# Adult Support and Protection

# National Priority Working Group on Service User and Carer Engagement

# Final Report

**June 2014**

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## Acknowledgements

This project would not have been possible without the support of the service users and carers who gave their time, alongside the agencies that supported them to do so. Furthermore the service users, individuals, organisations and agencies that formed the Working Group provided valuable input and direction for the project as did those who gave their time to participate in the survey of the national adult protection policy forum.

The six service users, who had been through the adult support and protection process, stated that they felt safer because of it. The Working Group wishes to acknowledge that practice and procedures continue to develop and that the observations in this report will contribute to the ongoing learning and development that is taking place.

# Chapter 1

# Introduction

The National Adult Support and Protection Working Group (hereafter referred to as the Working Group) was established to take forward the national priority around developing a clearer understanding of service users and carers viewpoints in relation to adult support and protection processes. This group agreed there should be a single final report written in plain language so that it can be easily understood by Government, service users and carers alike. However given the number of issues covered and the complexity of some of the issues, an easy read version will be produced for general consumption. The Working Group notes however the need to move to a plain language format for future reports.

**Working Group Work Streams**

This report comes from four work streams carried out by the Working Group and its members:

1. Interviews and focus groups with service users and interviews with carers about their understanding of adult support and protection. The questions and themes used can be found at Appendix 1. It was hoped that carers' focus groups would be held which unfortunately was not possible. However individual interviews with carers were carried out.
2. A review by the Working Group of some of the national and local leaflets and information being used to promote adult support and protection.(Appendix 5)
3. The results of a survey of organisations represented on the national adult protection policy forum (hereinafter referred to as the policy forum) (Appendix 8). This forum considers key issues to inform the strategic direction for adult protection policy in Scotland.
4. A limited review of papers and literature published by APCs and academics about how to involve service users and carers in the development of services or the support they receive. (Appendix 4)

**Outcomes, Outputs and Products**

The main outcomes have been:
- Service users and carers increased understanding of adult support and protection and how services could better involve them.
- Interviews and focus groups assisted in raising awareness in some areas.
- Effective use of an alternative/augmented communication tool around adult support and protection themes

The outputs from the four work streams are as follows:

- Limited literature review (Appendix 4)
- This overview report discusses the views of service users and carers about adult support and protection, themes and issues identified from the sample of local and national public awareness materials with recommendations for further activity.
- Themes and issues around the use of public information and supports required to continue this from a survey of the Policy Forum (Appendix 8).

The products of the project:

In the process of taking forward this work materials and tools were developed to gather views from service users and carers. These documents can be made available on request to those planning or undertaking similar work. However it should be noted that these materials would be offered only as examples of a useful starting point:

- The ethics proposal relating to interviews and focus groups
- The guide for people carrying out focus groups and interviews
- The first draft of a guide to develop/review a public message or leaflet.(Appendix 6)
- Translation of Scottish Governments 'Information about Harm' leaflet into Punjabi and Urdu.

# Chapter 2

# Background

Research by Mackay (2011) pointed to the importance of service user involvement in the development of the adult support and protection processes. This was followed by a report to Scottish Government in 2012, *Adult Support and Protection: A report to Scottish Government,* around emerging issues and themes noted the issues of service user and carer engagement as being a potential national theme. The Ekosgen Phase 2 report (October 2012) said that where useful engagement had taken place this led to changes in local procedure and practice. The Ekosgen summary of the main themes from the 2010-2012 biennial reports noted that service user feedback remained a priority for and core to the principles of Adult Protection Committees.

Based upon the above the national policy forum and Scottish Government agreed a national priority around developing a clearer understanding of service users and carers viewpoints in relation to adult support and protection processes. An initial meeting with service user and carer representatives agreed the work should largely be based upon speaking to service users and carers. A Working Group was set up to take this work forward and included input from the following:

- ADSW
- Age Scotland
- Carers Scotland
- Glasgow Centre for Inclusive Living
- People First
- Roshni
- Scottish Consortium for Learning Disability
- Talking Mats
- The Advocacy Project
- The Princess Royal Trust for Carers
- University Stirling – academic/research representative
- Voices of Experience

## Objectives of Working Group

The overall aim of the project was to gather service users' and carers' views about being part of an adult support and protection process and/or their awareness of adult support and protection and what this meant to them. This would either refer to their views based on actual experience or how they would like to be treated within the process.

The Working Group thought that a lack of awareness about adult support and protection was the most important issue being considered by Adult Protection Committees (APCs) and third sector organisations. Therefore, the focus groups and interviews with service users tried to establish their understanding and awareness of adult support and protection and its processes. This could then help in developing service user and carer awareness locally and nationally.

Based on this, the questions and discussion were set around the themes of: risk, harm, support, protection, and awareness/preparation. The Scottish Government national priority said:

> *It is increasingly apparent that service users and carers often feel that they are not involved in cases in ways that they find useful. While various methods are used to try to engage service users and carers more effectively, there is no single impetus for this. The intention is to explore ways to improve the involvement of service users and carers, drawing on existing good practice and research.*

<div align="right">(Scottish Government website, accessed May 2014)</div>

This report's findings are based on a small sample of groups and individuals. However it may give Scottish Government, the National Policy Forum and Adult Protection Committees an opportunity to compare the way they engage people in practice, awareness raising and at a strategic level. The findings may also inform practice by other agencies involved in adult support and protection and will be shared more broadly on this basis.

# Chapter 3

# Focus Groups and Interviews

## Methodology for Interviews and Focus Groups

The questions for interviews and focus groups were developed by the Working Group (Appendix 1). The focus groups and interviews included the following:

- Interviews with six service users who had experienced the adult support and protection process two of whom were part of focus groups.
- Interviews with seventeen service users and carers who had not experienced the adult support and protection process; sixteen of whom were from the  minority ethnic communities (eight service users and eight carers).
- Focus groups were undertaken with service users from the following groups: older people, mental health, dementia, learning disability. The communication tool 'Talking Mats' was used with those experiencing dementia to provide answers by group consensus.

During the process those interviewed discussed the themes of risk, harm, support, protection, and awareness/preparation. Participants' perceptions and descriptions of this terminology varied and are listed at Appendix 7.

## Findings

### Issues Raised as Part of the Project Processes

The process involved in preparing for the interviews and focus groups was resource intensive. This included identifying the individuals to take part and locating agencies with the capacity to support the activity within already full agendas.

The dropout rate for individual interviews and focus groups can be very high impacting upon feasibility and dramatically increasing the preparation/travel time ratio per interview/group. Another consideration was that legislative and policy terms used to describe adult support and protection were often too abstract for many people and time and space was needed in the focus groups and interviews to explore the terms.

It should also be noted that the data collected is from a small sample size and will require correlation with other research. This project also produced a large amount of context rich information but again this is limited in scale.

The carer interviews to date appear to confirm the statement made in the scoping report to Scottish Government (2012) that service users and carers are two distinct groups.  Attempts to represent them together are not really possible as they will have diverging opinions on certain matters and will have different issues that they would like addressed.

**Views of black and minority ethnic community members**

At the outset of the project the identification of views from minority ethnic communities were sought and are stated separately here to provide contrast with the other issues arising.

Views were obtained through 1:1 interviews due to the particular stigma, denial and secrecy surrounding these issues within minority ethnic communities. Sixteen minority ethnic individuals participated including people from African, Pakistani, Indian and Turkish backgrounds. Equal numbers of service users and carers were interviewed.

Overall less than half were adult support and protection aware dropping to only one quarter amongst service users. Carers largely stated their awareness was gained through their caring role but had no real depth. Service users' awareness was also gained in some instances through their own employment.

Service users perceptions of risk related to harm including; physical, psychological, emotional, financial, damage, injury and hazards. They referred most frequently to psychological, financial and physical harm, *"they don't need to lift their hands…they can talk and hurt you."* The support of people they can trust was also emphasised. The majority noted the need for culturally sensitive support tailored to their needs. *"I should get the right type of support as I am from a different culture."*

Another individual noted the importance of a diverse and culturally aware workforce, *"I think it should be people I can relate to. If I can't relate to them then I can't talk to them."*

Both service users and carers expressed a wish to be at adult support and protection meetings. Service Users stated meetings should exclude the person placing them at risk and expressed a wish for someone of their choice to be present to improve participation and remember what had happened. Both groups also expressed the need for numbers to be minimised and the need for trust in the people involved as well as the process. This included the importance of body language, tone of voice and the words used. Some service users stated they would not have the confidence to raise issues or complain themselves.

Carers largely viewed risk as coming from other people relating it to physical danger and with their understanding of the term being within the context of their caring role. They also highlighted how 'risk' can apply to the service user and carer. Carers were largely of the view that it was their role to keep the person they care for safe. They also commented on experiencing regular changes to support staff stating that consistency was important in building trusting relationships. One carer noted the reluctance of minority ethnic community members to seek external help and support, potentially impacting on the safety and wellbeing of carers and service users. A number of carers indicated the importance of trusting relationships and feeling safe with people with people with whom they can discuss their situation. Also important was knowing when to ask for help and having information in an appropriate language.

With regard to meetings, both groups stated they would wish to be present. One noted the importance of trust between the carer and service user enabling greater voicing of opinions. Carers felt that for service users *"It is important to make them believe that his or her say matters"* and that an environment to facilitate this must be created. Comments were made about not fully understanding the decisions made at meetings as well as a preference to express what felt positive and negative during the meeting.

Both groups shared a view of support coming from family, doctors, support service, police with social work appearing to be mentioned the least.

**Views of Process and Engagement**

The following sections bring together the views of those that have experienced the process with those that have not.

*Purpose of the Case Conference*

In the individual interviews with those who had experienced the adult support and protection process the term case conference did not resonate but they related to the term meeting, highlighting the issue around language and meaning.

Two people interviewed stated that they understood the purpose of the case conference and process. However four other participants stated that at the beginning they did not fully understand the purpose of the case conference. A further comment indicated that at times service users may agree with professionals without clear understanding the issues. One participant *"sort of"* understood but stated there were two meetings *"I didn't really get but then [the social worker] explained but it wasn't really anything to do with me [related to issues with carers placing the service user at risk]"*

Three people initially thought the adult support and protection case conference was about other aspects of their lives e.g. offences, hospital admission and accommodation issues. This emphasises the need for clarity around the process. All those expressing an opinion wanted to be at the case conference or other meeting about them.

*Factors assisting understanding*

Those who had experienced the process valued or would want a chance to say what they thought at the end of the meeting, either as part of the meeting or with the Chair afterwards. This would provide time to discuss how it felt and perhaps to re-cap on the issues and the actions they and others need to take to reduce risks.

One factor assisting confidence within the adult protection case conference process related to the service user's previous experience of taking part in other meetings or court hearings.

A second point was that those who were asked to articulate their understanding of what was wrong or why services had visited appeared to help their understanding of the process.

Preparation for the meeting with someone providing support to produce a written or verbal report could be considered as a method of increasing understanding and ensuring views are clearly stated and given full consideration.

In one instance humour was used and this was described as a positive and was noted as lacking in another example. Also the person's feeling/perception that they had presented well in the meeting enhanced their self-confidence and allowed them to come to a decision that they owned with regard to reducing their level of risk.

Following a meeting, copies of minutes and protection plans benefit from being succinct with support provided to read and understand them. One person noted in particular the protection plan as being useful as it was straight forward and they could relate it to their situation. Another indicated that at the end of or directly after the meeting they want to know *"what I need to do to make it better for myself"*. One person's perception was that this only happened when their allocated Social Worker was present. This may be linked to the person's perception or to the lack of knowledge about how best to communicate with the person when the key worker is not present.

The provision of information about adult protection by all those supporting the adult at risk allowed the individual more than one opportunity to make sense of the information being presented.

Different models/approaches could be considered with regard to enhancing service user and carer participation in the process. One model noted by the Working Group which is currently being utilised in child protection is the Signs of Safety model (see reference section). This is a strengths-based and safety-focused approach. The group felt there may be value in reviewing this approach from an adult support and protection perspective to enhance service user involvement in decision making and in the modelling of case conferences etc.

Those with experience of the process made comments around:

- People described knowing they had been listened to in two main ways. Firstly the response from people in the meeting and secondly from the actions taken afterwards to keep them safe.
- Body language was raised in terms of the need to see people taking an interest in what they are saying. One person described feeling listened to but then no action being taken.
- Where they do not feel listened to people described becoming frustrated, cheeky and asking 'what's the point, why am I here'. One interviewee described feeling more confident now to speak up but still feeling guilty afterwards.
- Having confidence due to experience of formal meetings and court appearances.
- Seeing copies of all reports prior to the conferences/meetings and explained by their nurse allowing opportunity to raise inaccuracies.
- All were clear that they wanted to be at any meeting about them

The importance of body language as an important indicator that someone is listening also arose in the service user focus groups with people who had largely not experienced the process.

***Barriers to understanding the process or case conference***

The importance of understanding the factors that may be inhibiting the person's understanding of their situation and balancing these with the time constraints of the process may require consideration. Written information for the adult at risk could assist understanding of the process, but face to face explanations were noted as the best form of helping them understand what was happening. One person found that any meeting created anxiety and that due to the series of meetings required they constantly felt anxious in between them. One service user described being in meetings as, '…a never ending story….you keep saying stuff but they want to listen to themselves….'  In addition the number of people present appeared to be an issue with another person stating that, *"everybody had to go…I'm surprised they didn't bring their grannies, everybody else was there."*

The number of people in attendance can make it difficult to follow the meeting/process. In addition, both the verbal and body language of some professionals could act as a barrier to the service users understanding or sense of participation in the process. One service user focus group spoke of perceived power imbalances in relationships with professionals and that *'professionals speak in code'* and remarked on alliances between professionals which can cause the service user to feel excluded. These comments appear to relate to health and social care staff.

Being worried about other things impacting upon their understanding of what is actually being discussed within the meeting was raised in two service user focus groups and one carer interview. Formal meetings and a lack of humour were also seen as barriers to the persons' ability to take in what is happening. Considering the appropriate use of humour is clearly a balance but it has been expressed more than once. It is seen to make the process feel more human. One person described people as too *'straight faced'* and indicated that the Chair needed to know beforehand what could be done to put them at ease.

One focus group of service users discussed concentration span in two different environments, formal meetings and informal sessions. Their comments appear to indicate that structure and environment play a large part in someone's ability to take on board information e.g. allowing for regular breaks and holding meetings in an informal manner and environment. Familiarity of environment was noted as enhancing a feeling of safety which could be broadened to meetings and case conferences being held where the person feels most comfortable.

One person stated they only found out they were subject to the adult support and protection process through their voluntary sector support worker. Two service users experiencing mental illness stated they lacked information before, during and after the initial inquiry. *'I didn't know there was a process', 'I don't know if I'm still under it', 'I don't think anyone asked if I was at risk'.* In addition they did not recall being asked about whether they wanted an advocate, adding it may have assisted their understanding of the process.

Too much information at once was described as overwhelming and frightening with a need for it to be provided directly in connection with the particular issue/element of process at hand. As noted above, feelings and frustrations from other processes such as hospital admission affected the perception of the adult support and protection process.

Other comments from those service users who experienced the process were around:

- Feeling *'on the defensive'* within the case conference process, feeling criticised on a personal level with their input being managed/minimised.
- Mixed views about presenting their own report at case conference with one person stating they had tried this and didn't feel it had been taken seriously.
- The issue of minutes being too long together with a visual impairment meant one person thought they had thrown them away without reading them.
- One person stated that they did not receive any minutes.

***Positive Outcomes***

All those that had experienced the process were positive about the overall outcomes in that they felt safer though there were some aspects of the process which were viewed as negative. With regard to recognising risk in the future, service users felt they would be aware of the factors that led to their involvement with adult support and protection processes if they arose again. They clearly pointed to their own learning from the process and what they would do now if similar situations of risk arose.

There were numerous examples of positive outcomes expressed by service users as a result of good practice which included:

- Support of the social worker at case conference to ensure the persons viewpoint was heard, *"she helps me to….she kind of says how I feel….and if she's got it wrong I've just to say she hasn't got it right…she jogs my memory."*
- The support of a nurse to read through and explain case conference minutes
- Feeling empowered by the social worker to take decisions and stay safe
- The adult protection process providing the trigger for reflection by the service user leading to a change in behaviours that previously placed them at risk
- The office of the Public Guardian addressing issues of financial harm
- Moving to supported accommodation and the support that staff provide, enhancing actual and perceived safety, *"…the way they talk to you, the doors always open if you've got a problem."*
- Feeling listened too and building trust with professional supports, *"…looking after my interests and protecting me."*
- The overall impact of the support and protection process, *"It got things done that I needed done."*
- The ongoing support of a social worker providing the right level and depth of explanation*, "She's a real source of information."*

*Advocacy and Other Supports*

With those who have experienced the process there was a desire for family or professional support within meetings, even where the family were simply present at meetings without providing any input. With regard to support in the process, there was a need to have someone present with whom they had built a trusting relationship. The sources of support providing assistance which were commented on included social work, health, voluntary sector and advocacy workers. The type of support included reviewing minutes of meetings to make sure these were correct from the service users' perspective. The need for this was supported through one interview where the person made comments, statements and allegations about issues that they had not raised during the adult support and protection process. This may be an example of how service users can provide feedback after the process once they have had time to reflect and are provided an opportunity to talk in depth about their experiences to an independent person.

The Working Group had representation from an advocacy organisation and a self-advocacy organisation. Both stated that they tend to receive requests at the point of case conference which does not allow time to develop a rapport with the adult at risk of harm or assist them prepare properly. The Working Group considered that this issue may be linked to commissioning models which limit access to advocacy for those who are part of a statutory process, for which the case conference may be seen as the trigger. The need for some form of representation at an early stage by someone the person can develop a trusting relationship with is a clear theme throughout this piece of work.

The wording of the Adult Support and Protection (Scotland) Act 2007 (hereinafter referred to as the Act) around 'considering' advocacy may be being interpreted differently and this may be a barrier to effective and timely access to advocacy services. However there are also clearly issues of funding and capacity that would need to be considered if advocacy services were to be expanded.

Other types of support that came to the attention of the Working Group were the use of alert cards by people with dementia. Prompt cards have been produced for professionals around adult support and protection and this raises the question as to whether such a card would be useful for services users on what to do when they feel at risk. Other services which provide more general emotional support may not be well known and where they are not already, could be included in materials produced to support adults at risk e.g. Silverline, Breathing Space.

Those involved in the process also indicated:

- That the role of advocacy and the added support it can provide was not completely understood by the service user. The example given related to not feeling listened too within case conferences. There did not appear to be an understanding of how an advocate could emphasise their views to ensure they were more clearly considered, enhancing the service users sense of involvement.
- Too much personal support can feel overwhelming or block attempts to re-adjust following the adult support and protection process. In one case the person felt they had communicated this and that the professionals had agreed with them but the support continued.  This was in part due to changes in the overall care/protection plan but raises the issues of the need for clear statements around what is being agreed and what is not.

The service user focus group identified the following issues:

- The Act should support the carer as well as the adult at risk, especially where someone at risk is declining supports, placing the carer under stress which in turn could lead to neglect due to a lack of support.
- Increased feeling of safety through use of supportive staff (social work and health), voluntary sector crisis services (with staff known to them) and environments and technology e.g. mobile phones, alert systems etc.
- The need for continuity in relationships with professionals from all agencies.
- Familiarity with environment also enhanced the feeling of safety whereas moving to new areas/accommodation increased a feeling that they were at risk of harm in some way.
- One group described using alert cards that help them to seek help within the community by explaining their needs. These were largely seen as useful though some caution is needed to avoid triggering harm by identifying their vulnerabilities.
- One group felt A&E departments should have an alert system for repeat attenders so that professionals can be advised.
- the need for representation/advocacy at meetings
- The need to be given the right information at the right time, with face to face explanations being seen as more effective.
- Too much information at one time is frightening/overwhelming.

***Non-disclosure***
Those interviewed indicated that they might not disclose risk of harm in situations where they:

- have a personal criminal history
- do not wish to be seen as a victim
- fear police involvement
- uncertainty about process
- previous experience of protection issues leading to isolation from family

The service user focus groups indicated the following:

- The older peoples' group noted that older people are extremely unlikely to share with anyone that they are being sexually harmed. They also discussed how people are not likely to seek support or raise an alert due to issues of pride. This was also reflected in the dementia service users groups.
- Non – disclosure due to an individual not being able to develop trusting relationships with staff as they are only seen briefly e.g. home care. Other issues incldued embarrassment regarding their disability, embarrassment about the issue, (specifically noted here was sexual harm).
- Noticing when a person's vulnerabilities are increasing through grief, age or carer burn out.

***Risk and Harm***

In general, people mixed the concepts of harm and risk. The term 'harm' appears to have a criminal association for many people e.g. assault. However through discussion most groups provided definitions recognisable within the terms of the Act. Those who have been through the process tend to move away from these definitions and then focus upon the meanings relating to the harm they have experienced.

Those with connections to community groups, for example, that have done awareness raising/training around adult support and protection appeared more familiar with the descriptions of terms used by professionals and within the Act though depth of knowledge varied perhaps indicating the need for refreshers in this regard.

Some of the language used to describe adult support and protection terms by those interviewed may assist in designing future public information campaigns in this regard. (Appendix 7)

Service users with experience of the process commented on:

- Risk and harm was thought to come from several sources including strangers, family, loan companies, community members with knowledge of their past or vulnerabilities and one person stated that nowhere was safe.
- Risk in some cases appeared to come from people who knew of them based upon community knowledge of their past and their vulnerabilities causing them to be befriended/targeted.

Within the service user focus groups, those experiencing a learning disability considered adult support and protection in the context of a continued experience of harassment within the community. This highlights the connection between adult support and protection, hate crime and mate crime.

The issue of loneliness and friendship in the context of risk and harm was also reflected in one service user focus group.

### Trusting Relationships

For those service users that have been through the process the identification of people they can trust as well as safe and comfortable environments to live and meet in were notable. There are links here to other issues raised around the person's own history as to who they will trust to tell someone they are being harmed. This may identify the importance of understanding the person in the context of their personal history and the potential to use multi-agency networks to enhance levels of disclosure. The importance of building trusting relationships was also evident in the service user focus groups. Those with experience of the process also commented upon:

- Relationships with professionals/support staff need to be consistent with a relatively small number of people where time is taken to develop a trusting relationship. One person explained that trust had been developed with their social worker, *'because she's a human being working for me, it's real, you know it's the real deal'*
- Having a person they already have an established trusting relationship with present throughout the process.

The Working Group also noted the identification of the need to build trusting relationships within two of the service user focus groups.

### Technology to Promote Protection

The use in one case and the desire in another of GPS tracking devices was noted. One service user spoke of feeling safer as others can locate them, but clearly there are issues around capacity and consent that would need to be addressed on an individual basis.

### What Should Support and Protection Feel Like?

*What Should Support and Protection Feel Like?* was a specific question within the interviews and service user focus groups. People stated that it should feel invisible, secure, welcoming and comfortable to allow them to talk by being at ease and not nervous. People said the process should not raise feelings of stress, anxiety or hopelessness. One person described it as needing to feel that you are being treated with respect and that you are respecting others. Another service user described that being empowered by their social worker resulted in them *"…being in charge…".* and stated further that*, "…even if you just don't feel up to it you just phone them [to re-arrange]"* Support to stay safe was also described as people you know looking out for you.

People described wanting to be prepared for any meeting in advance including options around; a pre-meeting, receiving information well in advance and perhaps preparing a statement to read at the meeting.

The need for the use of plain language was apparent with all participants as was the need for representation or support by someone they had a trusting relationship with. The issue of body language and eye contact was noted as being important when discussing being listened to.

### Plain Language

The need for written and verbal communication to be in plain language and jargon free was also expressed. Invitations to meetings should be clear about why the meeting is being called and what will happen at the meeting. With regard to case conferences, the learning disability groups identified that other attendees should not take notes but instead focus on the situation and rely upon the minute taker to provide the record of the meeting. This seems linked to issues around body language, being listened too and being able to trust people. The method of recording could perhaps be considered prior to the meeting as one service user focus group member preferred meetings to be audio recorded so they could listen to them later.

With regard to the use of plain language within meetings one person who experienced the adult support and protection process stated, *"They're not very good at that".* Descriptions of receiving minutes of adult support and protection meetings included statements around requiring explanations, perhaps indicating they were not written in plain language. One person stated they preferred the protection plan as this was shorter and easier to understand.

The need for clear and open communication has arisen, especially in relation to instances where the person's views are not being agreed to/actions taken in support of their views. Lack of clarity can lead to frustration for the service user and risks the person not engaging with process.

Feedback about the use of augmented and alternative communication tools such as Talking Mats provided a context for people and a *'jumping off point'* for a conversation which in turn provided space to open up into other topic areas.

### Adults at Risk of Harm as Carers

In one case the adult at risk of harm was providing a level of support to a family member which was impacting upon their ability to manage other aspects of their own life. In addition to this the person they were caring for was causing them harm. This raises an important point around the responsibilities that adults at risk of harm may have and how they may be impacting upon their overall safety and well-being.

### Carers

Carers raised the issue of being at risk within their caring role from the actions of the service user. Actual situations were described in one interview relating to physical, sexual and financial issues where the service user was experiencing dementia. Though the carer may not usually be viewed in terms of an adult at risk of harm, the issues noted may be of concern. Where professionals are aware of such issues, they may need to consider the impact and whether the carer is an adult at risk.

*Impact upon Practitioners*

The focus group with older people indicated that more support provided earlier can avoid future risks and crisis. This clearly fits with current thinking around early intervention but this was not explored further as it was not part of the Working Group's remit.

Many of the issues raised by service users require practitioner time e.g. relationship building/continuity of professional relationships (across professions), ascertaining the best way to participate, discussing advocacy, providing notice of visits and meetings, building trust. On this basis, it may be interesting to explore whether practitioners feel this time is available to them when making inquiries under the Act and in subsequent adult support and protection activity.

**Raising Public Awareness**

Public awareness appears greatest among those associated with use of adult support and protection services, community groups, organisations, employment, formal caring roles and other forums. One group expressed the concern that there may not be awareness that family and friends may be becoming more vulnerable over time.

The level of awareness varied from no knowledge at all to those displaying a greater knowledge. The latter tended to have a connection to an organisation that had done some work around adult support and protection. However, depth of knowledge varied, perhaps demonstrating the need to regularly re-visit adult support and protection concepts.

The concepts used within the Act around risk and harm formed part of the focus groups and interviews as the Working Group thought that these terms may not resonate with the general public. Through discussion in the focus groups and interviews the meaning of the terms was often reached to some extent, however it is noted that this process is not available within a public information campaign. This highlights the need to use straightforward words and concepts. (Appendix 7)

A great deal of work is being carried out on local public information campaigns each with variations on messages and images targeting a local population and funded by local partnerships.

The majority of focus groups viewed adult support and protection within their own identified care group which may raise the need to consider making publicity available in a similar way, in order that it resonates with the issues that people recognise within their own lives.

Where research identifies that there is an issue regarding the public perception of the social work role, consideration could be given to addressing this within the range of public information activity.

During the life of this project three campaigns were noted as relevant to adult support and protection. These included Glasgow City Council Power of Attorney campaign, the COSLA Rogue Traders campaign and the launch of Silverline. This demonstrates the need for the range of public awareness campaigns which touch on adult support and protection to inform each other and perhaps form part of a wider campaign.

The perception of some terms and the level of awareness perhaps indicate the need for another approach to awareness raising when carried out within a community training model. The Working Group suggested that developing awareness from an empowerment perspective would have greater impact as opposed to basing it around legislation i.e. considering the themes around harm and risk and how people would involve themselves and play an active part in any processes.

The Working Group felt there may need to be a future focus on communicating the adult support and protection message to those who may be experiencing additional issues e.g. newly diagnosed with dementia. The Working Group considered whether a narrative approach may be best here, describing a situation/telling a story so that the concepts are less abstract and the depth of understanding is increased as opposed to the knowledge of phrases and words.

The public perception of social work was also discussed by the Working Group around the possibility that people may not understand the support role that social work fulfil, noting only protective functions. The Working Group felt that if this perception is prevalent, work may be required to demonstrate to the public the supportive role of social workers.

# Chapter 4

# Scoping of Current National and Local Public Awareness Materials

**Materials overview**

The Working Group took an overview of the various materials being deployed locally and nationally to engage service users, carers and members of the public.

This was a one off exercise and the conclusions drawn may therefore require further refinement and/or testing as the public engagement element of the work continues to develop.

The group noted the difficulty in producing materials that effectively target service users, carers and members of the public as one group.

The materials viewed included leaflets, TV adverts and/or publicly available videos.

The group utilised a tool to review material, based upon research into an emergency preparedness leaflet. This was adapted to focus upon adult support and protection. (Appendix 6)

The material fell into three broad categories:

- Generic Awareness raising around adult support and protection
- Issue specific awareness raising e.g. financial harm
- Process specific materials to advise and support people about the adult support and protection   process.

It is noted that other types of material are available e.g. easy read information about being a member of an APC.

Building on some of the materials viewed the Working Group considered whether process maps with approximate time lines would be useful to provide a basic overview for people. This is clearly difficult as each situation and process can vary but it is worth consideration as the perception that the process could be lengthy may stop people engaging.

The output of the scoping work is at Appendix 5. The working group hope that this appendix will be useful for others developing new materials or adapting old ones.

# Chapter 5

# Survey

The membership of the national policy forum was asked to complete a questionnaire around the issues of service user and carer engagement with the adult support and protection message. The survey aimed to locate the organisational perspective on the issues arising around raising awareness of adult support and protection. (Appendix 8)

Ninety percent of respondents described their organisation as being in the public sector with ten percent describing theirs as being in the voluntary sector. Approximately half of the respondents use a variety of methods to engage people with the agenda.

The three most effective methods noted were face to face explanations, training and involvement in developing awareness raising/training materials. Two respondents have found that written information and displaying posters have been the least effective methods of engaging people. Others found that all methods link. One agency is currently surveying the public to ask what methods they find most engaging.

One response noted the importance of targeting the audience in order that the best methods for that group are utilised. The example given related to attracting a professional group but this may be applicable across the spectrum.

Taking cognisance of the above, where people felt able to comment, the least effective means were noted as posters and written information due to the lack of context and follow up explanation available when using these mediums. Respondents noted tools that may be useful in raising awareness including:

- Development of an engagement strategy for service user and carers which ascertained the themes they feel are relevant would assist.
- Development of a joint integrated communications plan.
- Positive media images regarding meaning, recognising and reporting
- Linking with communities utilising community police and housing organisations etc.
- Advocacy services
- Involving service users and carers in developing training
- National campaigns providing themes for local campaigns
- Learning from case law
- Local publications
- Ongoing campaigns providing information raising awareness and familiarity with the issues
- High profile national campaign with local enhancement campaigns
- Ongoing support of Scottish Government and the National Coordinator
- National guidance on engaging black and ethnic minority communities
- Further public information campaigns

Overall assessing impact was noted as difficult though some work has been undertaken.

# Chapter 6

# Limited Literature Review of Related Research Findings

A limited literature review was undertaken of research findings around related subject matters including adult support and protection, social marketing, advice seeking and personal outcomes. This highlighted findings around; capacity and consent, benefits (of the adult support and protection process), losses, theoretical frameworks, training, management styles, communication and involvement, public information, processes, awareness and service user views.

Many of the findings resonated with issues raised within this project's focus groups and interviews and demonstrate the need for a full literature review to capture the learning across Scotland and beyond in relation to engaging service users.

At this point the issues noted could be used in the form of a check list to ascertain whether issues require ongoing attention, more detail or are already being progressed. (Appendix 4).

This exercise, alongside some of the issues that have arisen in the project suggest the need to set an ongoing research agenda. This could consider issues the National Policy Forum believes require attention and offer potential solutions. The below are examples only to assist the National Policy Forum and other interested parties in generating research questions:

- Do issues of stigma and pride prevent disclosure of harm?
- Is there evidence supporting the use of other models that reduce stress in formal situations e.g. case conferences, to mitigate against any impact stress may have upon people's concentration within protection processes?
- Review the use of service user engagement models e.g. Signs of Safety, to ascertain any impact on service user and carer engagement within the support and protection process.
- Does the current public perception of statutory social work have an impact on disclosure of harm?
- Review existing early intervention models from other areas of health and social care practice that are already or could be deployed in an adult support and protection context.
- Where an adult at risk of harm is more susceptible to pay day loan company campaigns, what tools are available to avoid them experiencing a disproportionate level of debt compared to the rest of society?
- Ascertain if any existing research considers the elements that support an effective publication/campaign.
- Are minority ethnic community members reluctant to seek external help and support regarding adult support and protection and if so what are the barriers.

# Chapter 7

# Summary of Findings From all Work streams

The various work streams of the project have raised many important findings which are summarised below. It is hoped these findings will support the ongoing work of all stakeholders in enhancing practice. In presenting these findings the Working Group wishes to acknowledge the quantity and diversity of work being done to enhance practice which incudes but is not limited to; the ongoing development of training, the establishment of practitioner forums, service user forums, groups and events, policy and procedural documents to support practice, self-evaluation and the multi-agency approach at strategic and practice levels.

## Process

- All those who had direct involvement with the adult support and protection process indicated that they were now safer as a result of its use and described both positive and negative experiences.
- Support and preparation for service users' needed earlier in the process, facilitating understanding, assisting their preparation for and building their confidence to speak at meetings
- The alleviation of anxiety and other issues impacting upon the service user e.g. mental illness through the use of familiar and informal environments for any meetings. This could be supported by more informal meeting structures/models, including reduced numbers of participants.
- The need for the Chair of any meetings to be knowledgeable about what puts the person at ease in order to provide a supportive environment and enhance the person's feeling that they are being listened too.
- The adult support and protection process should feel; secure, welcoming and comfortable.

## Engagement

- Provision of information in plain and appropriate/relevant language relating to the person's needs and the element of the process underway
- The time to build trusting relationships from an early point in the process with all those providing support, based around a strengths model.
- The importance of feeling listened too.
- The importance of body language.
- The importance of face to face explanations
- Augmented communication tools may be useful in communicating the adult support and protection message and themes on individual, group and public levels.
- Carers and service users have differing needs and perspectives which may require a separate approach in any future work.

## Public Awareness

- Awareness of adult support and protection as a concept remains relatively low or lacks depth of understanding for those with no direct link to services or community forums
- The use of existing groups to promote adult support and protection on a face to face basis appears most effective
- Targeted public information campaigns may be worth considering at a national and local level.
- People carrying out a caring or supportive role, may themselves be an adult at risk of harm.

## Links to Other Agendas

- The themes of loneliness and friendship have been noted in some interviews/groups highlighting the potential to explore a possible connection between adult support and protection   and other work e.g. Living with Loneliness and Hate and Mate Crime
- The use of technology to maintain safety/manage risk came up within two interviews and included mobile phones and Telecare GPS devices. The development of technologies in the dementia field may be more broadly applicable within the adult support and protection   field.
- The need to develop or use alert systems to identify people regularly attending A&E who may be at risk was noted by the mental health service user focus group.

# Chapter 8

# Recommendations

These recommendations are based upon emerging themes and singular comments which may not apply in all areas. However they offer issues for consideration from a national policy and strategy level and may provide some best practice examples and issues for consideration locally. Any recommendations actioned need to consider the impact upon the Council Officer and practitioners' roles within an inquiry and support process. The National Policy Forum is therefore invited to consider the following:

## Process

The Scottish Government produced a revised Code of Practice in May 2014 which addresses many of the process issues noted below. The challenge in many cases is how they can be best addressed in practice. The below relate to the need for a case conference model that:

| Recommendation | For Consideration by |
|---|---|
| Provides fuller detail within invitations regarding purpose and expected outcomes. | APCs |
| Limits the number of people attending. | APCs |
| Uses a venue with which the service user is familiar and comfortable. | APCs |
| Provides early support to service users to prepare for case conference. | APCs |
| Provides succinct minutes and plans in plain language and also considers how best to provide information languages other than English where required. | APCs |
| Provides opportunity for the service user to feedback at the time of the meeting. | APCs |
| Identifies a member of the multi-agency team to provide a copy and explanation of minutes and protection plans in person. | APCs |

## Communication tools

| | |
|---|---|
| Consider the use of tools such as that used within this project, to communicate adult protection themes in practice and to the public. This could also include promoting professional awareness in a range of communication techniques, designed to enhance support to individuals. | National Policy Forum, WithScotland, APCs, Learning and Development delivery at undergraduate and post graduate level for health and social care staff |
| Disseminate the leaflet translated for this project. | National Adult Protection Co-ordinator |
| Consider the best way to produce and where best to locate a range of multi lingual materials | National Policy Forum, APCs |

## Provision of information

| | |
|---|---|
| Assist the person at risk of harm to hear and see relevant information at a time they are best able to understand it. This could be achieved through the use of various accessible formats provided on a multi-agency basis. | Scottish Government, National Policy Forum, APCs |

## Legislation and Policy

| | |
|---|---|
| Make clearer links between adult support and protection and carer legislation, policy and guidance. | Scottish Government, National Policy Forum |
| Consider the importance of building trusting relationships over time and how this might be better reflected in practice, this could include the point at which advocacy is considered. This would require consideration of the potential increase in costs where demand for advocacy services increases and how these would be met. | Scottish Government, National Policy Forum, APCs. <br><br> [This recommendation is partly addressed in the revised code of practice due to be published] |
| Develop/continue to develop the potential strategic, practice and academic links with other agendas e.g. dementia, Living with Loneliness, Mate Crime and Self Directed Support. | National Policy Forum, Scottish Government , APCs , WithScotland |
| Consider community engagement models e.g. asset based community development approach | Scottish Government, National Policy Forum, APCs |

## Developing technology

| | |
|---|---|
| Ascertain ways in which A&E departments and perhaps other care providers can develop IT systems to flag adults at risk of harm. | Health Boards. |
| Scope technologies available in other practice areas such as GPS bracelets, which could be deployed to support adults at risk of harm e.g. dementia projects, fire and rescue services etc. | National Policy Forum, WithScotland |

## Public Awareness

Support the ongoing development of public information at local and national levels through:

| | |
|---|---|
| Scope and approach service user and carer organisations in order to increase awareness. This could form part of an asset based/co-production approach to all future policy and strategic activity. | Scottish Government, National Policy Forum and WithScotland for national organisations/groups. APCs for local groups. |
| Development of a nationally co-ordinated virtual feedback group to provide comment on newly developed materials whilst enhancing service user and carer involvement in the development of the broader agenda | Scottish Government, National Adult Protection Co-ordinator |
| Develop the guide utilised as part of the project to consider public information materials (appendices 5 and 6) to assist in their development for public consumption. | National Policy Forum and APCs |
| Approach agencies carrying out related campaigns to ascertain what elements could be used to support adult support and protection campaigns and any learning. | National Policy Forum, WithScotland and APCs |
| Locate and review methods for assessing impact of public information campaigns and tools. | National Policy Forum via research agenda |
| Provision of information in plain language using accessible formats according to need. | All stakeholders |
| Commitment to fund campaign repetition over a significant period based upon regular evaluation as opposed to one off campaigns. | Scottish Government and APCs |
| Using a narrative approach where possible to improve engagement and aid memory of the issues. | All stakeholders involved in producing public awareness materials |
| Develop a national store of public information to allow those developing new materials to review work already undertaken. | WithScotland and APCs |
| Maximise space, layout and readability of leaflets through the use of a single logo on public information leaflets as opposed to multiple agency logos e.g. use of a single local APC logo. | All stakeholders involved in producing public awareness materials |

| | |
|---|---|
| Consult with APCs to consider commissioning a centrally provided 'brand' with templates that can be used nationally and locally allowing insertion of relevant material. | Scottish Government, National Policy Forum |
| Consider whether issues of stigma and pride could be addressed in campaigns to encourage disclosure. | All stakeholders involved in producing public awareness materials |
| Prepare, maintain and disseminate national list of helplines and agencies able to offer support relevant to adult support and protection issues. | WithScotland |

## Future Research Considerations

| | |
|---|---|
| Consider the research questions that would assist in developing the agenda and/or address issues highlighted in this report. | Scottish Government and National Policy Forum |
| Full literature review around the issues of engaging people in service development and raising awareness based upon the small scoping carried out for this project to provide the backdrop for future research. | Scottish Government, WithScotland |

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# Themes Discussed In Interviews and Focus Groups

**Themed Questions for Focus Groups**

**The intention is to utilise a group work approach where a conversation is developed and guided to cover the areas noted below, allowing facilitators to revisit points until they are satisfied they have been addressed as fully as possible within the limits of the person or groups experience.**

**RAISING AWARENESS / PREPARATION**

Have you heard about Adult Protection?
If yes – where did you hear about it?

**RISK**
What do you think risk is?
Where does risk come from?
Who can put you at risk?
If you were at risk how would you know?
If you felt at risk, what would you do and who would you tell?

**HARM**
What types of harm do you think there are?
Who can harm you?

**SUPPORT**
Who keeps you safe?
Where are you safe?
How do you keep yourself safe?
What steps do you take to ensure your own safety?
What should support to stay safe look like?
What would help you remember what had happened and what was going to happen next?

**PROTECTION**
If there is a meeting about you, do you want to be there?
What makes it easier for you to be involved in these meetings?
Would you be happier telling someone else your story?
Do you understand what the meeting was for?
What helps you remember what is said in a meeting?
Would you like to read something out about your ideas or have someone read it out for you?
How do you know when you have been listened to?
What would you do if you don't feel you have been listened to?
Would you like a chance to say how it felt for you?
If yes, how and when would you like to let people know?

***It was agreed that for those who have been involved in the process already it would be beneficial to ask them what was good and bad about the process –***

Did you know why there was going to be a meeting?
Did you know what the meeting was supposed to do for you? (chance to think about things beforehand)
Were you asked what you thought was wrong?
What were the good and bad things about the meeting?
Did you get a note of the meeting? Did the note make sense to you?
Did you get a chance to say how it went for you?
What or who helped you understand what was happening? (use of plain language)
Were family or friends asked to be involved?
Did it feel like it was about you or something else, did you get choices? (the who, where and when of meetings etc.)
What did you like about what happened at the meeting?
What didn't you like about what happened?
Did you feel listened to and involved in any changes or new things? (thoughts and feelings discussed as part of the process)
Did you feel safer?
Who or what helped the most? (any visual aids or other tools used)
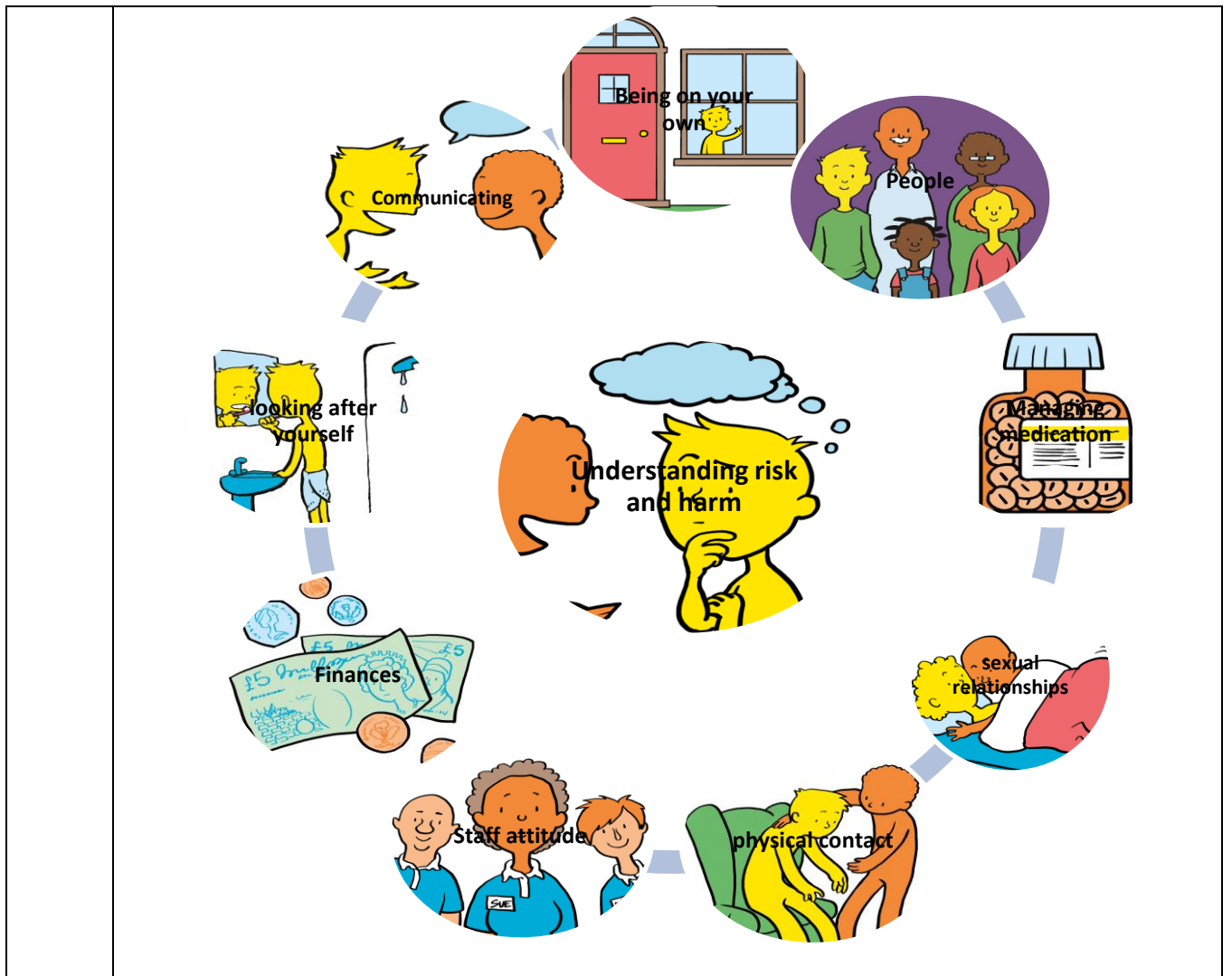What helped you trust those trying to help you?
When you look back at the meeting now, do you think it helped and why?

# Augmented Communication Tool

## 1.    Harm and Risk

**Talking Mat** Social workers, health staff, keyworkers, carers have a responsibility to keep people free from harm and reduce the risk of harm - **Talking Mat 1.**

| Top scale | What are the things that people **are OK about?** (in context of harm) | What are the things that people **are not OK about** |
|---|---|---|
| | These would be jump off points into blanks for discussion e.g. friends/ strangers/ support worker/ GP etc | |

Being on your own

People

Communicating

Managing medication

looking after yourself

Understanding risk and harm

Finances

sexual relationships

Staff attitude

physical contact
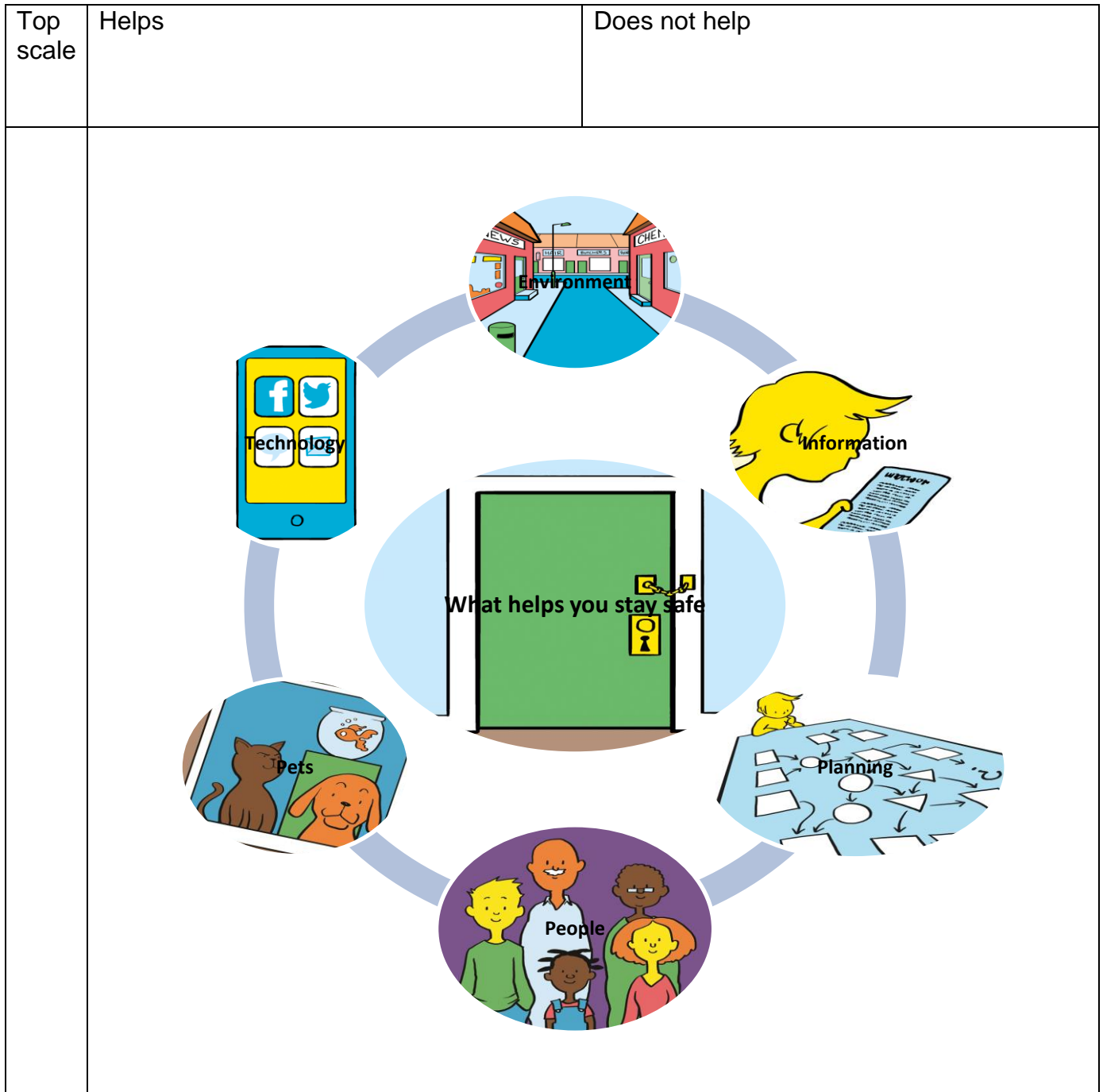
**2. Support**
**General questions**

What helps you stay safe?

What steps do you take to ensure your own safety?

Talking Mat 2

| Top scale | Helps | Does not help |
|---|---|---|
| |  | |

## 3. The Process – staying involved

Talking Mat 3

| Top Scale | Things that help | Things that don't help |
|---|---|---|
| | | |

Time and Pacing

Feeling listened to

How you tell your story

The process staying involved

Choices and consequences

Preparation
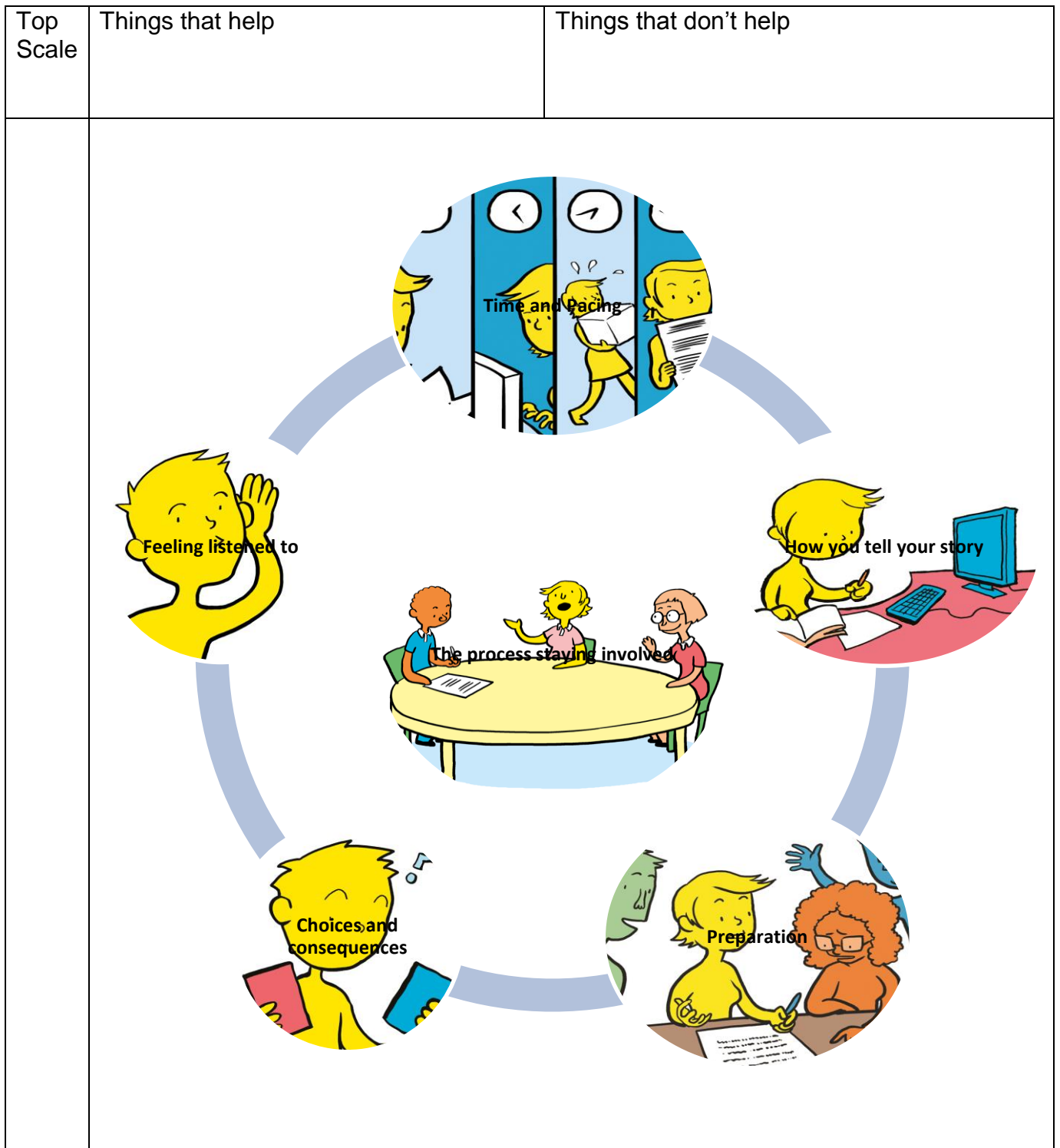
The Symbols are designed and © to Adam Murphy and assigned to Talking Mats Ltd. in perpetuity. They may not be reproduced without permission.

# Talking Mat
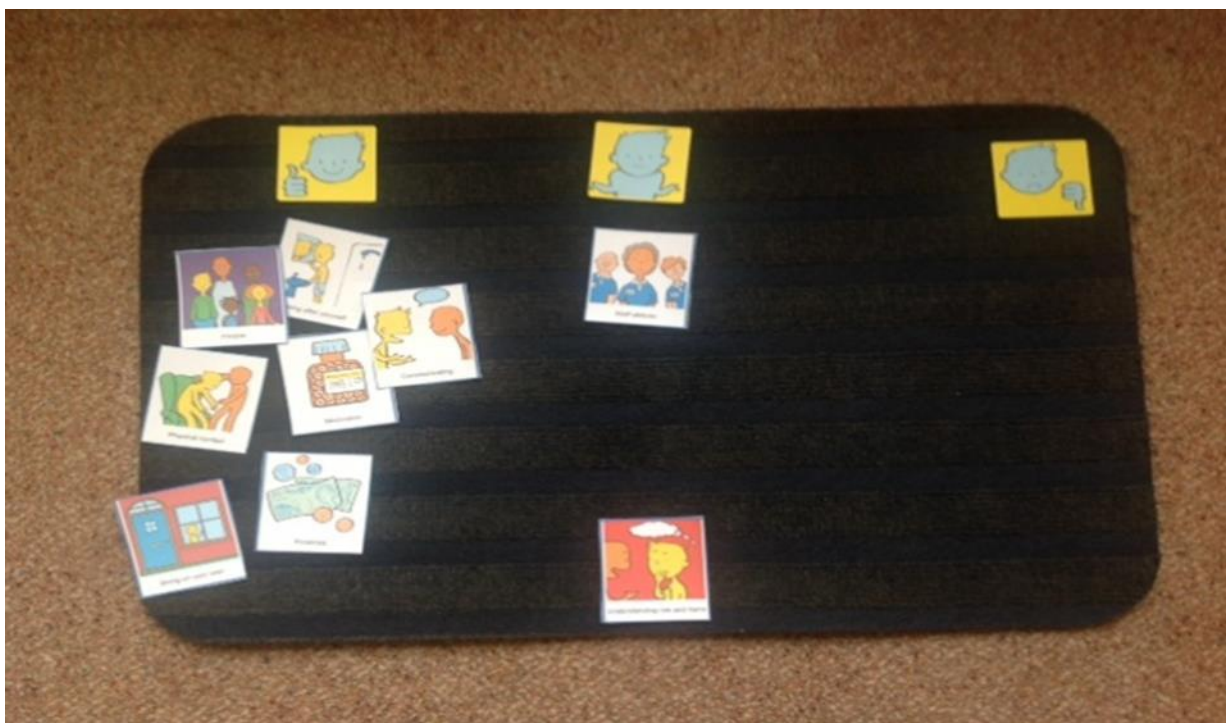
## Limited Literature Review

References utilised on the literature scoping are noted below. The full references are provided in the references section.

1.      East and Midlothian APC

2.      Shaw 2013

3.      Cornish & Preston-Shoot 2013

4.      Taylor 2004

5.      Durose et al 2013

6.      Brookes et al 2012

7.      Mackay And Cross 2013

8.      Altrum and University of Stirling

9.      Cook and Miller 2012

10.     Buck and Smith 2014

11.     Scotland's Commissioner for Children and Young People

12.     MacDonald et al 2012

13.     Holiday 2010

14.     Douglas 2013

15.     Daniel et al 2013

Capacity & Consent

Benefits

Losses

Transitions

Theoretical Frameworks

Professional Training

Management Styles

Communication & Involvement

Public Information

Processes

Awareness

Service User Views

## Capacity and Consent

- Limited undestanding of the risks they were exposed to (professional view)(1)
- Importance of consent and control by the service user but acknowledging points when capacity may be an issue.(2)
- Concerns with issues around consent, control, choice and involvement. (2)
- Being involved in decisions. (2)
- Issue specific capacity to make decisions (2)

## Benefits

- Managing relatonships to enable contact whilst reducing risk (1)
- Gains in safety and protection (3)
- Over time the emphasis on the losses experienced mellowed leading to reflection that ASPA had been beneficial in the long term.(1)
- Regaining control of their finances. (1)

## Losses

- Those lacking capacity placed greater emphasis on the losses experienced.(1)
- Losses of close relationships and/or one's home.(3)
- Safety vs loss of contact/isolation.(2)

## Transitions

- Supportive framework provided through ASPA upon child leaving parental home where risks were identified around finance, sexual exploitation and homelessness.(1)

## Theoretcial Frameworks

- Utilising salutogenesis to consider how to strengthen protective factors by stimulating the strengths of people rather than looking for weaknesses, multi-disciplinary,collabaortive approach. Takes account of physiological, cultural, psychosocial aspects of peoples lives.(4)

- Arnstein's ladder of public participation distinguishes between; participation, tokenism and citizen power.(5)

- Service Users and communities need control to avoid current models which manipulate, co-opt and seek rubber stamp for desicisons already made.(5)

- Rules of engagement should not be set by government.(5)

- Do not assume public apathy(5)

- Do not start by talking about services, ask what builds resilience or provide people the space to tell their story. Practice can then be designed around this.(5)

- Do not assume the public do not want or lack the capacity to understand the complexities involved.(5)

- Demonstrate that you trust and value people.(5)

- Strike a balance between idealism and reality.(5)

- Design of engagement is crucial, ensure reach to excluded groups. Use co-design with the community identifying the problems rather than seeking responses to predefined problems. (5)

## Professional Tranining

- Little evaluation of the impact.(3)
- Concerns about levels of legal knowledge and skills accross statutory partners.(3)
- Poor enagement of GPs and residential sector staff. (3)
- AROH would like to talk to SWs more often about how things should be done.(6)
- Variations between Sheriffs on interpretation of ASPA re: protection orders (3)
- The need for staff to be dementia knowledgable (2)

## Management Styles

- Defensive management cultures inhibiting good practice as articulated in training. (3)

## Communication & Involvement

- Minimal written information available of which some is too complex.(7)
- Verbal information provided on a one off basis is not suffucuent.(7)
- Overreliance on traditional interview methods. (7)
- People need help in preparing for case conferences.(7)
- Time is needed to build relationships(7)
- Miscommunication is at its greatest in the early stages and there is a need to slow things down.(7)
- Listen to what the person wants to say about their lives, their values and abilities and how they want to use services to live their lives.(8)
- Ask what the person thinks is wrong and can be changed. (8)
- Be ready to share the agenda and give the person choices about how things are done. (8)
- Offer an advocate who can build a relationship with them that will see them through the changes and challenges they may face.(8)
- Find ways to make meetings relaxed with breaks and alternative ways of presenting information if wanted.(8)
- Let the person know the bigger picture and what to expect next.(8)
- Explain why the process is the way it is e.g. why information might need to be shared or withheld.(8)
- Remember that information and trust go hand in hand, one can help build up the other.(8)
- Prefrence for emails or letters over phoane calls.(2)
- A key lesson in implementing the Talking Points approach has been the importance of keeping the focus on what matters to people using services, unpaid carers and staff.(9)
- '...vulnerable people, in particular, rely on the physical presence of 'friendly others' in the advice setting [which] needs to be taken into account in servcice delivery'(10)
- 7 Golden Rules pack aimed at reminding staff how to engage and to encourage children to think about what they need.(11)

## Public Information

- More research is needed to optimally match communication methods and channels to target audiences and behaviours, and in particular to identify and understand the benefits and limitations of emerging digital communication technologies.(12)

- Partnership building is an effective strategy for maximising impact. Engaging community-based organisations in the implementation and design of campaigns, partnering with industry and schools, and creating networks of non-profit and public agencies for example, can provide valuable resources for reaching larger audiences and creating necessary infrastructure. (12)

- Greater emphasis on long-term social marketing interventions rather than short-term interventions is recommended in light of evidence that they are more effective.(12)

- Evaluation of impact limited due to  challenges in demonstrating cause and effect.(3)

- Publicity campaigns are important but their role in prevention in is unclear, perceptions of abuse are complex therefore establishing a baseline of awareness in problematic.(3)

## Processes

- Being flexible with the meeting structure so the service user can attend for only one part if that is their preference (13)
- Prepare individuals in advance by informing them of the gender composition of the case conference – there may be no control over the composition but it is important to prepare the individual as it can often be important to them.(13)
- Give more friendly and full introductions so everyone knows who they are talking to.(13)
- Contact or visit the service user soon after the case conference.(13)
- Enhance staff understanding and ethos around service user involvement noting systems and procedures provide framework but th process relies upon commitment to the ASPA principles..13)
- Reassure the individual, help them to feel safe and explain what will happen.(13)
- At an organisational level, a better environment for a waiting area would be helpful. (relating to waiting for Case Conference/interviews) (13)
- Advance notice of visits etc.(2)
- The need for transparency in decision making i.e. who decides whether a person can give consent?.(2)
- The importance of time as a resource and relationship based practice.(2)
- Acceptance of professionals judgement/support (2)
- Length of time service user is able to concentrate in interviews /requires support.(2)
- The need for someone else to be present for practical and emotional support. e.g. support worker.(2)
- The need for an existing trusting relationship. (2)
- Begining the process where possible by briniging someone who the service user has a trusting relationship with.(2)
- 'The fundamental importance participants placed on the relationship with the practitioner strongly supports ideas of relationship-based practice to facilitate trust within adult protection work. Within this theme, sub-themes of practitioners doing their homework, key interpersonal and communication skills and resource and time issues emerged.'(2)
- A record of what was discussed .(2)

## Awareness

- Efforts need to be made to keep it in the public's mind.(3)
- Challenges in engaging some settings in promotion activity notably financial and housing sectors.(3)
- Participants (of a research project) had a lack of awareness regarding adult protection(2)
- Service users stated they would not know how to get help on their own.(2)
- Connection to an organisation provided the group with greater knowledge of their rights.(2)
- A genuine interest shown by particpants in the legislation and processes and supportive of its principles.(2)
- Uncertainty about what social work services are and what they do. (15)

## Service User Views

- The person should decide what they share.(6)
- The person should be asked directly if they want an advocate with an explanation of the role.(6)
- Increase awareness and use of advocacy (14)
- Maps, pictures and any tools should be used to commuciate and record meetings.(6)
- Clear explanations and honesty are important.(6)
- The adult should be listened too.(6)
- Different understanding of words i.e. risk.(6)
- The word 'abuse' should not be used.(6)
- Risk needs to be understood in terms of support and trust.(6)
- The impartmace of social conventions e.g. shaking hands, opening with general conversation.(2)
- The issue of the practitioner having and taking the time to get to know the person in order to build a trusting relationship was raised by many participants incluing rapport building.(2)
- Prefer professionals to be honest and direct even on sensitive issues.(2)
- Don't go too fast or concentrate too quickly on the problem instead of the person. (15)
- Use the process to take steps with the person toward soultions, nurturing the persons resillience to avoid damaging their future functioning.(15)
- Less focus on the 'Act and 'Law'(14)
- Provide information in plain language (14)
- Involve Carers (14)
- Raise awareness in schools (14)
- Ensure staff have protected time to do the work(14)

# Scoping of Current National and Local Public Information Materials

### Videos

Based on the material viewed the group felt they engaged better with videos between 30 and 60 seconds in length. However it was noted that some videos are aimed at specific audiences for specific purposes. One such video highlighted the benefit of a narrative which both highlights the message and its meaning as well as aiding recall of the video/issue.

The use of modern advertising techniques was not seen as useful. This refers to abstract themes which appear to be attempting to promote the viewer's understanding through further reflection once they have viewed the video. The group noted that this reduced impact and in some cases meant the message was not understood at all. This re-enforces the need to keep a message simple and straightforward and avoid a multi-message or issue approach.

As with written materials repetition of the message over a period of time is required. This is based upon the assertion that when an issue is not seen as pertinent to the individual the message is likely to filtered out. The group noted that campaigns seem to need repetition over a significant period of time with a gradually developing message in order that they establish a broader understanding of the issues.

The group also noted that still pictures and a narrative can achieve a more focused feel, breaking the message down more effectively aiding impact and memory.

### Narrative

Where a video is being used as a learning tool or a highly targeted audience tool the importance of narrative cannot be overstated. The group noted that a well constructed story board can provide all the aspects required i.e. message, context (e.g. loneliness and the desire for meaningful relationships), outcomes and importantly the viewer's memory of the meaning and importance of the issue. In addition to this it also allows a demonstration of who can help and how.

The narrative technique used was in a relatively long piece by Central Advocacy Partners but the Working Group felt it could be utilised in shorter productions.

### Leaflets and Booklets

Range - Develop a range of materials under an umbrella e.g. general awareness raising, specific awareness raising, process explanations, active involvement explanations etc.

Images and Symbols - Consider the type of images used. Symbols and photographs are often available but may also require bespoke design. With regard to photographic images the use of bespoke images appears to be more effective offering consistency of format whilst depicting the exact message the agencies wish to convey. The group discussed the issues noted across Scotland with regard to the use of symbols and that there is no one nationally adopted set. Symbols can mean different things to different people and therefore could misrepresent the message. Again the audience being targeting may influence the choice here. However the use of photographs and words was marginally preferred by the group and a leaflet about process was thought to provide a good example of this.

The choice of images is clearly important. Images should not be confusing or abstract. Consider the images in terms of whether they are conveying more than one possible message. Adult support and protection is a difficult concept to convey in a single image and a set of images may require development that provide a national and local 'brand' to assist with developing the concept of adult support and protection with service users, cares and the public.

Easy read **-** The need for all to understand the message is obvious. The group discussed how easy read in some cases is criticised for appearing patronising. However following guidelines on how to write in an easy read fashion could avoid this and allow the production of one leaflet as opposed to the complex and easy read versions. Guidance has been produced by several agencies including SCIE and SCLD.

The group noted that leaflets benefited from the use of a single font size and type face. The Working Group also noted that an over stylised product can detract from the message and make it less accessible rather than increasing impact.

**Colour**
The choice of colours is important and the use of corporate colours sometimes does not provide the most effective visual impact.

**Testing materials**
There is no defined adult support and protection service user group and people requiring support and protection can be from a multitude of backgrounds and experience a wide range of needs. Seeking the potential support of the organisations and individuals interviewed as part of this project, to assist in testing materials may be an option in the future.

**Identifying the audience**
What does local data provide regarding specific groups of people that feature more prominently than others or do not feature at all. Are the traditional posting places effective and can feedback be gained from staff in areas where information is placed.

**Review Tool**
Consider developing a review tool to review your material during pre and post development. (Appendix 6)

**Local and National**
The complexities of deploying nationally produced materials locally was noted and where this is done in future, templates may be best produced that allow for the insertion of local contact details and context.

**Logos**
The group noted that in some instances a large proportion of space is taken up by the logos of the various agencies involved. This space could clearly be used to make the message more accessible and a single logo that represents all agencies would be preferable e.g. the APC logo.

## Public Information Development and Review Guide

See following pages

| Aspect | Consideration | Comment |
|---|---|---|
| **Information content**<br>Did it include the following information: | Did the material use a Key word or phrase e.g. Adult Protection | |
| | Does it offer details of AP and explicit consequences where issues aren't reported? | |
| | Communications should be as short as possible to prevent recipients losing interest and being overloaded. Was the message clearly and explicitly presented? | |
| | Was it as short as possible without being too short (resulting in a misunderstanding of the message)? | |
| | Did it direct you to a source of authoritative additional information? | |

| Wording | Consideration | Comment |
|---|---|---|
| The readability of a message should match the target audience's reading ability (Harrison and Bakker, 1998). Recommendations for public information materials are for a Flesch readability score of between 60 and 70 (Flesch, 1948) and a reading grade of 7e8 (Bradley et al., 1994). | Would it be easily understood by a 13 year old? | |
| | Highlighting the negative consequences of taking no action (rather than the benefits of taking action) has greater impact. Were the negative consequences of taking no action emphasised when appropriate? | |
| | Definitive (rather than probabilistic) wording increases message believability, perceived hazard and appropriateness. Was definitive wording used when appropriate, e.g. 'you will reduce the risk of harm to others if...' | |
| | Explicit (rather than non-explicit) wording increases perceived warning appropriateness and behaviour/action 'if you report your concerns you will reduce the risk of harm to....' | |

| | | |
|---|---|---|
| **Colour and pictorials** | Colour can convey different levels of hazard, with red conveying the highest levels of hazard (e.g. Chapanis, 1994). | What did the colour convey to you? |
| | Pictorials can increase a message's salience and improve comprehension. What did the pictorials convey to you? | |
| **Message formatting** | Increases in font size increase perceived hazard and readability (Adams and Edworthy, 1995). | Did the font size affect your perception of the message? |
| **Memory** | Memory and information processing loads can be reduced by eliminating redundant information and ensuring its structure is logical and consistent with prior knowledge (Hancock et al., 2005). | Was the text structured into sections e.g. summary advice, introduction, advice etc.? |
| | | Memory load is reduced by reducing the overall length of the text. Repetition of a message can improve memory and persuasiveness. |
| | | Did you feel overloaded? |
| | | Was the advice Repeated? |

| Action | | |
|---|---|---|
| The use of a personal pronoun has been shown to increase action (Edworthy et al., 2004). | Is the advice presented using the personal pronoun, e.g. 'You should report/call….' | |
| | Encouraging the formation of intentions promotes action. What was done to promote the goal of remembering the advice? | |
| | To promote action the message should emphasise severity (rather than likelihood) of the consequences of taking no action. Does the material do this? | |

| | **Perceptions of Adult Support and Protection Terminology** |
|---|---|
| | **GROUP 1 and 2 (OP & MH)** |
| **Issue** | **Descriptions used** |
| Awareness | Largely through community groups, employment and local events |
| Risk means | <ul><li>Physical abuse</li><li>Harm</li><li>Exploitation</li><li>Risk assessment</li><li>Fear</li><li>'When I get older, I go to the bank, am I going to get jumped?'</li><li>'Blowing yourself up with a cooker'</li><li>'People asking for money'</li><li>'Risk to Self'</li><li>'Decisions' – making decisions is difficult and a vulnerable person may find it more risky</li><li>'Putting yourself in situations that are unsafe'</li><li>'Risk to Physical and mental health'</li><li>'Letting the wrong people into your home'</li></ul> |
| Where Risk Comes from | <ul><li>Lack of support to service user and to carer leading to crisis</li><li>Person may not recognise risk or know where to go for help</li><li>Level of risk changing daily causing confusion about the level of risk</li><li>An example was given that a person who has dementia may have aggressive episodes, these can be a risk to the individual themselves or to the carer.</li><li>Social, economic or political factors.</li><li>Organisations/Institutions e.g. where the support services or budgets are not available. (This point largely related to Home Care services where staff have minimal time to spend with the service user and this has two key impacts. Firstly the service user has to make a choice as to whether they tell the worker about their concerns as this will impact upon the number of tasks the worker can complete, secondly it is difficult to build a trusting relationship with someone who you may see regularly but only briefly and on this basis you will not tell them your concerns).</li><li>The loss of local crisis services who knew the people that called.</li><li>'Other People'</li><li>'Self-Harm'</li><li>'Substance Abuse'</li><li>'Crossing the Road'</li><li>'Bogus Cold Callers'</li><li>'Someone else trying to encourage you to make bad decisions'</li><li>'The Internet'</li><li>'People with dementia can be conned into giving away details about themselves'</li></ul> |

| Harm | • Self-harm (both groups)<br>• Physical (both groups)<br>• Financial (both groups)<br>• Neglect – self or by others/deliberate or unintentional (both groups)<br>• Emotional (both groups)<br>• Sexual (both groups),<br>• Bullying and manipulation affecting self-esteem<br>• Scams |
|---|---|
| Where can harm happen | Anywhere, where you least expect it, |
| Who can cause harm | • Family<br>• Strangers<br>• 'cold-callers' –either on the telephone or on the door step.<br>• 'people from your past'<br>• 'people you know and trust'<br>• 'People who try to kid on they are your friends'<br>• 'Ex partners' |
| Support | • Lack of understanding about Social Workers role<br>• GP (where you see the same GP regularly/issues with large practices/locums)<br>• Representation and Support including Advocacy (both groups)<br>• Contact Police or the bank if its financial harm<br>• Social worker<br>• Family<br>• Crisis support<br>• CPN<br>• Psychologist and Psychiatrist<br>• Addiction services<br>• Samaritans/Breathing Space etc |
| | **Group 3 and 4 (D)** |
| **Issue** | **Descriptions used** |
| Awareness | Although some people stated they had heard of adult support and protection their statements ran contrary to this. Overall it seems no-one in these groups had heard/had any real knowledge of adult support and protection |
| Risk | • Going outside<br>• Frustration – I feel at risk all the time<br>• Hiding things from our partners (meaning issues, concerns etc)<br>• Going out at night alone<br>• Going shopping and experiencing memory issues |
| Where Risk Comes from | The terms harm and risk were brought together to assist communication with this group using a consensus talking mat. |
| Harm | • Dangerous<br>• Not remembering how to use the oven<br>• Leaving taps on |

| | |
|---|---|
| | • Bring food<br>• Bring self when making hot drinks<br>• Falling down when walking<br>• Frustration with day to day tasks<br>• Loss of independence<br>• Being confused<br>• Forgetting or taking increased dose of medication<br>• Recognising money to know what change to get<br>• Alert cards – potential positive and negative, largely positive as it gets help the negative is showing the card to someone who may then place you at risk of harm.<br>• Complex financial tasks/banking<br>• Strangers<br>• Knowing who to trust<br>• Being alone<br>• ATOS assessment leading to a reduction in income and increased independent travel increasing risk to the individual.<br>• Professional not listening or trying to understand |
| Where can harm happen | No matching responses |
| Who can cause harm | No matching responses |
| Support | • The issue of sexual relationships was raised at this group in terms of a loss.<br>• The use of technology to maintain safety and reduce risk where it is user friendly and can be understood by the service user.<br>• Needing someone you trust in meetings with you is essential<br>• Being listened to.<br>• Having things written down<br>• Concentration span needs to be acknowledged in meetings<br>• The impact of other issues such as dementia, and worry about other issues needs to be considered in formal meeting and the impact this can have on the person's ability to understand and process what is happening.<br>• Audio recording meetings<br>• Dictating your thoughts to someone prior to the meeting so they can speak on your behalf.<br>• There is a reluctance to think about the future which needs to be acknowledged<br>• The use of the talking Matts appeared to aid understanding of the issues and prompted more thought by participants and promoted them to listen to one anther more. |

| | Group 5 and 6 (LD) |
|---|---|
| **Issue** | **Descriptions used** |
| Awareness | Member of APC, through membership organisation, conferences, only one person noted TV adverts and Scottish news, previous research interview |
| Risk | Out on the street people aren't safe anymore<br>Taking a lift<br>Crossing the road<br>Taking your life<br>Something you have done that you don't want to talk about<br>If you hit someone, what might happen<br>If someone gets at you, you might want to take your life or self harm<br>Being overwhelmed at work, causing a breakdown<br>Is it bodily harm?<br>Talking to a stranger<br>Bottling things up, hiding them causing a nervous breakdown and suicide<br>If someone is accused of something they didn't do<br>Vulnerable and therefore at risk<br>Worried that someone will repeat historic actions/decisions<br>Someone with a criminal record |
| Where Risk Comes from | Services need to get better at recognising depression<br>Staff don't have much patience, they might not have the knowledge or know you well enough.<br>We need staff who can notice changes a person, professionals need better training to spot things.<br>People who are vulnerable need someone they trust, this is not always practical.<br>Communications need to get better all round.<br>The language used is not always good enough (referring to the use of plain language)<br>Getting into a strangers car |
| Harm | Cutting yourself, self-harm<br>Financial harm<br>Physical harm<br>Name calling, hate crime<br>Drugs and alcohol<br>Bullying and shouting at people<br>Getting picked on<br>Trying to stab yourself, self-harm<br>I have heard about self harm a lot and it's common for adults needing protection<br>Putting yourself at risk<br>Someone chucking stuff at you<br>Someone pulling a knife on you<br>Being bullied<br>A gang picking on people leading to hate crime<br>People with mental health issues harming themselves<br>If no one wants to be your friend and you are being ignored<br>If you trust a person and that person is talking about you, people would feel hurt and left out<br>If you don't get the support you're supposed too and staff aren't doing what they're supposed to, that would be neglect<br>Staff not listening<br>Lack of care |

| Where can harm happen | Facebook/cyber bulling |
| --- | --- |
| Who can cause harm | Family<br>Strangers<br>Yourself<br>Phone callers<br>Call centres<br>Cold callers<br>Police<br>Bad treatment from medical people<br>Your boss in college<br>Care workers<br>Anyone in the street<br>Sex offenders<br>People with criminal convictions for assault and crime<br>Someone who has murdered<br>Someone who has been violent<br>Someone who is nasty<br>Kids smashing windows, I don't like that<br>Bullies<br>If someone ties you up on the bus pole<br>Care home staff<br>Con men and women trying to steal money from your bank<br>Professionals |
| Support | A friend or someone you know<br>Your family<br>Home<br>Someone you trust<br>Staff from membership organisation<br>Yourself<br>Being careful not to talk about private things in public<br>Locking your doors<br>Visitors making appointments before coming to your home<br>Check the spy hole in the door<br>Check who is at your door before opening it<br>Security alarms<br>Not taking short cuts or using unlit paths (refers to recent events in the area)<br>Go out in pairs<br>Have your phone with you<br>Let people know your whereabouts<br>Use the same taxi service to develop trust<br>Tell neighbours if you are going on holiday<br>Join neighbourhood watch<br>Support to stay safe would look like getting people you know to look out for you<br>Support to look after yourself and check your smoke alarms<br>Parents and family<br>Housing associations<br>Security measures for the house<br>I have a dog<br>Personal attack alarms<br>Mobile phones<br>Not going out alone |

| | Service User Interviews |
|---|---|
| **Issue** | **Descriptions used** |
| Awareness | Largely became aware through the process itself. |
| Risk | Vulnerable<br>Getting into situations you can't get out of<br>People taking our money<br>Loan companies harassing you<br>Potentially getting hurt<br>Something going wrong<br>Something going wrong with finances |
| Where Risk Comes from | Yourself and people around you, mostly yourself if you put yourself in that situation<br>Strangers<br>Social Media e.g. Facebook<br>People on the street<br>Neighbours<br>Strangers and people you know<br>Members of the local community<br>People in pubs<br>If you are feeling 'mentally under the weather, vulnerable'<br>People on the street asking for money<br>Loan Companies<br>Other people<br>Many sources<br>People knowing you/your history<br>Family<br>*"Con men, druggies and alcoholics"*<br>Fights and assaults<br>Self Harm<br>I eat too much and drink too much is that keeping myself safe? |
| Who would you tell | Police,<br> Family,<br>Social Worker |
| Harm | Self harm, suicidal, intoxication, conflicted, angry, harming others. Other people harming you, getting hurt, involved with dangerous people. Punched, Glassed, verbal, danger and harm in so many different circumstances |
| Where can harm happen | On the street, on the telephone, in the pub, in family homes, at work (relating to physical danger of a particular trade) |
| Who can cause harm | Self |

| Support | Self-awareness of risk, family support, GPS tracking device, advising family of whereabouts. |
|---|---|
| | Home is safe, family homes are safe. |
| | Support should feel secure, welcoming and comfortable to allow you to talk by being at ease and not nervous. It shouldn't make you feel stressed, anxious and that people are giving up hope (this is partly related to a traumatic hospital experience which also affected perception of adult support and protection meetings).Being treated with respect and respecting others. |
| | One person when asked pointed to the support worker present |
| | 'a friendly word' |
| | Family |
| | Hospitals |
| | Supported accommodation |
| | Avoiding eviction |
| Protection | Meetings need to be clear what they are about and what they can and can't achieve. |
| | Support workers roles need to be clearly explained in order that it achieves the goals of the service user and the protective services and does not lead to frustration and potential disengagement. The differing perceptions of need and support between service user and services can lead to a view by the service user that the support being provided is of no value. |
| | All stated they would wish to be at the meeting/case conference. |
| | Try not to react to people threatening you. |

| | Groups 7 & 8 (Individual Interviews with Carers and Service Users within the BME community members) |
|---|---|
| **Issue** | **Descriptions used** |
| Awareness | Less than 50% overall and on 25% of service users were adult support and protection aware with no real depth of knowledge noted. Where awareness was noted this was largely raised through employment, training and role. |
| Risk | Self-harm, aggression, verbal and physical abuse, involuntary abuse (harm without intent), physical. Psychological, emotional, financial, damage, injury, hazards |
| Where Risk Comes from | Largely related to an incident, situation/environment, other people, everywhere, outside world, ourselves, ignorance. |
| Harm | Physical, psychological, financial, sexual and neglect. |
| Where can harm happen | Largely covered in 'where risk comes from'. |
| Who can cause harm | Bogus callers, family and relatives. |
| Support | GP, Police, social worker, family, carers, controlled environment, good atmosphere, diverse and culturally aware workforce |

# Survey

Service User and Carer Engagement in Adult Support and Protection

**Q1 This questionnaire aims to locate the organisational perspective on the issues arising around raising awareness of Adult Protection with your members, service users etc. These results will be fed into the report from the national project around this topic. Could you please indicate which sector your organisation is based in**
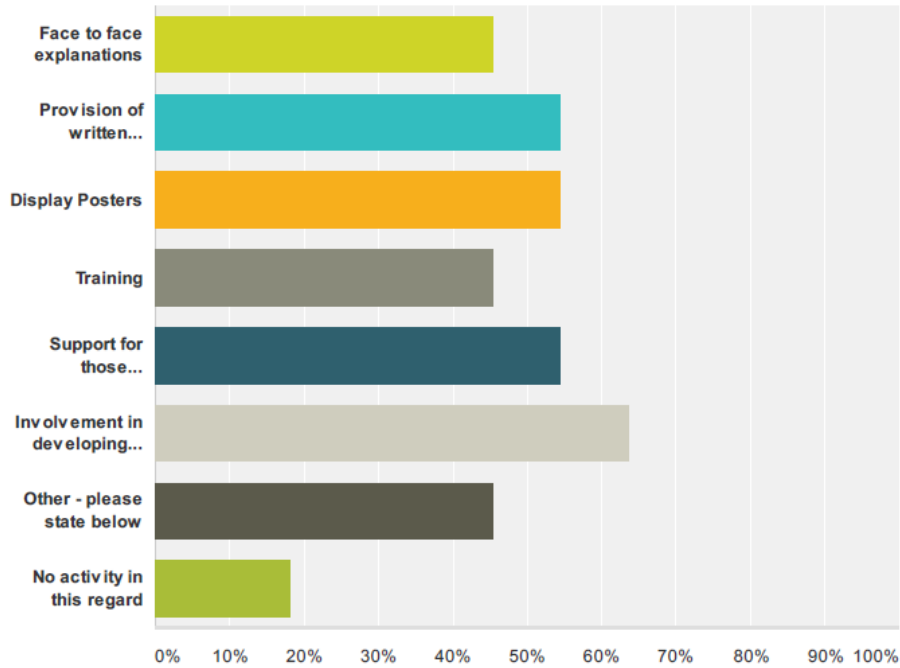
Answered: 11   Skipped: 1
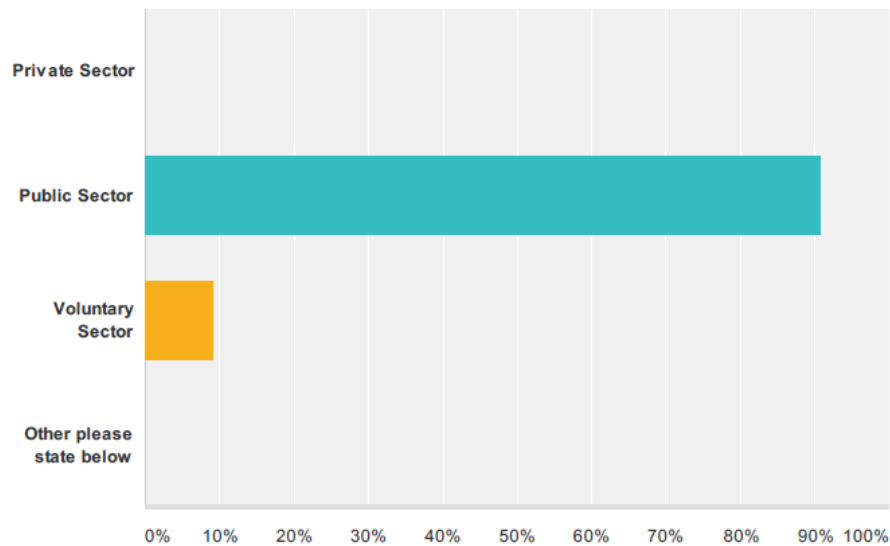


| Answer Choices | Responses | |
|---|---|---|
| Private Sector | 0.00% | 0 |
| Public Sector | 90.91% | 10 |
| Voluntary Sector | 9.09% | 1 |
| Other please state below | 0.00% | 0 |
| Total | | 11 |

| # | Other (please specify) | Date |
|---|---|---|
| | There are no responses. | |

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## Q2 What does your organisation currently do to raise awareness of Adult Support and Protection with Service Users

Answered: 11   Skipped: 1



| Answer Choices | Responses | |
|---|---|---|
| Face to face explanations | 45.45% | 5 |
| Provision of written information | 54.55% | 6 |
| Display Posters | 54.55% | 6 |
| Training | 45.45% | 5 |
| Support for those experiencing the process | 54.55% | 6 |
| Involvement in developing awareness raising/training materials | 63.64% | 7 |
| Other - please state below | 45.45% | 5 |
| No activity in this regard | 18.18% | 2 |
| Total Respondents: 11 | | |

| # | Other (please specify) | Date |
|---|---|---|
| 1 | Through registration and inspection we ensure that regulated care services and health and social care partnerships are effectively supporting and protecting people. This includes reviewing the ways in which they raise awareness, promote policy and practice, train staff, respond to referrals, etc. | 4/1/2014 8:17 AM |

| 2 | Wider public awareness raising activity includes input into community radio and delivery of specifcally designed community awareness sessions. We work with partners, including Roshni, ACVO and GREC, to reach potentially more excluded people and communities. Our service user and carer development officer engages with community groups to support development of awareness and to faciltate exchange of information with those who have been subject to ASP processes. Advocacy Services have supported the latter. | 4/1/2014 6:20 AM |
|---|---|---|
| 3 | We also provide information, support and advice to member advocacy organisations who might be seeking clarification or supporting someone through the ASP process. | 3/11/2014 4:51 AM |
| 4 | Dundee has a 'Stakeholders Group' which is providers of services (non-statutory) across the city who have access to service users on a daily basis. This group is a conduit of information to and from the ASPC. We also have a presence in the city on days such as Elder Abuse Day, and at the annual Flower and food festival. | 3/10/2014 7:42 AM |
| 5 | Staff ensure that decisions from ASP process particularly case conferences are communicated to service users away from the meeting itself . This will involve advocacy workers too. We could improve on more written information in terms of leaflets , but we also have an ASP website for the City which is for public access and displays alot of information. It also has links to other relevant sites. such as Act against Harm. | 3/10/2014 5:27 AM |

## Q3 What does your organisation currently do to raise awareness of Adult Support and Protection with Carers?

Answered: 11    Skipped: 1
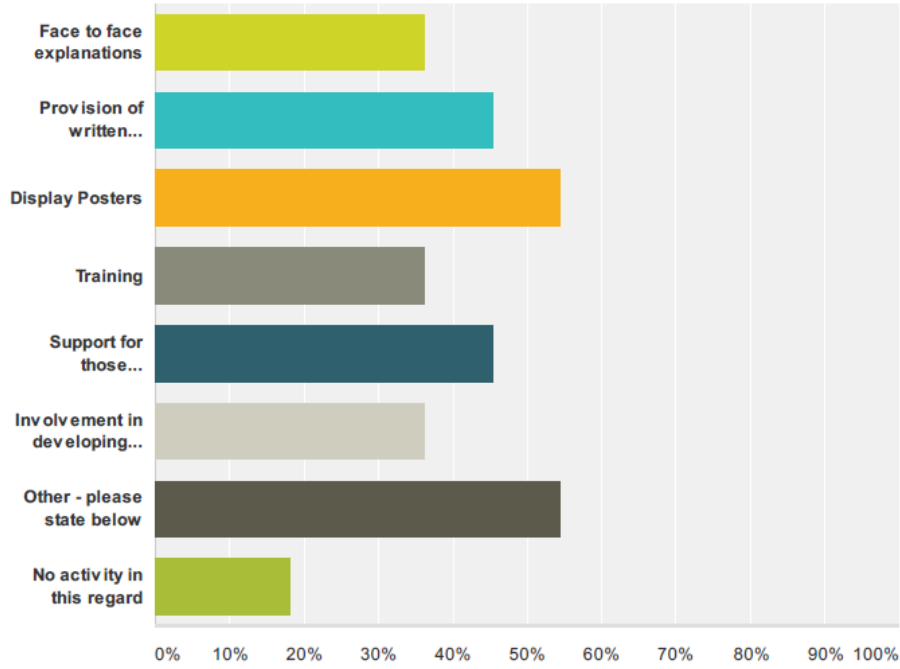


| Answer Choices | Responses | |
|---|---|---|
| Face to face explanations | 36.36% | 4 |
| Provision of written information | 45.45% | 5 |
| Display Posters | 54.55% | 6 |
| Training | 36.36% | 4 |
| Support for those experiencing the process | 45.45% | 5 |
| Involvement in developing awareness raising/training materials | 36.36% | 4 |
| Other - please state below | 54.55% | 6 |
| No activity in this regard | 18.18% | 2 |
| Total Respondents: 11 | | |

| # | Other (please specify) | Date |
|---|---|---|
| 1 | In inspecting health and social care partnerships we look at the ways in which partners work together to support carers and provide advice, information and support on a range of matters, including adult protection. | 4/1/2014 8:17 AM |
| 2 | As above | 4/1/2014 6:20 AM |

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## Service User and Carer Engagement in Adult Support and Protection

| 3 | Carer representative is a member of the APC. Targeted events for service users, carers and the wider public. representation/ stands at community events. | 3/27/2014 4:37 AM |
|---|---|---|
| 4 | No formal activity in this regard but carers can sometimes be the peoepl we are having hte face to face discussions with ie the answer given to Q2 | 3/10/2014 9:30 AM |
| 5 | Dundee Carer's Service is part of our Stakeholder's group - indeed their representative is the current chair. | 3/10/2014 7:42 AM |
| 6 | 3 carer's projects across the City area work in partnership with the two Carer's Centres and support individuals with ASP issues . There are 3 full time emergency planners in place who assist carers at times of stress and this can include ASP . ASP also features as part of a training course on dementia support | 3/10/2014 5:27 AM |

## Q4 What does your organisation currently do to raise awareness of Adult Support and Protection with staff/volunteers etc.

Answered: 11    Skipped: 1
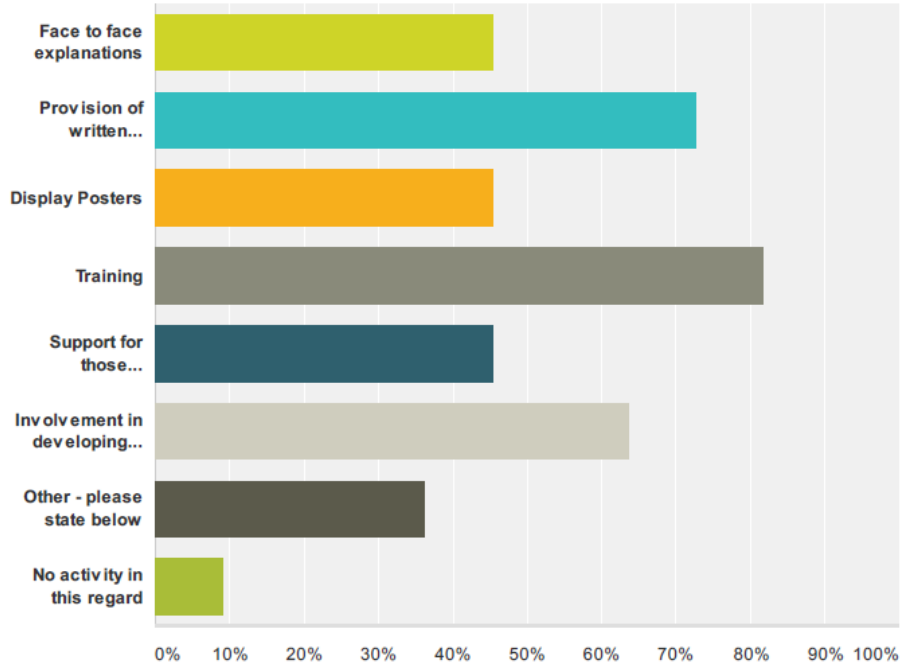


| Answer Choices | Responses | |
|---|---|---|
| Face to face explanations | 45.45% | 5 |
| Provision of written information | 72.73% | 8 |
| Display Posters | 45.45% | 5 |
| Training | 81.82% | 9 |
| Support for those experiencing the process | 45.45% | 5 |
| Involvement in developing awareness raising/training materials | 63.64% | 7 |
| Other - please state below | 36.36% | 4 |
| No activity in this regard | 9.09% | 1 |
| Total Respondents: 11 | | |

| # | Other (please specify) | Date |
|---|---|---|
| | | |

## Service User and Carer Engagement in Adult Support and Protection

| | | |
|---|---|---|
| 1 | Specifcally designed training/ awareness raising sessions e.g. delivered to befrienders; community safety hub Role of the Joint Training Co-ordinator to delvier specific training Agencies are signposted to training for trainers As part of our response to the issues raised by the report into the events at Winterbourne we surveyed all our commissioned services to ascertain how far services are adhering to local policy and procedure. This included specific questions relating to ASP training and awareness. The Joint Training Co-ordinator is engaging with agencies where a need to improve existing arrangements was identified | 4/1/2014 6:20 AM |
| 2 | Induction training and training modules for all staff . Press releases and articles including in staff magazines; info with payslips. Protected learning time for GPs Inclusion of ASP training as mandatory in training for registrars in mental health. | 3/27/2014 4:37 AM |
| 3 | Dundee is developing a Protecting People Learning and workforce development resource which pulls together different levels of awareness raising and training across the city for Child Protection, Adult Protection, Violence against women and MAPPA There is a comprehensive training calendar across the year from basic awareness (Protecting People) to more specialist ASP training in terms of Advocacy, Human rights, and roles and responsibilities. | 3/10/2014 7:42 AM |
| 4 | Provision of asp related website 8 staff in leadership positions around the local authority to offer advice , consultation , set practice standards and deliver localised training specifically on ASP . Process of local management reviews akin to colleagues in child protection where ASP is focused on , local themes and issues identified and action plans developed for staff . ASP local practitioner forums - 3 set up across the City where staff can discuss complex case issues and gain support from peers. Also incorporates education/ awareness slots from other agencies. Training courses feature 2 day and 5 day training courses for staff . | 3/10/2014 5:27 AM |

## Q5 What have you found most effective?

Answered: 11   Skipped: 1
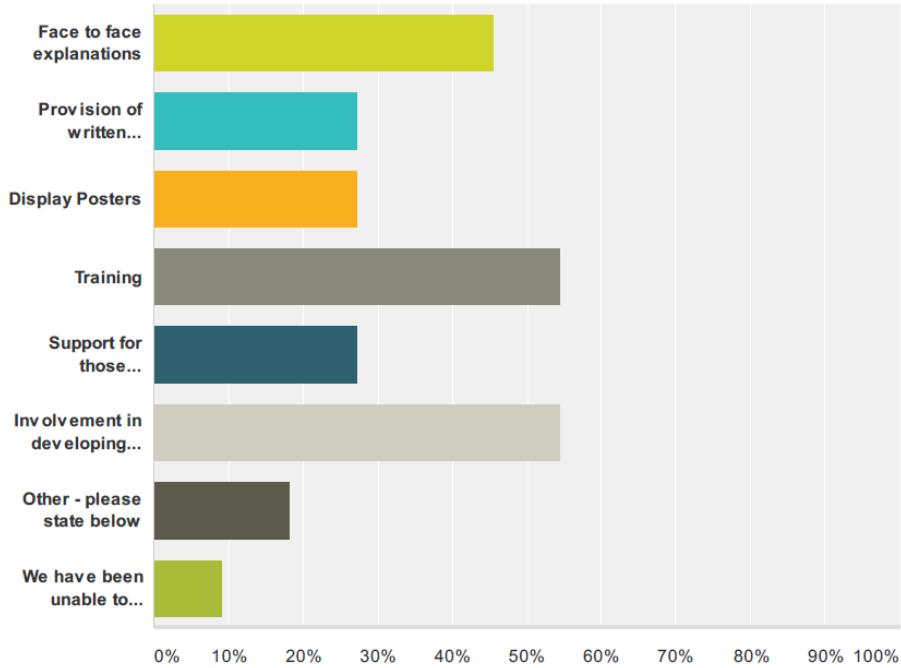


| Answer Choices | Responses | |
|---|---|---|
| Face to face explanations | 45.45% | 5 |
| Provision of written information | 27.27% | 3 |
| Display Posters | 27.27% | 3 |
| Training | 54.55% | 6 |
| Support for those experiencing the process | 27.27% | 3 |
| Involvement in developing awareness raising/training materials | 54.55% | 6 |
| Other - please state below | 18.18% | 2 |
| We have been unable to assess any impact | 9.09% | 1 |
| **Total Respondents: 11** | | |

| # | Other (please specify) | Date |
|---|---|---|
| 1 | This varies as service users, carers, staff and others all have different needs. Staff need much more in depth knowledge and understanding, for example, if they are engaged in the process as Council Officers. | 4/1/2014 6:20 AM |
| 2 | It is the combined approach that is most effective rather than reliance on one approach. Also particular approaches need to be adopted which provide the incentive for different groups to take up training e.g GPs. The timing of training and info events can impact on take up. | 3/27/2014 4:37 AM |

| 3 | There is no one thing "most" effective its horses for courses but verbal explanation seems to be where most things end up however. | 3/10/2014 9:30 AM |
| 4 | I believe we need a range of different inputs and many cannot be easily evaluated. We are currently surveying service users, carers and members of the public across the city asking them what THEY find most useful. | 3/10/2014 7:42 AM |
| 5 | Assessing impact is not confirmed by any research at this stage but the process does appear to be more effective when both service users and carers are involved at all stages of the ASP process and staff /advocacy support is involved from beginning to end . Effective face to face communication seems to be the most helpful at this point . Good explanation , reinforced at all points inclufing case conference and backing this up with appropriate information. | 3/10/2014 5:27 AM |

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## Q6 What have you found least effective?

Answered: 11   Skipped: 1
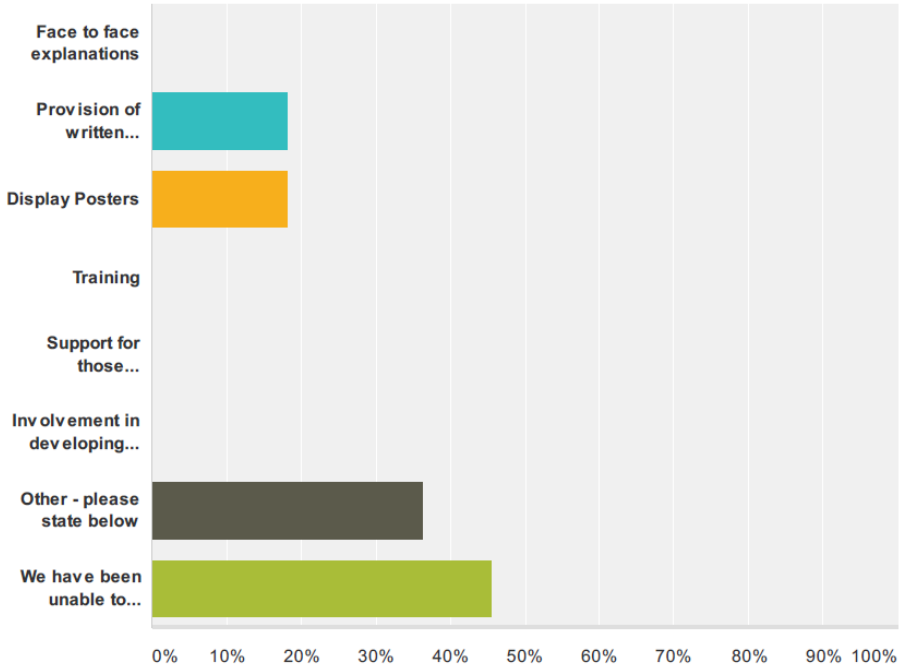


| Answer Choices | Responses | |
|---|---|---|
| Face to face explanations | 0.00% | 0 |
| Provision of written information | 18.18% | 2 |
| Display Posters | 18.18% | 2 |
| Training | 0.00% | 0 |
| Support for those experiencing the process | 0.00% | 0 |
| Involvement in developing awareness raising/training materials | 0.00% | 0 |
| Other - please state below | 36.36% | 4 |
| We have been unable to assess any impact | 45.45% | 5 |
| **Total Respondents: 11** | | |

| # | Other (please specify) | Date |
|---|---|---|
| 1 | Difficult to answer this as each method will have varying degress of success, reliant on a number of varying factors | 4/1/2014 6:20 AM |
| 2 | we have assessed impact but it would be hard to rule any approach out, there is an inter-relationship between approaches. assessment at public events, such as summer fairs etc, of the impact of awareness raising indicated a high level of awareness and good understanding of where to refer if a member of the public had a concern. | 3/27/2014 4:37 AM |

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| 3 | EWverything has had some effect but as mentioned as people seem to need discussion I think posters etc would be least effective but we have not tried this route so cant actually comment. | 3/10/2014 9:30 AM |
|---|---|---|
| 4 | As above | 3/10/2014 7:42 AM |
| 5 | Information and poster campaigns can be difficult as public sometimes get confused about what might constitute a referral , info often requires good communication and follow up behind it . | 3/10/2014 5:27 AM |

## Q7 Where your organisation has not yet developed policy or practice in this regard, what barriers have you encountered? (if this does not apply please state 'Does not Apply' in the text box below)

**Answered: 11   Skipped: 1**

| # | Responses | Date |
|---|---|---|
| 1 | Does not apply | 4/2/2014 1:16 AM |
| 2 | Does Not Apply | 4/1/2014 8:17 AM |
| 3 | does not apply | 4/1/2014 6:20 AM |
| 4 | Does not apply | 4/1/2014 5:23 AM |
| 5 | Does not Apply | 3/31/2014 2:10 AM |
| 6 | Does not apply. | 3/27/2014 4:37 AM |
| 7 | Does Not Apply Yet | 3/17/2014 3:59 AM |
| 8 | Does not apply | 3/11/2014 4:51 AM |
| 9 | does not apply | 3/10/2014 9:30 AM |
| 10 | Does not apply | 3/10/2014 7:42 AM |
| 11 | Does not apply however, I think one of the main barriers is identifying relevant individuals who represent a cross section of service users and carers in this area . ASP issues can be very broad and affect a wide range of individuals and we do not always capture their views well. In addition for understandable reasons they find it difficult to share these views . | 3/10/2014 5:27 AM |

## Q8 Where your organisation has not yet developed policy or practice in this regard, what would provide the impetus to reach this position? (where this is not the case please state 'No Issues' in the text box)

Answered: 11   Skipped: 1

| # | Responses | Date |
|---|-----------|------|
| 1 | No issues | 4/2/2014 1:16 AM |
| 2 | No issues | 4/1/2014 8:17 AM |
| 3 | no issues | 4/1/2014 6:20 AM |
| 4 | Does not apply | 4/1/2014 5:23 AM |
| 5 | No Issues | 3/31/2014 2:10 AM |
| 6 | no issues | 3/27/2014 4:37 AM |
| 7 | Does Not Apply Yet | 3/17/2014 3:59 AM |
| 8 | no issues | 3/11/2014 4:51 AM |
| 9 | no issues | 3/10/2014 9:30 AM |
| 10 | No Issues | 3/10/2014 7:42 AM |
| 11 | An engagement strategy for service users and carers would be beneficial to target relevant issues and pinpoint the themes that they feel are relevant . The improvements to practice could be an impetus to this . | 3/10/2014 5:27 AM |

## Q9 What other factors, issues and tools etc. would assist your organisation in raising awareness/continuing to raise awareness of Adult Support and Protection

**Answered: 11    Skipped: 1**

| # | Responses | Date |
|---|---|---|
| 1 | Development of joint/integrated communications plan for ASP | 4/2/2014 1:16 AM |
| 2 | Further public infomation campaigns. | 4/1/2014 8:17 AM |
| 3 | Particular issues for us relate to the provision of information and awareness raising in minority ethnic communities. A national steer/ lead on this would be helpful | 4/1/2014 6:20 AM |
| 4 | Supprt from Scottish Govememnt Natioanl lead Officer and With Scotland all help and continuing this suport is important for the future. Locally we have capcity issues to keep publicity etc going- staffing is tight. We do feel that we can harness the skills and knowledge of carers and users in imaginative ways to help raise awareness in the community about adult protection and our current careres and users group is focussing on this. | 4/1/2014 5:23 AM |
| 5 | Developing training - multi-agency and single agency. Ongoing publicity campaigns Additional resources | 3/31/2014 2:10 AM |
| 6 | We sought some national support for funding of TV campaign and this would be very helpful. Awareness is dependent on regular information which draws attention to the issue and what to do/ where to go if concerned so that it becomes familiar. evidence suggests that varied local efforts supported by high profile national campaign does raise awareness and understanding. We can learn from child protection re this. | 3/27/2014 4:37 AM |
| 7 | Does Not Apply Yet | 3/17/2014 3:59 AM |
| 8 | We could include information in our quarterly magazine about the implementation of ASP. | 3/11/2014 4:51 AM |
| 9 | learning of case law and actual experience of use of ASP as this develops. | 3/10/2014 9:30 AM |
| 10 | National awareness raising campaigns on which we can do local work too might be useful. | 3/10/2014 7:42 AM |
| 11 | Positive media images on what it is , how to recognise it and report it good linking in with communities on supporting and tackling vulnerable individuals ie using community Police supports , housing organisations etc . well informed advocacy services. using service users and carers in developing training . | 3/10/2014 5:27 AM |

## Q10 Approximately how many Adult Support and Protection referrals has your organisation made since the commencement of the Adult Support and Protection Act?

Answered: 11    Skipped: 1
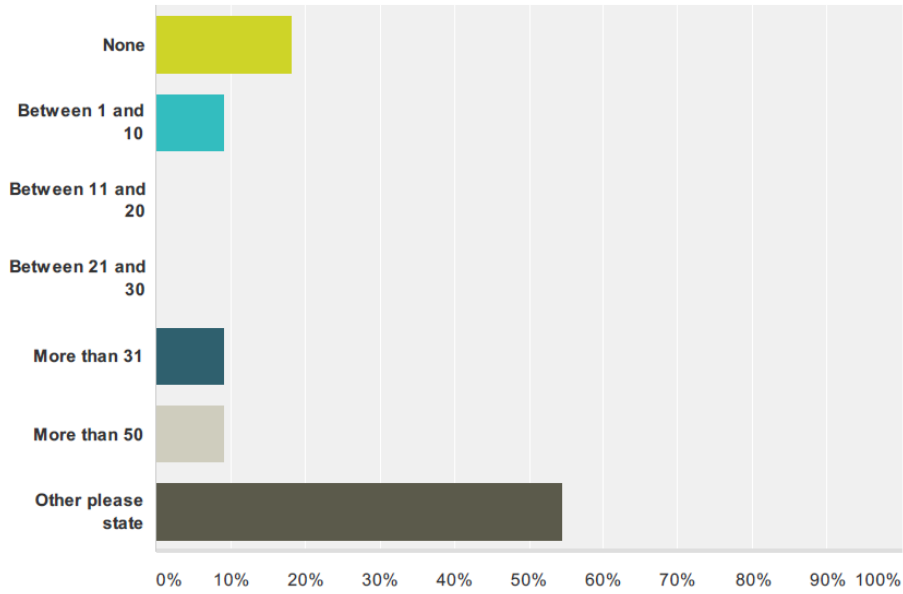


| Answer Choices | Responses | |
|---|---|---|
| None | 18.18% | 2 |
| Between 1 and 10 | 9.09% | 1 |
| Between 11 and 20 | 0.00% | 0 |
| Between 21 and 30 | 0.00% | 0 |
| More than 31 | 9.09% | 1 |
| More than 50 | 9.09% | 1 |
| Other please state | 54.55% | 6 |
| **Total** | | **11** |

| # | Other (please specify) | Date |
|---|---|---|
| 1 | Unable to quantify at present. | 4/2/2014 1:16 AM |
| 2 | please define | 4/1/2014 6:20 AM |
| 3 | We recieve about 150 a year | 4/1/2014 5:23 AM |
| 4 | I work for SW and we are the agency which receives referrals. | 3/31/2014 2:10 AM |

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| 5 | Not relevant. I chair an APC | 3/27/2014 4:37 AM |
|---|---|---|
| 6 | difficult to comment being a local authority . | 3/10/2014 5:27 AM |