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Safeguarding practice in England where access to an adult at risk is obstructed by a third party: findings from a survey

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Adult Protection

Journal of Adult Protection**Safeguarding practice in England where access to an adult at risk is obstructed by a third party:
findings from a survey****Abstract****Purpose**

Being able to speak in private to an adult about whom there is a safeguarding concern is central to English local authorities' duty under the Care Act 2014 to make enquiries in such cases. While there has been an on-going debate about whether social workers or others should have new powers to effect these enquiries, it has been unclear how common obstructive behaviour by third parties is and how often this causes serious problems or is unresolved. This study addressed this knowledge gap.

Methods

A survey of local authority adult safeguarding managers was conducted in 2016 and interviews were undertaken with managers and social workers in three local authorities. Data were analysed descriptively.

Findings

Estimates of numbers and frequency of cases of obstruction varied widely. Most survey respondents and interview participants described situations where there had been some problems in accessing an adult at risk. Those that were serious and longstanding problems of access were few in number, but were time consuming and often distressing for the professionals involved.

Implications for research

Further survey research on the prevalence of obstructive behaviour of third parties may not command greater responses rates unless there is a specific policy proposal or a case that has 'hit the headlines'. Other forms of data collection and reporting may be worth considering. Interview data likewise potentially suffer from problems of recall and definition.

Implications for practice

At times professionals will hear of, or encounter, difficulties in accessing an adult at risk about whom there is concern. Support from supervisors and managers is needed by practitioners as such cases can be distressing. Localities may wish to collect and reflect upon such cases so that there is learning from practice about possible resolution and outcomes.

Social Implications

There is no evidence of large numbers of cases where access is denied or very difficult. Those cases where there are problems are memorable to practitioners. Small numbers of cases however do not necessarily mean that the problem of gaining access is insignificant.

Originality/Value

This study addressed a question which is topical in England and provides evidence about the frequency of the problem of gaining access to adults at risk. There has been no comparable study in England.

Safeguarding practice in England where access to an adult at risk is obstructed by a third party: findings from a survey

Introduction

This paper reports and discusses the findings of a study that sought to examine current safeguarding practice in England where access to an adult at risk is obstructed by a third party. We refer to such obstructive behaviour as 'hindering'. Our study focused on hindering of access to adults at risk and what helps practitioners in such cases. Our study took place after the implementation of the Care Act 2014 in England and uses the terminology of the Care Act 2014 to refer to adults with care and support needs where there is cause to suspect they are also experiencing or at risk of abuse / neglect 42(1) and are not able to protect themselves. It explored the nature and frequency of these situations only in respect of adults who are thought to have decision making capacity, using the terminology of the Mental Capacity Act 2005, because there are powers permitting professionals to access a person lacking decision making capacity. The study additionally sought information about cases where professionals were unaware of the capacity of the adult at risk, because of problems in gaining access. Finally, our focus was on adults living at home, because the regulatory body in England (the Care Quality Commission) has powers of access to registered care settings, such as care homes. The wider study sought to establish the current

1
2 range of practice responses to situations of hindering, what helped, and practitioner views about the
3 potential for any new powers (reported in Norrie et al, under review); the aim of this paper is to address
4 the methods and findings of the study's efforts to quantify the scale of 'the problem', using data
5 collected by a survey and interviews with managers.
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11 *Background*

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18 There have been several attempts to quantify adult mistreatment and neglect over many jurisdictions
19 and in many contexts. Having an idea of the scale of the problem is an important part of developing a
20 response to a social problem and establishing a need for commitment to changing the law, resourcing
21 prevention or remedial action. Studies of prevalence of abuse and neglect have taken place in several
22 countries and are used to evidence the need for political and public commitment to safeguard people at
23 risk and address underlying causation (Pillemer et al 2016). Within this context there are new efforts to
24 obtain data about specific forms of abuse or survivors and about professional interventions (Ernst et al
25 2013). In England Fyson (2015) has recently been critical of the inadequacies of adult safeguarding data
26 from local authorities, finding that these lead to invalid and unreliable information. In the English local
27 authority she studied, while the adult safeguarding database was populated from case records,
28 definitions and categories were inconsistently applied. However, these figures, the latest of which were
29 reported by NHS Digital (the English Government 'arms-length' body responsible for providing health and
30 social care information and data) in October 2016, are the only national figures for the numbers of
31 safeguarding cases and do give a sense of scale. In England over the period 2015-16, 184,860
32 safeguarding concerns were raised, which resulted in 102,970 'section 42' (of the Care Act, 2014)
33 safeguarding enquiries (NHS Digital, 2016a). The report acknowledged the problem of differing
34 interpretations of concerns, and defined 'safeguarding concerns' as 'where a risk of abuse is reported
35 under local safeguarding procedures' (NHS Digital, 2016a: p32). There is less ambiguity about the
36 definitions of a Section 42 safeguarding enquiry.
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5 This present study was informed by a government consultation in the development of the Care Bill 2013-
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7 14 about the potential for a power of entry (Norrie et al 2016). In response to this consultation about
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9 two-thirds of local authority professionals responding stated they were in favour of such a power. In a
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11 survey conducted by The College of Social Work, 84% of the 300 practitioners responding supported the
12
13 introduction of a power of entry (as reported by Valios, 2012).
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20 A decade ago, a power was introduced in Scotland under the Adult Support and Protection (Scotland) Act
21
22 2007 (ASPA) enabling local authorities to obtain the right to 'enter and see' the adult at risk of harm and
23
24 to potentially obtain protection orders with the consent of the adult at risk. To inform our study we tried
25
26 to obtain national Scottish data about the usages of these but found these were incomplete (and
27
28 warrants for entry are not included as part of the dataset). We found from the biennial reports of
29
30 Scottish local authority adult protection committees that, during the period 2012-14, around 100
31
32 banning orders (prohibiting someone from entering a property or area for up to six months) and just two
33
34 assessment orders were granted. These low numbers are consistent with the earlier biennial reports
35
36 (Stevens et al 2017a).
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40 The Adult Protection and Support Order, introduced by section 127, Social Services and Well-being
41
42 (Wales) Act 2014 is a power of entry for private interview, without associated orders (Williams, 2015).
43
44 However, only coming into force in April 2015, at the present time (mid 2017) it is too early to assess its
45
46 impact or usage.
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48

49 *Methods*

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53 The study took place following the implementation of the Care Act 2014 in April 2015 and focused on
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55 England. A multi-method study, it consisted of a literature review (Stevens et al 2017); analyses of the
56
57 responses to the 2012 public consultation on the topic of powers of access (Norrie et al 2016), analysis of
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1
2 parliamentary debates on proposed amendments to introduce a power of entry into the Care Bill in
3
4 2013-14 (Manthorpe et al 2016), and an analysis of Serious Case Reviews where access had been at issue
5
6 (Manthorpe et al 2017). The full report is available free of charge (Stevens et al 2017b).
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10 Fieldwork, following national ethical permissions, consisted of an online survey of adult safeguarding
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12 managers in England; interviews with adult safeguarding practitioners and older or disabled people and
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14 family carers in three selected English local authorities. We sought local case study sites to enrich the
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16 survey data and to provide views from practice. We thought it to be of particular importance to add
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18 individual views and experiences to the survey data in respect of estimates of the numbers of cases,
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20 given the lack of local authority or national level data. While three sites cannot be representative of all
21
22 English local authorities, the sites that agreed to participate were diverse in respect of population
23
24 profiles, safeguarding arrangements or models and geography (for further details see the full report,
25
26 Stevens et al 2017b). The study was supported by members of the Social Care Workforce Research
27
28 Unit's User and Carer Advisory Group who offered valuable comments during the development of the
29
30 study protocol and on its data collection instruments.
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34 The national survey of adult safeguarding managers sought to obtain estimates of the numbers of
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36 'hinder' cases in England. Following the literature and policy reviews key questions were developed and
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38 piloted with an experienced local authority safeguarding manager:
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- 45 • What is the nature, and scale of such problems?
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47 • What do adult safeguarding leads report as difficulties in engaging adults at risk that are related to
48
49 the views, actions and behaviours of third parties?
 - 50
51 • What do adult safeguarding leads report to be successful in overcoming such problems?
 - 52
53 • Are practice and policy documents in place and do they assist with such problems?
 - 54
55 • Is there a source of expertise locally within the local council and/or its partners and is this accessible?
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- Are data collected and analysed about difficulties in engagement that appear to be the result of other parties' actions?

The survey was created using the Survey Monkey online questionnaire software. It was distributed in two ways in 2016. We worked with national, regional and local safeguarding leaders and networks to encourage responses to this survey. Direct emails with personalised links were sent to 108 out of the 152 local authorities (the contact details of the safeguarding managers rather than a general email to Directors) and a general link was widely publicised through the adult safeguarding network. We sent three reminders to the specific email addresses we had in our possession and repeatedly distributed the generic link through the networks. We also published a call for participants on the *Community Care* website. The lack of an email address for the local safeguarding lead in some local authorities possibly reflects the tendency for corporate email addresses to be used and turnover or organisational change in local authorities. The lists of adult safeguarding managers we obtained were often outdated and incomplete.

Despite our best efforts only 27 out of the 152 safeguarding managers responded to the survey, a response rate of 18% (although personal emails were only sent to 108). The characteristics of this sample are given in Table 1. It was possible for participants to respond anonymously, and three chose to do so. Of the remaining 24, 10 worked in Unitary Authorities, eight worked in Metropolitan Boroughs, three worked in London Boroughs and three in County Councils.

Table 1: Survey Responses by Type of Local Authority

| Authority | No. |
|----------------|-----|
| County | 3 |
| London Borough | 3 |
| Metropolitan | 8 |
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|-------------------|----|
| Unitary Authority | 10 |
| Unknown | 3 |
| Total | 27 |

Interviews with professionals

Interviews were conducted with senior local authority safeguarding managers (n=7), team managers (n=8) and social workers (n=22) involved with cases of adult safeguarding in the three case study sites.

We contacted service managers in each site and asked for volunteers to be interviewed and for them to pass on the information to their team managers and social workers. Interviews covered:

1. The 'model of adult safeguarding' in the social care/adult services department
2. Awareness of hinder situations
3. A detailed account of a particular hinder situation they had worked on
4. Department policies/practice guidance
5. Views about a power of entry and any associated powers:
 - a. Overall value
 - b. Positives and negatives, in hinder situations
 - c. Positive and negative impact on safeguarding practice in general
 - d. How often a power of entry might be used and in what circumstances.

Characteristics of interview participants

All the professionals interviewed had a social work background; none had other professional qualifications. Table 2 reports socio-demographic details. In order to protect anonymity we have not reported the names of those interviewed or specific details of the local authorities.

Table 2: Role of interview participants by ethnicity, gender and age-group

| <i>Ethnicity</i> | <i>Role</i> | | | <i>Total</i> |
|----------------------------|----------------------|---------------------|------------------------|--------------|
| | <i>Social Worker</i> | <i>Team manager</i> | <i>Service Manager</i> | |
| White English | 12 | 6 | 5 | 23 |
| White Other-British | 2 | | | 2 |
| Any other White | 1 | 1 | | 2 |
| Black African | 3 | | | 3 |
| Indian | 2 | 1 | | 3 |
| Bangladeshi | 1 | | | 1 |
| Any other Asian background | 1 | | | 1 |
| No answer | | | 2 | 2 |
| <i>Gender</i> | | | | |
| Female | 16 | 6 | 6 | 28 |
| Male | 6 | 2 | 1 | 9 |
| <i>Age group</i> | | | | |
| 25-40 | 10 | 2 | 1 | 13 |
| 41-50 | 4 | 2 | 2 | 8 |
| 51-60 | 6 | 4 | 2 | 12 |
| 61 and over | 2 | | 1 | 3 |

| | | | | |
|-----------|----|---|---|----|
| No answer | | | 1 | 1 |
| Total | 22 | 8 | 7 | 37 |

Data analysis

Survey Monkey data were downloaded into SPSS (v22) for analysis. However, given the small sample, we decided only to use basic frequency analysis, to give a flavour of the distribution of opinions.

All interviews were audio recorded and transcribed (with permission). Anonymised transcripts were read in the Word files and coding undertaken using an Excel Spreadsheet. Thematic analysis was undertaken, as the most appropriate approach to analysing the interview data. This approach is fundamental to many kinds of qualitative research (Braun & Clarke, 2006). In addition, we used matrix analysis techniques (Miles & Huberman, 1994) to compare the categories relating to processes and meanings and to identify different perspectives. This enabled us to total estimates of numbers of cases where access was a problem because of suspected third party obstruction.

We based the coding frame around the interview guide, but also re-read a small number of transcripts and field notes to develop more detailed codes and to identify more overarching themes. Prior theorising had to be balanced with a grounded approach, to ensure we did not just find 'only what [we were] looking for' (Ryan & Bernard, 2003: 92). Data from the interviews are reported in more detail in (Norrie et al, under review); in this present paper we report on participants' estimates of the numbers of cases they encountered, if any, of third party obstruction to entry and interview.

Ethical permissions were received from (to be inserted after peer review) and the three participating local authorities gave research governance approval. Few particular ethical issues arose in terms of the survey which could be completed anonymously and was sent to named individuals with knowledge of the topic. Care was taken not to 'harass' staff who were likely to be busy by large numbers of reminders although our reminders did give them opportunity to participate if they so wished. In respect of the

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2
3 ethical issues that needed to be addressed in the case study sites, we followed procedures of seeking
4 informed consent, and assurances of confidentiality. Among professional participants in interviews there
5 was the risk that recalling cases where there were particular difficulties may have been distressing. The
6 risk of this causing harm was regarded as low but its possibility was acknowledged and arrangements for
7 offering a break or suggesting further case debriefing were identified as possible responses should this
8 arise.
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20 **Findings**

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22 **The scale of hindering**

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25 None of the survey respondents reported that data were collected specifically on cases where there had
26 been problems accessing or interviewing an adult at risk, other than routine data collected about all
27 safeguarding enquiries. Consequently, none were able to provide precise numbers about numbers of
28 cases where access was denied or private conversations impossible. Their figures were based on their
29 estimates rather than reports of cases. Several survey respondents stressed the heavy demands placed
30 on human resources or other parts of the local authority from these rare cases, some of which ran for
31 several years.
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44 Table 3 shows that most (20/27) survey respondents had encountered cases of hindering and only two
45 were not aware of any such cases.
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52 **Table 3: Number/percentage of cases April 2015 –Sept**
53 **2016 where safeguarding managers had encountered**
54 **hinder situations reported in the survey**

| Frequency | Percent |
|-----------|---------|
|-----------|---------|

| | | |
|------------|----|-----|
| Yes | 20 | 74 |
| No | 2 | 7 |
| Don't know | 5 | 19 |
| Total | 27 | 100 |

The survey asked respondents to estimate the number of hinder cases in their local authority since April 2015 up to the date of the survey, September 2016. Table 4 shows that numbers of cases reported by respondents varied from 0 to 18, although most respondents (11/14) reported five or fewer cases. Almost half (13/27) respondents did not answer or said they did not know the number of cases. Overall, 75 cases were identified by the 14 respondents who answered this question. However, two of these respondents mentioned 33 of these cases, which may mean they were including less serious cases, there were particular local circumstances, or they had more complete data.

Table 4: Number of cases covering April 2015 – Sept 2016 where safeguarding managers reported encountering hinder situations (survey data)

| <i>Number of cases identified</i> | <i>Number of respondents</i> | <i>Percent of respondents</i> |
|-----------------------------------|------------------------------|-------------------------------|
| None | 1 | 7 |
| 1 | 3 | 21 |
| 3 | 3 | 21 |
| 5 | 4 | 29 |
| 10 | 1 | 7 |
| 15 | 1 | 7 |
| 18 | 1 | 7 |
| Total respondents | 14 | 100 |
| Total cases | 75 | |

| | | |
|------------|---|-----|
| Don't know | 5 | 100 |
| Missing | 8 | |

The social workers and managers interviewed in the research sites also reported being aware of widely different numbers of cases ranging from 0 to 70. However, only one survey respondent and one adult safeguarding manager we interviewed reported cases where access was never achieved. However, in some such cases, it had been decided to withdraw because there was no legal basis to intervene and whether access was 'never achieved' seemed to be differentiated from cases where there was 'no further action':

...some of them we've had to walk away, because of the capacity issue, we can't interfere with people's lives and we walk away with great trepidation...15 of them we had to give up on. I'm waiting for something awful to happen. Because the police can't go in, they haven't got mental health issues.

Manager 24

Much more commonplace was the view that while there were often problems with access, it was possible, eventually, to talk to the adult at risk in private in the vast majority of cases. This team manager gave a typical description of the problem, indicating that what is depicted as a 'big' problem describes the work and effort involved not a necessarily a quantitative description of large numbers of cases:

It's a big problem, yes, a big problem. Access is very often a difficult one and you've got thinking in terms of scenarios that come to mind and you've got family members who are preventing, or not necessarily even preventing physically but psychologically, not

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allowing the person to give us access... [But] It very rarely gets to a point when we would have to take another route, for example the Mental Health Act or something like that.

Manager 27

Characteristics of adults at risk and hinder cases

Only 13 survey respondents were willing or able to answer questions about the characteristics of the adults at risk and the types of abuse involved where access was problematic. These respondents reported more cases relating to older people (n=37) than people of working age (n=30). However, given the relatively larger numbers of older people using care services in the community and potentially at risk (359,275 aged over 65 compared with 237,505 aged between 18 and 64 in England: NHS Digital 2016b), it is not possible to conclude that there are age-relevant differences in the numbers of cases where access is difficult or denied.

Some respondents were able to report details of who had obstructed professional access. Sons (n=13 cases), daughters (n=15 cases) and other male relatives (n=15 cases) of the adults at risk were most often identified. Some respondents were able to categorise the kinds of abuse or neglect potentially involved in hinder cases. Psychological/Emotional abuse (n= 20 cases) and Neglect (n=16 cases) were the most common types identified. Domestic violence was involved in 11 hinder cases reported by survey participants.

Costs of hinder cases

Despite a view that problems in gaining access were often an integral part of social work practice, many social workers and managers felt that these were a very costly element of their work in terms of hours

1
2 spent or advice obtained. Protracted problems in gaining access could mean that individual cases
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4 necessitated substantial professional involvement, with multiple professionals, including doctors where
5
6 mental health problems were involved, and much communication and debate. Many felt this to be 'part
7
8 and parcel of our job'.
9

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11 Some interviewees also described how such cases impacted on their other work despite their
12
13 infrequency. Staff time within the service was not the only source of increased cost identified. Several
14
15 social workers and managers described how it had been necessary to commission extra services in some
16
17 cases to facilitate contact with the adult at risk. Again, no real details of this were provided, just 'extra
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19 expenditure.' Social worker interviewees and survey respondents commented explicitly on the time
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21 rather than costs; managers may have been more conscious of the financial commitment.
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Discussion

In summary, none of the survey respondents reported that data were being collected in their local authorities specifically in relation to obstruction by third parties. Estimates of numbers and frequency of hindering cases varied widely and may reflect very different thresholds. One of the reasons for this may be one of definition, which is an essential aspect of developing prevalence estimates (Dixon et al, 2013). As we report elsewhere (Manthorpe et al 2017), many participants made the point that overcoming a reluctance to engage is a core social work skill and that there are many cases in which gaining access is not immediate. However, several survey respondents and interview participants stressed the heavy demands placed on local authority and other bodies' resources from a small number of cases where access problems were prolonged and concerns about serious abuse remained, although few identified that access was never gained. The question remains as to when hindering or obstruction becomes such a problem and the outcomes are so poor for the adult at risk (harm, death) that extra support is needed to provide greater resources or whether legal interventions should be considered.

Developing an approach to defining and measuring the numbers of cases would be one step towards understanding the extent of the problem and its seriousness, a necessary step towards developing practice guidance and considering legal options. This might be partially achieved by devising clear data collection tools with those who will be using them, and asking social workers and their managers to consider collecting data about their use of more assertive, multi-agency approaches or legal routes to gaining access that could be included in a prospective survey study. Dixon, et al (2013) have pointed to the kinds of approach needed to help develop such measures. A focus on piloting accurate record-keeping would be essential in order to generate useful data in this area. This could potentially be incorporated as a measure (data entry point) in the Safeguarding Annual Returns (SARs) submitted

1
2 annually to NHS Digital (NHS Digital, 2016a). In several areas where there are joint safeguarding
3
4 arrangements through Multi-Agency Hubs (Stevens et al 2016), such definitions and thresholds will need
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6 to be designed with other professionals and agencies. In light of the engagement of the police in the
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8 Scottish system, any data collection in England should work at the interface of social care, health and
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10 criminal justice systems.
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17 Furthermore, some participants commented on the increased 'reach' of safeguarding following the Care
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19 Act (such as the inclusion of modern slavery, Kidd and Manthorpe 2017), which is likely to be a factor in
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21 some hinder cases and is also likely to increase numbers of concerns raised. Some exploration of how
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23 practitioners are deciding who might be an 'adult at risk' under this broader scope would help
24
25 understanding the factors underpinning the overall size of the problem of hindering.
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31 Problems in gaining access in cases involving hindering were identified as being a significant yet non-
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33 quantified cost to adult social care and other agencies. These rare cases entailed social workers,
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35 managers and other professionals spending a great deal of time undertaking multiple visits, and
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37 attending meetings. In addition extra services might be commissioned partly in order to provide
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39 opportunities to check on the welfare of the adult at risk. While the rights of the adult at risk to live free
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41 from harm or to accept and understand the risks are important, any data collection would need to be
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43 able to report on cost implications of different options and safeguarding models.
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50 *Limitations*

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54 This study did not hear from a fully representative sample of authorities and social workers, although
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56 responses were received from nearly one fifth of local authorities and a diverse sample of social workers
57
58 and managers in three local authority sites. While online surveys are known for low response rates (Rath
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1
2 et al, 2016), this was a disappointing response. We attempted several approaches identified by Rath and
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4 colleagues as contributing to increasing response rates: personalising the initial email; having a mix of
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6 direct email and an open web link; and sending out three reminders (found in a great deal of research to
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8 be the maximum effective number of reminders to increase response from non-responders (Rath et al,
9
10 2016)). We also publicised the survey in the professional press. While there is no accepted minimum
11
12 response rate for surveys (Mellahi and Harris, 2016), there is a risk of bias in that those managers with
13
14 strong views may have responded more than others who are unsure about the matter. In light of the
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16 small percentage responding to the survey, we did not undertake inferential statistical analysis of the
17
18 survey results, but have reported some frequencies and cross tabs, in conjunction with findings from the
19
20 qualitative interviews. The low response to the survey may reflect limited interest in the subject, but it
21
22 might also reflect lack of capacity to complete surveys at busy times or perhaps a lack of data and
23
24 reluctance to quantify problems of access. Interestingly, following the publication of the study report
25
26 (Stevens et al 2017), there has been substantial interest in the findings and several requests to make
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28 presentations to safeguarding services. Feedback from the case study sites has been very positive,
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30 reporting that the research prompted reflection among practitioners and managers. If we had chosen
31
32 only to undertake a survey this study would have been very limited. However, the survey complemented
33
34 the case study site data and we considered that if there had been a local safeguarding service that was
35
36 collecting data about access problems it would probably have wanted to let us know of its innovatory
37
38 approach. Furthermore our impression is that many safeguarding managers talk with each other in
39
40 formal and informal networks and that any local authority that was doing data collection on this subject
41
42 would probably have been identified to us. Thus despite the low response rate we are fairly confident
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44 that the survey was representative; which is of course the basis for seeing surveys as offering good data.
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3 **Conclusions**
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6 The findings from this survey are best seen in the light of criticism of data collection in adult safeguarding
7 and the potential importance of mixing methods to gain the quality evidence that is needed for public
8 policy debates (Parkhurst 2017). The campaigning group, Action on Elder Abuse, continues to argue for a
9 power of access, using powerful case study evidence (AEA, 2016). While only one respondent to our
10 survey and one interviewee reported cases where access was never achieved, there were several
11 descriptions of cases where access was an on-going problem, particularly in terms of the ability to
12 undertake a confidential or private interview with the adult at risk. The extent of problems with access to
13 adults at risk is unlikely to be accurately reported without developmental work on definitions, thresholds
14 and practice wisdom. It also needs more consideration by adults at risk, family members and public
15 voices.
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