
# Adult Support Services Research

## Final Report for the Glasgow Adult Support and Protection Service User Sub Committee

**November 2014**

# TABLE OF CONTENTS

# EXECUTIVE SUMMARY

## Overview

This report presents the findings from a research study undertaken in Glasgow with service users who have been through the Adult Support and Protection (ASP) process. The study was commissioned by the Glasgow Adult Support and Protection Service User Sub Committee and funded by Glasgow City Council Social Work Services. It was undertaken between May and November 2014.

The objectives of the work included evaluating the extent to which the principles of the Adult Support and Protection (Scotland) Act 2007 have been applied, determining the extent to which service users' views and preferences are considered during the process, and seeking service users' views on the impact of their participation in ASP.

Eight service users (three males and five females) contributed to the research, all of whom had experienced ASP between January 2013 and March 2014. Three key workers and nine stakeholders, with either a strategic or operational remit for ASP in Glasgow, were also consulted.

## Service user views on the ASP process

All eight of the service users were aware that some form of harm or abuse was taking place at the point that the ASP process started. They all knew they were unsafe and welcomed the introduction of a formal process to help them. None of the service users suggested that the ASP process should have started earlier or that their requests for help had been ignored.

Most of the service users understood the verbal explanation of the ASP process that they were given by their social worker, but they would have liked something in hard copy that they could have referred back to later. The Service User Sub Committee may therefore wish to consider designing a *'What is Adult Support and Protection?'* leaflet for social workers to share with service users.

Advocacy has clearly been an important part of ASP for service users and appears to be offered as a matter of routine. The service users in the sample had not had advocacy support from a specialist service, but rather from family members, social workers or representatives from support organisations they were already working with, e.g. alcohol support agencies. Service users have greatly valued the support they had received from these people throughout the ASP process.

Seven of the eight service users had attended a case conference meeting and said that, in the main, this meeting had been helpful and that they had understood what was being discussed. Other research with service users and key workers[1] has found that case conferences can often be daunting and difficult for service users, but that was not the case on this study. There could be a number of reasons for this, one of which is that the service users who took part in the study are more likely than many others across the city to be able to fully understand the ASP process and to actively participate in it[2].

Whilst few of the service users recognised the term 'care plan', all of them acknowledged that a package of support had put in place for them. This naturally differed for each service user and included support from social work, the police, health professionals, drug and alcohol counselling, financial advice, legal advice and housing. With one exception, the service users considered their care plans to be fit for purpose.

## Service user views on the outcomes of ASP

All eight of the service users agreed that, at the time of the research, the harm or abuse that had triggered ASP had stopped. As a consequence, most of them were able to report a range of improvements to their wellbeing, including feeling safer, being happier, having a more upbeat outlook on life and feeling more self-confident.

Two of the service users said that if it hadn't been for ASP, they may well have died. Both of these service users had a long history of alcohol abuse, which, for one, had led to substantial and repeated self-harm and attempts at suicide. They also said that they were enjoying having more money at their disposal as a result of having stopped drinking.

Understandably, however, issues relating to the service users' harm and abuse still remain. For example, two service users had experienced financial harm and, whilst it had stopped, they have no prospect of recovering the money or possessions they have lost. Another service user was very grateful for the support he had received through ASP, but the physical abuse he had suffered meant that he was reluctant to leave his house and no longer engaged in any social activities.

[1] E.g. *Feedback on Experiences of the Adult Support and Protection Process*, North Lanarkshire Adult Protection Committee (2013). This study obtained input from 16 service users, although some had impairments of capacity or communication difficulties and were represented by legal proxies.

[2] It was a condition of taking part in the research that service users could give informed consent to speak with the researchers. The key workers and the City Council also acted as 'filters' and did not put anyone forward who they thought might have difficulty understanding the questions or who might find the research distressing.

Through the research, service users were asked questions about Self-Directed Support (SDS) and welfare reform, although in reality these generated relatively little feedback. Only one of the service users said their benefits had changed in the past year (some were unsure) and she did not report feeling any more vulnerable to the types of harm that would be investigated through ASP as a result. Two service users said that they had a care package organised through SDS and both were reasonably enthusiastic about it (one said that they felt *"a bit safer"* as a result). With hindsight, this part of the research may have generated more detail had family members or other advocates with knowledge of the service users' financial affairs been present during the consultations.

## Conclusions

This research has gathered input from eight service users with recent experience of ASP in Glasgow. The findings from the research are generally very positive and paint an encouraging picture of the effects that ASP has had on these people's lives.

Very little previous research has been undertaken with ASP service users anywhere in Scotland, which, in part, is down to the practical challenges of engaging with service users. On this study these challenges have been exacerbated by a high proportion of the original sample being deemed unsuitable for the research, which resulted in a significantly smaller number of consultations and surveys being completed than was originally intended.

It may also be the case that the sample for this research includes an over-representation of service users that are able to understand ASP and take part in meetings and discussions with different agencies. In reality that is hard to prove, but based on key worker and stakeholder feedback, it seems likely. Even so, the research suggests that the ASP process has generally worked well for those that were consulted and that it has taken place quickly enough. In the majority of cases, the service users have been clear about what was happening, why and what the intended outcomes were. The opportunity to ask questions, both at case conferences and via key workers and other advocates, has been important and has contributed to a view amongst most service users that they have been listened to and their perspectives have been taken into consideration.

It is clear that ASP can have a very significant effect on people's lives. For two of the eight service users it has been potentially life-saving and for others it has enabled them to have a more positive outlook on life, to feel safer, more self-confident and to re-engage with activities they enjoy doing.

The ASP process does not appear to have had any negative consequences for the eight service users who were consulted[3]. All of them accept that there was a need for some intervention to help them and, whilst for some (especially those subjected to financial harm), the consequences of the abuse will be apparent for some years to come, there is nothing associated with the process per se that could be classed as having had a negative impact for them.

Given these positive messages, it is unsurprising that very few recommendations to improve the process have emerged from the research. One is to produce an ASP leaflet that can be given to service users at the outset of the process. This is in response to feedback that it can be a lot to take in, especially at a time when they are feeling under stress and are having difficulty concentrating.

The only other recommendation relates to the ongoing evaluation of the ASP process. On this topic, it may be worth introducing a short 'service user questionnaire' which would follow a very simple design and would include a small number of questions to gather service users' views on the ASP process, shortly after their case had reached an outcome. This would enable the Service User Sub Committee to gather feedback from service users on a rolling basis and would allow comparisons to be made with the findings from this research. The questionnaire could also include questions on Welfare Reform and Self-Directed Support, although consideration needs to be given to terminology and phrasing to ensure that it is understood by service users.

Looking ahead, Adult Protection Committees across Scotland should, ideally, be giving more consideration to obtaining service user input on a more systematic and regular basis. It is a growing area of interest nationally and provides an extremely important perspective that should be of considerable value to local stakeholders and national policy makers. Whilst it is very unlikely that any service user research will achieve high levels of statistical confidence, the current evidence base is insufficient given the volume of ASP activity that is taking place across the country.

[3] The one service user who was very critical of social services felt that a non-ASP issue was being poorly managed, but this was a separate matter to that which was investigated through ASP.

# 1 OVERVIEW

## Introduction

1.1 In May 2014, the Glasgow Adult Support and Protection Service User Sub Committee commissioned ekosgen – an independent consultancy based in Glasgow – to undertake a research project exploring the experiences of service users who had been through the Adult Support and Protection (ASP) process.

1.2 The research was funded by Glasgow City Council Social Work Services and had the following objectives:

- Evaluate the extent to which the principles of the Adult Support and Protection (Scotland) Act 2007 have been applied;
- Evaluate the extent to which Social Work Policies and Procedures have been applied;
- Evaluate the impact of Welfare Reform and Self Directed Support on Adult Support and Protection processes and outcomes;
- Determine the extent to which service users' views and preferences are considered during the process;
- Determine the extent to which independent support (i.e. advocacy services) have been offered to service users;
- Seek service users' views on the impact of their participation in the Adult Support and Protection process.

1.3 To date, little research has been undertaken that captures the views of service users on ASP, either in Glasgow or nationally. The Service User Sub Committee was therefore keen to develop an evidence base of service user feedback that it could share with the Glasgow City Adult Protection Committee, other professionals involved with ASP and, importantly, service users across the city.

## Acknowledgements

1.4 Co-ordinating research of this nature is not straightforward. On this occasion it has been heavily reliant on the goodwill and helpfulness of key workers who support service users in Glasgow. The key workers that were able to assist with this research are thanked sincerely for their efforts.

1.5 For service users to talk about their experiences of ASP, even where the outcomes have been positive, can be emotional and difficult. All of the service users that have participated in this research are therefore owed a significant debt of gratitude for having done so. Likewise, the stakeholders

that have contributed to the research are also thanked for their important inputs.

## Research method

1.6 This was a qualitative research study that was intentionally small scale and used non-probability sampling (in other words, it means that no claims can be made that the findings from the study will be representative of the full cohort of service users in Glasgow). It has been based on a programme of primary research with:

- **Eight service users living in Glasgow** (three males and five females), all of whom had experienced ASP, in full or in part, between January 2013 and March 2014. Two of the service users were consulted in their own home, four on the telephone and two returned a paper survey (service users were also given the option of completing a survey online or having a consultation using video interviewing facilities, although none chose to do so). Note that each of these different approaches covered the same research questions, a list of which has been provided at Appendix C.
- **Three key workers.** Whilst key worker consultations were not originally within the scope of the work, the decision was taken to include them when it became apparent that the number of service users participating in the research would be lower than anticipated (see Chapter Three).
- **Nine stakeholders** with either a strategic or operational involvement in ASP in Glasgow. They included representatives from the City Council, the police and NHS Greater Glasgow and Clyde. A full list of the organisations represented, and the roles held by the stakeholders, is provided at Appendix G.

1.7 Glasgow City Council also made a sample of records from their CareFirst system available to the researchers in order for the six 'case summaries' included at Appendix F to be produced. These too sat outside the original scope of the work, but, as with the key worker consultations, were included towards the end of the study to broaden the evidence base. Each summary presents a short, anonymised account of an ASP case based on the information contained within the CareFirst system. Each relates to a different case to those explored through the primary research.

## The Service User Sub Committee

1.8 The Adult Support and Protection Service User Sub Committee is a sub group of the Glasgow City Adult Protection Committee. It was set up to

ensure that the service user voice is heard and can inform the work of the Adult Protection Committee. The Sub Committee receives information from the main committee such as reports, findings and recommendations. It has a membership that includes disabled people who are representatives of adults at risk of harm who are most likely to be the subject of adult protection reports and investigations. The intention is to increase the membership of the Sub Committee to include representatives of other at risk groups, such as older people.

# 2 CONTEXT

## Care Groups

2.1 As at June 2014, 8.6% of Glasgow's general population (c. 50,700 people) were receiving support from Glasgow City Council social care services. These individuals were distributed quite evenly across the three social work areas, with 35% in the South, 33% in the North East and 32% in the North West.

2.2 The table below provides a breakdown of service users by care group. Older people and those with a physical disability represent the largest group, accounting for just over a third of the total, while a quarter were receiving children and family support, and just over a fifth were receiving addictions support.

| Care group | Number | % |
|---|---|---|
| Older people/physical disability | 18,387 | 36% |
| Children and families | 12,150 | 24% |
| Addictions | 10,601 | 21% |
| Learning disability | 2,711 | 5% |
| Mental health | 2,631 | 5% |
| Adult physical disability | 1,947 | 4% |
| Other adult services | 5,223 | 10% |

*Source: Glasgow City Council (2014) Social Work Area: Demographics Data Compendium September 2014. Please note that percentages will not sum as more than one category is applicable to some service users.*

## ASP Referrals

2.3 The City Council produces performance analysis reports on the Adult Support and Protection process in Glasgow to measure the number of referrals and the number of meetings (e.g. case conferences) held relating to ASP. The Council also monitors the number of cases investigated and closed within the target timeframes (five days for the duty to enquire and eight days for the investigation, although both of these are currently under review and may change).

2.4 From 1st April 2013 to 31st March 2014, 4,300 referrals for ASP were recorded in Glasgow. Of these, 40% were in the South area, 31% were in the North West and 29% were in the North East[4]. The prevalence of cases in the South is due to the number of *"ASP investigations carried out within care homes and the higher ageing population"*[5]. The South also has the highest total population of the three areas although even so, in proportionate terms it is slightly over-represented with ASP referrals (it has 37% of the total population but 40% of the referrals).

2.5 Of the 4,300 referrals between April 2013 and March 2014, 57% were for adults aged 16 to 64, while 42% were for adults aged 65+ (the age of the remainder is not known). Females accounted for 55% of the referrals and males for 45%[6].

## Referral Sources

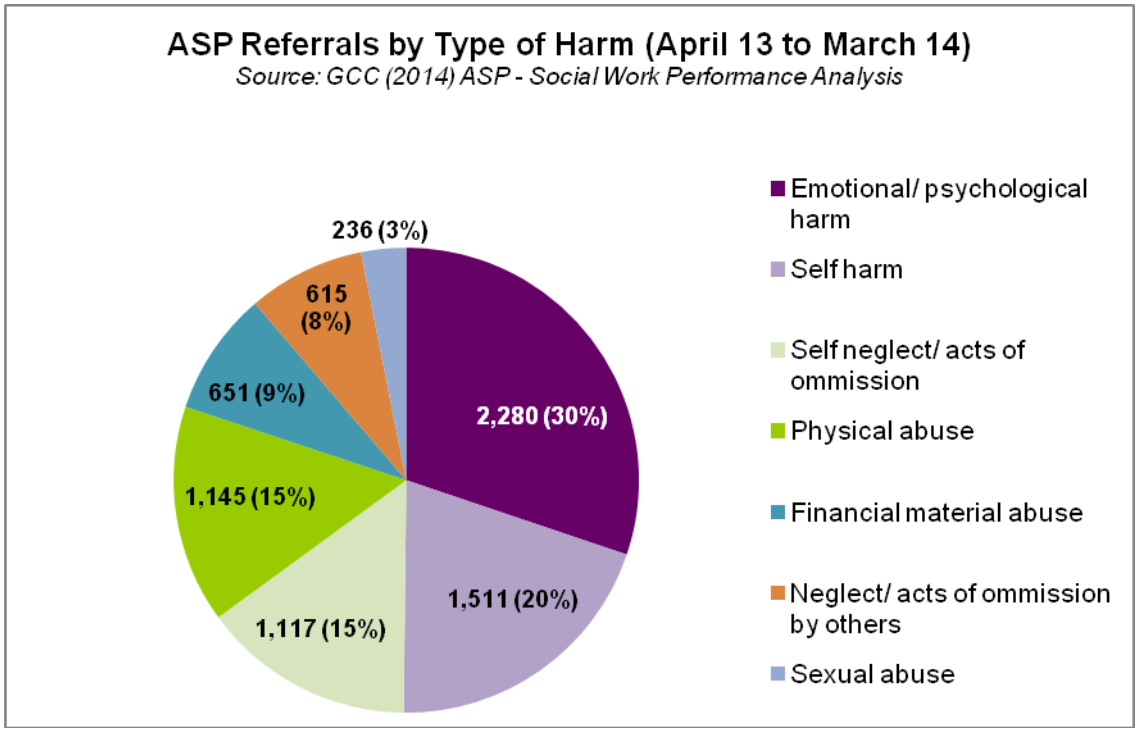
2.6 The police have been the most regular source of referrals, accounting for nearly half of the total (48%) over the period in question. The next most common source was service providers (16%)[7]. GPs and health professionals, housing associations and landlords, and carers, partners and relatives each account for less than 5% of the referrals[8].

## Types of Harm

2.7 For each ASP case, Social Work Services record the type of harm stated in the referral. Some referrals have more than one type of harm, so the number of records in the chart overleaf is greater than the total number of individual referrals.

2.8 Emotional/psychological harm has been the most frequently reported, followed by self-harm, self-neglect and physical abuse. Sexual abuse, neglect and financial harm have been relatively rare by comparison.

[4] Glasgow City Council (2014) *Adult Support and Protection: Social Work Performance Analysis: 1 April 2013 to 31 March 2014 for Adult Protection Committee. May 2014,* p. 5
[5] Ibid., p. 15
[6] Ibid.
[7] 20% of referrals also came from 'other' sources although details were not provided on the composition of the 'other' category.
[8] Glasgow City Council (2014) *Adult Support and Protection: Social Work Performance Analysis: 1 April 2013 to 31 March 2014 for Adult Protection Committee. May 2014,* p. 10




## Duty to Enquire

2.9 Social Work Services have a target to complete the ASP duty to enquire within five days. Between April 2013 and March 2014, just over half (56%) of duties to enquire were completed within five days, but the remainder (44%) took longer[9]. The City Council's report states that staff can find it difficult to meet the five day target due to the need for detailed assessments[10]. Note also the earlier point that this target is under review at the time of writing.

2.10 Following the initial enquiry, nearly two thirds of all referrals (65%) proceeded to action outside of ASP (usually care management). In just over a quarter of cases (26%) no further action was taken, while 9% proceeded to investigation through ASP[11].

## ASP Investigations

2.11 A total of 374 ASP investigations were completed across the city between April 2013 and March 2014, over half of which were in the South of the city (see table on the following page)[12].

[9] Ibid., p. 6
[10] Ibid.
[11] Ibid., p. 14
[12] Ibid., p. 6

| Social Work Area | Number of investigations | % of investigations |
|---|---|---|
| South | 200 | 54% |
| North West | 96 | 26% |
| North East | 45 | 12% |
| Other[13] | 33 | 9% |
| **Total** | **374** | **100%** |

*Note: percentages do not sum to 100% due to rounding*

2.12 Nearly half of the investigations (47%) that took place between April 2013 and March 2014 led to ASP action (i.e. a case discussion or conference). A slightly smaller proportion – 43% – led to action outwith ASP (e.g. care managed) and, in 8% of cases, it was agreed that no further action was required[14].

2.13 Social Work Services have a target to complete ASP investigations within eight days (although as above this is currently under review). However, of the 374 investigations that took place across the time period in question, nearly three quarters (74%) took longer than this[15]. There was no particular difference by Social Work area[16].

## ASP Meetings

2.14 A total of 305 ASP meetings were recorded between April 2013 and March 2014. These were spread relatively evenly across the North East (34%), North West (33%) and South (28%). Just over half (56%) of the meetings were case conferences (171), 36% were review conferences (111) and 8% were case discussions (23)[17].

[13] Other includes homeless and hospital teams across the city
[14] Glasgow City Council (2014) *Adult Support and Protection: Social Work Performance Analysis: 1 April 2013 to 31 March 2014 for Adult Protection Committee. May 2014,* p.16
[15] Details were not provided on the length of time taken of those over the target time period.
[16] Glasgow City Council (2014) *Adult Support and Protection: Social Work Performance Analysis: 1 April 2013 to 31 March 2014 for Adult Protection Committee. May 2014,* p.6
[17] Ibid.

# 3 REFLECTING ON THE APPROACH

## Introduction

3.1 The research has obtained input from ASP service users with diverse characteristics and from diverse backgrounds and, in doing so, has provided new insight into ASP in Glasgow.

3.2 Even so, the scale of the research, in terms of the number of service users consulted, has been smaller than expected. It is therefore appropriate in this chapter to consider why that is, to reflect upon the approach that has been taken and to identify the lessons that can be learned.

## A large sample is needed at the outset

3.3 An initial list of 316 cases was identified for the research, i.e. 316 service users who had been through the ASP process between January 2013 and March 2014. The Council then undertook the important exercise of filtering out those service users who, in line with ethical protocol, would not be suitable for the research. As shown in the table on the following page, there was various reasons why this was the case, including service users being in a residential care home or lacking capacity[18].

3.4 This exercise, whilst clearly essential in order for the study to comply with ethical guidelines for research of this type, resulted in a high proportion (just over three quarters) of the records being removed. A list containing basic details for each of the remaining 76 service users was then shared with the researchers.

[18] The 'Adults with Incapacity (Scotland) Act 2000' provides ways to help safeguard the welfare and finances of people who lack capacity. It protects adults (people aged 16 or over) who lack capacity to take some or all decisions for themselves because of a mental disorder or inability to communicate.

| Reason for being removed from the sample | No. removed | % of original sample |
|---|---|---|
| In a residential care home | 70 | 22% |
| Adult with incapacity | 60 | 19% |
| Key worker feedback | 41 | 13% |
| Severe mental health condition | 14 | 4% |
| Deceased | 11 | 3% |
| In a nursing home | 11 | 3% |
| In hospital | 9 | 3% |
| Not to be visited alone | 7 | 2% |
| No consistent address | 6 | 2% |
| Limited communication | 5 | 2% |
| Service user does not wish to share address | 2 | <1% |
| Does not meet ASP 3 point test | 1 | <1% |
| Moved to another authority area | 2 | <1% |
| No longer a Social Work client | 1 | <1% |
| **Total removed from the sample** | **240** | **76%** |

*Source: Glasgow City Council.*

3.5 The researchers contacted the key workers of all 76 service users by email, asked them to discuss the research with the service users and report back as to whether they would be willing and able to participate. Key workers for 59 of the 76 service users replied to say that their service users were either not in a position to take part within the timescales of the study (e.g. due to health issues) or did not want to. The key workers for 9 of the remaining 17 service users did not reply to the correspondence at all or did not provide a definite answer on whether the service users would participate, despite regular correspondence from the researchers over a period of several months. All 8 of the remaining service users were either consulted or completed a survey.

3.6 Important learning points for future studies of this kind are therefore as follows:

- The service user sample is likely to become considerably smaller after the initial filtering exercise is undertaken. Where possible, it is advisable to complete the filtering before setting any quotas for the number of service users to be consulted;
- The ratio of service users who participate in the research to the size of the overall sample is likely to be very low. This, coupled with the fact

that it is very difficult (if not impossible) to use a random or probability sampling approach on studies of this nature, means that the results cannot be claimed to be representative of any larger cohort of service users.

## Key workers or advocates attending the consultations

3.7 It was explained to all of the service users who were consulted either face-to-face or by telephone that they could have a key worker or other advocate present when they spoke with their researchers. None of them chose to do so and the consultations were therefore undertaken with only the researcher(s)[19] and the service user present.

3.8 There are advantages to this approach, namely that service users may be inclined to be more open and honest about ASP than if a key worker or advocate was there, especially if some of their experiences were not particularly positive.

3.9 However, there are also disadvantages. Some of the service users struggled with their recollection of ASP and others seemed to confuse ASP with other episodes in their lives. In some cases the researchers were able to recognise this and steer the conversations accordingly, although in the absence of any details about the specific ASP episodes (see the sub-section below), this was not always easy. Had a key worker or other advocate been present with a good knowledge of the service user's case, they might have been able to intervene in the conversation and help ensure that the service user was reporting back only on ASP. They might also have been able to address the gaps in the service user's recollections of the process.

3.10 It is not as straightforward as saying that research of this nature should *always* involve a key worker or advocate in the service user consultations. However, in the majority of the consultations undertaken for this study, it does seem that the presence of a key worker or other advocate would, on balance, have been beneficial.

## Prior knowledge of the cases

3.11 It was agreed up front that the researchers would not be given any details of the ASP cases in advance of the consultations, unless the key worker wanted to provide some. The researchers also made it clear to the service users that they would not be asked any questions directly about the harm or abuse they had experienced, but would only ask about the ASP

[19] Telephone consultations were undertaken by one researcher. Face-to-face consultations, all of which took place in service users' homes (at their request) were attended by two members of the research team.

*process*. The service users were told that if they wanted to share any details of the harm or abuse with the researchers then that was fine, but they were under no obligation to do so.

3.12 In practice, four of the service users (or their key workers, where they had obtained the service user's permission) provided some information about the harm or abuse they had experienced. One of these provided a basic outline while the other three provided more detail.

3.13 The decision not to ask questions directly about the harm or abuse appears to have been an important one. Although it cannot be proved conclusively, it is the researchers' view that two of the service users are likely to have found it very difficult or distressing to have discussed the harm directly. This may have jeopardised their willingness to participate in the research.

3.14 However, it is not surprising that where service users (or their key workers) shared some information about their case, the consultations tended to be more detailed and insightful than where they did not. If research like this is repeated in the future, it may be worth considering whether a prerequisite for participation is a willingness to share and/or discuss some of the details of their case.

## Was the sample representative of ASP service users across Glasgow?

3.15 It was a condition of taking part in the study that service users could give informed consent to speak with the researchers. The key workers and the City Council also acted as 'filters' and did not put anyone forward who they thought might have difficulty understanding the questions or who might find the research distressing.

3.16 The characteristics of the service users who took part in the study have not been compared with those of service users across Glasgow as a whole. Nonetheless, it seems likely that those who took part in the study will have been more able to understand the ASP process, and to actively participate in the process, than many others in the city.

3.17 This is not a failing of the research in either its design or its delivery, but it does need to be borne in mind when considering the findings in this report. In an ideal world, the research would have also obtained input from the representatives of service users not able to give informed consent, but to do so would have required a larger study and would have involved more complex arrangements.

# 4 SERVICE USER VIEWS ON THE ASP PROCESS

## Initial involvement

4.1 All eight of the service users were aware that some form of harm or abuse was taking place at the point when the ASP process started. Consequently, they all knew that they were unsafe and they all welcomed the introduction of a formal process to try and help them.

> *"The police had been out to my house a few times.....things weren't good."* Male service user

> *"I'd been [physically] attacked and badly hurt."* Male service user

4.2 The length of time that the service users had been aware of their vulnerability did, however, vary quite considerably. For example, two service users had been the subject of theft and financial abuse and whilst they'd had their suspicions about it for some time, it wasn't until they checked their bank accounts and started receiving very large credit card and phone bills that the scale of the issues became apparent.

> *"Things were going missing from around the house. At first I thought I was being forgetful, you know? But then I got my phone bill and it was enormous. I'd lent him [the perpetrator] my phone and he'd run up a massive bill that I couldn't pay."* Female service user

4.3 For two other service users, both of whom had significant problems with alcohol and one of whom was prone to episodes of self-harm, the problems had been evident for much longer.

> *"I was ending up in hospital two or three times a month....I'd be making threats about killing myself....one time they [the police] had to smash my door in....it had been going on for quite a while."* Female service user

4.4 None of the service users said that the ASP process should have started any earlier or that their requests for help (either made by themselves or by members of their family) had been ignored or processed too slowly. In this regard, the service users tended to be complimentary about ASP and did not consider it to have been intrusive or unnecessary.

4.5 That said, it is worth reiterating here that across Glasgow as a whole between April 2013 and March 2014, the five day Duty to Enquire was met in fewer than a half of all cases. What is more, in almost three quarters of cases

over the same period, the eight day target for investigation was not met (this was true of several of the examples provided in the case summaries at Appendix F).

## Explaining the process

4.6 It seems that most, if not all, of the eight service users were already known to social services and/or other support agencies before their involvement with ASP. As such, they (or their families) had at least some background knowledge of the role of social services and the 'support landscape' in Glasgow.

4.7 Even so, when asked if they would have liked some literature, e.g. in the form of a leaflet, about the ASP process when the social worker first came to see them, most of them said that they would. They recalled having a verbal walkthrough of the process from the social worker but would have liked something in hard-copy that they could refer back to later (either themselves, or with a family member). None of the three key workers consulted for the study said that they currently provide anything in hard copy.

4.8 That is not to say that the verbal overviews were unclear. The service users typically said that they had understood and been given the opportunity to ask questions. However, they were also under considerable stress at the time and reported having *"a lot going on"* or *"not really being myself"*.

4.9 This is a similar finding to previous research[20] which has shown that feelings of anxiety and uncertainty can impact on service users' understanding of information provided to them regarding ASP. This research has also shown that some service users would like (more) written information about ASP, including that which is provided in an easy read format.

4.10 The Service User Sub Committee may therefore wish to consider designing a *'What is Adult Support and Protection?'* leaflet that is aimed at service users and which can be distributed by social workers as part of the first meeting. The quote below comes from one of the key workers consulted for the study who was very much in support of this suggestion (as were the other two).

> *"Service users should not feel alone or ashamed because they are going through the ASP process, but many do. Giving them some positive stories about how ASP can assist them may help to decrease these feelings."*
> Key worker

[20] Glasgow City Council (2014) *Barriers to engagement: Adult Support and Protection Practitioners Forum 29th October 2014*, p.1 [copy of note provided by Glasgow City Council representative. Note based on research by Altrum and Stirling University, Hogg & May 2011 and Scottish Government 2014)]

## Advocacy

4.11 Advocacy has clearly been an important component of the ASP process for the majority of the service users that participated in the research. Six of the eight service users recalled being offered advocacy[21] specifically with regard to the case conference meeting. Two service users didn't recall the offer of advocacy, one of whom had only a limited recollection of the ASP process overall. No service users said they were definitely not offered advocacy. The three key workers consulted for the study all said that independent advocacy is offered to all service users without exception and the stakeholders who were consulted also agreed that this was the case.

4.12 Five service users took up the offer of advocacy, although not in the form of a specialist service, but rather choosing to attend the meeting with:

- A family member (in one case this was because the service user, in his own words, felt *"ashamed about what had happened"* and didn't want anyone beyond the statutory agencies and his family knowing about it); or
- A social worker; or
- A representative from a support organisation already working with the service user (e.g. an alcohol support agency).

4.13 The service users said that having an advocate present at the meeting, and supporting them through the ASP process more broadly, had been *"reassuring"* and *"helpful"* (a view that was also supported by the key workers and the stakeholders). For one of the service users in particular, it appears to have been essential. The stress of the situation was impacting on his mental health and he was having difficulty understanding the ASP process and its different component parts.

> *"My sister has talked to them [the different agencies involved] and she knows what's happening next. I'm so grateful....I don't know what I'd have done without her really."* Male service user

4.14 It has already been demonstrated through other research[22] that advocacy is an important component of the ASP process. It is therefore encouraging that based on the results from this study, it appears to be offered

[21] Some of the service users didn't recognise the term 'advocate' so the researchers asked whether it was made clear to them that they could bring someone else to the case conference meeting and that there was a specialist service that could help them with this.

[22] E.g. *Feedback on Experiences of the Adult Support and Protection Process*, North Lanarkshire Adult Protection Committee (2013). This study obtained input from 16 service users, although some had impairments of capacity or communication difficulties and were represented by legal proxies.

as a matter of routine and means that service users do not have to negotiate their own way through what for some can be a quite daunting process.

## Case Conference Meetings

4.15 Case conferences are an integral part of the adult protection process. A case conference is a multi-agency meeting at which information about risks to the service user's health and safety is shared and a plan is agreed (if necessary) to ensure that the service user is protected. Attendees at case conferences may include:

- Doctor, community nurse or other health (including mental health) professional;
- Community liaison police officer;
- Housing officer;
- Solicitor or other mental health professional;
- Social worker and/or social work team leader;
- Service user;
- Friends or family members;
- Representative from an advocacy service.

4.16 As evidenced in the case summaries (Appendix F), service users do not always attend case conferences and other ASP meetings (in Case Summary 1, for example, the social worker thought the service user would find it too difficult to attend).

4.17 However, seven of the eight service users that contributed to this research recalled attending a case conference meeting(s), while the other service user was unsure. Linking to the previous point on advocacy, one of the positive messages arising from the research is that all seven of the service users said that they were told in advance what the meeting would be about and who would be there. It has been suggested in the past, e.g. through the national research into the implementation and outcomes of the Adult Support and Protection (Scotland) Act 2007[23], that case conferences can be rather confusing and/or daunting for service users due to:

- The formality of the meetings;
- The presence of official representatives from organisations such as the police and the local authority;

[23] *Qualitative analysis of the provision of adult support for people who have gone through adult protection procedures*, ekosgen, 2012

- The language and terminology used by those in attendance.

4.18 This point is also raised in the North Lanarkshire service user research report, which stated that some of those who attended the meetings *"found the experience daunting and quite overwhelming, especially if they had not had any previous involvement with services."* [24]

4.19 The key workers in Glasgow consulted for this research also made similar points – see below – and these were echoed by the stakeholders whose remit includes attending case conferences.

| |
|---|
| *"Case conferences are an important part of the process but they can be very intimidating for service users."* Key worker |
| *"Many service users also don't want new faces – this can make them very anxious."* Key worker |

4.20 It could therefore be considered surprising that on this study, none of the service users said that they had found the case conference daunting or confusing. Instead, they tended to say that they had understood what was being discussed and didn't have any particular difficulty following the topics of conversation.

| |
|---|
| *"Yeah, I could follow it....I knew what they were talking about."* Male service user |
| *"I'm not really used to going to meetings and I was a bit nervous before, but it was ok."* Female service user |

4.21 This could be for a number of reasons (listed below), although it is difficult to say which has had the greatest influence:

- **Service user characteristics:** as discussed in Chapter Three, the service users that took part in the study were able to give informed consent to participate and were identified by the key workers as being 'suitable' for the research. It is therefore likely that these service users were in a better position than other service users in Glasgow to understand and participate in the case conference meetings.
- **Quality of the advocacy and support:** the service users regularly said that they could ask their advocate (be that a key worker, family member or employee of a support organisation) to explain things and to recap on important points following the meetings. It may therefore be

[24] As per footnote 17.

that the advocacy, as much as the actual meetings, is the reason why the service users were able to follow proceedings.

- **Clarity of the meetings:** the feedback obtained from stakeholders for this research suggests that efforts have made to ensure that case conferences are run in a way that promotes the inclusion and participation of service users and their advocates. It could therefore be the case that the way in which the meetings are run has become more service user friendly.

4.22 When asked whether they had received any minutes from the meeting(s) they had attended, service users gave a range of responses. Three of them said they had definitely had, two couldn't remember (in one case because all of the administrative aspects of his case were being handled by a family member), and two seemed to confuse the meeting minutes with the ensuing care plan. The key workers all said they were confident that the service users (or their appointed representatives) were sent minutes from the meetings.

## Being listened to

4.23 It is clear from the research that the personal bond with a key worker can have a positive impact on a service user's experience of ASP. Service users often spoke of the pastoral support that the key worker had provided, saying how pleased they were that they had *"someone to talk to about it"* and someone that could *"explain what was happening to me"*. This was not unanimous – one service user clearly felt that his relationship with his social worker had not been very productive – but in the main the feedback was very positive.

4.24 On a related point, all but one of the service users (the one mentioned in the previous paragraph) said that they felt listened to by the professionals involved throughout their ASP process. Whilst it was not uncommon for them to say that they would have liked more frequent visits from their key worker, none said that they were felt uninformed or isolated. This tallies with the views of the stakeholders consulted for this work who, whilst recognising that service users will not always be entirely satisfied with the decisions taken by the adult protection agencies, felt confident that those agencies consistently make an effort to take their views on board.

*"I could ask questions and have my say."* Male service user

*"Knowing that people were listening to me and were wanting to support me [was the best thing about the ASP process]."* Female service user

*"My key worker put me in touch with someone who could help me with it all [the implications of the financial abuse]. Once I spoke to him I felt a lot better.....he explained it all really well"* Female service user

## Care plans

4.25 Whilst few of the service users recognised the term 'care plan', all of them acknowledged that a package of support had (or, in one case, was being) put in place for them. They also recognised that this package of support:

- Had happened as a result of ASP;
- Was designed to reduce the risk of them being harmed or abused in the future.

4.26 The care plans naturally differed for each service user and included support from social work, the police, health professionals, drug and alcohol counselling, financial advice, legal advice and housing.

*"It [the care plan] said I was to be referred to Gartnavel. They gave me Antabuse*[25] *which has completely changed my life."* Female service user

4.27 With one exception, the care plans were seen to be fit for purpose. The service users could make a clear link between the support they had received via the care plans and two important changes in their lives:

- A distinct reduction – and in some cases a complete removal – of the risk of harm or abuse;
- A corresponding improvement in their happiness and quality of life (this is covered in more detail in Chapter Five).

4.28 One service user was keen to stress his dissatisfaction with the outcomes of his case and his care plan. However, in reality his dissatisfaction is not related to his ASP case (which had involved financial harm) but to separate issues relating to the management of a physical health condition that he suffers with.

[25] A drug designed to treat chronic alcoholism.

4.29 Key workers and stakeholders (where they felt able to comment) were broadly satisfied that care plans represented appropriate packages of support for service users. However, they also pointed out that pressures on resources and funding can mean waiting times for some services are longer than ideal.

4.30 It should also be noted that the case summaries (Appendix F) show that some service users do not want to accept support. In Case Summary 2, for example, a care plan was not created because the service user did not require support when they were stable but chose not to engage with the support services during times when they were unstable and vulnerable.

## Suggested improvements to the ASP process

4.31 Aside from being given some written information about ASP at the outset of their involvement, no consistent or specific suggestions were put forward by service users for how the ASP process could be improved.

4.32 Whilst it is very important to acknowledge that the research has been based upon a small sample and may not be representative of service users across Glasgow as a whole, this is a positive message.

# 5 SERVICE USER VIEWS ON THE OUTCOMES

## Reducing the risk of harm

5.1 All eight of the service users agreed that, at the time of the consultation or survey, the harm or abuse that had triggered the ASP process had stopped. As a consequence, most of them were able to report a range of improvements to their wellbeing (physical and mental) as well as their self-confidence and their outlook on the future. Examples are provided in the later sub-sections of this chapter.

5.2 Four of the eight service users did, however, point out that whilst the risk of the harm or abuse reoccurring in the future had been reduced through ASP, it had not been removed completely. This was for the following reasons:

- Two of the service users are recovering alcoholics, one of whom self-harmed very seriously as a result of alcohol abuse. She said: *"I haven't had a drink for nine months and I owe so much to the support I've received.....but the risk is always there that I'll start drinking again"*.
- One service user had been the victim of physical abuse and, whilst he did not want to discuss any details during his consultation, he did say that the perpetrators lived in his local community and he would, from time to time, see them on the street or in shops. This made him feel very uncomfortable and vulnerable.
- Another service user who didn't want to discuss her case said that whilst ASP had significantly reduced the risk she faced, it had recently *"come back again"*. She intimated that this was because of people she was socialising with, but did not elaborate any further.

5.3 Protection orders aside, there is a limit to how much ASP can remove the risk of harm that an individual faces over the longer term. It is also not a failing of ASP that a risk still exists for some service users (for example, in one of the case summaries the service user continued to have contact with the alleged perpetrator), and the service users themselves recognise that. Rather, it emphasises that for some service users, ASP in itself is not the complete solution but rather the first step in a programme of support that could involve a range of agencies and continue for some time.

5.4 On a related point, the case summaries also show that service users may have a number of different ASP referrals and ongoing issues at any one time and that the extent to which they engage with the support services will vary. This impacts not only upon the extent to which the risk of harm is reduced, but also on the extent to which other outcomes (such as those explained in the subsequent sub-sections of this chapter) can be achieved.

## Quality of life

5.5 One of the most striking findings from this research is that two of the service users said that if it hadn't been for ASP, they may well have died. Both of these service users had a long history of alcohol abuse which, for one, had led to substantial and repeated self-harm and attempts at suicide. The other did not provide details, but the second of the two quotes below comes from his consultation.

| |
|---|
| *"I was harming myself very badly.....trying to kill myself....I'd wake up in hospital and not know what had gone on, all because of the alcohol."* Female service user |
| *"I'm pretty sure that [without any help] I'd have either wound up dead or in a bad way, living on the streets or maybe in a hostel."* Male service user |

5.6 For these two service users, the impact of ASP has been genuinely transformational. Others may not have said that it had been life-saving but they did repeatedly talk about the following, all of which were highlighted by the key workers as changes that they have regularly observed amongst their service users[26]:

- Feeling safer and being happier as a result of ASP;
- Having a more upbeat outlook on life;
- Feeling more self-confident.

| |
|---|
| *"It's great to wake up in the morning and see life the way I used to see it."* Female service user |
| *"I've started going to the [social] club now and again.....it's been a while since I've done that."* Male service user |
| *"I definitely feel safer."* Female service user |
| *"The support I got from social work and the community police and my support team has made me feel safer."* Female service user |

5.7 Unfortunately there are also exceptions to this. For two service users, although the financial harm has stopped, they have no prospect of recovering the money or possessions they have lost. One of them is now living with the

[26] The stakeholders that were consulted for the work tended to have less direct contact with service users, but they too highlighted outcomes such as those in the bullet points.

consequences of credit blacklists and long-term repayment plans, while the other has had to move back in with his parents, which he clearly doesn't like. It is not the fault of ASP that these outcomes have occurred, but equally the two service users in question were less positive than the others when talking about how their lives had changed.

> *"I can't get any credit and I've lost things that meant a lot to me....rings and jewellery and things. It [the abuse] has stopped now but I'll never get them back."* Female service user

5.8 Another service user was very grateful for the support he had received through ASP, but the physical abuse he had suffered had meant that he was reluctant to leave his house and no longer engaged in any social activities.

## Financial benefits

5.9 The two service users that had been long-term abusers of alcohol both said that they were enjoying having more money at their disposal as a result of having stopped drinking. The two that had been the victims of financial abuse, whilst left with the resulting debts and lack of material possessions, were both pleased that the situation was no longer getting any worse.

> *"At least I know now that my money is my own.....it's not being taken off me."* Female service user

## Knowledge and awareness

5.10 All of the service users said that they would now know who to contact if the harm that triggered the ASP process re-occurred or if they encountered other episodes of harm in the future.

5.11 This is a positive outcome, but it doesn't mean that service users would necessarily *recognise* the signs of harm any more readily. For example, one service user who had suffered financial harm had since been approached by someone known to her perpetrator and this person had used the same tactics to access her bank/credit cards, use her mobile phone and steal her possessions. Although the service user had some doubts about their motives, her self-confessed kind-heartedness and her desire to help others meant that she almost fell victim to the same type of abuse once again (feedback from the key workers suggests that, unfortunately, this is by no means a rare occurrence). It was only through the intervention of a family member who recognised the reality of what was taking place that this was prevented.

*"I was falling into my old ways.....just being too kind and too gullible. I like to help people, but these people knew I was a soft touch."*
Female service user

## Welfare reform and Self-Directed Support

5.12 The questions on welfare reform and Self-Directed Support (SDS) generated relatively little feedback compared with the other topics covered by the research. On welfare reform, only one of the service users stated that their benefits had changed in the last year (some were unsure). Whilst this service user seemed frustrated about the changes, they did not report feeling more vulnerable to the types of harm that would be investigated through ASP as a result.

5.13 Self-Directed Support and personalisation were terms that were either not recognised or not considered relevant by the majority of the service users. Only two were able to offer any detail (one of which was in a paper survey) and they were both reasonably enthusiastic. One said that the move to SDS had given him *"a lot more choice"* and *"the chance to get away"* from his previous care and support with which he was evidently not very happy. The other, via the survey, stated that they felt *"a bit safer"* as a result of the move to SDS.

5.14 Reiterating the point made in Chapter Three, it might have helped had family members or other advocates with knowledge of the service users' financial affairs been present during the consultations. It is possible that they might have been able to provide more detailed answers to the questions on SDS and welfare reform than the service users were able to themselves.

# 6 CONCLUDING REMARKS

6.1 This research has gathered input from eight service users with recent experience of ASP in Glasgow. The findings from the research are generally very positive and paint an encouraging picture of the effects that ASP has had on these people's lives.

6.2 Very little previous research has been undertaken with ASP service users anywhere in Scotland, which, in part, is down to the practical challenges of engaging with service users. On this study these challenges have been exacerbated by a high proportion of the original sample being deemed unsuitable for the research, which resulted in a significantly smaller number of consultations and surveys being completed than was originally intended.

6.3 It may also be the case that the sample for this research includes an over-representation of service users that are able to understand ASP and take part in meetings and discussions with different agencies. In reality that is hard to prove, but based on key worker and stakeholder feedback, it seems likely. Even so, the research suggests that the ASP process has generally worked well for those that were consulted and that it has taken place quickly enough. In the majority of cases, the service users have been clear about what was happening, why and what the intended outcomes were. The opportunity to ask questions, both at case conferences and via key workers and other advocates, has been important and has contributed to a view amongst most service users that they have been listened to and their perspectives have been taken into consideration.

6.4 It is clear that ASP can have a very significant effect on people's lives. For two of the eight service users it has been potentially life-saving and for others it has enabled them to have a more positive outlook on life, to feel safer, more self-confident and to re-engage with activities they enjoy doing.

6.5 The ASP process does not appear to have had any negative consequences for the eight service users who were consulted[27]. All of them accept that there was a need for some intervention to help them and, whilst for some (especially those subjected to financial harm), the consequences of the abuse will be apparent for some years to come, there is nothing associated with the process per se that could be classed as having had a negative impact for them.

6.6 Given these positive messages, it is unsurprising that very few recommendations to improve the process have emerged from the research. One is to produce an ASP leaflet that can be given to service users at the

[27] The one service user who was very critical of social services felt that a non-ASP issue was being poorly managed, but this was a separate matter to that which was investigated through ASP.

outset of the process. This is in response to feedback that it can be a lot to take in, especially at a time when they are feeling under stress and are having difficulty concentrating.

6.7 The only other recommendation relates to the ongoing evaluation of the ASP process. On this topic, it may be worth introducing a short 'service user questionnaire' which would follow a very simple design and would include a small number of questions to gather service users' views on the ASP process, shortly after their case had reached an outcome. This would:

- Enable the Service User Sub Committee to gather feedback from service users on a rolling basis;
- Allow comparisons to be made with the findings from this research;
- Provide a larger body of evidence to help inform the work of the Adult Protection Committee (something which the stakeholders consulted for this work would welcome).

6.8 The questionnaire could also include questions on Welfare Reform and Self-Directed Support, although consideration needs to be given to terminology and phrasing to ensure that it is understood by service users.

6.9 But, in the main, and once again recognising the very small sample, it seems to be the case that the principles of the Adult Support and Protection (Scotland) Act 2007 are being applied appropriately in Glasgow, as are social work policies and procedures. The study has found nothing to contest this, although in reality it would be necessary to obtain input from a broader array of service users (or their representatives) to say so with any certainty.

6.10 Looking ahead, APCs across Scotland should, ideally, be giving more consideration to obtaining service user input on a more systematic and regular basis. It is a growing area of interest nationally and provides an extremely important perspective that should be of considerable value to local stakeholders and national policy makers. Whilst it is very unlikely that any service user research will achieve high levels of statistical confidence, the current evidence base is insufficient given the volume of ASP activity that is taking place across the country.

# APPENDIX A: GLOSSARY OF TERMS

**Adult Support and Protection (Scotland) Act 2007:** the law that seeks to protect and benefit adults at risk of being harmed. The Act requires councils and a range of public bodies to work together to support and protection adults who are unable to safeguard themselves, their property or their rights. It provides a range of measures which public bodies can use to protect vulnerable individuals. The public bodies are required to work together to take steps to decide whether someone is an adult at risk of harm, balancing the need to intervene with an adult's right to live as independently as possible.

**Advocacy:** the use of independent organisations or individuals who represent the views of service users. Independent advocacy aims to help people by supporting them to express their own needs and make their own informed decisions. The ASP process uses the definition of Independent Advocacy as defined in the Mental Health (Care and Treatment) Scotland Act 2003 is used for ASP; an *"independent* [advocate] *where they are not provided by a local authority, NHS Board or a member of the local authority or NHS Board. The adult should never be expected to pay for the services."* Councils have a duty to consider the use of advocacy for service users.

**Glasgow City Council Adult Protection Committee (APC):** a multi-agency committee made up of an independent convenor, Glasgow City Council Social Work Services, Police Scotland, NHS Greater Glasgow and Clyde, Cordia, the Social Care Ideas Factory, Alzheimers Scotland, the Mental Welfare Commission Scotland and Independent Advocacy Services.

**Glasgow City Council Adult Support and Protection Service User Sub Committee:** a sub group of the Glasgow City Adult Protection Committee. It was set up to ensure that the service user voice is heard and can inform the work of the Adult Protection Committee. The Sub Committee receives information from the main committee such as reports, findings and recommendations. It has a membership that includes disabled people who are representatives of adults at risk of harm who are most likely to be the subject of adult protection reports and investigations. The intention is to increase the membership of the Sub Committee to include representatives of other at risk groups, such as older people.

**Self Directed Support (SDS) (also known as personalisation):** a term that describes the ways in which individuals and families can have informed choice about how their support is provided to them. It is most commonly used in the delivery of social care and support but it can cover a much wider range of services. SDS gives people control over an individual budget and allows them

to choose how it is spent on support which meets their agreed health and social care outcomes. SDS includes a number of options for getting support. The person's individual budget can be a) taken as a direct payment (cash payment); b) allocated to a provided the individual chooses (the Council or provider holds the budget but the person is in charge of how it is spent (this is sometimes called an individual service fund)); c) the individual can choose a council arranged service; or d) the individual can choose a mix of these options for different types of support.

**Welfare Reform**. The UK Government Welfare Reform Act 2012 has introduced significant changes to the welfare system. The Act includes the introduction of Universal Credit to provide a single payment; reforms to Disability Living Allowance, through the introduction of Personal Independence Payment to meet the needs of disabled people today; and changes to Housing Benefits.

# APPENDIX B: BIBLIOGRAPHY

ekosgen (2012) Q*ualitative analysis of the provision of adult support for people who have gone through adult protection procedures*. Report produced for the Scottish Government.

Glasgow City Council (n.d.) *Adult Protection Committee*. Available online at: http://www.glasgowadultprotection.org.uk.

Glasgow City Council (n.d.) *Statement of Best Practice in Joint Working between Glasgow City Council and Registered Social Landlords in Glasgow and Glasgow Community Health and Care Partnerships (no. 14) ADULT SUPPORT AND PROTECTION.* Available Online at: https://glasgow.gov.uk/CHttpHandler.ashx?id=8791&p=0.

Glasgow City Council (2014) *Adult Support and Protection: Social Work Performance Analysis: 1 April 2013 to 31 March 2014 for Adult Protection Committee. May 2014*. [Provided by Glasgow City Council Social Work Services]

Glasgow City Council (2014) *Social Work Area: Demographics Data Compendium September 2014. Report by Research & Practice Audit Team. Service Modernisation*. [Provided by Glasgow City Council Social Work Services]

Glasgow City Council (2014) *Adult Support and Protection Practitioners Forum. Note on Barriers to Engagement and Service Users Perspectives*, 29th October 2014, provided by Glasgow City Council representative. Based on research by Altrum & Stirling University, Hogg, J. and May, D. (2011) and Scottish Government (2014).

Lanarkshire Adult Protection Committee (2013) *Feedback on Experiences of the Adult Support and Protection Process, North Lanarkshire Adult Protection Committee.*

Scottish Government (n.d.) *Adult Support and Protection.* Available at: http://www.scotland.gov.uk/Topics/Health/Support-Social-Care/Adult-Support-Protection.

Scottish Government (n.d.) *Self Directed Support*. Available online at: http://www.scotland.gov.uk/Topics/Health/Support-Social-Care/Support/Self-Directed-Support.

Scottish Government (n.d.) *Welfare Reform*. Available online at: http://www.scotland.gov.uk/Topics/People/welfarereform.

Scottish Government (2007) *Adult Support and Protection (Scotland) Act 2007.* Available online at: http://www.legislation.gov.uk/asp/2007/10/contents.

# APPENDIX C: SERVICE USER CONSULTATION QUESTIONS

## Section 1 – Initial Involvement

1. Do you know who was worried about you and why they were worried?

2. Did you feel you were at risk of harm or were unsafe?

3. Did you feel that you needed support? If so:
   a. What did you think you needed support with?
   b. Did you know who you could approach to get that support?
   c. Did you know that a law exists to make sure that people in your situation receive the support they need?

4. If you didn't feel that you needed support:
   a. Why was that?
   b. Did you feel you could cope on your own?

5. Did you get the support you needed?
   a. What helped you the most?

## Section 2 – The Process

6. What did you expect would happen when the social worker first came to see you?
7. Were you asked if you would like an advocacy worker to support you?

8. If so, was it helpful having an advocacy worker?

9. If no, would you have liked an advocacy worker to support you?

10. During the adult protection process, did anybody explain to you what was happening and answer your questions?

11. During the process, did you understand what was happening?

12. Did you feel listened to? Were you asked what you wanted to happen?

## Section 3 – Meetings

13. Were you told about meetings that were happening?

14. Did you go to these meetings?

15. If so:
    a. Were they helpful?
    b. Were you told beforehand who was going to be there?
    c. Did you have support at these meetings?

16. If no:
    a. Why did you not go?
    b. Would you like to have gone to the meetings?
    c. Were you told afterwards what had happened?
    d. Were you given papers about these meetings?

17. Were you given a copy of your care plan?

## Section 4 – Benefits and Self-Directed Support

18. Have your benefits changed in the last year, e.g. have either the amount(s) or type(s) of benefits you received changed?

19. If so:
    What effect has this change had on how you feel? (e.g. do you feel more or less at risk/ vulnerable, or the same, since this change?)

20. Do you have a care package organised through self directed support (also known as personalisation)?

21. If so:
    What effect has this care package had on how you feel?

## Section 4 – Outcomes

22. Have the decisions made by the adult protection process made a difference to your life?

23. If so:
    a. What is better now?
    b. What changed to make it better?
    c. Do you feel safer now?

24. If not:
    a. Do you feel things are still the same?
    b. Do you feel you are not safe?

25. Did you feel you had enough support to help you through the process? Who helped you the most?

26. Did you feel people acted quickly enough to make sure you were safe?

27. If not, how could the process have acted quicker for you?

28. Is there anything else that could have been done better?

29. Do you feel that you have had the right support since the adult protection process has come to an end?

30. If so:
    a. What has this support involved?
    b. How has it helped?

31. If not, what support would you have liked?

32. If you needed support again in future, would you know who to ask?

33. Is there anything else you would like to say about the adult protection process?

# APPENDIX D: STAKEHOLDER CONSULTATION QUESTIONS

**The Process**

1. What do service users usually expect to happen when the social worker first comes to see them?

2. From your experience, are these expectations usually correct?

3. How confident are you that advocacy is being offered to service users?

4. Where offered, how helpful do you think having an advocacy worker is?

5. Where not offered, what do you think the benefits of having an advocacy worker would be?

6. How confident are you that people explain what is going to happen and answer people's questions when they become involved in the process?

7. To what extent do you think people are kept informed about what is happening during the process?

8. Generally, do you think service users are listened to throughout the process?

9. To what extent do you think service users' views and preferences are considered during the process?

**Outcomes**

10. Do you think the decisions made by the adult protection process are making a difference to the lives of service users? What/why not?

11. How do you think the decisions made could make a better/ greater difference to the lives of service users?

12. To what extent do you think people have enough support to help them through the process?

13. How confident are you that people at the service act quickly enough to make sure people are safe?

**Service User Involvement**

14. To what extent (and in what ways) do you think service user's voices are heard through the Committee and wider process?

15. How does service user's involvement inform the work of the adult protection process and committee?

16. If applicable, how do you think the process could be improved to increase the voices of service users?

# APPENDIX E: KEY WORKER CONSULTATION QUESTIONS

### Initial Engagement and Advocacy

1. Please explain how you tell service users about ASP at the outset of the process? What information do you give them and in what format?

2. How well do you think service users understand the ASP process? If some understand it more than others, why is this?

3. How often do service users take up the offer of advocacy?

4. What benefits do you think advocacy offers for service users?

### Case Conferences

5. What is your view on how service users find case conferences in terms of:

    - Are they daunted or worried about them?
    - Do they understand what is being discussed and why?
    - Do they speak up?

6. Following the meetings, as a matter of routine, are service users sent the minutes?

### Care Plans and Outcomes

7. Based on your experience, how often do the agreed care plans represent the most appropriate packages of support for the service users?

8. What are the main outcomes that you think the ASP process generates for service users?

9. Are there any negative outcomes or unintended consequences?

10. Do you think anything about the ASP process should be changed? If so, what and why?

# APPENDIX F: CASE SUMMARIES

## Case Summary 1

### Background

This case involves a vulnerable male adult in his mid-20s, diagnosed with a number of conditions, who was receiving twenty-four hour support from a home care organisation, as well as support approximately one day a week from a family member. He is reliant on his carers and they help to secure his safety, well-being and financial situation.

The family suspected financial abuse and reported it to the home care organisation. The home care organisation then made an AP1 referral to the police after investigation.

### Process

An AP1 referral form was sent to social work concerning the financial abuse two days after the matter was referred to police. The matter was investigated with meetings held with all parties concerned.

It was agreed that the service user's care plan needed to be reviewed, as well as the quality of the care provided by the home care organisation.

An AP2 risk form was completed 24 days after the initial referral, with a view to going to ASP Case Conference. The ASP Case Conference was held 13 days after the meeting above. The service user was not present as the social worker thought it would be too difficult for him to sit in at this type of meeting environment. A Service Concern was submitted to the commissioning team to investigate.

The ASP process took approximately six months. A number of agencies/ individuals were involved in this case, including social work, the police, the home care organisation and the service user's family.

### Outcomes

The perpetrator was removed from the home and the carer replaced; the case was closed.

It was agreed that the home care organisation would return the service user's money and review its procedures on recording client funds. Social work would continue to monitor and review the case.

## Case Summary 2

### Background

This case involves a middle-aged female with mental health issues. She lives alone but has a lot of input from social work. A family member acts as her carer and visits daily.

### Process

The ASP process began when the service user contacted the police reporting an incident of a sexual nature, although she stated that she had consented to this. A statement was given by the service user, with the support of her social worker, and an ASP referral was made from the police to social work. An initial meeting was held shortly afterwards with the service user, social work, health and the police. The social worker also met the service user individually to discuss the case. The alleged perpetrator was interviewed and attended a meeting with social work.

Following this, the service user was assessed by community psychiatric nurse but was determined to be in control of her behaviour. It was agreed that the service user's mental health would be monitored weekly. The ASP case was discussed and an ASP case conference was scheduled for the following month.

A further meeting was held with the service user and social work; the service user mentioned that she was concerned of financial abuse from the same alleged perpetrator. The situation was resolved with the help of the social worker.

The ASP case discussion was held the following month and attended by health, the police, a housing officer, the social worker and the social work team leader. A number of issues were discussed, including the ASP case and the service user's state of mind.

The ASP process took approximately two months but no defined outcome was recorded in the file. A number of agencies were involved as well as the service user's family and key worker – these included the police, a local Community Mental Health Trust (CMHT) and the NHS.

### Outcomes

It was noted the service user did not have a care support package as she did not require support when she was stable and did not engage with support when unstable. The service user was also having continual interaction with the alleged perpetrator, which was to be monitored. It was agreed that the

service user would continue to meet with health weekly and there would be continual consideration of her capacity to make welfare, financial and health decisions, while her carer would help. Due to actions taken, there is no longer any risk of fire.

It was decided that the outcome of the police investigation would inform the ASP process and any further actions. There would be ongoing monitoring by health and social work in relation to her behaviour and attitude. A follow-up meeting was to be held with the service user when her health had stabilised.

## Case Summary 3

### Background

This case involves a reported case of physical harm towards an elderly lady who, at the time, was being cared for by family members. The service user had become increasingly frail; her health and mobility had been steadily deteriorating and the family were struggling to care for her. Following an assessment, it was agreed that a new care package would begin, with care being provided by a home care organisation.

### Process

Following the introduction of home care, an ASP referral was made from the home care organisation regarding bruising found on the service user. Following the Duty to Enquire, the social worker met with the alleged perpetrator to discuss the referral. The social worker then met with the service user, assessed her physical wellbeing and discussed the referral. Based on the feedback from these discussions, it was agreed that this case did not need to be continued and it was closed; the police were not informed of the incident, although an Adult Protection Officer was.

Another ASP referral was later made, again from the home care organisation, after witnessing an incident of possible physical harm from the same alleged perpetrator. A social work assessor visited the service user in response. Following this, the Practice Team Leader discussed the case with the Lead Worker for the ASP inquiry and opened an AP2 investigation. Following further discussion between these two individuals, it was decided that the case did not need to proceed to an ASP Case Conference. The second case lasted 13 days.

Both cases involved a number of individuals/ agencies including the home care organisation, social work, health and the service user's family.

### Outcomes

The ASP process was not continued after investigation. It was agreed that ongoing home care support would be provided, combined with family involvement and community occupational therapy involvement to reduce risk. The AP2 investigation was completed and closed.

## Case Summary 4

### Background

This case concerns a middle-aged male who lives alone. He has a history of self-harm and suffers from mental health issues (depression & suicidal behaviour) and alcohol abuse. The service user has some support from his family.

### Process

The ASP process for this service user was ongoing; he had a number of ASP referrals related to self harm within the one year period of study. All the ASP referrals were from the police. The first case lasted one month and eight days; subsequently, another ASP referral was made a month later, another two months later, and another three months later (the latter lasting for two days). Just over a month later, another ASP referral was made, and another following an overdose. These cases involved a number of agencies: the police, health (a psychologist, GP and community psychiatric nurse), community addiction services and CPN.

Shortly following the service user's initial referral, the social worker met with the service user and a psychologist and discussed the service user's mental health. Subsequently, another meeting was held with the ASP lead worker and an occupational therapist. This involved a long discussion and the service user agreed to consider support from health.

A further meeting was held with the service user. He had been working with a psychologist and recognised that he needed help from addiction support services. However, his engagement with the service fluctuated. Upon attending addiction support, it was decided that the service user did not present any immediate risk during the ASP enquiry and the investigation did not conclude to a case conference. However, further ASP referrals were made regarding self-harm and the service user's engagement with support services again declined. It was decided that an ASP Case Conference was required with a view to introducing a protection plan. A home visit was organised to ensure the service users well-being.

An ASP interview was held with the service user and social work. The ASP process and the use of legislation were explained to the service user. He agreed to the interview and for the information to be shared with other professionals. Despite previous ASP meetings, the service user agreed to attend an ASP Case Conference and accept support. The ASP Case Conference was organised although no details on the discussion were

recorded other than the service user receiving a copy of the minutes and being upset. The nurse wanted to arrange a joint visit with ASP services following this but the service user was recorded as failing to engage with support services as on other numerous occasions; he was discharged due to poor engagement and the case was closed.

**Outcomes**

At the end of the research study period the case was shown as closed. Following each of the referrals, a network of agencies attempted to offer support to the service user which at times was accepted and at other times rejected with no engagement. Personal care was also offered to the service user which was declined.

## Case Summary 5

### Background

This case concerns a female in her late fifties who lives alone and has multiple sclerosis and schizophrenia. She is regarded as not being able to safeguard her own well-being. She has no contact with family or other support. An ASP referral was made by the police on the grounds of self-neglect after forcing entry to get inside and finding the service user malnourished in her home in appalling living conditions.

### Process

Over the next week, a series of meetings were held between social work and the service user, the first shortly after the ASP referral, when the service user was in hospital. It was agreed that the service user was finding it difficult to manage but showed no signs of mental health issues or incapacity. The key worker discussed the case with health and further investigations were planned for the following week with the crisis team. An ASP Case Conference was planned for seven days later.

The ASP Case Conference took place as planned; the meeting addressed the concerns regarding the health and wellbeing of service user. Despite attempts by social work and health to meet with the service user, she was reluctant to accept help/ co-operate. It was decided that the service user may lack capacity to make welfare decisions but that she did not meet the criteria for the Mental Health Act. It was recommended that a re-assessment of capacity was needed. Four days later, the service user was visited by the Mental Health Team; they had no concerns.

Two weeks later, a copy of the ASP initial Case Conference was received. Five days later, the service user was visited by the Community Mental Health Trust but, again, the service user would not co-operate. The next day, professionals visited again; she co-operated and her cognitive function appeared reasonable.

The ASP process lasted one month and 12 days. It involved a local resource centre, health, the police, occupational therapy, social work and the Mental Welfare Commission.

### Outcomes

Following the ASP case conference, it was agreed that the ASP investigation would end and that the case would be returned to Care Management under

the Mental Health Team for monitoring and review. There was to be continued assessment of her capacity and associated risk factors. It was agreed that a follow-up case conference was not required. A full minute was to be distributed shortly.

The following month, the service user was visited by health and social work. She engaged and consented to further support. However, it was deemed that there was a risk of non engagement, so the case was to be continually reviewed. Subsequently, a plan was set up between social work, a home care provider and the service user to provide support for two hours, two days a week.

## Case Summary 6

### Background

This case concerns a male in his fifties who lives alone. He has a history of alcohol abuse and mental health issues. The service user's acceptance of support fluctuates, as does support from his family.

### Process

An ASP referral was first raised by a worker at a Housing Association (HA) following concerns regarding his tenancy and a need for further support from social work. However, this referral was closed with little detail given. The HA worker later raised another ASP concern to social work regarding anti social behaviour, alcohol abuse and poor living conditions. The HA were to start legal proceedings and social work were therefore keen to hold a Case Conference as soon as possible.

A second ASP referral came from the police on the grounds of physical and financial abuse and self-neglect, after a call made to emergency services stating that the service user had sustained injuries due to his drinking habit and was felt to be at risk. Case discussions and an investigation took place over a period of 3 weeks. A Case Conference was held within 4 weeks of the ASP referral. Organisations attending the conference included: social work, the Housing Association, addiction services and health. The Protection Plan was discussed and included: community and residential rehab; client to be discharged to the care of a family member; and tenancy exchange to be explored for later option. The service user agreed with the Protection Plan though there were some social work concerns he might not have taken it too seriously.

An ASP case review was held a month later where the ASP risk plan was discussed with the service user. This was to ensure the service user did not relapse and go back to his previous habits. In the meantime, social work continued to monitor and review the case.

A further ASP referral was made by the police three months' later following a call to emergency services as the service user was unable to safeguard himself and was intoxicated. Within a week, the ASP intervention was concluded. Social work was to provide various options of treatment and support in relation to the service user's alcohol issues. Health was to provide psychiatric support.

Within a week of the ASP case concluding another ASP referral was received from the police as the service user was deemed to be at risk – intoxicated and

in a confused state. He was partially dressed and lying in a Common Close.

**Outcomes**

This was a complex case with numerous ASP referrals to social work over the one year research study period. The service user is at risk for as long as he continues to consume alcohol. Several measures have been put into place by a number of agencies to protect and support him but records show that he sustains this for only a short period of time and then relapses. He is however closely monitored and reviewed by social work throughout.

# APPENDIX G: STAKEHOLDER ROLES

| Organisation | Role |
|---|---|
| Equal Say | Project Manager |
| Glasgow Adult Protection Committee | Independent Chair of the Glasgow Adult Protection Committee |
| Glasgow City Council Social Work Services | Cordia Operations Manager (Care Services) |
| Glasgow City Council Social Work Services | Head of Commissioning for Social Services (formerly Head of Mental Health and Adult Support and Protection) |
| Glasgow City Council Social Work Services | Head of Public Protection |
| Glasgow City Council Social Work Services | Senior Social Worker |
| NHS Greater Glasgow and Clyde | Adult and Public Protection Advisor |
| Police Scotland | Detective Inspector |
| Social Care Ideas | Director |