

**EAST AYRSHIRE  
ADULT PROTECTION COMMITTEE**

**REVIEWING PROCEDURES AND PRACTICE ACTIVITY  
THE LEGAL SOLUTIONS FORM EVALUATIONS**

**17 MAY 2011**

**Report by the Adult Protection Co-ordinator**

**1. PURPOSE OF REPORT**

- 1.1 To advise the Adult Protection Committee (APC) of the outcome of an evaluation of the East Ayrshire Legal Solutions Forum (LSF).
- 1.2 To seek the consideration and endorsement of the Adult Protection Committee to the findings and recommendations of the evaluation.

**2. BACKGROUND**

- 2.1 The LSF is a group of Social Work Managers, Council Solicitor and Mental Health Officers who provide proactive advice, guidance and assistance to practitioners who were becoming increasingly challenged by the developing laws in relation to the safeguarding of adults.
- 2.2 The LSF model featured in the East Ayrshire APC Chairs Biennial report 2008-2010 to Scottish Ministers and received positive comments as an innovative and proactive approach to harm prevention.
- 2.3 The Adult Protection Co-ordinator for East Ayrshire APC has been a key member of the LSF and undertook a review of the LSF as part of their post graduate studies in Adult care and protection at Dundee University.
- 2.4 The research methodology adopted a two phase design model approach to evaluation incorporating a quantitative survey and a follow up qualitative inquiry through practitioner focus groups.

**3. SCOPE OF THE RESEARCH STUDY**

- 3.1 The study (Appendix 1) focussed on identifying whether there is evidence that;
  - The LSF was effective in contributing to safeguarding adults and why.
  - The LSF had positively contributed to and supported improved practice
  - Any improvement in practice made a positive difference in providing adequate support and protection for adults when they need it.
  - Practitioners could identify factors that contributed to improved safeguarding therefore could be incorporated into local practice.

**4. KEY FINDINGS**

#### **4.1 The legal framework**

- Practitioners in the main were positive about having the Adult Support and Protection Act as a framework however the wider legal context of safeguarding adults made it difficult to navigate when considering the appropriate laws to use across client groups.
- Sharing good practice examples; real stories were crucial to the promotion of learning for practitioners.
- Challenges around how different agencies perceived the Act however joint procedures and protocols promoted an effective joint working culture.
- A single point of contact in each agency would promote consistency in identifying adults at risk and applying the law.

#### **4.2 Workforce Implications**

- The LSF provided practice consistencies in terms of advice at times of transition and change and was highly valued.
- Promoted a culture of challenge and debate and promoted effective practice while focused on the legal principles and protecting human rights of adults.
- Knowledge of the law in terms of the three main legislative acts were perceived as crucial in terms of identifying adults at risk and the prevention and or reduction of harm
- Multi agency attendance at training was a key element in bridging the gap between learning and practice and wider representation by agencies and departments would improve this resource.
- The LSF would benefit from considering how the pyramid model of intervention may assist practitioners to frame their intervention in tandem with the older acts while they develop expertise.

#### **4.3 Strategic Vision**

- A framework for a strategy should move from protection to safeguarding of adults and to be emphasised and respected as partners which is a gap identified in the East Ayrshire APC.
- The LSF has the potential to provide information on outcomes for individuals to contribute to policy, practice and legal reform.

### **5. CONCLUSIONS AND STUDY RECOMMENDATIONS**

5.1 The key points from the study identified that;

- Practitioners have attended training on various legislation however still identify the LSF as a supportive learning tool that compliment formal training. It is recommended that the LSF model continue to be resourced by the APC in terms of the attendance of the Adult Protection Coordinator.
- The law does not always offer a straightforward answer to complex situations and respecting the underlying principles will restore the balance between care; control and authority for adults. It is therefore recommended that the Adult Protection Committee training strategy continues to develop multi agency training that enhances the skills and knowledge of practitioners of the wider legislative framework in regard to statutory interventions.
- The LSF promotes reflective practice particularly in relation to the legal principles and has a key role in reducing the likelihood of harm. It is recommended that the LSF Forum considers ways to promote the resource across the Council in particular Children and Families Services, Criminal Justice Services, Community Safety Partnership, NHS and Independent Providers.
- The LSF model would benefit from strengthening multi agency attendance and participation of the multi agency workforce. It is recommended that the Adult Protection Committee partners consider ways to secure membership from key partners identified in the previous paragraph of this report.
- Further consideration to routine monitoring of outcomes of the forum for practitioners and adults they are supporting would provide evidence based practice. The Forum should consider ways this can be integral to the forum process.

## **6. LEGAL, POLICY AND IMPLICATIONS**

6.1 The qualitative study has been endorsed by the East Ayrshire APC through inclusions in the Business Plan 2010-2011 item 22.

6.2 Both the LSF model and the study are commensurate with the improving skills and knowledge and advice giving functions of the APC.

## **7. RECOMMENDATIONS**

7.1 It is recommended that the Adult Protection Committee;

(i) Recognise the significant role the LSF has in supporting practitioners in improving skills and knowledge of applying the wider legal framework and the benefits of this for the support and protection of adults at risk of harm.

(ii) Consider the recommendations in particular endorse the strengthening of the LSF membership on a multi agency basis, and

(iii) Otherwise note the content of the report.

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9 May 2011

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“The Current Legislative Framework and Policy Context help  
Identify adults at risk to provide them with the support when  
they need it?” A small scale qualitative inquiry.

Donna Sinforiani  
22<sup>nd</sup> February 2011

## **INTRODUCTION**

The aim of this study was to adopt a two phase design model approach to evaluation by extending the results of a recent quantitative electronic survey to incorporate a small scale qualitative inquiry into the effectiveness of a local model of practice called the Legal Solutions Forum (LSF). It sets out to examine and evidence whether Social Workers who are practitioners with direct frontline responsibility for local adult support and protection across a range of community care client groups view the current legal and policy framework does help to identify adults at risk and provide them with support when they need it.

There is an acknowledgement that the scope of this study has been limited. It has specifically focussed on the perspective of the frontline Social Worker/Manager in relation to trying to ascertain evidence based practice regarding the effectiveness of legislation and policy in identifying those adults at risk of harm, providing adequate care and support at the time it is needed. The rationale for the restrictions were two fold ,firstly the LSF is mainly but not exclusively accessed by social workers and secondly because it is set against the backdrop of The Changing Lives report by Scottish Government ( 2006) which represented a new direction for Social Work Services. This strategic document acknowledged the changing expectations of citizens and offered the solutions to sustain services which included having a focus on building the capacity of individuals, families and communities to meet there own need as well as making the best of universal services alongside the social work workforce. The workforce solutions were the catalyst for the Scottish Government Practice Governance Group to develop Guidance on the role of the registered Social Worker in statutory interventions Adam Ingram (2 March 2010) as well as The Framework for Continuous Learning ( 2008:6).

This framework aimed to “continuously improve the quality of outcomes for people who use social services but supports the delivery of those services to be the best they can be.”

This study has been endorsed through the agreement of the Department of Educational and Social Service to provide funding to the student to undertake this course of study firstly as part of their continued professional development and secondly in terms of their role as the lead officer for the Adult Protection

Committee (APC). Any reference to the information, analyses and conclusions contained are that of the student and do not claim to represent the views of either the APC members or their employing agency.

All proposals and their implementation and evaluation are compliant with the learning establishments code of ethics Dundee University (2010).

## **BACKGROUND**

The LSF model had first evolved in 2005 when it was called the Adults with Incapacity Forum (AWIF) in response to local social work practitioners and their managers identifying the widening statutory role of community care practitioners with the introduction of the Adults with Incapacity (Scotland) Act 2000 (AWIA) and The Mental Health (care and treatment) (Scotland) Act 2003 (MHCTA). These statutes were both intended to modernise the way in which adults who may require support in their decision making due to impaired mental capacity or in the latter those individuals experiencing mental disorder who required access to care and treatment in the wider sense. This included ensuring appropriate representation and access to community based support for individuals where possible. This modernisation is well documented particularly in recent literature of Patrick and Smith (2009), Keenan (2010).

The AWIF had been born out of demand due to the anxieties created by the increasing statutes being introduced, it could be argued it was reactive rather than reflective and therefore had no theoretical basis to its approach. This does not necessarily invalidate the model however applying a theoretical basis will start to create an understanding of how the model is of benefit and therefore determine its future uses.

Initially the AWIAF was viewed as a model of enabling practitioners to develop their skills, knowledge and confidence in this area of statutory work by having access to a group of experienced managers who were also Mental Health Officers (MHO). The MHO is a registered Social Worker with additional post qualifying training to undertake the statutory duties under the aforementioned legislation. At that time there had been concerns raised by the local MHO workforce through their practitioners forum that while they

recognised their role in terms of ensuring the safeguarding of adults with a mental disorder or those who lacked capacity for decision making there were concerns that there was a reluctance, perhaps due to a lack of knowledge or confidence by the generic social work workforce, of undertaking other statutory roles such as those of Authorised and Supervising Officers. This role has a key monitoring and safe guarding role.

Recent research undertaken by the Mental Welfare Commission into the use of guardianships for adults under the age of 25 found that many Supervising Officers were unsure of their responsibilities and the majority surveyed relied on an MHO for informal support MWC (2010). This would suggest that this remains an ongoing challenge in practice today. However this research is limited in terms of its scope as it does not include those adults who retain the capacity for decision making as those adults that may come under the auspices of the Adult Support and Protection (Scotland) Act 2007(ASAPA).

The basis of the Framework for Continuous Learning referred to in the introduction is that all Social Workers must be able to explain and account for their practice and have their thinking challenged appropriately. This is commensurate with the statutory requirement of local authorities under the Adult Support and Protection (Scotland) Act 2007 to establish an APC to “keep under review the procedures and practices of public bodies and office holders.....which relate to the safeguarding of adults at risk...” s42(1)(a). This also supports the rationale for and the commitment by the APC to endorse and support this study by including it as an action within their annual business plan 2010-11 with a view to ensuring areas of practice can be implemented as part of the APC, s commitment to evidence continuous improvement.

The policy guidance previously referred to in this study on the Role of the Registered Social Worker makes it clear that the expectations of Scottish Government are that the role extends beyond their statutory functions and although acknowledging that a number of agencies have a contribution to the care and protection processes the “accountability for decisions about intervening into the lives of individuals and families where there are care and protection concerns lies with a suitably qualified and trained professional –a social worker “ Scottish Government (2010:3).

The implications of this for mainstream Social Workers are similar to that of where Mental Health Officers have found themselves in that they have an ideal opportunity to engage and share knowledge and expertise with those public bodies who are statutory partners under ASAPA. In particular to cooperate in ensuring where possible the risk of harm is prevented and at least when this is not possible the impact of harm is reduced and or removed.

The three main sources of legislation previously mentioned in this study provide a variety of criteria by which to identify an adult at risk. The empirical evidence from literature on supporting practitioners to recognise the prevalence, characteristics and those who may perpetrate harm or abuse in a variety of situations is available. Research such as that of Kalaga and Kingston (2007), Work Force Alliance, Tell Someone Training resource (2008) highlight some evidence of intervention and what works although evidence on the impact on or outcomes for the adult remain limited. The Mental Welfare Commission do produce regular publications into their inquiries on their website which are a key reference source however In terms of the relatively early stage of the implementation of ASPA limited evidence is understandable however given the welfare focus of the earlier legislation and its role in promoting welfare it is an area where any evidence based practice is beneficial.

The increasing and consistent attendance levels at the LSF Forum could indicate practitioners place value on this model as attendance is voluntary. The demand for appointments in the last year has resulted in the LSF being held on a weekly rather than fortnightly basis although this hypothesis has been tested in the study.

## **METHODOLOGY**

The Literature reviewed in order to inform this study and its methodology included course materials and text books from the student's current course of study and given the recent implementation of the ASAPA Journal articles were of particular relevance in terms of informing the study of developing practice. A comprehensive list of resources is contained in the bibliography and includes:

- Scottish Legislation
- Strategy Documents and Consultation Reports
- Mental Welfare Commission Practice Guidance
- Journal of Adult Support and Protection Articles
- Text Books on Learning Methods from the Councils Training Section
- Websites

In terms of the original quantitative survey the summary of findings which are attached as Appendix 1 evidence that all of the respondents viewed the LSF positively and gave some mixed responses in terms of improved practice and effectiveness of intervention which included;

- 100% completely agreed they found LSF attendance a positive experience
- 63% agreed their knowledge and skills applying legislation had improved
- 63% completely agreed they have increased confidence in making decisions
- 45% agreed the adult they were supporting benefited
- 1% felt joint working and cooperation had improved as a result of attendance

Although this information provides some evidence to suggest that practitioners were positively motivated to attend it provided little or no insight into the interface between the practitioner's consideration or application of the

range of legislative solutions available to them and the impact on those they were working alongside. In plain terms what difference was it making?

Sarantakos (2005) describes this finding as one of the limitations of surveys as a methodology however it clearly provided a basis for further exploration and was able to provide a focus to and rationale for extending the research into a more qualitative approach of a focus group with the intention of answering the following questions:

- If practitioners view that this model and current legislation and policy is/is not effective in identifying and safeguarding adults, why?
- If the LSF model has positively contributed to, supported and improved their practice, how?
- Has this improvement made a positive difference to providing adequate support and protection for adults when they need it?
- Can they identify what are the key contributory factors that influence and impact on the identification, support and needs of adults at risk and how these can be incorporated to improve local practice?

In terms of the original quantitative survey the method was chosen in terms of its potential to provide a wide and speedy response as the method could be completed anonymously and only took five minutes to complete. In recognition of the high demand for LSF appointments there was an implicit assumption made that there was a high level of motivation to attend. It was concluded that by reinforcing to respondents that the survey would influence whether this model was able to continue to be resourced may positively influence the number of returns.

The returns albeit positive were relatively low at 21% however the breadth of differing experience across respondents covered a wide range of client groups and level of expertise reflected in Figure 1 on page 8.

Given the purpose of the study is focussed on adult protection activity it was logical in terms of sampling information to utilise a technique that targets practitioners with not only a key role in adult protection but who have differing levels of experience and expertise. This differing perspective provided an insight into the study area.

**Figure 1.**

**LSF FOCUS GROUP PARTICIPANT INFORMATION**

| PARTICIPANT CODE | DATE OF FOCUS GROUP | LOCALITY URBAN/RURAL | BASE HOSPITAL/COMMUNITY | CLIENT GROUP     | DESIGNATION |
|------------------|---------------------|----------------------|-------------------------|------------------|-------------|
| 001              | 20-Jan-11           | urban                | Community               | Adult            | SW          |
| 002              | 20-Jan-11           | Urban/Rural          | Community               | MH/LD            | SW/MHO      |
| 003              | 20-Jan-11           | Rural                | Hospital                | Adult-all groups | SW          |
| 004              | 20-Jan-11           | urban                | Community               | Adults           | SW          |
| 005              | 24-Jan-11           | urban/rural          | Community               | All groups       | SW          |
| 006              | 24-Jan-11           | urban/rural          | Community               | Adult all groups | MANAGER     |
| 007              | 24-Jan-11           | Urban                | Hospital                | Adult/Older      | SW          |
| 008              | 24-Jan-11           | Urban/Rural          | Community               | Adult/Older      | SW/MHO      |

\* Footnote – 1 participants did not attend due to sickness

This purposive sampling technique of practitioners provided the appropriate technique by which to answer questions and although this approach and the qualitative focus group method in general has been criticised for ignoring the wider external environment and concentrating on the human experience Alston and Bowles (1998). Other views ( Kitziinger and Race et al cited in Gibbs,1997 ) argues that interaction is one crucial features of the focus group which enables participants to re evaluate and reconsider their own understanding of their experience and provides an opportunity to be involved in the decision making process. In terms of the legal and policy backdrop described earlier in this research this was a key consideration for the choice of method which alongside the knowledge of the wider legal and policy implications applied at the beginning of the research study was intended to counter balance some of the potential limitations.

Participants were provided with an information and consent form Appendix 2 to ensure informed consent and the opportunity to withdraw at any point. The focus group was recorded by tape to ensure accuracy with additional opportunities to provide feedback and confirm the accuracy of data collated. In terms of the responses to the broad questions posed earlier in the study a series of 11 questions were developed Appendix 3.

The number of questions were chosen to provide a number of ways to encourage exploration of the topic and enable practitioners to develop their responses however it was important that the questions did not become constraining. The knowledge of the topic and the researcher as a member of the LSF was able to promote a degree of flexibility as to when and if all questions were posed as “clear and careful thought of the research topic is an integral part of the research process” Alston and Bowles (1998:53).

The responses of the focus group were further analysed and the findings and emerging themes are discussed below.

## **PRESENTATION OF FINDINGS**

In relation to the motivation for practitioners’ attendances at the LSF the responses once collated and analysed found key contributory factors were;

- The range and level of expertise within the forum members as practitioners benefited from the range of perspectives
- The forum culture which supported debate and challenge and supported reflective practice in a safe, nurturing environment.

In relation to intervening into the lives of adults Kalaga and Kingston (2007) identified that support and protection measures fell into two main categories of legal and welfare interventions, this did appear to be partially substantiated from the results as will be demonstrated as the study progresses.

This helpful but restrictive criterion does however fail to emphasise the crucial interface between the confidence and competence of workers who require implementing the legislation.

It is also acknowledged that no one model or system can resolve the issue of harm.

With this in mind the findings have been summarised into the two main areas of Legal and Workforce implications with each addressing their impact on the identification of adults at risk and safeguarding by support at the right time.

## **1. The Legal Framework**

In terms of the legislative framework the majority of participants were positive about having a legal framework but did find the range of legislation could become difficult to navigate particularly as it was common to have to consider more than one across client groups. The additional demands placed on frontline services were an area raised by all respondents which could be indicative of increased referrals which could demonstrate that there is a growing recognition of the legislation and legal duty to report harm.

### **Identifying adults at risk**

- The identification of adults at risk through the use of the legal criteria is not always easy to apply in each situation. A key area was around the wider criteria for example ASPA offers a three point test however offers no definition as to what would constitute an adults inability to safeguard there self or when harm moves to become serious and therefore meet the threshold of a protection order.
- Practitioners found that sharing good practice examples of applying the law in practice, real stories, were a way to address this gap.
- The legislation does offer some clarity around the roles of agencies in terms of legal responsibilities however there was a consensus around that each agency often had a differing perspective on how this was interpreted.
- There was clear identification that local policies, procedures and protocols should have adult support and protection integral to them. This was viewed as a way to promote a joint working culture that would be the basis for cooperation that practitioners viewed had an equal priority alongside the legislation.

- A single point of contact within agencies was presented as a way to ensure information and application of the legislation was applied consistently which increased the potential of identifying adults at risk.

### **Providing adequate support at the right time**

- Prevention of harm was a key theme and there was a view that early identification of issues, engagement with and responses by communities themselves was crucial and there was no statutory obligation on the public for this.
- Carers support , assessment of needs for the most vulnerable are a legal duty however practitioners still find these are only being offered at times of crisis and feel there still needs to be emphasis on identifying need as part of future planning.
- There was consensus that being able to make inquiries into a situation of harm and have the statutory right to visit had been positive for many adults where workers may previously have been unable to engage.
- Intervention has led to adults having access to supports although there is still the view this is crisis driven and therefore not necessarily offered at the time needed for the adult.

## **2. The Workforce Implications**

The Participants identified a range of strengths and areas for improvement to the LSF model which the majority expressed a need for this to continue to support their practice in terms of supporting and protecting adults.

### **Identifying adults at risk**

- The impact of change was a significant feature for 80% of respondents particularly as organisational structures, management changes and moves across service areas particularly as the council moves to making budgetary efficiencies. The forum provided a clarity and consistency of advice in identifying the necessity for recognising harm and the appropriate statutory intervention if necessary.

- The culture of the forum of providing a range of expertise and perspectives and facilitating debate that challenged workers in their practice led to more reflective practice but remained focussed on the principles of the legislation and intervention.
- Provided an understanding of the legal process to inform decisions on a short and long term basis allowing a response in crisis and future planning stages of intervention.

### **Providing adequate support at the right time**

- Recording of discussions and recommendations provided a tool to share with service users and multi agency practitioners to help inform discussions and empower individuals to intervene or not.
- A wider attendance in terms of multi agency to assist in sharing knowledge of resources and shared perspectives that can be cascaded may help promote a safeguarding culture and access to supports and resources.
- A role for LSF in disseminating real examples and in research across agencies to promote cooperation, early recognition and support.

## **CRITICAL ANALYSIS OF THE IMPLICATIONS**

A number of key themes have emerged from the analyses and interpretation of focus group data and these have been grouped under the three main headings below, used in no particular order of priority as a framework to focus the critical analysis.

### **1. Improving Skills and Knowledge**

Even though legislation exists and criteria are met as the focus group findings suggest if practitioners do not have the knowledge of the law and the experience in terms of how this can or cannot be applied, services will continue to fail to both recognise harm, their scope for intervention and subsequently the prevention or reduction of harm. If you can't recognise at this level then how do you start to identify the risks never mind consider the support needs of the individual.

In terms of having an effective strategy that will support and protect Mackay (2008), Keenan,(2010) ) both argue and present the need to address the need for all three main legislative acts and in fact extend this into the policy context by concluding” In order for any legislation to help those for whom it is intended, information and training, as well as the establishment of procedures and protocols, are required. We need to learn from past failures.” Mackay (2008:25) .The research advocates a model of a pyramid of intervention which places the intervention powers for adults at risk into a hierarchical framework that may assist practitioners to improve their understanding of the protection process while they become familiar with the newer legislation in tandem with the older acts.

The idea of a broken down step by step process to considering levels of intervention is crucial to ensuring that practitioners are considering not only whether it is necessary to intervene but that any intervention is proportionate in the circumstances and crucially to the risk of harm that may be experienced.

Penhale (1993 cited in Learning Unit 4 of Dundee University Module 1) asserts that it can be difficult for professionals often holding strong protective instincts to accept that older people have a right to refuse assessment and intervention and should have that right protected with the exception of those at grave risk or severely mentally impaired. This concept can be argued to apply equally across all adults that social services come into contact with as Baillie (2010) debated within her module 1 lecture that being unable to safeguard yourself can become a judgement call and the concept of vulnerability and risk are not condition specific.

A human rights approach is therefore vital and one that Patrick ( 2010:169) discusses in detail as having a significant impact in Scotland and argues that “where a public authority has been given a legislative power to take action ,it must still respect human rights when deciding whether to exercise these powers.”

Practitioners have already noted the benefit of the LSF providing minutes and it will be crucial to evidence adherence and considerations to human rights in regard to those decisions that may infringe the rights of adults.

Findings from the study also highlight the value and importance practitioners placed on acquiring not only knowledge of legislation but the confidence to practically apply this would suggest a further key element under the umbrella of early intervention and prevention that involves capacity building not just in terms of social workers but all stakeholders more importantly the adults concerned.

## **2. A strategic approach to Prevention**

Baillie (2010) recommends caution when making comparisons across English and Scottish law due to very little of the legal framework translating however there is something to be learned from starting to move towards a strategy with a focus on Safeguarding rather than protection which is mirrored by the use of language for example Scotland has Adult Protection Committees while England talks about Safeguarding Boards.

The Improvement and Development Agency and Centre for public Scrutiny (2010:4) defines safeguarding as “a range of activity aimed at upholding an adult’s right to be safe and at the same time as respecting people’s right to make choices. Safeguarding involves empowerment, protection and Justice.”

Reece ( 2010) takes this debate a stage further to translate this into practice where he suggests this all comes under the banner of prevention and provides a framework for a strategy which is currently a gap in the policy framework of the APC involved in this study.

## **3. Collaborative Practice and Capacity building**

Research already exists that evidences that where collaboration and partnership working exists such as Community Safety Partnerships Perry (2004) there is a degree of success in protecting people.

The governments’ perceived role of a social worker presents a clear challenge in that although this accountability for decision making is an expectation and

legislation does place the statutory responsibility for coordinating and receiving reports to the council it then has a wider restrictive criteria on the authorisation of a Council Officer under ASPA (2008) which is open to the discretion of the Council. It allows those officers who are responsible for investigating concerns open to registered social workers, Occupational therapist or nurses as well as other undefined social service workers registered with the Social Services Council. This raises the crucial need to ensure there is a shared understanding and knowledge of the law. Mackay (2010) debates this will be a challenge given the different degrees in which each professional body places emphasis on civil law, support and protection. Future post qualifying training was a key area for consideration. In relation to training Pike et al (2010) when discussing the research related to bridging the gap between learning and practice presented a number of elements that were supportive of a safeguarding culture which included the benefit of multi agency training. Participants evaluating such training commented positively on the benefit of sharing each agencies perspective .

It is also notable that the current position is that local authorities are implementing the council officer role and performance management as evidenced in the APC Biennial Reports 2008-2010 to Scottish Government in different ways. Where it can be argued this allows greater flexibility in local arrangements to respond to need it can also have the effect of inconsistency in practice and also in benchmarking activities for example in performance reporting or when undertaking research due to the potential variables which will be a future challenge.

Performance monitoring is particularly relevant as there is power in practitioners sharing and developing evidenced based practice which in terms of the LSF means exploring future methods to capture the short and long term outcomes which could contribute to practice and policy change which can lead to legal reform. An example of this was highlighted by Brammer (2006) who discussed the Scottish Law Commissions initial reluctance to consider further legislation to protect vulnerable adults being positively impacted by research evidence that defined and acknowledged the prevalence of elder

abuse being presented and influencing the move towards the current Adult Support and Protection Act introduction.

The ability to be coming from an informed perspective is an empowering position .Patrick and Smith (2009:111) discuss the consequences of not involving or consulting adults in the decision making process which include increased levels of frustration with services and reduced confidence in systems. The authors go further to suggest “it may improve the likelihood of the adult avoiding harm and abuse in the longer term.”

## **CONCLUSION**

A key theme emerging from the study was the importance and integral role that the legislative principles had for practitioners in terms of not only decision making regarding whether an adult was an adult at risk but of equal importance when considering the need or the right to intervene . At a time when empirical evidence regarding the effectiveness of interventions under AWIA remains limited and there is limited research literature regarding evidence based practice Kalaga and Kingston ( 2007 ) the LSF model has key role in supporting this.

All practitioners have received training on adult support and protection as well as mental health practice and still identify a need for support. This highlights that formal training alone cannot provide practitioners across agencies with the ability to increase and develop there skills in adult support and protection practice, arrange of learning methods and tools must be applied.

In terms of the LSF model it is clear that this is a model that focuses on ensuring practitioners have the opportunity to reflect on their practice. They are actively encouraged to consider the legal principles first and foremost when defining the parameters of any intervention as well as focusing on legal criteria to identifying adults. This approach therefore reduces the likelihood of abuse by learning from practice.

The model clearly would benefit from developing a step further into strengthening multi agency/disciplinary attendance and considering ways to disseminate learning from the LSF routinely across the multi agency workforce and the community.

Although it is evident that the law in itself is a contributory factor to identifying adults at risk if work is not established that encourages partnership in terms of understanding perspectives and joint development and implementation of consistent procedures it will only be partially successful therefore it is essential that the LSF model develops in this area by identifying key stakeholders to support it. The APC has the authority to endorse and resource this through its current governance structures and funding arrangements.

As previously identified the statutory requirement for developing Adult Protection Committees does provides a platform to resolve these challenges it remains to be seen how successful this will be in terms of strengthening cooperation. In the context of the law there continues to be challenges in engaging wider partners for example General Practitioners which can be minimised by clear contractual arrangements between health boards however this does not cover those not contracted in this way. This is crucial therefore practitioners and all involved don't lose sight of the need to ensure a human rights framework supported by the principles of the legislation remains at the heart of all decision making from the point of recognising potential harm and throughout the process.

This conclusion is supported by Patrick and Smith (2009: 1.6:4) who not only acknowledge that "while the law provides a range of powers and duties; it does not necessarily offer a straightforward answer to individual situations" therefore their research suggests that respect for the underlying principles will help restore the emerging complex ethical issues that can arise within adult protection practice.

The findings of the study therefore arguably highlight the need for not only the continued use of the LSF model as a method of exploring and identifying evidence based practice but to widen the membership on multiagency basis to create a culture of collaboration across and within agencies. In terms of continuing to monitor its effectiveness and ensure it is leading to improved outcomes for individuals a further self evaluation audit of outcomes would provide a benchmark to implement a system of ongoing monitoring and self evaluation that should include consideration of the short term and longer term policy and legislative impact of this model on the adult support and protection agenda.

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## LSF Survey of Returns Summary

October 2010

Total Number of Surveys 42

Total Response 9 = 21%

Breakdown of Designation – Support Assistant 1 ; SW 6; SW/MHO 2

Breakdown of Service Area – All Adult Services – 1 Hospital; Com Care Adults 3;  
Com Care Older 2; 1 Learning Disability Team  
1 Criminal Justice ; Community Health Team 1

## Summary of Responses to Questions

Please tell us what you think about the following statements.

1. *I found attending the LSF forum a positive experience and would make future appointments.....*

(please tick):

| Completely agree | Agree a little | Indifferent | Disagree a little | Completely disagree |
|------------------|----------------|-------------|-------------------|---------------------|
| 9                |                |             |                   |                     |

... *that the system to make to make an appointment was clear and easy to use* (please tick):

| Completely agree | Agree a little | Indifferent | Disagree a little | Completely disagree |
|------------------|----------------|-------------|-------------------|---------------------|
| 7                | 1              | 1           |                   |                     |

... *that my knowledge and or skills of one or more legislation was enhanced* as a result of attendance

| Completely agree | Agree a little | Indifferent | Disagree a little | Completely disagree |
|------------------|----------------|-------------|-------------------|---------------------|
| 6                | 3              |             |                   |                     |

... *that I have increased confidence in making professional decisions* regarding the need for or use of statutory intervention was increased (please tick):

| Completely agree | Agree a little | Indifferent | Disagree a little | Completely disagree |
|------------------|----------------|-------------|-------------------|---------------------|
| 6                | 3              |             |                   |                     |

... *that the adult who I was supporting has benefited* from intervention that was implemented as a direct result of being influenced by attendance at the LSF.( please tick):

|                                |                                |                                |                          |                            |
|--------------------------------|--------------------------------|--------------------------------|--------------------------|----------------------------|
| <b>Completely agree</b>        | <b>Agree a little</b>          | <b>Indifferent</b>             | <b>Disagree a little</b> | <b>Completely disagree</b> |
| <input type="text" value="4"/> | <input type="text" value="4"/> | <input type="text" value="1"/> | <input type="text"/>     | <input type="text"/>       |

... that I was able to **identify gaps in my knowledge and skills and improve** these as a result of attendance at the forum (please tick):

|                                |                                |                      |                          |                            |
|--------------------------------|--------------------------------|----------------------|--------------------------|----------------------------|
| <b>Completely agree</b>        | <b>Agree a little</b>          | <b>Indifferent</b>   | <b>Disagree a little</b> | <b>Completely disagree</b> |
| <input type="text" value="7"/> | <input type="text" value="2"/> | <input type="text"/> | <input type="text"/>     | <input type="text"/>       |

... that I was able to identify gaps in **service provision or systems** and make these known to service managers as a result of attending the forum. (please tick):

|                                |                                |                                |                                |                            |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|----------------------------|
| <b>Completely agree</b>        | <b>Agree a little</b>          | <b>Indifferent</b>             | <b>Disagree a little</b>       | <b>Completely disagree</b> |
| <input type="text" value="5"/> | <input type="text" value="1"/> | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text"/>       |

... that the **Cooperation and Joint Working has improved** as a result of attending the forum with a partner from another agency (please tick):

|                                |                                |                                |                          |                            |
|--------------------------------|--------------------------------|--------------------------------|--------------------------|----------------------------|
| <b>Completely agree</b>        | <b>Agree a little</b>          | <b>Indifferent</b>             | <b>Disagree a little</b> | <b>Completely disagree</b> |
| <input type="text" value="1"/> | <input type="text" value="3"/> | <input type="text" value="4"/> | <input type="text"/>     | <input type="text"/>       |

\* 1 no response

2. In order to improve the LSF if you have ticked disagree a little or completely it would be helpful for you to comment on something that could be done that would make your opinion move to agreeing. You can also make any further comments you would like to make that you feel are important for us to know. (please specify):

- It would be beneficial for a practitioner from another agency to be on the advisory panel i.e. someone from NHS, and for referrals to be made by NHS as well as social services to develop joint working further.
- In my experience there has been a delay between attending LSF and receiving minutes – if this process could be more streamlined it would be beneficial.
- Very useful when directed to information to increase knowledge of subject, Donna and Robin are particularly good at this.
- I don't think LSF is used to full potential in terms of workers accessing – perhaps useful to send our reminders/publicity that this actually exists.

3. Do you think the LSF is a good model to support multi agency practitioners involved in supporting and protecting adults.

9 Yes     No     Not sure     Too early to say     Don't know enough about the LSF

If you answered **No** or **Not sure**, can you explain why or provide examples of other models?

- Although in practice responsibility does seem to lie with social work – perhaps it would be useful for a representative from LSF to visit other agencies, again to publicise and explain benefits of LSF

We plan to follow-up this survey with brief 5- 10 minute telephone interviews with colleagues in the field. Would you be interested in participating in these interviews?

6 Yes     3 No    If **YES**, could you provide contact details:

**Thank you very much for your time.**

**School of Education, Social Work and Community Education**

**Postgraduate Certificate in Adult Care and Protection  
Module One: Legislation and Policy**

**INQUIRY PARTICIPANT INFORMATION SHEET & CONSENT FORM**

**Student Name:** Donna Sinforiani      **Date:** 17/01/11

**Tutor:** Brian Leslie, University of Dundee

**Title of Inquiry/Study**

A small scale qualitative inquiry to consider the following statement:

*'The current legislative framework and policy context helps identify adults at risk to provide them with adequate support and protection from harm when they need it.'*

(Adapted from Scottish Government statement on the aims of legislation and policy in this area. This can be viewed online at: <http://www.scotland.gov.uk/Topics/Health/care/adult-care-and-support>)

**Invitation**

You are being invited to take part in this study through your participation in practitioners Focus Group. Please take time to read the following information carefully .If anything is not clear and for any further information please Contact:

**Donna Sinforiani**  
**Adult Protection Unit, Civic Centre South**  
**Tel: 01563 553559**  
**Email: Donna.Sinforiani@east-ayrshire.gov.uk**

**What is the Purpose of this Study/Focus Group?**

The aim of this study will be to conduct an inquiry into the effectiveness of the Legislative Solutions Forum (LSF) model in the context of identifying adults at risk of harm, providing them with support and protection when they need this through a series of objectives summarised below;

- An opportunity to extend the previous LSF evaluation by incorporating the current quantitative survey questionnaire data to include further qualitative focus group data to promote more effective research based analyses.
- An opportunity to reflect on practice in terms of the wider legislation and principles with the aim of enabling practitioners to consider the impact of the LSF and legislation on their skills, knowledge and confidence when making decisions about possible legal intervention; and
- Consider the impact on their practice or outcomes for the individuals in terms of being adequately supported and protected from harm.
- Produce an inquiry report which incorporates the findings of both inquiry methods to identify best practice and areas for improvement within the LSF Model; and
- Inform the APC of the findings of the report in order to discuss the recommendations in terms of taking these forward with partners at a local level.

**Why have I been Chosen?**

You have been chosen because you participated in the original LSF Survey and indicated you would consider participating in interview or you have participated recently in the LSF which is being evaluated and have relevant experience in considering the wider application of current safeguarding legislation in your practice. I feel it is very important to hear your views in this process.

**Do I have to take part?**

It is up to you to decide whether you want to take part. If you decide to take part, you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are free to withdraw consent at any time. A decision to withdraw or not to take part will not affect your rights in any way as an employee of East Ayrshire Council or Registered Social Worker.

**What will happen if I agree to take part?**

You will be invited to take part in a Focus Group that will be repeated specifically to target the collective experience of both front line social workers and managers across a range of departments. The Group will take no more than 1 hour and 15 minutes. An audiotape will be used to record the focus group sessions and as the moderator I will utilise the abridged transcript approach. You will be invited to complete a follow up evaluation of the process of participating in the Focus Group which should take 5 minutes to complete.

Further to participating in the focus group if you experience any concerns ,require clarity or wish to discuss any negative impact you may experience as a result you can contact Donna Sinforiani anytime up to the 25<sup>th</sup> February 2011. Any further issues after this should be discussed with your line manager to ensure any necessary support can be provided.

**What are the possible disadvantages of Taking Part?**

None, apart from you giving up your valuable time.

**What are the benefits of taking part?**

This will be your opportunity to present your views as a practitioner about the strengths and limitations of the LSF as both a model of support and in terms of the legislation the effectiveness of the law in protecting adults at risk. You will have an opportunity to be the catalyst for changes that are intended to improve practice and therefore service delivery to our most vulnerable service users.

**Will my taking Part in this study be confidential?**

As the host Local Authority for the research inquiry all electronic data will be stored in accordance with East Ayrshire Council Information Technology services Acceptable use policy governing the use of communication systems for all network users. The data from surveys and Focus group data will be secured in a locked facility. Electronic data will be stored in a file with restricted access via a secure password. All data that could identify individuals will be removed as soon as practicable and a coded spreadsheet will be kept for the duration of the inquiry for analyses purposes only. On completion of the inquiry any data used for the purpose of the report will be destroyed in line with the East Ayrshire Council Policy on the retention and destruction of records.

The only exception to confidentiality is where a concern that indicate welfare concerns for an individual child or adult this will be reported to the relevant Social Work Manager in line with the East Ayrshire Inter Agency Procedures for the Support and Protection of Adults at Risk of Harm –December 2010 and East Ayrshire Child Protection Procedures by the Focus Group facilitator.

**What will happen to the results of the Focus Group?**

The results of this study will be incorporated into my University of Dundee Module one Assignment. The results will also be used in a future report to the Adult Protection Committee to consider any future commitment to the LSF Model and if appropriate to secure any necessary resources for this. The information may also be used for the purposes of informing Scottish Government of local practice by including reference to the information in the Adult Protection Committee Chairs Biennial Report in 2012.

All participants will be provided with a copy of the data collated and will be given the opportunity to see the data ,dispute if necessary and alter the content, withdraw and destroy data, provide additional information or add to interpretations prior to the material being included in the assignment which is due for submission on the 25<sup>th</sup> February 2011.

**Who is organising and funding the study?**

I am being funded for this course of study organised by the University of Dundee by East Ayrshire Council, Department of Educational and Social Services.

**Who has reviewed this study?**

This Inquiry Proposal has been reviewed by the Head of Service Community Care, Department of Educational and Social Services both in his role of Interim Chair of the Adult Protection Committee and Head of Service for the Local Authority. I have completed and submitted an ethical assessment form with this inquiry outline in line with University of Dundee, School of Education, Social Work and Community Education, Research Ethics: Code of Practice.

The final assignment will be screened as part of my line management supervision arrangements to ensure no exaggerated or unjustified claims regarding the effectiveness of the research or methods used.

\_\_\_\_\_

Consent

I .....(Name)

Have read and understood the participants information and \*agree / do not agree (\* delete as necessary) to participate in the LSF Focus Group.

Signed:..... Date: .....

I understand I can withdraw my consent at any time by contacting Donna Sinforiani.

\_\_\_\_\_ I ..... wish to withdraw my consent to participate in the LSF Focus Group

Footnote: Each Signatory will receive a copy of the signed participant sheet.

## LSF FOCUS GROUP –QUESTIONS & RESPONSES

**Date of Group:**

**Participants:**

Name /Designation:

1. *In relation to your role in safeguarding adults why was attending the LSF forum a positive experience where you would make future appointments.....*
2. *What changes if any would you make to the system to make an appointment or in the administration and how does this relate to your practice needs.*
3. *What was it about the forum that enhanced your knowledge and or skills of one or more legislation as a result of attendance compared to other tools such as training resources, relevant websites, journals, Supervision, CPD.*
4. *If you experienced increased confidence in making professional decisions regarding the need for or use of statutory intervention were there factors you feel contributed to your reduced confidence.*
5. *How have the adults or others you were supporting benefited from the use of statutory intervention in respect of being better protected.*
6. In considering question 5 do you feel there are other factors that safeguard adults and how can we address these.
7. *What were the **gaps you were able to identify in your knowledge and skills and how did the forum assist you improve these.** Do you think there are other ways this could be achieved?*
8. *What do you consider to be the gaps in **service provision or systems that could support and/or safeguard adults** and have these been able to be acted on. If yes how and if no why.*
9. *What difference do you think legislation has made to improved Cooperation and Joint Working and how does this strengthen or inhibit supporting and safeguarding adults?*
10. Do you feel the LSF Model could improve multi agency practice or are there other ways to deliver the benefits discussed in this focus group that will contribute to providing more adequate support and protection for adults you have worked with?
11. What is it in your experience that helps identify adults at risk and makes sure they get the support and protection from harm when they need it?