issues, and especially issues relating to the Act;
- Improved information sharing as a result of staff across different agencies having a better appreciation of the information that is needed (and when) to support case conferences and other Act related activities;
- More suitable referrals;
- Less time being consumed on cases where adults are not at risk or where the Act is not the most appropriate course of action.

5.8 The clear message from service delivery professionals is that when multi-agency training on adult protection works well, there are tangible benefits. There may therefore be scope for other authorities, and in particular those where attendance at training has been

lower than hoped, to explore in more detail how their counterparts in other areas have been able to make it work.

5.9 Clearly, the issue of resources is key. Those working in adult protection, either directly or indirectly, frequently cite resource constraints and note that training and development is often amongst the first non-delivery activities to be compromised. A recurring theme at the workshops was that multi-agency training has suffered because *"it hasn't been made mandatory"*, and as such is always going to be subject to the risk of non-attendance, regardless of its quality and importance.

5.10 e-learning has been introduced in various authorities and whilst it has benefits – not least that it removes the need for groups of people to convene in a single location – there are considerable doubts amongst service delivery professionals about whether it is a suitable alternative. Reflecting the view of many others, one service delivery professional remarked that e-learning *"gives you the facts, but you learn a lot more by talking to people with experience"*.

Referrals

5.11 The headline message on referrals is that over time, the number and suitability coming through channels other than local authorities has improved. Notwithstanding the point raised at the end of the 'Examples and drivers' sub-section, the majority view appears to be that the police feel much better informed about when to refer and when not to (one policeman attending a stakeholder workshop commented that the Act has *"given us a process to work to, which as an organisation we like"*).

5.12 Staff in most local authorities would also agree that as the Act has become better known, the throughput of referrals from the health service has also improved. However, it is also clear that in the majority of those authorities represented in the research, staff feel that there is still considerable scope for the volume of referrals from health to increase.

5.13 It is of course inappropriate to talk about 'the health service' as a homogenous entity, not least because the number and type of referrals from certain health specialists, such as addiction teams and learning support services, are generally well regarded. Staff in more mainstream roles, including Accident and Emergency, fracture clinics and physiotherapy[5] are thought to be less well engaged and perhaps less aware of the who should be referred (one example was given of where 14 referrals had come in quick succession from the same ward, the vast majority of which were unsuitable). As covered under 'Gaps in partnership working' below, the issue of GPs appearing to be a relatively inactive partner in adult protection still appears to be prevalent.

5.14 It must also be noted, however, that size of the health service, even at a local authority level, gives rise to significant practical implications in terms of training all staff consistently in adult protection. Even so, the conclusion has to be that in most authorities, further work is required to strengthen the involvement of the health service, recognising of course that staff also have a host of other responsibilities and that the sheer number of

[5] These were given as examples at the service delivery professional workshops. They are not intended to represent an exhaustive list.

personnel involved dictates that it will take longer for to achieve 'full' engagement of the health service than it will with some other agencies.

Gaps in partnership working

5.15 As at mid 2012, three main gaps in the partnership structures underpinning the Act were evident. As with much of this report, the local level picture varies considerably from authority to authority, with further granularity due to be provided through the forthcoming second wave of biennial reports. The points below therefore represent the majority view, or at least the view of a significant minority, but should not be seen as unanimous:

- **Prisons:** the removal of social work contracts in prisons for short-term offenders is seen to be preventing an important route of potential referrals.

- **GPs:** as above, feedback from the workshops suggests that GPs' engagement with the Act, and with adult protection more generally, is still rather patchy, with poor attendance at case conferences reported. Although this is widely considered to be disadvantageous, there is recognition that GPs have a range of other competing priorities, not least clinics with their patients. Anecdotal feedback also pointed to historic issues between social services and GPs (with the latter feeling that their experiences of working with the former had been difficult) and to the difficulties where GPs' services are contracted by the NHS. It is therefore of note and to be commended that an adult protection event is being planned in South Lanarkshire at which 60 GPs are due to be present.

- **Banks:** as covered in Chapter Eight, there is evidence of banks becoming more participatory in adult protection, but at the time that this research was undertaken, the general tone of the feedback from service delivery professionals was that there was still scope for improvement. Issues of information sharing have not surprisingly been a stumbling block and, as with other agencies, there is the wider issue of prioritisation, or lack of, compared with the demands of their core business.

5.16 The summary is therefore that very significant progress has been made over the past four years in terms of how a range of agencies and organisations work together on adult protection, and it is important that sight of these achievements is not lost simply because there is still work to do. Many stakeholders have commented during the research that the instinctive reactions by and between agencies that occur on child protection are not yet happening on adult protection, but given how much longer child protection legislation has been in place, this is no surprise. It is right to see inter-agency working on child protection as the benchmark, but it also needs to be acknowledged that it is likely to take several more years before the same can be achieved on adult protection.

6 BARRIERS AND CONSTRAINTS

Introduction

6.1 This chapter draws on the two main strands of primary research undertaken in Phase Two of the project (workshops and focus groups) to identify the most common challenges currently surrounding the use of the Act. At a local authority level, further detail will be provided through the forthcoming biennial reports.

Formalising the inquiries

6.2 The Act has clearly raised awareness about adults at risk of harm and the duty to investigate. In the main, this is regarded as beneficial, with service delivery professionals frequently reporting that without the Act, some cases of abuse may not have come to light at all or would have taken far longer to resolve. However, as briefly mentioned in Chapter Four, numerous service delivery professionals also made the point that the Act can over-formalise procedures too quickly and should in fact only be applied when less formal inquiries have shown there to be an evident need. There have been cases, albeit relatively few, where the use of the Act is reported to have been very stressful for families and where a less procedural approach may have been beneficial.

6.3 Clearly this is a two-sided argument. If the use of the Act was delayed in a case of genuine harm, there would (rightly) be reason for questioning why the formal processes had not been used earlier. Nonetheless, it would be remiss not to mention the view from service delivery professionals that the Act can cause additional anxiety where it is applied very promptly.

Capacity

6.4 The research suggests that on many occasions the service users being harmed are judged to have the capacity to make decisions, yet either cannot recognise they are being harmed or choose (knowingly or otherwise) not to protect themselves. Whilst service delivery professionals can work with their clients to help them see the reality and risks of the situation, they are ultimately obliged to respect the wishes of those clients, which in some cases results in them remaining in harmful and dangerous situations.

6.5 One of the case studies in particular highlights this quite clearly. It was evident to all the service delivery professionals that the adult was being exploited by two individuals claiming to be his friends and that the exploitation was such that a banning order would be appropriate. However, it took the service delivery professionals nearly two years of working with the adult for him to reach the same conclusion, during which time a great deal more harm had taken place. There are other examples as well, including the one cited in Chapter Four where an adult requested the removal of a banning order despite the strong likelihood of a return to domestic violence.

6.6 Service delivery professionals are keen to point out that the Act works well where adults are aware that they are being harmed *and* they can see the benefits of that harm being

stopped. However, there will always be a cohort of individuals who make choices and decisions that at best undermine their wellbeing and at worst place them in danger. The Act as it stands cannot protect these individuals if they are judged as being able to make informed decisions. Whilst service delivery professionals find such situations frustrating and worrying, they also recognise the strong argument that can be made against taking action that is contrary to the will of an adult with capacity.

6.7 The cases that service delivery professionals feel most frustrated about, however, are those where the decision about an adult's capacity is (in their view) borderline. As an example, in one of the case studies it had become apparent that an elderly lady in a care home with dementia and alcohol misuse problems was being financially exploited by a long-term friend. The adult was judged as having capacity despite service delivery professionals having serious concerns about whether this was accurate. The financial exploitation continued for two years until such time that the adult was deemed not to have capacity to manage her financial affairs, allowing the council to apply for guardianship.

Securing participation from all service delivery professionals

6.8 This issue is covered in various other parts of the report and is therefore not reiterated in detail here. Suffice it to say that the case studies uncovered numerous examples where inter-agency working was essential to monitoring the safety of adults at risk and in most, if not all, local authorities the adult protection agenda is now said to be better understood. However, concerns continue to be raised on a regular basis about the relative lack of engagement from health professionals vis-à-vis those in other agencies. There is also a perception that the level of training within the health sector has been limited (due to a lack of funding), which is contributing to the situation.

Breaching banning orders – insufficient punishment?

6.9 It appears from the research that the majority of banning orders have been well observed with relatively few breaches reported. Nonetheless, the point was raised at all of the workshops that the punishment that a breach carries (which at most amounts to very short term detention) could be an insufficient deterrent. This had happened in one of the case studies covered by the research, where the abuser had, in the words of the social worker, "got wise" to the fact that he they would not be severely punished if he breached his order. As a consequence he had taken to visiting the adult at risk's home, even though he was banned from doing so.

6.10 It is difficult to recommend a change to the law in this regard given that it does not (yet) appear to be a significant problem. Also, it is a very contentious issue. However, there is a risk that the efforts of the service delivery professionals, and the trust placed in them by adults at risk, will be undermined if banning orders become more regularly breached because abusers know that there is no significant retribution for doing so.

Inadvertently transferring harm

6.11 Whilst this issue is likely to be very rare, the fact that it was mentioned at all during the research makes it worthy of inclusion in the report. It relates to a knock-on effect of

banning orders, where abusers are no longer involved with the adult supported by the Act, but simply befriend another adult and begin to inflict the same type of harm upon them. The risk of this is said to be heightened where abusers need money to support addictions. In these cases, the abusers will move from adult to adult, targeting the vulnerable and those that they can manipulate.

6.12 Where this has happened – and it should be reiterated that it was only highlighted in one of the ten case studies – the Act has been less about preventing harm and more about transferring it. That said, the Act, or other adult support or criminal legislation, can also be used to help the 'new' adult at risk where appropriate.

Resources

6.13 More detail on this issue is provided in Chapter Eight, but the summary is that all of the service delivery professionals consulted for the research agree that the Act has increased their workload. This is due to a combination of more cases being investigated, the associated administration and, as briefly covered in Chapter Five with specific reference to the police, a sense that some professionals may be making referrals even though the balance of evidence suggests that the adults are not at risk.

7 THE COUNTEFACTUAL: WHAT WOULD HAVE HAPPENED WITHOUT THE ACT?

Introduction

7.1 The primary research undertaken for this project suggests that most service delivery professionals have welcomed the introduction of the Act and see it as an important addition to the legislative landscape in Scotland. However, there is a corresponding agreement that the Act has resulted in an increased workload for many of those involved in its implementation, especially social work teams and their colleagues in other departments, and it is therefore important to ask what is likely to have happened in its absence.

7.2 In scientific or exact terms this is impossible to answer. But during the case study consultations, the researchers asked service delivery professionals, and where appropriate service users and family members, what they think the likely course of action or outcomes would have been if the Act had not existed.

7.3 In the main, the feedback was very positive and whilst it is implied or cited in other parts of this report, it is summarised in this chapter.

Less effective partnership working

7.4 It is wrong to assume that the Act has initiated partnership working across agencies and organisations from scratch. Many of the service delivery professionals involved in the implementation of the Act have been in post for a number of years and already had well established relationships with colleagues and counterparts elsewhere in their local authority area. Even so, the duty that the Act places upon councils to investigate referrals has brought key partners into more regular contact and has expedited the sharing of important case related information which stakeholders are very confident would not have happened 'naturally' in its absence.

7.5 Chapter Five of the report shows that the current situation is by no means perfect, but equally there is a shared view that it has been improved as a direct result of the Act. One stakeholder commented that in its absence: *"we wouldn't be doing as much collective thinking or sharing of information"*.

Less prompt intervention

7.6 Linked to the above, but also closely related to the introduction of the duty to inquire, is the fact that many adults at risk would not be supported as quickly in the absence of the Act, except in those cases where the criminality of the abuse was immediately evident and could be resolved through arrest or other intervention via the criminal justice system.

7.7 Aside from the argument on bureaucracy (see below), there is little to be said against the benefits of people at risk receiving help more quickly and it therefore remains one of the key selling points and overarching benefits of the Act.

Fewer removals of abusers

7.8 Banning orders are (understandably) seen as a last resort in many authorities. It is also clear that they have been embraced to different degrees across Scotland (with disproportionately high numbers reportedly having been issued in some authorities versus the size of the population[6]).

7.9 However, looking nationally, the common consensus (shared by the researchers) is that in the absence of the Act, and assuming that no other protection-related legislation had been introduced in its place, there would be a greater number of adults still being subjected to harm and abuse, many in their own homes. That is not to say that a banning order is a desired outcome – indeed, it can be distressing for the adult at risk to be subjected to the formalities of the process – but where used, they do appear to be serving their purpose.

Less intelligence on vulnerable adults

7.10 A by-product of the Act, and one that stakeholders are confident wouldn't have occurred in its absence, is that more is known locally about vulnerable people and, in particular, those who do not fully satisfy the three point 'adult at risk' criteria. Many such people are referred through the Act, sometimes numerous times, and they tend to include a relatively high proportion of self-harmers and frequent substance mis-users.

7.11 Having information about these people has allowed agencies to get an early warning of when they are starting to struggle and, where resources permit, has allowed them to intervene and offer support more promptly than might otherwise have been the case.

> *"It's helped us to build a profile of these people that would otherwise have gone under the radar"* Service delivery professional
>
> *"It gives us a real sense of the vulnerable people in our community"* Service delivery professional

Less bureaucracy

7.12 In addition to the positive points outlined above, service delivery professionals were also keen to point out that they would be faced less administrative work had the Act not been introduced.

7.13 However, it is important to see this in context. Whilst in a minority of cases service delivery professionals were quite vocal (sometimes referring to *"pointless meetings"* and *"too much bureaucracy"*), the increased administration is seen by most as a necessary evil that is hard to avoid if more adults at risk are to be helped and more agencies are to be involved. Tellingly, no-one suggested that the Act should be reworked or scrapped as a result of this issue, although by no means should it be disregarded as some service delivery professionals

[6] At the time of writing, up to date figures on the number of banning orders issued by local authority were not available. Via the stakeholder workshops, anecdotal feedback was provided to suggest that some authorities have been more proactive in seeking banning orders than others.

also stated that any further increases in the administrative aspects of their jobs could have an impact on frontline service delivery.

8 WHAT WOULD STAKEHOLDERS LIKE TO CHANGE?

Introduction

8.1 No legislation will ever be universally welcomed or be considered perfect and the Adult Support and Protection Act (Scotland) 2007 is no different. However, the workshop and case study evidence suggests that in the main it enjoys very strong support across the country and is seen by the vast majority of those concerned to be fit for purpose.

8.2 Even so, there are some aspects of the Act that stakeholders would like to see changed. These were raised during the stakeholder workshops in August and September 2012, where attendees were asked *"what, if anything, would you like to change about the Act?"*. They were encouraged to think not only about what they or their colleagues could do, but also what they would like to change if resource constraints and other barriers did not exist.

8.3 As such, not all of the points raised in this chapter are things that the Scottish Government can influence or act upon, although some of them are.

Resources

8.4 A show-of-hands exercise at each of the workshops revealed that for the vast majority of those present, the Act has resulted in an increased workload, both for themselves and for their staff and colleagues.

8.5 It is therefore unsurprising that 'resources' was, by some margin, the most frequently raised topic during the 'what would you like to change' part of the workshops. For example, at the Kilmarnock workshop, 10 of the 13 delegates raised the issue of resources, as did five of the seven at Edinburgh. At Perth, there was broad agreement to the feedback from one delegate that *"we obviously need more resources"*.

8.6 By this, people (and usually representatives from local authorities) were referring to having more staff available to work on cases being investigated through the Act, or existing staff being able to commit more of their time to doing so. Alongside this, a small number of other specific points were raised:

- Being able to free up or commit more staff time to designing, delivering and attending **multi-agency training** related to the implementation of the Act (as mentioned in Chapter Five, isolated examples were raised during the workshops of training being very poorly attended or seldom requested, despite it having been designed for multi-agency purposes);

- Resources to undertake **evaluation activity** into the impact of the Act at a local level and the impact of multi-agency training (this research project goes some way towards doing that but was not designed to take a detailed local authority level view of impact or effectiveness);

- **Non-local authority organisations** committing more resources to adult protection. Some of the authorities feel that despite the shared ownership that is promoted through the APCs and case conferences, the overriding responsibility still resides with them;

- Adult Protection Committees being given a **budget for multi-agency training** and strategic planning, the argument being that this would help to promote attendance and buy-in to training across organisations and help to remove, to some extent, the issue of resources as a barrier;

- **More consistent attendance at APC sub-committees**, although this is very much a local issue and varies considerably, not only geographically but also by sub-committee.

8.7 Also under the heading of 'resources' is the issue of information sharing, which stakeholders would ideally like to see improved in two distinct regards:

- **Health:** ranging from better access to health records for adults at risk to early warning from GPs about parents and carers becoming ill (thus increasing the risk of harm or neglect to their dependants);

- **Financial sector:** financial abuse is relatively common but there is a general sense amongst stakeholders that although the situation has improved, banks are not especially helpful at releasing information that could help with a case (described as *"patchy at best"* by one stakeholder, this echoes the sentiment raised during each workshop). Considerable bureaucracy can be encountered in trying to obtain financial details for an adult at risk – perhaps understandably so given the media and public scrutiny that surrounds the sharing of people's personal data – but this can have considerable implications for the speed at which a case can progress and the evidence upon which key decisions and courses of action are based. Authorities that are having difficulties in this regard could look to Edinburgh, the Scottish Borders, Midlothian and East Lothian, all of whom appear to have had recent success.

Training

8.8 In addition to the issues raised around training for frontline staff, there is also general support for the introduction of nationally consistent training for sheriffs, especially on the sensitive but pivotal issue of whether an adult at risk has capacity (and the equally fundamental issue of whether they are at risk).

8.9 This point was raised in response to suggestions at all of the workshops that the interpretation of capacity can sometimes differ from sheriff to sheriff, which can have considerable consequences for the life circumstances and future wellbeing of adults being supported through the Act.

8.10 It is important also to state here that stakeholders are not being critical of the sheriffs per se. Their point is more that many of the sheriffs don't have a background in adult protection and may therefore benefit from the introduction of nationally recognised, accredited

training which promoted a consistent approach across the country, regardless of where an adult at risk lives.

8.11 Consultations with sheriffs have been outside the scope of this research and their views on the feasibility and benefits of any such training are therefore not known. Whilst the suggestion to introduce the training is apparently sound in principle, it should be noted that with approximately 150 sheriffs in Scotland, training them all would take some time and would carry some cost.

8.12 Other issues raised during the workshops which relate to training and guidance include:

- Service delivery professionals indicating that they would welcome real life, practical examples being included within training on the Act; many raising the point that much of the training was developed as the Act was first being implemented and would benefit from being refreshed;

- Related to the above, service delivery professionals would also welcome training from colleagues that have amassed frontline experience in the application of the Act and can draw upon a range of examples that showcase best practice in its use and impact.

Public awareness raising

8.13 One of the ten cases researched for this project was set in train as a direct result of the public awareness raising work undertaken shortly after the Act became law (a relative of the adult at risk recalled having seen an advertisement and used the internet to find the relevant phone number to call).

8.14 This research has not been tasked with assessing the effectiveness or reach of the public awareness raising that has taken place, but there is a sense amongst service delivery professionals that given the positive outcomes that the Act can generate, a refreshed or updated awareness raising campaign would be beneficial. This is not with a view to increasing the number of referrals significantly (service delivery professionals are quick to point out that any notable increase would stretch their resources still further) but to help identify and support individuals in Scotland who are the victims of harm but who are not currently known to any of the frontline agencies (as one stakeholder remarked, *"these people are off the radar"*).

Punishment for breached orders

8.15 Covered in Chapter Six as a barrier to maximising the impact of the Act, some stakeholders would like to see the punitive measures associated with the breaching of banning orders increased. This is not necessarily a majority view, but it was nonetheless raised numerous times during the case study consultations and stakeholder workshops.

8.16 Clearly, far more detailed consultation would be required on the specifics of any legal change, but it is worth noting once again here that some members of the adult protection community are of the view that the Act will continue to be lacking in 'teeth' until

such time that more stringent measures are introduced to deal with the breaching (and in particular the persistent breaching) of banning orders.

9 CONCLUSIONS AND RECOMMENDATIONS

Conclusions

9.1 The overriding conclusion from Phase Two of this research, and from the project as a whole, is that the Adult Support and Protection Act (Scotland) 2007 has been a positive addition to the legal framework in Scotland and has made a range of tangible differences to the way in which adult protection is viewed and delivered. Whilst the extent of people's support for the Act understandably varies, none of those consulted for the research argued that it was a mistake to make it law or felt that it should be removed.

9.2 In every local authority there are examples of cases that have been resolved more quickly or with better outcomes than would have happened in the absence of the Act. Across Scotland, many people's lives have been improved as a direct result of this legislation and in some cases very serious harm has been prevented. Adults feel safer, more self-confident and more financially secure than they did whilst they were at risk and have become more trusting of the adult protection system and of the different agencies involved.

9.3 The Act has helped to foster closer inter-agency working than existed in the past, in many cases resulting in better information sharing and a transition towards the shared ownership of the cases. Previous chapters of this report make it clear that more is still to be done to maximise the opportunities of partnership working, particularly in terms of links with the health service and to a lesser extent with financial institutions, but the main message is one of significant progress that is unlikely to have happened as quickly (or at all) had the Act not been in place.

9.4 The amount of additional resource (in the form of staff time) that is taken up by the Act is of concern to service delivery professionals, with many reporting that little additional slack exists to accommodate more work without the quality and/or timeliness of frontline delivery being compromised. Aside from this, however, there appear to very few systemic issues that require a national response, reflected in the relatively small number of recommendations made in the sub-section below. This is testament to how the Act has been received across Scotland and whilst there are understandably various frustrations and challenges at a local level, none of these is felt to outweigh the benefits of continuing to use the Act to support adults at risk.

9.5 The Scottish Government can therefore be reassured that the Act has the backing of the vast majority of the people that are involved in its implementation, many of whom have worked very hard to ensure that it delivers the best outcomes for adults in their area. Sight should not be lost of the barriers and constraints raised in this report, but these are issues that affect the optimisation of the Act rather than calling into questions its justification or ongoing relevance.

Recommendations

9.6 In taking forward the adult protection agenda in Scotland, the Scottish Government is advised to consider the following recommendations:

- **Knowledge sharing:** it was evident from the stakeholder workshops that service delivery professionals are very interested in, and can potentially learn a great deal from, the experiences of their counterparts in other local authority areas, especially where they have been able to overcome common challenges. It was equally evident that they have very little knowledge of what is going on elsewhere, except perhaps in their bordering authorities. The Scottish Government is therefore encouraged to consider how knowledge and information sharing across authorities can be improved, for instance via the introduction of an e-newsletter or an online forum for adult protection. Regional or national seminars, sponsored by the Scottish Government and held annually, would also be welcomed, although there should be an imperative on making sure that detailed notes can shared nationwide, especially if a regional seminar approach is taken. In short, the benefits and learning from the excellent work that is clearly taking place should be available to everyone working in adult protection across the country. For this not to be the case would be a real shame given the difference it can make to people's lives.

- **Health service engagement:** resources have not permitted health service professionals in each local authority to be consulted for the research, and the risk of presenting a rather one-sided perspective on the issue of health service involvement should therefore be acknowledged. However, the feedback gathered during both phases of the research suggests quite clearly that, for a number of justifiable reasons, the health service has tended to be less participatory than other agencies. A number of local authorities identified the need for further awareness raising work with their local health board, which raises the question as to whether it could be more efficiently managed through a central 'campaign' organised by the Scottish Government. To be successful, this would require the support of senior health board officials in each area. In terms of targeting, however, it should be aimed at frontline staff and those that most commonly come into contact with adults that are potentially at risk.

- **Understanding the local picture:** this report provides numerous examples at a local level of effective practice in adult protection and is supplemented by a series case studies, each with a local focus. It has not been possible, however, to explore the workings of adult protection in each authority in detail, nor to uncover all of the successes and challenges that exist. The forthcoming biennial reports, submitted by APCs across Scotland, will give this granularity, and the Scottish Government is therefore advised to commission a follow-up meta review exercise to allow important findings not available to this study to be shared more widely. This will contribute to the achievement of the recommendation made above about knowledge sharing, although it should also be accompanied by a more regular programme of cross-authority activity.

APPENDIX A: CASE STUDIES

Case Study #1

Overview

The service user in this case is a woman in her forties with a learning disability and a history of challenging behaviour. She moved into residential care as a child and has now lived for a number of years in supported housing with regular support from care staff, having occasional contact with her sister and a family friend. She rarely leaves her accommodation and is described as a 'poor gatekeeper' whose loneliness makes her vulnerable to abuse. The service user has long been known by social and learning disability services and corporate appointeeship is in place.

Latterly, the police became increasingly involved, alerted on several occasions by both the service user herself and her neighbours to domestic disturbance and violence. Her home had been targeted as a 'party flat' by a number of local people, including a man who was for a time her partner and who also has a learning disability. She became increasingly subjected to verbal, financial and sometimes physical abuse and her health suffered because of the alcohol her 'friends' offered as inducement.

How the ASP Act was used

After a number of referrals to social services and initial investigative work, the situation was identified as one of an adult at risk and a case conference was held. Banning orders were obtained in respect of the key perpetrators, including the service user's partner, and professionals including the social worker, learning disability nurse and care staff worked together with the service user to encourage and support her to keep herself safe. The overall amount of input she received increased and regular inter-professional reviews were held. The service user and her family were invited to all meetings and generally attended, with the service user supported in the process by the social worker and later by an independent advocate.

What difference did it make?

All those consulted about the case were of the view that the Act added structure and momentum to the intervention offered, and that inter-professional co-operation was generally effective, although they also felt that the principles of working in partnership would have been similar had it not been available. It was recognised that the Act supported input which made it possible for the service user to remain in her home. Without it, guardianship would have been considered and she may well have moved elsewhere. The Act was valued for the protection it afforded and the message conveyed by the banning orders of both the seriousness of the concerns and the service user's right to protection under the law, although it was not clear how subsequent breaches were resolved which raised doubts about the 'teeth' of the orders.

There was general agreement that the service user was safer, healthier and financially more secure as a consequence of the interventions under the Act. However, there were doubts about whether this would have a lasting effect, both because the service user's level of capacity meant that she would be unable to consolidate what she had learnt in the long term, and also because her loneliness following the loss of her social group left her vulnerable to future overtures, whether by the same or other perpetrators. There was an overall sense that the Act was an important addition to the 'toolbox' of support available but that this was a complex case in which the balance of supporting service user choice with protection would remain a challenge.

Case Study #2

Overview

This case relates to a male in his 50s (the ‘service user’) with a mild learning disability and suffering from epilepsy. He was financially exploited and neglected by his carer who was also his nephew.

The service user regularly attended an epilepsy support group and epilepsy clinics but suddenly stopped, prompting concerns amongst doctors and his support and social workers. Over the next few months, they became increasingly concerned as he was unkempt (which was unusual for him), agitated, anxious and in response to questions about washing, eating and taking medication, he would reply, “if I am allowed to…”. Over time it transpired that he was being made to do all the household chores, not being given food, was often not allowed in the house during the day and was then confined to his bedroom in the evening.

The issue came to a head when he was found on a park bench with toxic poisoning claiming that he could not longer ‘home’

Overview

This case concerns a middle-aged lady (the ‘service user’) who grew up in a care home and has received support of various types throughout her adult life. She has a long-term alcohol misuse issue and is known to the police. She has also been the victim of numerous physical and sexual assaults by different people, including the abuser to whom this case relates.

The service user has been in an on-off relationship with the abuser for many years. He too has an alcohol misuse problem. There is a repetitive cycle where they drink together which causes arguments or fights that result in them calling the police or other service delivery professionals. Despite the service user having been subject to ongoing physical and emotional abuse from the individual concerned, she maintains that she loves him.

The service user has been assessed as having the capacity to make her own decisions. However, some service delivery professionals are unsure about this given her history of placing herself in danger and undermining her own wellbeing.

How the ASP Act was used

The service user satisfied all three of the criteria to define him as an adult at risk.

A case conference took place two weeks after he was found on the bench, during which time a number of developments had taken place: he had been moved into temporary accommodation and then found a place in a supported housing complex; his belongings had been retrieved from his nephew’s property and he had been given a new bank account and bank card as his previous account had been emptied by his nephew.

Attendees at the case conference included an independent chair, a social worker and senior social worker, an Adult Protection Liaison Officer and the outreach worker from the epilepsy support group. The service user also attended part of the meeting although found it rather distressing.

The key decision taken at the case conference was that because the risk of harm had already been minimised (through the measures outlined above), the case could be handled under Care Management Procedures and there was no need to use any of the measures under the ASP Act.

How the ASP Act was used

The service user client asked the abuser to move in with her, which he did, but shortly after he began physically assaulting her. Following one of the assaults she called her social worker and said she “wanted to get away from the abuser.” A case conference was organised, attended by professionals from various services/departments including housing, alcohol abuse, social work, the health service and the police. The service user also attended and was involved in the discussions and in the decision to apply for a banning order (which was subsequently granted by the sheriff).

The service delivery professionals were unanimously of the view that the effective partnership working and data sharing evident on this case, particularly from and between the health service and the police, were both facilitated by the Act and were central to the banning order being approved. One reported that the approach had been *“much more cohesive and co-ordinated”* than it would have been in the absence of the Act and that it *“brought all the right people to table and allowed to offer the best solution we could”*.

What difference did it make?

[illegible] recently gave a presentation at a conference about adult support and protection. He also made a statement to the police about [illegible]

[illegible] views amongst the service delivery professionals involved in the case about whether it was appropriate to use the duties of the Act in this case. Whilst there was no question that she was a victim of [illegible]

[illegible] *probably have taken us longer to help him”*.

Case Study #3

Overview

Two brothers in their 40s, both with learning disabilities and physical impairments, had been living together for a number of years and during that time had been subjected to mental and financial abuse from their two nieces and the boyfriend of one of them. The nieces were evicted from their own home and moved in with the brothers against their will. They repeatedly ate the brothers' food, took their money, spread rumours which alienated them from their neighbours and were extremely and hurtful about their late mother. They also threatened the brothers with physical violence.

How the ASP Act was used

Service delivery professionals had been trying to minimise the risk of harm experienced by the two brothers for many years before the introduction of the Act but with little effect. The brothers had been very reluctant to take action as the nieces were the daughters of their sister with whom they were on very good terms and who was also very ill. They were also worried what the reaction would be from other family members if they made a complaint.

With the Act in place, social workers began proceedings by organising a multi-agency case conference attended by support workers, social workers from the learning and disability team, the brothers' GP, police and the council's legal team. The brothers were invited to attend but felt unable to do so.

It was agreed at the meeting that there were grounds for a banning order, especially as the GP confirmed that there had been serious negative effects on the brothers' health as a result of the abuse. The brothers were very pleased about the prospect of a banning order and especially the fact that they would not have to serve it themselves.

The sheriff granted a temporary banning order which the three individuals contested. At the subsequent court hearing, the individuals tried to lay the blame on the brothers, even claiming that they needed protecting from their uncles. A second court hearing took place at which a banning order with the power of arrest was granted.

Case Study #4

Overview

An elderly lady in her 70s was receiving respite care in a care home. When she first entered the care home, she showed signs of early onset dementia and also had alcohol misuse problems, although she was judged as having capacity to make her own decisions. She was regularly visited by a long-term friend whom she trusted and was very fond of, even though in reality he was financially exploiting her. Staff at the care home raised this with the social work team on discovering that more than £10,000 had been taken out of her account.

Case Study #5

What difference did it make?

The Act had a huge impact on the quality of life of the two bothers. With the three individuals no longer in their lives, they felt able to relax, take their dog for a walk and plan for the future. In short, they lived without fear and anxiety for the first time in many years.

The ASP Act enabled the nieces and the boyfriend to be banned from the village and, at the time of writing, the banning order had been very well observed. Previously, an injunction would have been the most appropriate course of action, but the brothers did not have the confidence to seek legal counsel and were also scared about the ramifications from other members of their family. Having the Act in place has, in the words of one service delivery professional, *"completely transformed their lives"*.

How the ASP Act was used

An investigation under the ASP Act was launched, resulting in the abuser returning the £10,000, claiming that he had been "looking after it". His behaviour towards staff at the care home became abusive, resulting in him being banned from the premises (although he was still allowed to meet the service user elsewhere).

As her dementia worsened, staff at the care home were given authority to open her bank statements and noted that more money had been leaving the account on the days that the abuser was taking her out. They also received a phone-call from her bank raising concerns about the withdrawals, and from a local solicitor who reported that the abuser was trying to assume guardianship for her financial affairs.

The service user struggled to accept these allegations but was also re-assessed and found not to have sufficient capacity to make informed decisions.

A second inquiry was launched, resulting in the abuser being charged with financial exploitation. However, the case was subsequently dropped by the Crown Prosecution Service on account of a lack of evidence (CCTV footage from the bank had shown the service user handing over her money but not under any apparent duress).

In 2011, the council was granted guardianship over her finances and control over who could visit her. The abuser voluntarily stopped visiting after the second inquiry.

What difference did it make?

The Act encouraged partnership working between professionals and a more formal approach to investigating harm than is likely to have been the case in its absence. Its main shortcoming on this case was reported to be the inability to secure guardianship in 2009 because of the principle of minimum intervention and because the service user was judged to have capacity. In addition, the use of duties through the Act was delayed because of frequent changes in social workers and case managers, which impacted upon the continuity of service and professionals' understanding of the detailed background of the case.

Case Study #6

Overview

The service user is a young adult (30s) with a learning disability. He lived at home with his mother and his mother's partner, who was also the primary carer. Following his mother's death, a period of financial and emotional abuse began which would regularly include the threat of physical violence.

The service user's Disability Living Allowance was regularly withheld and he was sometimes be given only £5 or £10 a week on which to live. Household possessions were sold but the service user was only given a nominal amount, e.g. £30 from the sale of his high specification laptop. He stopped socialising (something which was a very important part of his life) and reached the point where he was living practically his whole life in his bedroom. The abuser tried to alienate the service user from his family by suggesting that they no longer wanted to see him and that he had brought shame on them. Unbeknown to the service user at the time, the abuser had also stopped paying the household bills, had been forging the service user's signature on financial documents to obtain money and had pawned his mother's jewellery. This abuse came to light when the service user was at a family funeral and described the circumstances in which he was living to his cousin.

How the ASP Act was used

The cousin recalled hearing a radio advert about the Act and sought out the relevant phone number. He also invited the service user to live with him temporarily while the matter was resolved.

A social worker visited the service user and his cousin to understand the details of the case. The cousin was very keen to praise the social worker's approach to this meeting and the way he took an objective yet considerate standpoint that elicited the key facts without using leading questions. The social worker reported being keen not to disempower the service user (*"he was able to inform the process so we thought it was really important that he didn't feel as if we were taking actions against his wishes"*). It was agreed that the service user, his cousin, a police officer and the social worker would go to the house and ask the abuser to leave. This clearly took considerable courage on the part of the service user as he had grown very afraid of the abuser and became distressed in his company.

It was made clear to the abuser that is he refused to leave, the service delivery professionals would seek a banning order. He agreed to go and within a couple of days had moved on.

What difference did it make?

Were it not for the Act, and for the public awareness raising in particular, it is very likely that this case would have taken far longer to resolve. Thankfully for the service user, the time from him mentioning it to his cousin to the abuser leaving the house was just over two weeks. And although a banning order was not needed, those involved in the case are confident that the threat of one was the catalyst for the abuser agreeing to leave. As the social worker described it, *"it gave us some real gravitas – we weren't just turning up with an empty threat"*.

The service user is delighted with the outcomes, stating that *"I've got my old life back"*. He feels far happier, more self-confident and generally more at ease. As he now receives his full benefit payments, he's been able to participate in social activity again. His cousin said there was *"no comparison"* between his demeanour before and after the intervention. The only sour note has been that the money obtained by the abuser through forgery and through continuing to use the deceased's bank card even after she had passed on has not been recovered and there is little prospect that it will be.

Overview

The case concerns a man in his 30s ('the service user') with a learning disability who was a regular attendee at a day centre. During discussion with an employment adviser at the day centre, he said that his brother had been physically assaulting him.

How the ASP Act was used

The employment adviser informed the Learning Disabilities Team about the allegation and, very promptly, a referral was made under the Act. The Learning Disabilities Team organised a case conference which was attended by a social worker, an adult support and protection officer and two police officers who discussed the allegations. From this, the police concluded that there was sufficient justification to undertake an investigation. Significantly in the context of this case, the meeting was not attended by the service user's key social worker who was on holiday at the time.

How the ASP Act was used

Following the meeting, a social worker contacted the service user's mother and informed her that the police were trying to reach him but could not say why. This caused great distress for the mother who did not know if her son had committed a crime or was ill. She and his father took the service user to the police station but were not allowed to be present while he was interviewed. A social worker remained with the client during the interview, which lasted two hours. The service user said to his parents that the police had questioned him in a sensitive way and had explained the investigation process clearly in language he understood.

Following the interview, the police suggested that the service user's brother should remove himself from the family home whilst the investigation was taking place. The family was informed that a GP would conduct a 'body map' on the service user the following day in order to look for evidence of physical assault. During the examination, the service user admitted that he had fabricated the allegations because he *"wanted to be on TV"*.

A second case conference was held, attended by the client and his mother. During this meeting, background information about the service user was shared which showed that he found it difficult to distinguish fact from fiction. The police terminated the investigation and the case was closed.

What difference did it make?

The consensus view from the service delivery professionals is that without the Act, the allegations would have been investigated in a less formal manner and it would have become apparent much sooner (by involving the service user's mother) that the service user had a tendency to fabricate stories. The family would certainly have preferred this approach and feel that time was wasted and distress caused by what they saw as poor information sharing about what was happening with the case and why.

At the time of writing, the service user is still living in the family home and has a care plan in place. However, there have been several negative repercussions of the case. The mother's health has deteriorated, which she attributes to the stress of the investigation, and the relationship between the two brothers has become more distant. The family is also less trusting of social workers and adult protection service delivery professionals as a whole.

Case Study #7

Case Study #8

Overview

This case concerns a lady in her 70s who was suffering from financial and physical abuse from her son. The son lived with his mother, as did his sister, who was his mother's primary carer. Her son had a history of substance misuse and was well known to the criminal justice system.

The issues were raised with social services in 2009 but neither the mother nor the daughter would corroborate the allegations. Over the next 18 months social services put in place an enhanced care package which included more frequent visits from social workers and the provision of a community alarm. The son was moved to temporary accommodation but still visited the house on a regular basis and continued to steal money and food. However, the mother and daughter remained very reluctant to acknowledge the severity of what was happening. As one service delivery professional remarked, *"they had a very unrealistic vision of family loyalty"*.

However, when her mother was diagnosed with dementia, her daughter came forward to social services and confirmed all of the abuse.

How the ASP Act was used

In mid 2011, a multi-agency case conference was convened at which it was agreed that an application would be made for a banning order. By this time, her son was in prison for other offences and the decision was taken by the sheriff to bring the banning order into effect upon his release. The mother's other son was given power of attorney for her affairs due to her deteriorating condition.

The granting of the banning order was reportedly made *"much easier"* by the fact that the mother was assessed as no longer have capacity. The service delivery professionals involved in the case are very confident that had she remained able to make informed decisions, it is very unlikely that she would have consented to a banning order.

The banning order has been well observed since its introduction. At the time of writing, the son was living in temporary accommodation and had made no attempts to contact either his mother or sister.

What difference did it make?

Financially and physically, the banning order has had a very positive effect on both the mother and her daughter. Their house is also in better condition because they are no longer having their money stolen and have therefore been able to afford some basic decorations. That said, the mother often says that she misses her son and the daughter also feels very saddened that the closeness of the family is no longer there.

From a service delivery professional perspective, the main frustration concerns the elapsed time between their initial investigations into the abuse and the granting of the banning order. Family loyalties were clearly the main sticking point, with both the mother and daughter prepared to suffer ongoing abuse rather than see their son and brother removed from the home.

Case Study #9

Overview

This case centres on a male in his 50s with alcohol misuse problems who was the victim of financial and emotional abuse from two adults who were pretending to be his friends. The adults in question would, amongst other things, sell his possessions to fund their own addictions, the most notable example being when they took his brand new television to be 'repaired' (claiming they were doing him a favour) but in reality took it back to the shop and got a refund which they kept for themselves.

The addictions team working with the service user became concerned about his involvement with the two adults and organised a multi-agency meeting which involved representatives from social services, housing, health and the addictions team themselves. This meeting was not arranged under the terms of Act but rather was intended to identify whether the Act might be an appropriate course of action. At this meeting it was agreed that the service user met each of three conditions to be defined as an adult at risk and that the Act was therefore relevant.

How the ASP Act was used

With help from the local authority, the addictions team made the referral. The service user was informed of this but was strongly of the opinion that the situation did not merit any intervention and that he was not being abused. Rather than trying to persuade him to agree to a banning order application, the decision was taken to increase the regularity of visits to his house from social workers and for agencies to share all possible information that might provide further evidence of the harm he was suffering. As one service delivery professional put it, *"we had to intervene in a way that he was comfortable with or there was a risk that he would stop engaging with us entirely"*.

The service user was aware that he had a different perspective to the service delivery professionals with whom he was in contact but it still took nearly two years from the concerns first being raised to him agreeing that he no longer wanted the two adults in his life. Following his attendance at several multi-agency meetings, and coinciding with an arson attempt at his house by the two abusers, he agreed to a banning order application. The banning order was granted by the sheriff and at the time of writing had been very well observed.

What difference did it make?

Without the intervention through the Act, there seems to be little question that the two adults would have continued to target the service user. With them now absent from his life, he is more financially and emotionally secure, and whilst he still has alcohol misuse issues, his drinking is more under control than it was when the abuse was at its worst.

The Act is reported to have promoted excellent partnership working throughout the case, i.e. both before the Act was formally used and in the run-up to the granting of the banning order. Information sharing is said to have been *"absolutely outstanding"* and considerably more proactive than on other cases in the past.

The only negative consequence appears to be that the two abusers moved on to befriend another man in the area with similar issues and began a period of financial and emotional abuse with him. However, that too was addressed through the Act and a banning order was served.

Case Study #10

Overview

This case concerns a lady in her 50s with a learning disability who for many years has been known to social services. She had an association with a younger male who was financially abusing her and stealing her food. He had drug problems and was known to be in debt to drug dealers. On more than one occasion the dealers came looking for him at the lady's house and threatened her with violence.

Supported housing officers noticed that the lady had become withdrawn and rarely appeared to have the money she used to. They had strong suspicions that abuse was taking place and were confident that the lady would satisfy all three parts of the 'at risk' assessment. As a result, a multi-agency meeting was arranged and was very well attended by representatives from the police, housing, social services and legal services.

How the ASP Act was used

As in a number of the other cases covered by this research, the service user was initially very reticent to acknowledge that any intervention was needed. She recognised that there were negative consequences of her relationship with the man but also claimed to enjoy his company.

The service user attended a number of multi-agency meetings, saying that she was *"very nervous"* at first. However, she also said that the process was very clearly explained to her and that she was able to ask questions and voice her opinion. She felt she was listened to and clearly valued the opportunity to be involved in the discussions. However, she didn't want a banning order, so in the short term, service delivery professionals increased their presence at her house, for example through unannounced visits by the police and more regular calls from social workers. These were intended to deter the abuser and whilst they had some success, the abuse nonetheless continued.

As the service user became more trusting of the service delivery professionals and realised that they were trying to help her *"rather than just being a nuisance"* (her words), she began to appreciate the scale of the abuse and consented to a banning order application. The order was granted by the sheriff.

What difference did it make?

The order was well observed in that the abuser did not visit the service user's home, but one day he was waiting for her outside the post office and stole £130 from her. He was subsequently prosecuted for theft and breach of banning order and received a custodial sentence.

The outcomes for the service user have been very positive. She reports previously feeling isolated in own her home and being very reliant upon the abuser for social interaction. She now enjoys the company of others and has more money to spend on essentials such as clothing, heating and food. In the absence of the Act, the police in particular are of the view that the abuse is likely to have continued for some time without the authorities being able to intervene: *"the abuse was subtle and based on friendship.....and more importantly she was willing to let it continue"*. It was the ongoing efforts of the service delivery professionals, working in partnership, which helped her to realise that the abuse could and should be stopped.