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**Financial harm in a context of adult protection  
the complexity of factors influencing decision making**

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Financial harm in a context of adult protection: the  
complexity of factors influencing decision making.

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I dedicate this thesis to my mother, one half of an extraordinary couple who guided me throughout my life and encouraged me to develop independent thought.

## **Declaration**

I, Melanie Durowse hereby declare that:

I am the sole author of this thesis:

all references cited have been consulted by me:

the work of which this thesis is a record is mine and mine alone:

this thesis has not been previously submitted or accepted for a higher degree.

Melanie Durowse

27<sup>th</sup> February 2020

## Abstract

### Financial harm in a context of adult protection: the complexity of factors influencing decision making

Following the introduction of the Adult Support and Protection (Scotland) Act 2007, in 2012, the Scottish Government identified financial harm as an emerging theme for development, with an identified action to 'close the gaps in current arrangements for protecting adults at risk of financial harm' (Scottish Government 2014a p.4). The subsequent project primarily engaged with community safety partnerships and the financial sector, but engagement with practitioners who work with adult protection and financial harm was limited. The purpose of this study was to explore the working relationships, views and experiences of multi-agency practitioners and identify which factors they considered in relation to financial harm.

Using an amended q sort methodology, 88 multi-agency participants at a Scottish Adult Protection Conference in November 2014 scored 47 statements. The responses were analysed to identify the statements that did not have a strong agree or disagree score which suggested the possibility of additional factors in determining financial harm. From the analysis a series of 5 unfolding vignettes were developed and used in small focus groups and single interviews to explore the complexity of factors used in determining financial harm.

The data was systematically analysed and identified 3 overarching themes: a) the process of not engaging with the adult during the identification of financial harm resulted in a lack of inclusiveness and created an ethical tension for practitioners; b) the culture, skills and knowledge of professional groups varied which impacted on joint decision making; and c) the wide variety of ways that adults could be harmed which impacted on knowledge and recognition. The data also identified the decision making processes varied between thorough analysis, rationality, bounded rationality and heuristics, with evidence of cue recognition, factor weighting and causal thinking.

The findings indicated there are gaps in knowledge and understanding of financial harm across the multi-agency professionals, and organisational cultures have a strong influence on risk. The use of a solution focussed approach provided a short term protection but ignored the long term risks.

## 1. Introduction

*“Financial Harm is not a new phenomenon and to date, in Scotland, there is currently no process in place that enables us to gather sufficient information to gauge the extent of the problem... there are a number of recognised factors which, if present, increase an individual’s potential vulnerability to financial harm. These include living alone, increased dependency on external support and reduced capacity to manage financial affairs. When these, along with many others, are considered in the context of the future age demographics of Scotland over the next 20 or so years, we clearly face a national challenge on an unprecedented scale”* (Scottish Government 2014a p1).

Scottish Government referred above to financial harm as being a challenge, and multi-agency practitioners working with alleged financial harm can find it to be a complex business. Part of the difficulty relates to the requirement for practitioners to understand both financial harm and adult protection and use both areas of knowledge to make a determination. The following scenario is a composite, therefore, fictitious account based on a typical case discussion. The purpose of this scenario is to highlight the factors considered, how the legislation is interpreted and demonstrate some of the difficulties of reaching consensus in multi-agency working.

A woman informed her support worker that she has been told to spend £500 on Christmas presents for family members by her mother. The woman had a learning disability and her mother looked after her finances and gave her pocket money each week. The woman advised she had purchased presents for her family which were of a lesser value than her mother thought appropriate, and her mother had intimated that the value of the presents was unacceptable and had to be changed. Although the woman had sufficient money in her account to increase the value of her presents, she felt that presents she had bought of a lesser value were suitable.

During an adult protection interview, the mother advised it was established practice for each member of the family to spend the same amount on presents for each other. She believed this was a normal part of family life and a reciprocal arrangement. As

she managed her daughter's money, she ensured her daughter saved the appropriate amount over the period of the year in the same way she managed her own finances. It also came to light that she had also opened a savings account for her daughter in which she made regular deposits from her daughter's money with the aim of having a fund to replace furniture and large electrical equipment as they became worn out.

To be considered as an adult at risk of harm under Adult Support and Protection (Scotland) Act 2007 (ASPA), an adult must be considered to meet all 3 of the following criteria:

The adult must be unable to safeguard their property, wellbeing, rights and other interests; (s3(1)(a)); be at risk of harm (s3(1)(b)); and be affected by a condition such as disability, mental infirmity or mental disorder which makes the adult more vulnerable to being harmed than someone who is not affected(s3(1)(c)).

In this case the woman did have a learning disability, and therefore, it could be said she was more vulnerable to being harmed than someone without her condition as she relied on her mother to manage her finances. However, having a learning disability does not automatically make her more vulnerable to being harmed than a person without a learning disability. With regards to her ability to safeguard her finances, she could have been said to meet the criterion as did not have control of her money, although it was not known if the woman was able to manage her finances independently. As she had discussed the matter with her support worker it could be considered that she was able to seek help in order to safeguard herself. Therefore, her ability to safeguard her finances was unknown. The remaining criterion, at risk of harm, was more difficult to establish as a determination requires the practitioner to reflect on their knowledge and understanding of financial harm. In this scenario, all three of the criteria could be considered to be not established.

Is this financial harm?

Professionals involved with situations such as this, in my experience, can often be mixed in their opinion, there are those who firmly believed it would be financial

harm and the mother should follow the daughter's expressed wishes, whereas others who would assume the daughter required assistance to manage her finances and her mother's role was to manage the money in the most appropriate way. They could also question the daughter's right to self-determination. Some may accept that reciprocal gift giving was the norm as an established pattern; others could question whether the daughter should be obliged to continue with the arrangement. The debate may also include issues of choice and control, questioning who had set the financial arrangement up, the legality of such an arrangement, and if the daughter had agreed to her mother's money management role, or was aware of the choices that could be made.

In this situation some workers may also question the use of the ASPA 3-point criteria and suggest she was not at risk of harm, as she does have access to some money, and there was no intent on the part of the mother to withhold the money from her. Whereas others may believe the woman had the right to self-determination and should be free to spend her money as she chose without restriction.

Within the discussions I have experienced around this theme, there were no hard and fast rules about financial harm, and it appeared there was a reliance on each worker's frame of reference with each incident requiring a careful exploration of the presenting evidence in order to decide. When a group of professional workers are being unable to reach a consensus, it made me wonder how well our ability to recognise financial harm was. The more I read about it to further my understanding, the more I understood how complex this area is. I wanted to understand why skilled and knowledgeable professionals could come to very different conclusions, the factors that they took into consideration and the reasons that some factors had a higher value in their deliberations. To understand this, there was a need to get an understanding of knowledge levels of both adult protection legislation and of financial harm before a further exploration of their decision-making processes in this field.

Financial harm is not new, arguably it has occurred for as long as people have had money or assets. The introduction of the Adult Support and Protection (Scotland) Act 2007 provided a definition of harm, the requirement for local authorities to make inquiries, conditions for investigations, and protective orders with which to address

this type of harm and are further detailed in chapter 2. In 2012, Scottish Government acknowledged there were 5 emerging issues to be addressed in adult protection;

”The priorities were derived from various sources, including the National Adult Protection Coordinator’s report on emerging issues and themes in the arena of ASP. One of the agreed priorities was to consider the broad-brush title of ‘Adults at Risk of Financial Harm’ and, ultimately to recommend changes necessary to reduce the instances and extent of this form of harm” (Scottish Government 2014a p1). There was recognition of a need to reduce instances of financial harm and shift the focus from identification of crime and pursuit of perpetrators to reducing the number of victims by closing the gaps within financial systems which enabled financial harm to occur. Broadly speaking, the Adults at risk of Financial Harm Project (2014) were concerned financial harm was not widely understood in all its forms, partly due to the wide range of types of financial harm and that no single agency had overall responsibility for addressing all aspects of financial harm, “Financial harm has unique elements, primarily the diverse nature of how it is committed and the extensive list of potential actors present in maximising prevention, investigation, and support and protection opportunities” (Scottish Government 2014a p5).

The Scottish Government project on financial harm acknowledged, through their aims, “To ensure that Adults at Risk of Harm are better protected against the risk of financial harm. The vision is to better equip individuals, family, friends and professionals to recognize, reduce and stop financial harm to adults at risk” (Scottish Government 2014a p2). Such an aim is difficult to quantify without evidence of knowledge levels before and after the project, statistical data, and the ability to measure how adults are better protected as a consequence of adult protection actions. The project aim (Scottish Government 2014a) that staff required to be better equipped to recognise financial harm suggested professionals need to improve skills, and perhaps the crux of issue is how they are equipped? During preliminary discussions regarding this area of research with a wide range of multi-disciplinary workers, practitioners consistently shared their personal experience of financial management for a person or people they have cared for, often elderly parents. Unprompted, they provided justification for the financial decisions they had made on behalf of the adult they supported. The need for people to explain how they have met the financial needs of the supported adult, would suggest they are maybe concerned

they have acted in a way that could be considered financially harmful, or they were potentially uncomfortable with some of the decisions they were required to make. Perhaps their professional knowledge of financial harm led to a tension in the way they were supporting the adult with financial management, or they were looking for re-assurance that the actions they were taking were appropriate, which highlights the complexity of the issue.

Within an area of potential subjectivity, there is an opportunity to explore factors that influence staff when recognising financial harm which informs their actions to report it and highlight the complexities of such decisions. The decision-making process, when identifying adults at risk of harm, is important to the detection and minimisation of financial harm and a study of influencing factors could contribute to the overall knowledge base of financial harm, and potentially improve recognition skills ultimately benefitting the people we work with.

This research explores the complexity of decision making in adult protection situations involving financial harm, by considering the factors influencing decision making. The participants stripped back their decision making, to consider what influences their decision and how they decided what determined if a situation was financial harm and another was not. They were asked to consider each piece of information and how that influenced making a determination, and where those individual factors become complex decisions. Within this research, there was also an opportunity to explore if each person has the same understanding of the terminology used within adult protection, such as undue pressure. The relevance of factors was also explored in relation to their decision-making processes. The decisions participants considered easy to make established factors that they consider significant to financial harm. At the other end of the scale, the exploration of difficult decision-making situations identified factors that have elements of complexity.

Financial harm is a widespread issue perpetrated in variable ways against adults, regardless of their gender, race or ability. However, the Adult Support and Protection (Scotland) Act 2007 makes a distinction between adults who have been defrauded and those who could be considered to be at risk of harm and require a decision-making framework by practitioners. Therefore, this study considers financial harm

from an adult protection perspective and examines the factors in the decision-making processes. This study was conducted in Scotland with multi-agency professionals who work with the adult protection legislation. Chapter 2 outlines the policy and protective legislation in Scotland to provide an understanding of the legislative criteria of an adult at risk of harm and how this is determined. Chapter 3 is a literature review on financial harm with an overview of the prevalence of financial harm, the definitions being used and consideration of the differences between financial harm and financial exchange. Chapter 4 is a review of the literature in relation to decision making and considers the strengths and limitations of decision making frameworks including heuristics, thorough analysis, dual processing and rational choice decision making.

Chapter 5 introduces the methodology of the study, the ontological principles and epistemological considerations, and identifies the method and purpose of two stages used within the research, using Q sort and how the data was used in the design of the vignette. Chapter 6 provides the findings from both parts of the research and Chapter 7 provides the discussion and analysis in relation to the findings about how financial harm decisions are made and the factors influencing the decision-making process and Chapter 8 considers the complexity of the findings. Chapter 9 concludes the findings and considers the implications of the findings.

## **2. Adult protection legislation and policy**

The research study focuses on the factors considered during the decision-making process adult protection situations of financial harm and why there is complexity in making a determination; therefore, a consideration of financial harm, adult protection and decision-making is required to provide a context to the study. Chapters 3 and 4 will consider the literature in relation to financial harm and decision making, and this chapter will focus on the legislation and policy about adult protection in Scotland.

Adult protection and financial harm are both complex subjects as single issues, however, the complexity increases when considering both together which become multifarious when considering both areas. Both areas need explanation in order to understand the relevance to each other, and why the decision-making processes may be influenced by the intricacies of each.

This chapter will focus on protection of adults, in terms of the legislative requirements and some of the issues related to how the legislation is used and the responsibilities of councils and Adult Protection Committees, who are required to develop the policies and procedures to fulfil their duties under the legislation. It will also consider some of the terminology in respect of harm, disability and vulnerability.

### **2.1 Background of protection**

It is likely that mistreatment of adults with learning disabilities, older adults and adults with mental health issues has been in existence for the same time as that of child abuse, but the emphasis on protecting adults from harm has not had the same high profile as that of child protection (Stewart 2012). Whilst modern child protection policies were developed following the death of Maria Colwell in 1973 (Wilson and James 1998), legislation and policies to protect adults are relatively recent.

The mistreatment of older people was initially identified by Baker (Baker 1975) which focussed on the physical harm to older people from family carers. In the 1980s further causes of harm to older people were identified as verbal aggression and

neglect, showing evidence that abuse between spouses was higher than that from child to parent (Pillemer and Finkelhor 1988). It was not until the 1990s, research emerged about financial and institutional harm (Brown, Kingston et al. 1999).

In Scotland, the need for protective legislation was raised within the 'Report on vulnerable adults' (Scottish Law Commission 1997) where it identified that the Disability Discrimination Act 1995 was limited to inequality by employers and access to services, but did not cover discrimination in the community or at home. The report identified the need for protective powers and included a draft Vulnerable Adults Bill (Patrick and Smith 2009). The need for protection was further emphasised in 2002 when a woman with learning disabilities living within the community and known to a range of protective services, was found to have been physically, sexually, financially and emotionally abused (Scottish Executive 2004) over a substantial period of time which generated significant media interest. Police, Social Work Services and NHS had been aware of the ill treatment of the woman by her brother but none of the services had acted to prevent the chronic abuse. The woman's brother, along with two other men, were convicted of rape and assault, and subsequently imprisoned. In the enquiry that followed, it became apparent that failures within social work and health services had allowed three people to be seriously sexually abused and another to be seriously physically neglected over a period of 30 years (Campbell, Hogg et al. 2013). Following which, a Significant Case Review recommendation 27 (Social Work Services Inspectorate 2004) proposed further legislation was required to protect 'vulnerable adults'.

## 2.2 Protective legislation

The Adult Support and Protection (Scotland) Act 2007 (referred to as ASPA) was introduced as the 3<sup>rd</sup> protective measure to supplement the Mental Health (Care and Treatment) (Scotland) Act 2003 and Adults with Incapacity (Scotland) Act 2000 in the support and protection of adults. It was introduced as the least restrictive of the protective legislation, and specifically included people at risk of harm who have capacity to make decisions. This legislation widened the ability to protect adults who

did not fall into the categories defined within both the mental health and incapacity legislation and clarified the circumstances in which an adult may require protection.

The Act gives a definition of adults at risk as: -

*(1) “Adults at risk” are adults who—*

*(a) are unable to safeguard their own well-being, property, rights or other interests,*

*(b) are at risk of harm, and*

*(c) because they are affected by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than adults who are not so affected*

and details risk of harm as: -

*(2) An adult is at risk of harm for the purposes of subsection (1) if—*

*(a) another person’s conduct is causing (or is likely to cause) the adult to be harmed, or*

*(b) the adult is engaging (or is likely to engage) in conduct which causes (or is likely to cause) self-harm.*

(Adult Support and Protection (Scotland) Act 2007)

The primary feature of the ASPA is that not all adults are in need of protection, only those who are unable to safeguard themselves through a condition which may prevent the adult from avoiding harm in a situation where a person without the condition may have been able to safeguard themselves. For ASPA to be used, the adult must meet all 3 of the conditions. For example, where an adult who does not have any of the conditions outlined in 1(c) above, this legislation could not be used if they were at risk of harm and unable to safeguard themselves.

ASPA requires the council to make inquiries where they believe an adult is at risk of harm (s4) which does not require the consent of the adult. During these inquiries ASPA requires the cooperation of the Mental Welfare Commission for Scotland,

SCSWIS (now known as the Care Inspectorate), Health Improvement Scotland, the Public Guardian, all relevant councils, Police Scotland, and the relevant Health Board (s5), ensuring a multi-agency response to the gathering and sharing of information.

ASPA also makes provision for three types of protective orders, two of which are used to directly protect the adult at risk of harm: An assessment order which allows for an adult to be taken to a specific place to be assessed for risk of harm, and a removal order which permits an adult to be taken to a specific place of safety. The third protective order, a banning order is applied to the alleged perpetrator, and used to prohibit a person from a specific place.

The overarching principles of APSA include the need for the least restrictive option where the adult could not benefit without the use of the legislation, essentially meaning that if the adult could have the same outcome without the use of the legislation, then it is against the principle of ASPA to use it. Whereas, protective legislation in England and Wales, The Care Act 2014, requires the adult to have care and support needs as part of the safeguarding criteria which can be considered more paternalistic than ASPA criteria of ability to safeguard (MacKay and Notman 2017). The principles of ASPA also include having regard for the adult's wishes and the views of carers or other relevant people, maximisation of the adult's participation, and a requirement to ensure the adult is not being treated less favourably than any other adult.

### 2.3 Other forms of protection

There are regulatory requirements for care services to ensure residents of care homes and adults receiving services in the community are free from abuse which were introduced in 2002 and revised in 2017 (Scottish Government 2017). In addition, providers have a duty of care (Dixon, Biggs et al. 2013) which is a further protective factor.

Power of Attorney is a legal document which gives someone else the authority to manage certain aspects of an adults life on a continuing basis for finances and

property matters, or welfare basis, or combined for both finances and welfare (Office of the Public Guardian 2015), when the adult is deemed to lack capacity to make the decision themselves. In making such an agreement the adult is placing their trust in the person to make the right decisions for them. However, who makes the decision that the adult lacks capacity is variable, and although the adult can specify that it must be a medical decision, there is no requirement for this. The adult appointing a power of attorney determines how lack of capacity is determined and includes this information in the power of attorney document (Office of the Public Guardian 2016). Although a legal process, there is little in the way of safeguards to ensure that the Power of Attorney is being used appropriately. In a situation where an adult is financially harmed by the person holding power of attorney the adult may not have the capacity to report it, and the perpetrator has the legal authority to make financial decision. Therefore, if the power of attorney was being mis-used it would require a 3<sup>rd</sup> party to report the harm, which may be limited in cases of social isolation.

#### 2.4 'Vulnerable' and 'victim'?

The term 'vulnerable' when applied to a person is widely considered to be demeaning (Hogg and Johnson 2009) and stigmatising (Gilbert, Stanley et al. 2013) suggesting that vulnerability was the individual's condition, rather than the particular circumstances that they were faced with (Mantell and Scragg 2011). The term 'vulnerable' can suggest the origin of the abuse or harm is the victim rather than the perpetrator (Faulkener and Sweeney 2011), and as such application of the word 'vulnerable' to an adult can lead professionals to believe the adult is dependant and disempowered (Yoeli, Lonbay et al. 2106) . Vulnerability is a state that could be said to apply to everyone at times, and as such is a social construct. However, it has been used to categorise people for organisational needs which could be considered as oppressive (Burghardt 2012). Similarly resilience, the ability to protect one's self from harm, is also not fixed and varies both in time and the particular circumstances (Daniel and Bowes 2011).

The definitions of 'vulnerable' are varied and although similar there is the potential for confusion (Parley 2010). There appears to be a lack of shared understanding

about what 'vulnerable' means, crime and justice services relate it to the increased risk of serious harm, whereas Trading Standards focus on the situation creating the highest risk of falling victim to a scam (Gloag, MacKenzie et al. 2019), and it is suggested the attention should be directed towards identifying additional needs rather than labelling (Gloag, MacKenzie et al. 2019).

ASPA clarified this point with the use of 'at risk of harm' in place of 'abuse' which focuses on specific incidents rather than categorising the individual, and the requirement to consider all 3 points of the criteria ensures the focus is on the incident. However, there is a suggestion that the move to 'at risk of harm' may merely be a change of words rather than a different way of thinking (Pritchard-Jones 2018).

The word 'victim' can be considered to be a social construct but appears to have negative interpretations in the same way as the use of 'vulnerable' suggesting the adult is in some way responsible for the financial harm. This can often result in the adult who is financially harmed being perceived as "greedy, gullible and somewhat culpable for their own victimisation (Cross 2016 p61). Victim blaming reinforces the stereotype that adult in some way contributed to the harm and they were in some way responsible for what occurred. Therefore, the word 'victim' is used in this text to identify the adult who has been harmed.

## 2.5 Harm or abuse?

By replacing 'vulnerable' with 'at risk of harm', ASPA changed the terminology within Scottish literature. Harm is defined as *physical or other injury, hurt or damage* whereas abuse is defined as *use wrongly, treat cruelly* (Cambridge Dictionary, 2014), which suggests that abuse is a deliberate act. The definition of harm includes abuse and the focus, therefore, is directed towards the impact on the adult regardless of intent.

However, much of the literature refers to abuse and, in many cases, appears to be interchangeable with harm.

## 2.6 Consent

ASPA is based on the principle that intervention is *'the least restrictive to the adult's freedom'* (s1). This principle is carried through to the assessment and removal orders, in that they both lapse after 7 days and the granting of the removal order must take into account the adults views (s15(3)(b)). This is to ensure that the adult is in agreement with the proposed intervention and has the ability to return to the original situation if they wish to. Therefore, the dynamic of consent changes throughout the process.

In the inquiry stage the council does not have to ask the adult for consent as they have a duty to make inquiries where they believe there is harm (s4). In the investigation stage the adult can refuse to consent to being interviewed. The adult may also refused to consent to a protective order which would be contradictory to the least restrictive principle if the adult wished to return to the original situation. Therefore, a sheriff cannot make an order where it is known that the adult refuses consent (s35).

However, consent may not be straightforward. A small scale research project with adults who had been involved in adult protection indicated that not all the adults were aware of the purpose of adult protection inquiries and investigations and nor were they clear that information about them was shared (Burns 2018).

## 2.7 Terminology around impairment and disability

"Health and allied professionals, as well as many academics and policy makers have perpetuated confusion between sickness, ill health, impairment and disability with the words used interchangeably" (Oliver, Sapey et al. 2012 p33). Intellectual disability, a term more commonly used in the United States (Fillit, Rockwood et al. 2010), indicates the adult has cognitive impairments with day to day adaptations (Fidler and Jameson 2008). Within the UK the Disability Discrimination Act 1995, s1(1) defines a person with a disability as having "a physical or mental impairment which has a substantial and long-term adverse effect on his ability to carry out normal day-to-day activities". Learning difficulty is not so well defined (Williams and Evans 2013) but in

general relates to adults with low cognitive intelligence, and its usage was developed at the beginning of the last century for the purpose of providing support. However, cognitive intelligence is often measured through IQ tests, and many people defined as having lower IQ do not require support in their day to day activities. In addition, the term learning difficulties is used within Education Services to define specific conditions impacting on the ability to learn.

For the purpose of this thesis, the term 'people with learning disabilities' will be used to indicate adults who have reduced ability to understand new or complex information or impaired social functioning, as the word 'disability' is within the ASPA 3 point criteria, and it is noted that the term "disabled people" infers that people are disabled by their impairment and the social attitudes to impairment (Oliver, Sapey et al. 2012). People with disabilities will be referred to when it includes both learning and physical disabilities.

## 2.8 Undue pressure

In Northern Ireland, Australia and Ireland their protection arrangements are linked to an abuse of trust (Montgomery, Anand et al. 2016), which is not detailed within ASPA. However, there is one area of ASPA that does recognise trust may be an element in harm. The only circumstance in which a protective order can be granted against the wishes of the adult under ASPA is where the adult is believed to have been 'unduly pressurised' to refuse consent, and there are no other reasonable steps that could be taken to protect the adult from harm. This allows for protective measures to be taken where the adult may refuse to consent due to having confidence and trust in the alleged perpetrator. For adults who have conditions identified in s(1)(c), potentially they may be in receipt of care from family or paid carers. Within these caring relationships a level of trust and confidence may exist which would be regarded as acceptable and positive, but also has the potential to be exploited to the service user's detriment.

## 2.9 Definitions used by Adult Protection Committees in Scotland

ASPA requires each local council to have an Adult Protection Committee (s42), a multi-agency group that has responsibility for adult protection procedures and support the development of a trained workforce and provide advice and guidance to staff who safeguard adults. Each Adult Protection Committee in Scotland has multi or interagency adult protection guidance. Some of the Adult Protection Committees (APCs) have collaborated and produced joint multi-agency guidance however the definitions of financial harm vary between them.

There are 13 different adult protection guidance documents across Scotland due to joint APCs or shared guidance. West of Scotland provides guidance for 9 different APCs, Grampian, Tayside and Forth Valley guidance each cover 3 APCs and ELBEG covers 5 APCs. In addition 7 APCs have their own guidance. One APC, West Dunbartonshire, did not have a publicly accessible definition of financial harm. None of the guidance definitions have the exact same definition as stated ASPA *'unlawful conduct which appropriates or adversely affects property, rights or interests (for example: theft, fraud, embezzlement or extortion)* (s53(c)) and all have expanded the definition further.

Figure 1 Comparison of APC definitions of financial harm

	Guidance Area											
	East Ayrshire	East Dumbartonshire	ELBEG	Fife	Forth Valley	Grampian	Highland	Orkney	Shetland	Tayside	West of Scotland	Western Isles
<b>Definition</b>												
Cheating							√					
Coercing and persuading					√							
Exploitation		√	√			√	√		√	√	√	√
Financial	√	√	√	√	√	√	√	√	√	√	√	√
Fraud	√	√		√					√			
Grooming					√							
Identity theft				√								
Illegal				√								
Improper				√								
Loans not repaid					√							
Material		√	√	√	√	√	√	√	√	√	√	√
Miss appropriation		√	√			√				√		√
Misuse	√	√	√	√		√	√		√	√	√	√
Obtaining bank cards					√							
Preventing access							√					
Scams				√								
Stealing	√			√			√					
Theft		√	√	√					√		√	
Undue pressure or force	√	√	√	√	√	√	√			√	√	√
Unfair trading			√									
Using for own benefit					√							
Without consent				√	√		√		√		√	

Accessed from APCs online June 2020.

All the guidance documents available refer to both financial and material harm. Most refer to misuse or misappropriation of the adults finances and property, and 8 of the guidance definitions refer to exploitation. Less than half of the definitions refer to the

lack of consent from the adult, and the majority make reference to undue pressure, pressure or force. Five of the definitions refer to theft, 4 include fraud and 3 mention stealing. Within the definitions there are single references to illegality, improper, cheating, and grooming. Some of the definitions specify how financial harm occurs, such as loans not repaid or unfair trading practices.

However, ASPA refers to *unlawful conduct* and there are three specific pieces of legislation to cover unlawful financial acts. Theft is covered under the Criminal Law (Consolidation) (Scotland) Act 1995, and fraud is defined within the Fraud Act 2006. More recently the introduction of legislation to define exploitation has been included within the Human Trafficking and Exploitation (Scotland) Act 2015, which is defined as force, threats and deception to obtain services and benefits or acquire them in such a manner (s7) and details an adult whose ability to refuse the threat, force or deception is impaired (s8ii) which uses the same characteristics as ASPA. Whereas blackmail is not covered within Scottish legislation, which means that extortion falls under common law.

Therefore, there are differing definitions of financial harm or abuse across countries and within the APC guidance in Scotland. Although they broadly cover the legal definition from ASPA, some have added varying further information to support practitioners in their understanding, such as consent, and linked the definition to the indicators of harm to provide a fuller understanding which may have an impact on the way financial harm is determined across Scotland.

## 2.10 Multi-agency responsibilities

The development of adult protection legislation follows much of what has been learned from child protection. In the wake of Maria Colwell's death there was an emphasis on bring together health and social work, with the role of social work "as the statutory child care agency, was central" (Wilson and James 1998 p16), and a "strong emphasis placed on close working with other services, such as housing, health care and education" (Glasby 2005 p63). Subsequent child protection inquiries, serious case reviews and inquiries into child deaths identified failings in multiagency

working, in particular the failure to share information between services. The learning from these events were primary drivers in the Scottish Government publication *Framework for Standards for professionals for child protection* (Scottish Executive 2004) which placed an emphasis on multi-agency working. While ASPA was similarly developed following findings from serious case reviews, the learning from child protection failings were incorporated into the adult legislation. Although there is a clear responsibility for councils to provide the lead role in responding to allegations of harm, there is a requirement for inter-agency work by specifying agencies that are required to co-operate with each other, including the council.

ASPA requires a council officer to undertake investigations, interviews and further safeguarding activities. The role of the council officer is defined as a social worker or social care worker registered with the Scottish Social Services Council, or a registered occupational therapist or nurse, all of whom must be employed by the local council (Scottish Government 2014). In many council areas, local adult protection guidance has further defined who can take on the role of the Council Officer, in terms of experience and training. However, in the majority of Scottish councils, the council officer function is undertaken by a social worker.

Although ASPA commits to multi-agency working, there are similarities to the point Clode made about child protection, in that some services have had a limited engagement in recognition and response to adult protection. Not all services are required by ASPA to participate in adult protection inquiries, such as banks and building societies. Scottish Government responded to several issues identified by Paul Comely, National Adult Protection Co-ordinator, with the development of National Priority Projects 2013-14 (Scottish Government 2014a), in particular, the need for improved engagement with financial institutions in relation to financial harm.

While the requirement for cooperation between protective services and banks or building societies are not specifically mentioned in ASPA, s10 makes a requirement for any person holding financial records to allow a council officer to see the records, if needed during the course of making inquiries into financial harm. The National Priority Project (Scottish Government 2014a) improved the understanding for the

need to cooperation between financial institutions and adult protection services, which has resulted in increased availability of evidence of financial harm.

Overall, ASPA can be considered a useful tool which gives a mandate to lead professionals to make inquiries and investigations into financial harm, and to some extent can be used to protect adults from further harm. However, use of the legislation is restricted if the identification of financial harm is limited, particularly if the victim of financial harm does not recognise it as such, or is willing to accept the financial harm in order to have other needs met.

## 2.11 Reporting harm and protection

ASPA provides the means to protect adults from harm, staff awareness is crucial to prevention, recognition of and response to adults at risk. A study commissioned by the Social Care Institute for Excellence examining local safeguarding arrangements to protect adults from abuse in councils, field work, care homes and home care providers found that actions to prevent abuse were variable (Faulkener and Sweeney 2011). Lack of staff awareness and understanding of harm limits the ability to protect adults from harm (ADASS 2011), and Serious Case Reviews have shown practitioners have failed to identify adult protection when there has not been a substantial incident (Brown 2009). This may be due to a lack of understanding of the multi-agency roles (Stevens 2013), lack of clarity about how to report harm (Braye, Orr et al. 2015), practice cultures (Beaulieu, Cote et al. 2017) or lack of experience. Knowledge of thresholds (Havering Safeguarding Adults Board 2017) is further complicated by local demographics, where thresholds can be influenced by local conditions, such as poverty (Seden 2016). The consequence of which is continued harm, such as the high profile case in Winterbourne View Hospital, where patients continued to be harmed as complaints raised by a nurse were not acted on (Flynn 2012). Poor quality recruitment processes (Moore 2019) and inadequate training on harm or abuse for staff has been identified as a contributory factor (Aylett 2016), yet it continues to be recommended as a solution (Beaulieu, Cote et al. 2017). Although training based on the Bystander Model, relating to noticing relevant cues, construction of financial harm, taking personal responsibility, knowing what to do and

deciding the intervention has been successful in helping novices to have an understanding of thresholds closer to senior workers (Harries, Davies et al. 2014). However, awareness is not the only consideration in identifying financial harm. Staff employed within care services can be reluctant to ask questions due to the cultural norms of finances being viewed as a private matter and therefore inquires could be construed as intrusive (Gilhooly, Cairns et al. 2013), although it should be acknowledged this research was conducted with banking and medical professionals who may be less likely to inquire about matters out with the remit of their role. GPs were concerned about the impact on their relationship with an adult should they report harm, and about the quality of the adult's life if they were required to move to a care home as a result of the harm (Gilhooly, Cairns et al. 2013). Also, where the perpetrator presents as aggressive there can be a fear that the aggression could be directed towards them if they try to obtain further information (Alzheimer's Society 2011). Whilst the findings in this research may relate to adults at risk of harm, this particular research was mainly conducted with adults with dementia or carers of people with dementia.

Research regarding over reporting adult protection identified situations where practitioners have taken action even when they are uncertain the adult has been harmed (Harries, Davies et al. 2013) also highlighted higher levels of action taken when the financial amount was significant. Whilst it could be argued that over reporting harm when the criteria is not met would prevent an adult in need of protection being missed and not responded to, it runs the risk of overwhelming the protective services and limiting the opportunity for genuine risk of harm being delayed (Campbell 2013) and ignores the impact on the adult who is reported as being at risk when they are not.

Although mandatory reporting has been used in some countries such as Japan, South Africa and some Australian and American states (Gilhooly, Dalley et al. 2016), the fear of the adult withdrawing from a service (Oliver 2014) and misinformed understandings about data protection and consent (Davies, Harries et al. 2011; Davidson, Rossall et al. 2015; Gilhooly, Dalley et al. 2016) may prevent the worker from gathering sufficient information in which to make a decision about financial harm. It is also noted in a study with physicians in America, mandatory reporting

reduced the duty to do so unless there was an immediate need for protective services as they did not want to damage the trust relationship with their patient (Rodriguez, Wallace et al. 2006). However, the welfare systems in some other countries have a higher emphasis on protection which reduces the individual responsibility (Seden 2016).

ASPA makes clear the requirement for agencies to co-operate where an adult is at risk of harm, but there is evidence to suggest that this can add a further complication. Where there are a number of people involved with the service user, it is less likely that a single individual will intervene (Gilhooly, Dalley et al. 2016). Collaborative working is normally seen as a strength with protective work, but there are elements that could potentially be counter-productive. Health professionals may have had the opportunity to observe adults over a period of time and are, therefore, well placed to identify adults who are at risk of harm. They cooperate and participate fully in adult protection inquiries, but do not instigate (Fennell 2016) which is related to difficulty in reporting ambiguous situations where they do not feel they have sufficient proof. From health perspective it can be viewed as limited benefit but with a high risk of making a wrong decision which impacts on their relationship with the service user (Fennell 2016). Workers who consider reporting harm as low benefit are deciding that the outcome is not worth the potential risk of reporting, which suggests they aren't able to see it as a positive means to protect the adult. Perhaps this is based on previous observation or experience, or they are looking solely at the outcome and not the process, and forming expectations about future events in their decision making process (Oliveira 2007).

The socio- cultural diversity of older adults is frequently not recognised by practitioners, who can fail to understand the priorities for older adults at different life stages, and may view older adults as "passive, illogical and irrational" (Wydall and Zerk 2017 p252) and there appears to be a colour blind approach from agencies in the provision of black and minority ethnicity services to older adults (Bowes, Avan et al. 2008) where the response to harm can be limited. Bowes et al., suggest services still appear to lack of consideration of the different experience of people with minority ethnicity. Research in America suggests the number of Hispanic, aboriginal and African American people financially harmed was disproportionately higher than white

Americans (Anderson 2004), and it is acknowledged research about financial harm and ethnicity is underdeveloped (Judges 2017).

Neoliberal policies in regard to funding influences the types of service that can be delivered by agencies. Underfunded resources reduce the number of people offered a service through prioritising the services available to adults, essentially rationing support. This can occur through denial as the criteria is not met, selection of those who will benefit most, delays in provision and deterrence from accessing a service (Devaney 2019). Although adult protection is considered a priority, perceptions about support services following the adult protection process may have an influence of reports of harm if it is believed the adult will not be able to access a service to prevent further harm. Referrals of harm between agencies can be hampered by the anticipation that no further action may be taken, which in part may be linked to the relatively low numbers of prosecutions (Dalley, Gilhooly et al. 2017a).

## 2.12 Emerging themes from the legislation and policy

ASPA is specific to Scotland. Whilst other countries have developed other forms of protective legislation, they are not comparable to the specifics of ASPA, particularly in relation to the 3-point criteria which defines an adult at risk of harm. The clear parameters applied with use of the definition provide a focus of identifying the harm to the individual, whereas the geographically wider research uses a variety of definitions of harm. As the ASPA definition is applicable to a range of types of harm there is scope to consider the impact of the different types of financial harm. However, this is only applicable to those situations which meet all 3 points of the criteria.

Recognition of the difficulties in identification of financial harm led to the formation of a national working group, in which Scottish Government's financial harm project's objective was for adults at risk of harm to be better protected (Scottish Government 2014b). Their aim was to ensure multi-agency workers from the public, private and 3<sup>rd</sup> sectors were better equipped to recognise, reduce and stop financial harm to adults at risk (Scottish Government 2013). The aim was to develop a national

strategy through establishing a co-ordination group. The objectives of the coordination group were to improve referral and information sharing processes and develop a national training programme for the public, private and 3<sup>rd</sup> sectors (Scottish Government 2014a). Whilst the co-ordination group achieved the first objective of an improved referral and information sharing process, the focus of this was within the banking industry rather than in the core public sector agencies of health, housing, police and social work and care providers. However, the national training programme did not materialise.

The recently formed strategic forum (Scottish Government 2019) has a much wider remit of oversight of the effective implementation of the ASPA, assurance and inspection and identification of future developments and their impact on adult support and protection. From the original aim of a financial harm national training programme, it could be argued that it was not possible to measure how well workers were equipped to recognise financial harm without evidence of knowledge levels amongst practitioners. Therefore, the new strategic forum's aims of delivering an inspection programme and building a national statistical database may determine where the gaps are in the recognition and reporting of financial harm.

### 3. Literature review, financial harm

This chapter will provide a literature review of financial harm to explore the definitions of harm, indicators of harm, prevalence and impact, to provide a context to the study, and expand on the complexity with a wider consideration of the characteristics of financial harm and the interplay between harm and financial exchange; giving consideration to the characteristics of the victim, the relationship between the perpetrator and the victim, the cost and benefits of financial transactions and the types of influence that can be applied. The literature review will be brought to a close through identification of emerging themes. This chapter, alongside the previous chapter on legislation and policies, and the following chapter on decision making, will provide the context for the complexity of adult protection and financial harm as the three areas are all interlinked. Each of the 3 areas are relevant to making determinations in situations of financial harm and will inform the discussion.

The data bases used during the literature review were primarily ASSIA, Dundee University library catalogue and JSTOR. The search parameters for adult protection included the terms adult protection and adult safeguarding. For financial harm, the search included: financial harm, financial abuse, adult harm, adult abuse, abuse, financial scams, elder abuse, and exploitation. There was also a search of the Journal of Adult Protection and British Journal of Social Work indexes.

#### 3.1 What is financial harm?

*“An inherent problem in this area, however, is how the very concept of abuse is constructed...the identification of a specific action as “abusive” may be contested”*  
(Hogg 2013 p187).

Both the definition and terminology for financial harm is varied and some of the definitions relate to specific user groups. This is largely due to the variety of ways adults are financially harmed. Financial harm can occur in the home and in care settings; it can be perpetrated by both those who are unknown to the victim and those who are known. Some perpetrators are in a position of trust, such as carers, or

the victim can have an emotionally trusting relationship, such as family members or friends.

Financial harm relates to an act that has an impact on the adults and the term was formalised within s20 of the Code of Practice (Scottish Government, 2014), although the literature review has identified terms such as 'financial abuse', 'financial exploitation', 'financial mistreatment', 'economic abuse', or 'material abuse' all of which relate to illegal or improper use of an adult's assets (Milaljic and Lowndes 2013). In this respect 'financial harm' is replaced with 'financial abuse' in most of the literature originating outside Scotland.

The complexity and diversity of the different types of financial harm are difficult to encapsulate in a single statement (Crosby, Clark et al. 2008) leading to a lack of clarity (Gilbert, Stanley et al. 2013) and interpreted differently by practitioners, families, carers and the public (Crosby et al., 2008).

Many definitions of financial abuse have a focus on the illegality of the abusive act (Clare, Black Blundell et al. 2011; Iborra Marmolejo 2008) or make reference to the criminal acts of theft and fraud (Smith 2011; Brown 2003; Working Group on Elder Abuse 2002). In 2018/19 in Scotland there were 9675 incidents of fraud, and they are broken down as follows:

- bank card fraud, where the perpetrator had used another person's card without their consent, which accounted for 2880 incidents.
- Failure to pay, which is when the adult has paid for a service, but the perpetrator has no intention of providing and relates to 1940 incidents.
- Fraudulent selling and includes online fraud and payments to bogus workmen and resulted in 1160 incidents.
- Phishing, a cyber enabled crime that appears to be a reputable organisation with the intent of gathering sensitive financial data and accounted for 990 incidents.

- Other fraud, including misrepresentation, identity theft, online banking and forgery in 2360 incidents.

(Scottish Government 2019a)

Therefore, if financial harm or abuse is defined in some definitions as being an illegal act the consequence would be that financial harm can only be considered as such if the act is treated as a criminal act and the perpetrator charged or convicted. This may fail to take into account those situations that were not deemed to be criminal, and more importantly those acts that did not result in a criminal charge. However, there is a belief that removing the illegality aspect from the definition fails to take into account that a serious crime may have been committed (Brown 2003) At the same time the Law Commission note that acts of financial harm may be difficult to prove as illegal (2011).

However, not all victims of fraudulent crime would be considered adults at risk of harm under ASPA and the focus of ASPA is on the adult at risk of harm. Therefore the identification of financial abuse or harm as an illegal act would not influence whether the adult was protected and supported.

Other financial harm definitions include the violation of human rights (DoH 2000; Allen-Devlin and Freyne 2013), they can include the exploitative nature of financial abuse (DoH 2000; O'Brien, Begley et al. 2011; Papadopoulos and La Fontaine 2000) or have consideration of the victim's lack of consent with the use of terms such as improper (Bennett et al. 1997; Pritchard 1998) or misappropriation (Brown 2003). Or more simply, taking financial advantage (Ferreira-Alves and Santos 2011). The inclusion of exploitation within a financial harm definition also considers situations where access to assets or funds has been legitimately obtained, but funds have been misused.

A further distinction is made in some definitions regarding the level of trust between the perpetrator and the victim, particularly where there is a level of affection or a duty to care and protect (Brandl et al. 2011; Dixon et al. 2010; Tilse and Wilson 2013). Therefore, trust in financial exchanges are an important regardless of the legality of the transaction.

In addition to the different types of financial harm, both the definition of and terminology for financial harm vary widely and some of the definitions relate to specific user groups.

### 3.2 Indicators of financial harm

There are a number of recognised behaviours that can indicate that financial harm may be occurring. These include the sudden inability of adults to pay their household bills, purchase food and clothing, or inability to pay for services, all of which can lead to self-neglectful situations (Harries, Davies et al. 2013). The sudden or unexplained withdrawals of money from bank accounts, funds being diverted for the use of another person, or the recent additional signatories on a bank account are also indicators of potential harm (Allen-Devlin and Freyne 2013; Crosby, Clark et al. 2008). Where there is a disparity between the adult's income and their living conditions (Crosby, Clark et al. 2008) or lack of amenities for personal grooming (Bond, Cuddy et al. 2000) it would suggest that there is a change to their circumstances that may be the result of financial harm. The theft of property and cash, possessions being sold, or withholding cash from the adult are also indicators of financial harm, as are the adult making sudden changes to their will, or being persuaded to give gifts to others (SCIE 2011).

Whilst the indicators detailed above can be used as tools for the detection of financial harm, it cannot be assumed that if the indicators are present that financial harm has occurred. Where financial harm is suspected, the use of indicator information can be limited in some cases as the adult's funds would need to be sufficiently depleted for there to be evidence of the types of self-neglect identified. Similarly where changes to bank details or wills have taken place, this type of information may not be shared with services normally associated with the protection of adults (Choi, Kulick et al. 1999). Therefore, detection of this form of harm may be restricted and not apparent until a significant amount of harm has been committed.

### 3.3 Prevalence

It is difficult to establish how many people are the subject of financial harm (Fealy et al., 2012), due in part to the variance in definitions, and the methodology of gathering data, and is considered to be a challenge to gather data evidence of financial harm (Beaulieu, Bedard-Lessard et al. 2018), and statistical information is limited which prevents sound estimates being established (Dalley, Gilhooly et al. 2017a).

Comparable information on financial harm is not available, which limits the ability to establish how many instances of financial harm there are (Brown 2003a). It is recognised that information available is both limited and potentially unreliable (Davidson, Rossall et al. 2015)

Several studies have been conducted with older people based on random population samples that have identified differing rates of prevalence. An Irish study found 2.2% of randomly selected older people who experienced abuse, and 1.3% had experience financial abuse, the most prevalent form of abuse with 1.3% within this study (Naughton, Drennan et al. 2010). Whereas a British study based on a random sample of older people estimated that the prevalence of financial abuse was 0.7%, which had the potential to impact on 56,600 people (O'Keefe, Hills et al. 2007), but their study identified financial harm as the second highest form of abuse. A Spanish study has a financial harm prevalence rate of 0.2% (Iborra Marmolejo 2008) and found financial harm to be the 3<sup>rd</sup> highest form of harm. A large-scale American study undertaken with random older adults indicated a financial abuse prevalence of 5.2% (Acierno, Hernandez et al. 2010) yet a second American study estimated 6.6% of all older people were financially harmed (Amstadter, Zajac et al. 2011), and a slightly later American study estimated 8.4% of adults over 60 years old had been financially harmed (Holtfreter, Reisig et al. 2014).

A Canadian study had a prevalence rate of 21.5% for material harm (Bond, Cuddy et al. 2000), however, the sample was taken from the Public Trustee's Office which are the Canadian equivalent of the Office of the Public Guardian. Therefore, statistical data derived from this study is likely to be higher than other studies using a random sample, as the information used relates to adults who have been deemed not to

have decision making capacity, and legal measures such as the Canadian equivalent to power of attorney or financial guardianship are in place. Financial harm prevalence rates were also higher in a Portuguese study, where the sample group was selected from women aged over 60. In this study, 16.5% of the sample identified indications or a belief that financial harm was occurring (Ferreira-Alves and Santos 2011). The Portuguese study may have had a higher prevalence rate due to the questions used within the research. Participants identified if they had been taken advantage of financially, been the subject of theft and blackmail which would all be considered financial harm within the definitions used within ASPA. The study also included “not let you make decisions about money or buy things you wanted” (p.24) which may have a higher level of subjectivity as what people wish to buy may not be financially feasible. Also, cultural norms may be responsible for the higher prevalence figures as older women may have been in relationships where it was the norm at the start of their relationship for males to be responsible for finances. Whilst the women in the sample may range between being dissatisfied with their financial arrangements to being financially harmed, the prevalence figures are not directly comparable to other studies.

More recently it was indicated that 45% of all adult concerns raised in Northern Ireland related to financial abuse (Phelan, McCarthey et al. 2018), and globally 6.8% of all older adults had been financially abused (Yon, Mikton et al. 2017) neither of which indicate whether the participating adults were able to safeguard themselves, and therefore, may not be comparable to the Scottish definition of an adult at risk of harm.

There were fewer studies of financial harm conducted with people who had intellectual difficulties. In 2002, research with adults who had physical disabilities, of whom 16% also had intellectual disabilities, and identified 35.5% of the sample stated their “personal assistants stole money or items, 30% advised cheques had been forged or credit misused, and 20% indicated that their personal assistants pressured them for money” (Horner-Johnson and Drum 2006). Beadle Brown et al., (2010) identified it was more likely for adults with intellectual disability to be the subject of financial harm than adults without an intellectual disability (Institute of Public Care 2013).

However, the more recent literature continues to reference much earlier prevalence studies, such as Gilhooly (2016) who references O'Keefe, Hills et al. (2007) as does Naughton, Drennan et al. (2010); Acierno, Hernandez et al. (2010); and Redmond (2016). Even studies focussed on specific areas of harm, such the safeguarding role in gambling (Manthorpe, Bramley et al. 2017) refers to O'Keefe et al.

Overall, it is suggested that the prevalence of financial harm is between 3 and 5% (O'Loughlin and Duggan, 1998). In a systematic review of 234 studies the overall prevalence of financial harm is estimated to be 4.2% of older people, however the data considered was taken from a range of studies that were specific ethnography, such as dementia, age, people with minority ethnicity and also included data gathered from reported incidents and service referrals (Yon, Mikton et al. 2017). Even if the prevalence studies were based on similar samples using the same financial harm definition, it is still believed that there is an underestimation of the numbers of people subject to financial harm, due to professionals not routinely considering financial harm, and issues related to recognition (Harries, Yang et al. 2014).

A British survey established 18% of adults had been financially harmed, with the majority of participants having white British ethnicity and almost half of both women and men reported to be disabled (Sharp-Jeffs 2015). The survey was conducted with over 4000 participants and was nationally representative to create a base line of financial harm. With almost an equal split of male and female participant, they noted women were 20% more likely to report harm than men. The percentage of disabled people were higher than the UK average, and across the ages women reported more financial harm. However, it should be noted the research was undertaken with the general population and it is unknown if they would have been unable to safeguard themselves. It is not clear why this prevalence figure is significantly different from other studies. It may be this study was conducted more recently, and financial harm may be more easily understood than it was when O'Loughlin and Duggan's 1998 study was undertaken. However, this does not account for the difference between Sharp-Jeffs figure of 18% in comparison to Yon et al. 2017 prevalence of 4.2%. As Yon's study was a worldwide analysis of 52 studies of elder abuse it may suggest

that financial abuse may not be recognised as widely as it is in the UK. Yon et al. does note there is a limited number of studies from low and middle income countries, which could indicate there may be a higher level of assets in the UK or the understanding of what financial harm is may be different. Therefore, there is an urgent need for a worldwide definition in order for prevalence studies to be comparable.

Nor is all financial harm reported (NFA and ACPO 2009) within a study of American nursing homes only 10.7% of all financial harm had been reported to the police (Harris and Benson 2000). In a study conducted in an English council, multi-agency professionals 30% of participants stated they would only report harm if it occurred more than once, and 35% would report only if they considered the harm to be severe. In the same study, 75% of participants stated they would only report alleged harm if they had 'concrete evidence' (p28) which suggests there is a high level of under reporting (Taylor and Dodd 2003) . Some of the prevalence estimates have been derived from asking groups with particular conditions or living environments if they have been harmed. The participants in these studies may be aware that they have been harmed but may not have reported it as a crime.

In addition, many of the prevalence estimates are based on studies on older people and this data may not relate proportionally to other people who may be financially harmed such as adults with learning disabilities or adults with mental health problems. It is suggested older people are at a disproportionately higher risk of fraud as they are less likely to recognise fraudulent practice (Shao, Du et al. 2019). More recently a study covering 7 European countries suggested a prevalence rate of financial harm for 3.8% of older people, although this is based on figures from 2011 (Gilhooly, Dalley et al. 2016). The European study found men are less likely to report yet are more likely than women to be the subject of financial harm. This study relates to older people and in terms of cultural norms, the older generation of men are often seen as being more self-reliant than females and it may be that these men perceive it as a weakness to admit to having been harmed. Similarly, culturally amongst older people it may be more likely that the male has responsibility for the assets, which may influence the prevalence rate if a lower percentage of women hold the family assets (Melchiorre, Di Rosa et al. 2016).

Crime statistics do not identify the act of financial abuse or harm, and not all forms of financial harm would result in adult protection inquiries being made. The introduction in 2013 of the Vulnerable Person's Database by Police Scotland records all events where the victim may be considered to be 'vulnerable' and in need of additional support. This system may be able to give a clearer picture of the prevalence of financial harm in the future, although not all divisions have a method of differentiating between adults at risk of harm and adults for whom there is a level of concern. It is also reliant on recognition that financial crime may also be financial harm.

An Australian elder abuse study which sampled members of the Alliance for the Prevention of Elder Abuse (professionals involved in elder abuse work) found that financial abuse was identified by more participants than any other form of abuse (Clare, Black Blundell et al. 2011). This suggested practitioners engaged in the field of adult protection are aware of a higher level of financial harm than is currently being recorded through crime reports or by protective organisations, although could relate specifically to Australian levels of awareness.

Within Scotland, the most comprehensive information can be derived from the Adult Protection Committees (APCs) Biennial Reports. For 2016 to 2018, 20 Biennial reports have been made available publicly, although this covers 22 APCs due to joint Chairing arrangements. Scottish Government have yet to publish a summary report for 2016 to 2018, nor do they specify a requirement for adult protection statistical data to be included. As a result, 8 Biennial reports contain no data about financial harm. From the remaining 12 reports the number of referrals regarding financial harm vary from 31% of all referrals to 7%, with financial harm recorded between most prevalent to 5<sup>th</sup> most prevalent type of harm. These figures are also skewed by smaller authorities, and in one instance financial harm was recorded as 25% but related to one incident out of a total of 4 adult protection referrals. However, the Adult Support and Protection Improvement Plan 2019-2022 has identified an action for a data set to be developed and rolled out by 2022 with a requirement for the data to be included in Biennial reports (Scottish Government 2019b).

Additionally, there is no way at present to determine if referrals from each APC are also consistently recorded. Some areas identify a referral as any contact that is made under the title of adult protection, whereas other areas count a referral once it is established as meeting the 3-point criteria under ASPA. Furthermore, some areas do not have the facility to identify adult protection referrals from adult concern referrals, such as referrals for support or care services, which means that they are unable to provide a figure of those referrals that relate to adult protection.

Adult protection data from councils also has limitations, as currently information about investigations and case conferences is collected by Scottish Government but does not include data regarding adult protection inquiries. Therefore, the data gathered does not provide a full picture of prevalence as not all inquiries progress to investigation or case conference.

Professional understanding of the different forms of harm may also impact on the recording of financial harm. Where there is a higher awareness of a particular form of harm, multiple types of harm may be recorded under one category (Brown, Kingston et al. 1999; Furness 2006). Similarly, the data available from APCs relates to the way acts of harm are recorded. Many agencies have the facility to record one main category of harm, and it is up to the individual referrer to identify which type of harm is the most prevalent. In essence, there may be incidents of financial harm which are not seen as the main type of harm, and therefore, are not recorded. Choi and Mayer (2002) found that the number of investigated reports of financial harm was almost doubled when reports of multiple harm included financial harm. Whereas, a study based on a sample of self-reported financial harm found financial exploitation was the most prevalent form of mistreatment reported by respondents as having taken place in the year preceding the survey (Weill Cornell Medical Center of Cornell University and New York City Department for the Aging 2011).

The prevalence of financial harm may differ depending on the home setting. Research undertaken by Cambridge et al. (2006) found that 46% of adult protection alerts related to people in residential or supported living services, 32% who lived with family and 17% who lived on their own. Yet the percentages changes when looking specifically at financial harm. Pritchard (2002) found that 49% of her sample

identified financial harm in home-based services compared to 15% based in residential services. Choi (1999) also found that carer neglect featured in cases of financial harm.

To determine the frequency of financial abuse in nursing homes, Harris and Benson (1999) surveyed 1,116 nursing home employees and 417 family members who had regular contact with their relative residing in a nursing home. The employee surveys showed that 1.5% of the sample self-reported theft, 6% saw co-workers steal, and nearly 20% suspected their co-workers of stealing. The survey of relatives found that nearly 20% of the family members thought items had been stolen from their relative living in the nursing home. By these estimates, they estimate nearly two million individuals may be victims of financial abuse in nursing homes each year in America (Payne 2002). Although providing an impact estimate of financial harm based on the research undertaken by Harris and Benson (1999) may not be straightforward. The research was undertaken in 9 American states, but the population in those states accounts for just under 50% of all older people in America, therefore the number of older people financially harmed may vary in line with the number of residential care facilities. It is also noted the questionnaires were sent to the nursing home for distribution, and with a sceptical head it is probable that a care provider with known financial harm issues would be less likely to distribute the survey.

Self-reported victim surveys cannot indicate the prevalence of financial harm, as they fail to take account of those who do not report financial harm. Manthorpe and Samsi (2013) suggest that financial harm for people with dementia is commonly reported, but there is insufficient research in this area. Although sexual and physical abuse are more likely to be reported, there are indications that reports of financial harm are more likely to be taken seriously (Davidson, Rossall et al. 2015). This perhaps is the crux of the issue in determining prevalence, as research has focused on specific groups of adults based on the way that adults are categorised within services. Adults who reside in nursing facilities may be less likely to be able to safeguard themselves by virtue of the need for support and care. Therefore, the research undertaken by Harris and Benson (1996) may be significantly different to the Pillmer and Finkelhor research which was based on a random sample. Similarly, research based on self-reported harm cannot provide overall prevalence information. In addition, the lack of

a widely used definition of financial harm limits the ability to determine prevalence through statistics, and data recorded by police is linked to crime rather than harm (Smith 1999).

In conclusion, it is difficult to establish prevalence rates for financial harm. Most of the studies relate to the financial harm of older people and are estimated from random samples to be between 0.2% and 3.8% and vary between the highest identified form of harm to the 3<sup>rd</sup> highest. Prevalence of financial harm for adults with support needs vary between 16.5% to 21.5%, and there is very limited data in regard to adults with learning disabilities. Within Scotland, the figures available relate to concerns raised with professional workers, and from the data that was available the prevalence financial harm that has been reported varies from 7% to 31%. Therefore, the sample used in the studies does have an impact on the estimated prevalence, and potentially relates to recognition of financial harm. Similarly, the varied definitions of financial harm or abuse used within the studies also have produced different prevalence rates and without a universal definition to base studies on, it will continue to be difficult to determine prevalence rates. Many of the recent studies on financial harm have been based on prevalence figures that are more than a decade old, and whilst there is evidence from Adult Protection Committees to indicate financial harm still occurs, it is difficult to establish how many people are likely to be harmed. Without an accurate picture of financial harm prevalence, it has the potential for practitioners not to recognise financial harm on a routine basis (Harries, Davies et al. 2014).

### 3.4 Impact of financial harm

The National Fraud Authority have estimated the cost of scams and fraud schemes to be £30 billion each year (Manson 2011). Victims of financial harm can suffer as much as those subjected to violent crime (Deem 2000; SCIE 2011), have feelings of anger, outrage, anxiety, stress, fear and depression (Spalek 2008) and distress, loss of self-esteem and self-confidence (SCIE 2011). Even the loss of minor amounts of money can have a significant impact on the adult (Purser, Cockburn et al. 2018).

When an individual feels threatened or frightened, accommodation of the threat by changes in their behaviours can occur, such as the refusal to allow people into their home, or refusal to go out. Financial harm can lead to financial difficulties in paying bills, poor credit history, and possible homelessness (Sharp-Jeffs 2015).

Alternatively, psychological change may occur where the adult has adapted their construct of the event to believe the version of abuser. This could have led the adult to believe that they were not the victim of financial harm, and that inappropriate financial transactions have been in their best interest (Sherman and Cohen 2006). Such psychological change, can impact on self-worth and identity and have the potential to become a recurring feature (Spalek 2008), thus lowering self-worth to the extent that being treated with a lack of respect becomes the norm. Adults experiencing financial harm can feel 'stupid', 'embarrassed' and 'humiliated' (Sharp-Jeffs 2015 p39). Harm by a carer has been found to increase the feelings of anxiety and stress, particularly if accompanied by verbal abuse (Yan and Tang 2001).

Financial harm also reduces the adult's assets, which impacts on quality of life and in some cases may increase reliance on state intervention (Bonnie and Wallace 2003).

Adults may be reluctant to report harm as they fear the potential action that may be taken against the alleged perpetrator (Lonbay 2018) particularly if it is the adult's son or daughter, which is considered a rational decision to the adult given the preference for family support (Wydall and Zerk 2017). They can also fear the decision being taken out of their hands (Fraser-Barbour 2018a). This may be particularly relevant when grandchildren advise they are in financial trouble but are unable to tell their parents, which plays on the relationship between grandparents and grandchildren (Cross 2016). In a study considering financial harm in the context of domestic abuse, only 34% of participants advised anyone of the harm, and those who did disclosed to a friend rather than police or social work (Sharp-Jeffs 2015). Adults who had been involved in previous adult protection process may also be reluctant to do so again. In an evaluation with 34 adults who had been involved in adult protection, they advised they found the process stressful and that it had impacted on their ability to understand the information being given to them (Montgomery, Hanlon et al. 2017).

Some adults who were open about financial harm did not disclose to agencies as there was a perception there would be little support available (Bowes, Avan et al. 2008), which may be related to some practitioners believing their involvement would be unwelcome and may hold a view that a family home is private space (Wydall and Zerk 2017). Adults may also decide not to disclose financial harm on the basis there are limited numbers of prosecutions against perpetrators of financial harm (Dalley, Gilhooly et al. 2017a).

### 3.5 Financial harm or financial exchange?

Financial harm may begin as an appropriate financial exchange, which has indicators associated with consent although there is potential for the consent to be coerced (Davidson, Rossall et al. 2015). There is a belief that financial harm occurs because the circumstances allow it to happen, and Dalley, et al. (2017a p395) cite 3 factors that are required: “a person at risk, the presence of a likely offender and the absence of a “capable guardian” which provide the opportunity for harm. However, Wilber and Reynolds (1997) recognised that financial harm was ‘poorly understood and ill defined’ and suggested 4 criteria with which to differentiate between a normal financial exchange and financial harm. Their framework considers:

- the individual characteristics of the victim and their capacity to agree to the financial transaction.
- the power and dependency between the victim and perpetrator.
- whether the cost and benefits of the transaction are in favour of the adult rather than the perpetrator; and
- the level of influence applied to the victim for them to comply in the financial transaction.

These criteria provide a framework to aid the detection of financial harm, and if used in conjunction with the Ferreira-Alves and Santos definition of ‘taking financial advantage’ could be used to determine if an adult meets 1(a) and (b) of the adult protection 3-point criteria.

Adults have the right to enter into financial contracts and it is known that adults may give financial or material gifts as a way of maintaining a power balance with care givers (Quinn 2008). Similarly, as identified earlier, not all adults who have been the victim of financial harm, such as theft, fraud or scams, are in need of protection. The Wilbur and Reynolds framework does not provide a definition, but a means to determine financial harm and provides the opportunity to explore the differing elements of potential harm. Using the framework, the factors in each criterion have been grouped together to give consideration where financial harm factors may cross the criteria. No single risk factor is an indicator of the likelihood of harm (SCIE, 2011), as there is multiplicity of variables that need to be analysed.

### 3.6 Characteristics of financial harm

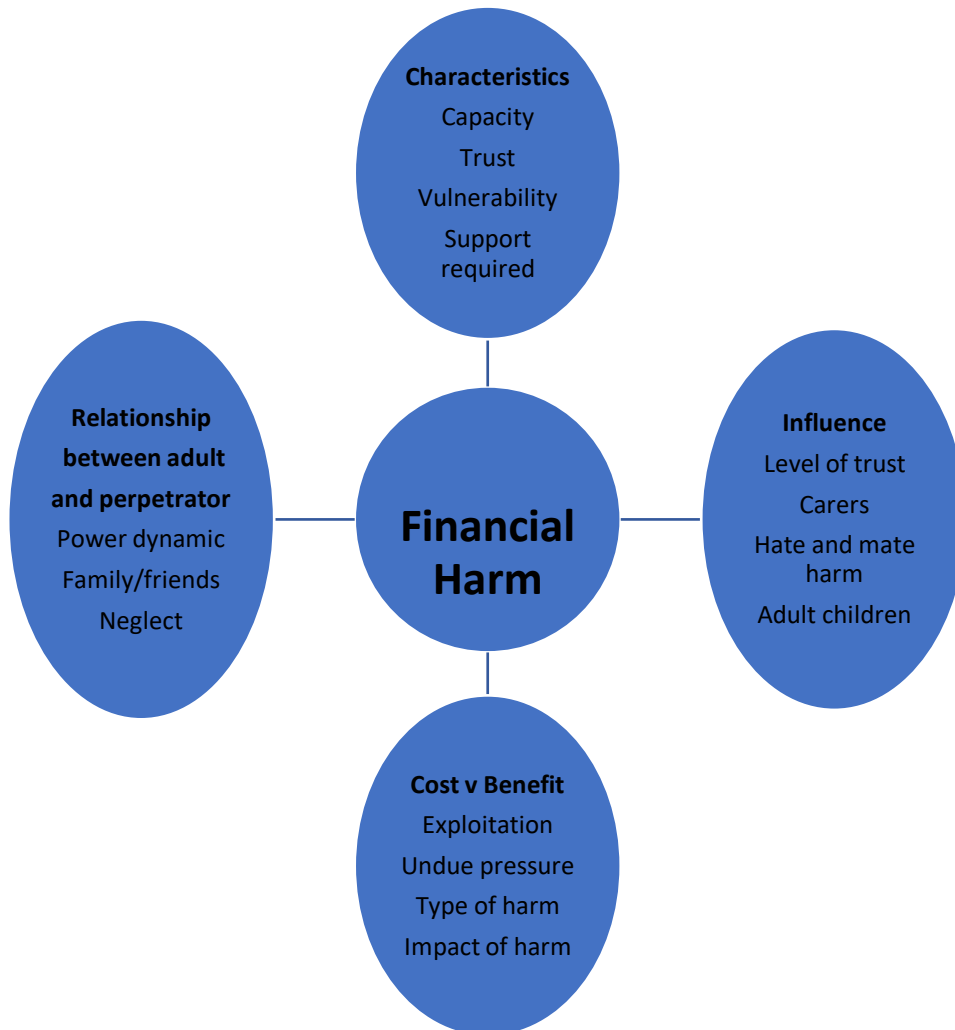
The individual characteristics of financial harm are explored through the Wilbur and Reynolds model, which are often complex and interwoven between the differing characteristics of the adult (Bond, Cuddy et al. 2000). Delicate judgements are required to balance the factors that lead to an adult being deemed at risk of financial harm (Brown, Kingston et al. 1999).

The types of financial harm fall into two discrete groups based on whether the adult knows the perpetrator or not (Scottish Government 2013). Whether it is family, partner, offspring, or friends, there is often a trust relationship which may involve elements of care. There is evidence that financial abuse is more often perpetrated by someone who is in a trusted position, and that adults with higher care needs are more likely to have relationships that involve trust (SCIE 2011). Adults who require assistance to manage their finances or to access food and goods due to cognitive or physical disabilities will have to use trust, whether it is with a paid provider or a known family member or friend in order for the service or goods to be purchased and provided. However, in situations where the adult does not know the perpetrator issues of trust are not considered to be a factor. Judges et al., (2017) undertook a study with 151 older adults, of which 34% had been the victim of financial harm in the form of a scam, and therefore the perpetrator was unknown. Their study indicated adults who were not victims of financial harm tended to have a higher level

of honesty and humility than those who had been victims of financial harm and indicated this may be due to a higher level of sensitivity to fairness and the participants may have been more able to detect devious behaviours in others. Alternatively, victims of financial harm by unknown perpetrators may be less conscientious when considering the detail of the financial transaction, and possibly more likely to be swayed by the opportunity to 'get rich quick'. They identified that both social and cognitive factors were significant, and a decline in one of the areas would not necessarily make the adult more likely to be a victim of a scam. The study also indicated there was no evidence to support the belief that agreeableness was a factor in financial harm. This belief was further supported by a study undertaken with adults in China which found the characteristic of credulity increased vulnerability to fraud rather than trust (Shao, Du et al. 2019).

There is data to suggest that a higher level of financial harm occurred within the adult's own home (Cambridge, Beadle-Brown et al. 2006; The Law Commission 2011). Whilst there is no way of knowing how many adults have informal care arrangements in Scotland, what is known is that the level of harm is proportionate to the care setting (Crosby, Clark et al. 2008), in that between 60 to 80% of financial harm happens within a home setting compared to that committed within a residential setting mirroring the higher number of people with care needs residing in their own home. It is difficult to compare the research data for the numbers of people financially harmed within care facilities and adults living at home, due to the different sample groups discussed in section 3.4.

Figure 2. *Concept Map based on Wilber and Reynolds (1996) criteria to distinguish between inappropriate and acceptable financial exchange.*



### 3.7 Characteristics of the victim (Wilbur and Reynolds criterion 1)

Any limitations the adult may have in regards to carrying out day to day living independently increases the risk of harm (Plummer and Findlay 2012) and the ability to give informed consent is central to the difference between a financial transaction and financial harm (Brown, Kingston et al. 1999). Within protective services consideration is given to the adult's ability to protect themselves from harm (s (1) (a) ASPA) balanced against the freedom to make decisions.

As identified earlier, ASPA is one of 3 protective Acts for adults, and within this suite the Adults with Incapacity (Scotland) Act 2000 makes specific protective arrangements for adults who have been assessed as not having capacity. However, the use of this legislation removes the adult's ability to make decisions and is therefore, not entered into lightly. Nor is it a reactive act, and the process of deeming an adult not to have capacity involves an assessment by a medical practitioner and granted through the court. Capacity can be considered to be a continuum from autonomous decision making to substitute decision making required through legislation (Gardiner, Byrne et al. 2015). However, an adult may not formally lack capacity but have difficulties with areas of cognitive ability such as the ability to concentrate or think things through (MacKay and Notman 2017).

Financial harm of older people is complex, as cognitive changes occur they may experience progressive difficulties in managing their finances (Marson 2016) and the World Bank estimates 16% of the population of high income countries are over 65 years old. Financial harm for this age group is not only related to the loss of money, but also to the competence of the adult. Age related cognitive decline has been linked to poor financial decisions (Judges 2017), but this will not be the case for all older adults as capacity and ability are unique to the individual. Capacity assessments are "not always robust" (Lonbay 2018 p1045), but can exclude the older person from decisions about them. Therefore, the adult's ability to identify inconsistencies in their financial records is a more accurate way of determining their ability to safeguard (Judges 2017).

For adults who are at risk of harm, there is an assumption that the adult has capacity to make decisions until such time as they are deemed not to. Therefore, the adult's ability to give their informed consent forms part of the consideration of whether the adult meets the 3-point criteria and is considered to be an adult at risk of harm. If an adult makes an unwise decision, this does not equate to them being unable to make a decision (Mantell and Scragg 2011), and any decision in relation to protection must be related to the specific event (MacKay and Notman 2017). However, their ability to consent to financial exchange may be limited by their capacity to make and execute financial decisions.

Attachment theory indicates that development of trust is an integral part of social interaction (Feeney and Collins 2001). The interaction of placing trust in others also leads to being dependent on others. The development of trust and mistrust skills are part of normal maturation process (McGeer 2007) and the skills required to balance trust and dependency can create a potential vulnerability (Mikulincer 1998) for adults with cognitive disabilities who may have limitations in the skills needed for communication, decision making, social problem solving, and the ability to manage complex issues (Wehmeyer 1995). Therefore, some adults may place their trust in others, but due to the limitations of their cognitive understanding may assign trust inappropriately. In addition, adults with cognitive limitations, physical disability or mental ill health may be required to depend on others for care and support. Trust and a dependency on others are considered to create the opportunities to financial harm, as the adult may not report financial harm in case the support they are reliant on ceases (Phelan, McCarthey et al. 2018).

Recognition of harm can be compromised as some people with learning disabilities may not identify when they are abused, and according to Magill et al., (Magill, Yeates et al. 2010) this is more common in situations of financial abuse. Adults with disabilities who require physical and emotional support can be at an increased risk of harm (Plummer and Findlay 2012), due to isolation, which provides perpetrators with an environment where risk of discovery is limited, whereas adults with a diagnosis of dementia who receive external services are considered to be safer as there are more opportunities for harm to be detected (Cross 2016). Where adults have been groomed, the level of trust may result in the adult being unable to recognise the abusive behaviour. Exploitative grooming is a process that manipulates the victim into lowering their inhibitions and desensitises them to the abusive behaviours. It relies on building trust in order to exert power and control (Berson 2003) by creating a bond between the perpetrator and the victim. In some cases, the bond is such that the adult refuses to accept that the perpetrator is not acting in their best interest and has harmed them. In addition, some adults may be reluctant to report harm due to feelings of anxiety, shame or fear of the perpetrator (MacKay 2017).

Furthermore, the impact of financial harm on emotional wellbeing can result in poor self-worth and autonomy, and can limit the individual's ability to make choices (Brown, Kingston et al. 1999), increasing reliance on others to act in their best interest. Adults who require protective measures can also be anxious about being judged, as Sherwood-Johnson et al. (2013) found adults identified the concept of the protection and capacity assessments difficult, believing they could be deemed to have 'failed'. The perception that protective services act as an adjudicator could limit the numbers of adults who self report harm, despite them being able to recognise the harmful behaviour.

The individual adult's circumstances and needs can also impact on the potential risk of harm (Northway, Jenkins et al. 2013). Social isolation and loneliness can create opportunities for the adult to be exploited (Burns, Henderson et al. 2017) and those who live alone are considered to be at greater risk of financial abuse (McCreadie 2002). Measures to counter isolation can also present a risk, as some adults who started to use the internet as a way of reducing isolation, was found to be a way perpetrators of harm could build a relationship with the adult (Cross 2016). Isolation and reliance on one person can limit the opportunity for external scrutiny regarding the adult's wellbeing. Even where the adult has protective measures in place, such as a power of attorney, lack of oversight can lead to exploitation and financial harm. From a sample of 54 people who had been financially harmed an average of \$87,000 each, 17% of the adults were harmed by people holding power of attorney for the adult (Thilges, 2000). For some adults, the combination of low-cost lifestyle and higher assets has the potential for them to become targets for financially harmful behaviour.

The need for support at home also provides the potential for opportunistic financial harm occurring theft of money and property (Mantell and Scragg 2011), which could be perpetrated by families, friends or home care workers alike. The common feature being access to the adult's property and limited likelihood of detection (Felson and Clarke 1998).

Although ASPA does not require consent from the adult to make inquiries, ASPA is specifically for those adults who do have capacity. However, the adult's capacity may fluctuate and can impair cognitive ability to make decisions, problem solve and

manage complexity. Reduced cognitive abilities can lead to an increasing reliance on others for support but can also impact on the adult's ability to recognise financial harm or where they are being groomed. The characteristics of the adult, such as the need for additional support combined with reduced cognitive functioning may lead to trust being inappropriately applied and may also have an impact on the adult's ability to recognise harm.

### 3.8 Relationship between the adult and the alleged perpetrator (Wilbur and Reynolds criterion 2)

The dynamic between care provider and care receiver can be multifaceted based on factors such as relationship history, power balances, and suitability for the caring role. Families have their own values in relation to finances, there are rules, regulations and social norms associated with money (Alsemgeest 2014), which form part of the family values. The different types of family relationships may have an influence on the type of harm and the way it occurs. Financial harm is the second highest form of harm to older mothers who are more likely to be harmed by their grown up sons, whereas harm to fathers from grown up sons was more likely to be emotional harm. Grown up daughters or daughters in law were more likely to have a co perpetrator, and verbal threats were common. There is also evidence to indicate the son or daughter was financially dependent on the adult. In contrast grandchildren tended to be opportunistic rather than premeditated financial harm (Clarke, Williams et al. 2016).

However, some family relationships also feature power and control, (Santos, Nunes et al. 2017), which may be the norm within their culture. For some adults cultural attitudes to family finances can play a part in financial harm, particularly where there are expectations of family support. The traditional values of respect for older adults within South Asian families in a filial piety culture, have the expectation of respect and care for the elderly as part of the cultural norm (Park 2015). However, the structure and expectations of such a culture may have changed in that children in the UK are not following the cultural norms in relation to their elders (Talpur, Ryan et al. 2018). This can be difficult for older adults as it has been identified that conflict in relationships can be risk factors in harm (Santos, Nunes et al. 2017), and for those

adults living in the UK from different ethnic backgrounds their choices can be limited in terms of building contacts and accessing information (Bowes 2006), particularly if there are language barriers. An Indian study of 40 participants concluded there was male dominance when it came to the control of household finances in poorer families, but joint control between men and women occurred in households where there was a higher income or the woman also worked (Singh and Bhandari 2012). However, it is not known if this pattern is replicated in Indian families in the UK.

For adults who have moved to live near or with their working children, the process of being uprooted to a new location can cause distress through the absence of their cultural norms and the lack of a social network outside the family (Park 2015). It is known that women have a lower status in some cultures (World Health Organization 2020) which may increase the risk of harm or abuse. For example, an older Asian woman who moves from her birth country to live near her children and grandchildren may have the expectation of filial piety which is the cultural norm for her. She may have limited language skills in her new country, which would make her more reliant on her family to support her in adjusting to the new country and providing social opportunities. The woman's children and grandchildren may not have the same cultural norms of respect and care for older family members, nor may they wish to be involved in providing care. Negative social support and isolation can increase the risk of harm, which can include emotional, physical, neglect and financial harm (Guo, Chi et al. 2011). This form of anomic abuse can lead to alienated and disorientated adults, which coupled with the potential change in the cultural norm of respect and care for older family members, can create the opportunity for limited detection of financial harm.

An adult can be considered from different perspectives and the Self 1-3 framework (Sabat, cited in Kelly 2010) identifies 3 different constructs of self. Self 1 is from a personal viewpoint and is expressed by terms such as "I want" or "I like" and can also define how the adult can protect themselves. Self 2 relates the physical, mental and emotional characteristics and can be re-affirmed by both positive and negative inputs. Self 3 correlates with their role, such as parent, friend, partner, or the grown-up child (Daniel and Bowes, 2011). Where Self 1 is unable to identify harm or protect themselves from harm their response to influences on Self 2 can be limited. As Self

2 is influenced by others, negative inputs can reinforce negative identify, and those actions can erode self-confidence and self-worth. Covertly the perpetrator can make subtle comments about the adult's ability to manage their finances, or encouraging the adult to think they are forgetful, and can encourage the adult to have a lack of belief in their own abilities. Such situations can be described as a 'self-fulfilling prophecy' whereby the inaccurate concept becomes true (Hedstrom 2009). Overt influences, such as telling the adult to hand over financial responsibility or give others access to their funds can have an impact on Self 2 in different manner, where the adult is made to feel powerless.

Self 3 relates to the adult's role in the relationship, which may be influenced by the nature of the previous relationship or history. The complexity of the relationship between the adult and alleged abuser relates to the attachment or bond and the inter-dependence between them, regardless of the status of the carer, paid, informal or family member (Hogg et al., 2009). The risk of harm may be influenced by a lifelong abusive relationship (Wydall and Zerk 2017) of hindering a partner's financial independence (Sharpes-Jeff 2015). It is acknowledged that partners with more power influence decisions about household finances (Kim, Gutter et al. 2017) and this can result in perpetrators of financial harm using coercive methods to control and exploit their partner (Spangler and Brandl 2007), particularly when the adult is not able to communicate and there is an over reliance of family to give the adult's views (Lonbay 2018). For some couples there may not be a pattern of abusive behaviour, and changes that develop into controlling behaviour could be related to ensuring personal needs are met (Sharpes-Jeff 2015). These complicated dependency issues between family members (Ernst 2019) can also be applicable to situations of financial abuse by children, particularly where there are alcohol or drug dependency issues (Wydall and Zerk 2017). For example, a child may financially harm their parent to cover the cost of their alcohol drug misuse, and in return the parent's care or social needs will be met. Changes to the balance of power are significant, such as a domineering or violent parent who requires care and support from the abused offspring or a dominant partner whose support needs have changed. They may have become reliant on the previously submissive partner who may take the opportunity to redress the perceived wrongs.

Grooming adults in romantic relationships is also a form of financial harm. Using Sabat's self 1-3 framework it is possible to see how the harm is perpetrated through the development of a relationship. Self 1 relates to the adult's desire to be in a relationship and self 2, which is mentally and emotionally influenced by others, is where the groomer gains personal information about the adult in order to make the adult believe they are in a romantic relationship (Kopp, Layton et al. 2015). High levels of emotion, such as excitement can increase the likelihood of response to misleading adverts (Kircanski, Notthoff et al. 2018) and therefore, high emotion could also lead to an adult responding to the suggestion of a relationship from a previously unknown source. Self 3 relates to the adult's role in their relationships which can be influenced by previous relationships. If, for example, the adult divulges to the groomer their previous partner made derogatory remarks about appearance, the groomer would use the information to ensure the adult was given positive remarks about appearance. Self 3 relates to attachments and bonds formed in relationships, and therefore can be groomed to make the adult believe they are in a trusting relationship (Olivier, Burls et al. 2015). The adult can then be financially harmed by the groomer because the adult believes they are in a relationship and has trust in the groomer (Kopp, Layton et al. 2015).

There is a common belief that families will act in the best interest of the adult (McCawley, Tilse et al. 2006), yet financial harm can occur through family belief systems, such as attitudes to inheritance (Crosby, Clark et al. 2008). Where the family are due to inherit an older adult's estate, there can be opportunities to limit the adult's spending in the belief that the adult does not need the product (Quinn 2002), or to protect the amount of the inheritance (Dessin 2003). Similarly, the family can refuse to purchase goods on their behalf or charge exorbitant fees for small tasks or purchases to access the adult's wealth, as they consider the inheritance is already theirs (The Law Society 2016). Alternatively, families who care for an adult with a learning disability, may be used to making financial decisions for them as a child and have not adjusted to their rights in decision making as an adult. Where the family are in poverty and the adult is in receipt of a higher level of benefits, the family may view the income as communal. A charity worker identified a situation where a grandmother who managed her grandson's money considered it as a loss of her income when he moved into a care home (Dalley, Gilhooly et al. 2017), although it is

not known if this is due to poverty. However, the same worker also commented on another situation where the parents of a learning disabled man had used his income to pay for a holiday in the Caribbean without their son, which is clearly not a situation of poverty but suggests the family do consider the family income as communal.

Established friendships can become harmful, where the friend who starts to take control of finances or influences purchases on behalf of the adult (Wilber and Reynolds 1997), and newly made friendships are equally concerning where the adult appears to delegate financial decision making (Green 2011). For adults with learning disabilities, they are said to be at a 'double disadvantage' within friendships. The cultural norms of having friends, where an adult is free to select who they want to be friends with and do not feel an obligation to become friends with anyone, does not necessarily apply to adults with learning disabilities. The predatory nature of perpetrators may not be easily understood and potentially makes the adult vulnerable to financial harm (Gravell 2012).

Carer stress has been cited as a possible cause of adult abuse and harm (Faulkner and Sweeney 2011; Brandl 2002; Daniel and Bowes 2011), where the carer is unable to cope with the arduous tasks of looking after someone. The harm may be a result of changes in behaviour (Cooper, Selwood et al. 2008). Carers may have their own health issues or substance misuse problems or be overwhelmed by the responsibility of caring for the needs of another adult (Ernst 2019), and may have become a carer over time rather than making a commitment to provide support through a sense of obligation (Benbow and Kingston 2017). Whilst stress may be an indicator of physical harm, it could also be applicable in situations of financial harm, where the perpetrator may feel entitled to payment for the level of support that they provide, or a deliberate act to take something from the adult to balance what is being given by the carer. It is also possible that the adult can be financially harmed by a family member who lacks the skill and ability to take on such a role. In some cases, the perpetrator may not understand that what they are doing is financial harm (SCIE 2011), such as encouragement to change wills or prevent perceived inheritances being spent (Dessin 2003). In the case of film star Mickey Rooney, who alleged that after he gave permission for his stepson to handle his personal and business affairs, the stepson stole Rooney's money for his own use, and refused him basic

necessities, such as food and medicine (CNBC 2014). It may have been that Rooney's step son had a misguided belief that he had an entitlement to these assets (Tilse and Wilson 2013).

However, financial harm occurs with families when there is an abuse of power or as a form of control (Daniel and Bowes 2011; Fearly, Donnelly et al. 2012; Wendt, Bashaw et al. 2015). In such cases the family member may take over financial responsibility and limit access and could believe it's acceptable to take money from the adult, particularly if they may be the recipient of an inheritance from the adult (SCIE 2015). Higher levels of domestic violence that occur for people who have a learning disability (Hickson, Khemka et al. 2013) may be a factor in financial harm, as part of a continuum of abusive family dynamics (Fearly, Donnelly et al. 2012).

The issues of power and control can be clarified if considered within an integrated ecological model of abuse (Curry, Hassouneh-Phillips et al. 2001; Hickson, Khemka et al. 2013) the interactions between the adult, perpetrator, environment and culture can be explored, as failure to work within an ecological framework would result in issues being considered within a vacuum (Thompson 2016). The financial harm of an 85-year-old woman, who was frightened into paying for her son to visit provides a way of understanding the power and control issues. The woman involved advised "He tells me that the car hire is £200 and I give him my card for the cash machine and he always draws out an extra £100, sometimes £200, on top of the original £200" (BBC 2012b para 15). The perpetrator intimidates the adult and she conceded to his demand. Her environment is one of isolation, so the social interaction is an important factor for her. Therefore, she needs to accept his demands to achieve the social activity. Culturally, societal views of ageing are marginalising and demeaning (Adams, Dominelli et al. 1998) and negative and 'awkward' of people with disability (Aiden and McCarthey 2014 p11). Given the cultural view, she may feel that she is unlikely to be believed, particularly as she appears to be handing over her bank card. The son may also be aware of the cultural beliefs and use this to reinforce the power and control he is applying to his mother marginalising both his action and her perceived compliance, and it is a common justification from the perpetrator the money was given freely as there is a lack of challenge (Whittaker 1995). Abuse by family members is potentially the most complex form of financial harm, as the

relationship may often have an additional dynamic of power and dependency (Alzheimer's Society 2011). If the adult is reliant on the perpetrator to provide care or purchase goods on behalf of the adult, or be the main source of social contact, it requires the adult to continue to co-operate with the perpetrator to maintain the status quo (Jackson and Hafemeister 2013).

Power and control may also be a factor when financial harm is perpetrated by friends of the adult, where informal arrangements are in place (Tilse and Wilson 2013) initially developed through trust. This is particularly relevant when the nature of the relationship changes from a reciprocal arrangement to one that allows the friend to take over financial matters, or fiduciary relationship, the power dynamic alters (Wilber and Reynolds 1997). This occurred to a 66 year old man who was described as living in squalor, and burning furniture and doors to keep warm, and living on £1 per day, as his friend stole the 66 year old man's benefits (BBC 2012b). Access to the adults assets is necessary but access to the adult is not a requirement (Tilse and Wilson 2013), which means the perpetrator would not have to be resident or visit regularly and could financially defraud the adult remotely. Once access is granted it would be difficult to establish that financial harm is occurring if there are no other safeguards in place.

Financial harm can occur within family relationships, partnerships or friendships, and can happen within established or new friendships, and often the adult may have a level of trust in the relationship combined with the perpetrator's sense of entitlement. There can be overt use of power and control to financially harm an adult, and there is an added complexity when the perpetrator is in a position of power with an adult who has support needs and is dependent upon the perpetrator. Alternatively, covert methods such as grooming can be responsible for an adult being financially harmed. The adult's ability to protect themselves, coupled with negative or positive inputs impacts on the adult's perception of themselves and potentially their relationship with the alleged perpetrator.

### 3.9 Cost and benefits of the transaction (Wilbur and Reynolds criterion 3)

A primary consideration in the transaction is the consideration of the benefit to the adult and to the perpetrator. Some years ago, I worked with a young man who had a diagnosis of schizophrenia and a learning disability. He lived in a tenancy supported by a voluntary mental health organisation in a small town, a few streets away from his parent's home. Each week he took his laundered clothes to his mother, who ironed them for him and charged him £5. The cost of the service was similar to that of an ironing service, and the amount he paid was a small fraction of his weekly income. On further exploration the man advised that his primary reason for paying his mother to iron was that he got to spend the afternoon with her uninterrupted. Whilst the young man did not see this as exploitative as it met his needs; analysis of the cost and benefit of the transaction explores the factors involved and can lead to a determination whether the mother may have been responsible for financial harm. The cost was minimal, it did not disadvantage the young man and he benefitted from a service priced at the going rate. Considering the same factors from the mother's perspective, it is possible that the mother was unable to give her son her time without the financial reward or was of the belief that she was assisting her son to be an independent adult in that it was his responsibility to iron or pay for it to be done. Alternatively, she may have viewed her son as having a large income that he did not need and offered to complete his chores as a way of gaining some of his income, which would be financial harm, whereas the other explanations would not.

Regardless of the amount the son paid his mother, the principle of whether the cost was of equitable benefit to the adult would be applicable. Dalley et al. (2017) identified friends, acquaintances and handymen had financially harmed adults under the façade of being helpful. The financial harm had initially started with the friends undertaking small tasks or jobs around the home. The study also identified other family members as the source of financial harm (Dalley, Gilhooly et al. 2017a).

Williams and Abbot (2007) found 74% of their sample advised that families or paid carers took charge of finances, and many of them advised they were given an

allowance each week. Although the study was based on a small sample, from the 35 participants only 2 of the adults with learning disabilities had financial independence. Most of the parents have the adult's allowances paid into their own accounts and give the adult money when they ask for it. Where the message to adults with learning disabilities is that money is unsafe for them to manage, it is reinforced by lack of access to their own finances (Williams, Abbot et al. 2007).

The basis of a financial transaction can be found in Social Exchange Theory, whereby there are agreed norms in the transaction that are mutually rewarding (Emerson 1976). In the example above, the son may have wished to give his mother money, but his mother may have been unwilling to accept a gift but would accept it if she felt she had earned the money. There are established rules of exchange, which is developed from a relationship of trust (Cropanzano and Mitchell 2005), and the transaction is considered to be gratifying (Boss, Doherty et al. 2009). Social exchanges in relation to finances can be classified into three groups: occasional, direct participation, and financial matters (Stoller 1985). Occasional or intermittent exchanges include the established norms within a relationship, such as running errands, shared hospitality, special occasion gifts and assistance during a crisis. Direct participation exchanges are related to household management, such as repairs, care and support. Whilst all of the areas can involve a financial exchange, the third category of financial matters relates to an ongoing and detailed involvement in the finances of an adult. Within each of the three categories, there can be the opportunity for financial harm if the criterion of trust and mutual gratification are not met.

Where an imbalance between the cost and rewards occurs in the norms of the social exchange, negative emotions of anger and frustration can result (Knesebeck and Siegrist 2003). The need for additional support can create a level of dependence that impacts on the balance of the exchange. In such cases the carer can become angry and frustrated (Wolf 2000) and negativity can develop within the relationship (Stoller 1985), which may become harmful.

Care providers, regardless of the setting, can also be responsible for financial harm. Norman and Mildred Wylie were found to be unfit to run a care home by the

Regulation and Quality Improvement Authority in Northern Ireland. They found that the Wyllie's had overcharged residents for day care meals, mileage rates and supervision charges (Irish News 2014). This may have been paid with the residents tacit approval (Tilse and Wilson 2013), but is contrary to the need for the adult to have trust in the relationship (Dixon, Biggs et al. 2013), in which the adult must believe that the care provider is working in their best interest and that the provider is acting in good faith (Cooper, Hetherington et al. 2003). Despite the protective factors, financial harm does occur in these environments and may in part be related to the view that adults receiving services are 'silent clients in unobserved settings' (Clement and Bigby 2012). Similar to financial harm committed by family members, the cultural view of adults and older people in care not being able to appreciate their assets may provide a motivation for harm (Faulkener and Sweeney 2011) or negative attitudes from the care worker leading to revenge in response to difficult behaviours. Marsland, Oakes, et al. (2007) suggest that weak management are also responsible for failing protect adults. Similar examples of this type of harm include carer Denise Kiff, who was jailed for defrauding a woman with a learning disability by stealing £30,000, in addition to taking out a loan in the service users name and writing cheques to herself from the service users account (BBC2012a). Also, a 30 year old woman was also severely abused by her carer, who took her benefit monies and deprived her of food and liquids (Smith 2011). Although there are certain safeguards in place to prevent carers from causing harm, such as their employing organisation's policies and procedures, many carers are operating on an informal basis and, therefore, are not subject to additional scrutiny.

In the same way, processes that are designed to protect the adult can be manipulated, and used to exploit (Choi, Kulick et al. 1999; Brown 2003). In situations where a family member holds power of attorney for an adult, they have access to the adults finances and may justify abuse of finances through feelings of entitlement as a family member, reward for care provided or to protect their inheritance from being used in care fees or inheritance tax (Dalley, Gilhooly et al. 2017).

The literature makes a distinction between known and unknown perpetrators and highlights the level of trust between perpetrators who are known to the adult. However, it could be argued unknown perpetrators are also able to financially harm

an adult because a level of trust is created. Perpetrators of financial harm are known to deliberately target those people who they consider to be more vulnerable to harm (Brown 2003), but also need to make themselves appear trustworthy and have a form of salesmanship that allows them to say things that they do not mean (Deem 2000). In 2013, 16 people were arrested for rogue trading, where 39 people aged between 65 and 99 were conned out of thousands of pounds (ITV 2013). Mail scams are also used to financially harm people. Jessica Looke, a woman in her 70's entered a competition in Readers Digest, who subsequently sold her details to other companies who contacted Jessica offering her the chance to win a large prize if she paid a small fee. The new company also sold Jessica's details, and her name was entered onto what is commonly referred to as a 'suckers list' (Gloag, MacKenzie et al. 2019 p4). Jessica received an average of 30 letters a day, which she responded to and paid the small fee to release what she believed would be a large pay-out. People claiming to be clairvoyants also accessed this list and contacted Jessica offering to keep bad luck at bay if she paid a small fee. By this point Jessica was paying almost all of her pension to the scammers, she had panic attacks and palpitations due to her inability to respond to all of the financial demands. Jessica went without food and stopped paying her household bills to meet the financial demands, and over a 5-year period paid thousands of pounds to the scam companies. Jessica was told there was an evil force on a higher plain by one of the clairvoyants, so she stopped going upstairs in her home. She was breathless and fearful and her body and mind were at breaking point by the time she died, aged 83 (Think Jessica 2014). Detection of financial harm committed by rogue traders and scam artists can be limited, as victims of these types of harm are frequently embarrassed and ashamed having fallen for the scam (Manson 2011) and many do not inform family and friends. Jessica put her trust into a variety of different contacts, believing that they would be honourable in what they said they would do. In doing so, she placed them in a position of trust (Fearly, Donnelly et al. 2012). Therefore, in terms of the level of trust assigned, there would be little difference between a known and unknown perpetrator.

### 3.10 Type of influence used (Wilbur and Reynolds criterion 4)

The influence used within financial transactions is made more complex where one party has a higher level of power through their position in relation to the adult (Home Office 1999) and are either employed in a service provider or through family relationship or friendship which involve an element of care. The relationship allows for 'privileged access to the person, their finances and possessions' by virtue of the care needs (Dixon, Biggs et al. 2013).

Coercive methods used to influence the misuse of finances are also related to the imbalance of power (Harris 1996). Similar to the imbalance of power that occurs with domestic abusive relationships, the theft of money or possessions, spending without the adult's permission, taking over financial control and misuse of power of attorney are all acts by the perpetrator because they have a higher level of power within the relationship (Brandl 2002). Perpetrators of financial harm may be malicious, in that they deliberately take assets for themselves or do not spend the assets for the well-being of the adult or be opportunistic where they act on an unplanned basis. Perpetrators may also financially harm through incompetence, lacking the skills to protect the adults assets (Gilhooly, Dalley et al. 2016).

Westcott and Jones noted that disabled children had been labelled as "abuse provoking" by professionals as they were considered an additional stress in an already fraught household. There was a belief that the child was in some way responsible for the abuse they were subjected to (Westcott and Jones 1999). Similarly, some adults have also been assumed to be responsible for failing to protect themselves, by allowing the harmful act to happen, and failing to notify protective agencies. Self-determination theory highlights the difference between autonomous motivation and controlled motivation. In the former, individuals act through their sense of self, and have the power to use their own will, whereas controlled motivation identifies external factors that act as positive or negative motivators. Where negative influences impact on self-determination, it can result in seeking approval from the perpetrator, and avoiding shame associated with admitting the abusive behaviour has occurred (Deci and Ryan 2008). Adults may

also choose to remain in an abusive environment due to fears about the withdrawal of support of families or carers which would impact on their independence (Brandl and Dawson 2011).

The differences between influence, persuasion, coercion and manipulation are complex, yet they are all methods of promoting change, but differ in the level of power and control that are used. If they are considered in a framework of a continuum it could be said that influence would relate to change without force at one end of the scale and manipulation, through the use of power to achieve advantage, at the other end of the scale. All points on the continuum would relate to a desire to change the behaviour or actions of another person, but the level of power applied would increase. There is limited theoretical knowledge about the structures or processes involved in manipulation (Van Dijk 2006) which makes the identification of manipulative abusers difficult to identify. 77% of practitioners in a Welsh study did not recognise the complexity of the dynamics between older adults and their adult children, and for those who did there were concerns about the potential to damage the relationship (Wydall and Zerk 2017) which perhaps relates to the difficulty in quantifying manipulation (Handleman 2009). However, identification of the motivation behind the influence applied can be an area worth exploring in the identification of financial harm.

As identified in 3.8 above, there is a widespread belief that isolation plays a part in financial harm (Kemp and Mosqueda 2005; O'Keefe, Hills et al. 2007; Jackson and Hafemeister 2011; Manson 2011) which suggests that the adult who has not got a network of support has the potential to be financially harmed. This may relate to the ability of the perpetrator to form a relationship with the adult without being detected, or that the adult accepts the perpetrator into their life to eliminate social isolation. Similarly, there is a suggestion that approaches to prevent financial harm should include interventions to limit social isolation (Fearly, Donnelly et al. 2012). However, David Cooper was well known in his community and went on to lose over £640,000 and eventually died of malnourishment at the age of 51 due to financial harm (Green 2011). Jessica Looke's family were also aware of the financial harm had impacted on her life, but were unable to prevent it (Think Jessica 2014). Whilst there may have been other factors that contributed to both of these situations of financial harm,

neither was entirely socially isolated. In particular, research undertaken in relation to telemarketing scams found the victims of such crimes to have friendships and relationships with their families and communities (Deem 2000). One study identified that adults living in residential resources may still feel lonely (Theurer, Mortenson et al. 2015) but would not be considered to be isolated. Redmond suggests a lack of monitoring is a factor in financial harm, and isolation can limit the ability for financial harm to be detected, isolation on its own may not be a factor (Redmond 2016).

The culture of the family financial transactions may also have an impact on the adult at risk of harm. Some families consider all income sources to be a family asset (Clare, Black Blundell et al. 2011), and in doing so they consider the adult is contributing to the cultural norm of sharing available resources for the benefit of all the family. In some cases adult have invested in shared property with the expectation of future care, which results in the family members acquiring their inheritance early. In such situations, it would be important to establish if the adult was a willing participant in the arrangement, or whether there was a level of coercion applied.

Hate Crime is a form of harm that perpetrators use against a group of people based on prejudice (Perry 2004), which is motivated by malice or ill will towards particular characteristics of a social group such as race or disability (Police Scotland 2016). Between 2015 and 2016 there were 201 cases brought before the Scottish Courts in relation to hate crime against people with disabilities (Crown Office and Procurator Fiscal Service 2016). Whilst financial harm may occur as a result of hate crime, it may also include physical abuse, and less direct forms of abuse such as vandalism and offensive publications and posters. One form of this type of harm is referred to a 'mate crime' and has the specific characteristics of befriending of the adult in order to harm them (Roulstone and Mason-Bish 2013), often occurring to adults with learning disabilities. It is distinct from other forms of hate crime (Doherty 2015) as it occurs when people with learning disabilities are being targeted for the purpose of theft of property or cash, and is planned rather than opportunistic (Landman 2014). Although the term "mate crime" has been criticised for failing to acknowledge the different status of both perpetrator and victim (Doherty 2015), there is a suggestion that the

term was introduced as a way of differentiating it from the public perception of hate crime (Landman 2014).

David Cooper was befriended in this manner and financially abused by a woman he trusted. David, described as having below average intelligence, inherited a 190-acre farm and was befriended by Sonya Crabb and her boyfriend Tony Junge. Over a 2-year period, part of the land was sold off, and ownership of the farmhouse was transferred to Crabb who was also appointed the sole beneficiary of David's estate. Whilst the house was being renovated for Crabb, David was living in a tack room with a bath in his kitchen area and no toilet. He died of vitamin c deficiency (malnourishment) with only £130 in his bank (Green 2011). Adults with higher levels of dependency often need to have higher levels of trust in other people (SCIE 2011), which potentially makes them more vulnerable to having their trust abused. The normal parameters of friendship are usually based on an equality of power, which is not a feature of mate crime (Cooke and Sinason 1998; Roulstone and mason-Bisch 2013).

It could be argued that the agenda for supporting adults to live in the community, has neglected an important part of the lives of adults with learning disabilities in their need for social relationships (Hall, Corb et al. 2015). Coupled with an inability to recognise bullying behaviour, or the skills to address those behaviours (Rodgers 2016) can leave adults such as David Cooper, open to financial harm. Those who befriend adults in these circumstances are essentially grooming the adult in order to harm them (DoH 2000; Roulstone and Mason-Bish 2013; Hall, Corb et al. 2015). In order for the perpetrator to groom an adult, a relationship needs to be established, trust developed and then exploitative behaviours can be used (Valios 2007). Rod Landman, Association for Real Change, identified mate crime within a group of young people with Asperger's. The group referred to their "Tuesday friends", as these friends would visit on the day the group received their benefits (Tuesdays) and take them to a pub and help them spend their money. The friends would not return until the following benefit pay day (BBC 2012c para 10). Victims of fraud have been shown to have a lower level of honest and humility, which is considered to be the result of being less honest and fair and, therefore, they are less likely to recognise devious or unfair behaviours and have increased vulnerability to potential fraud

(Judges 2017). In the situation regarding the victims of mate crime, they consider the perpetrators as friends, and their inability to recognise unfair behaviour allowed the financial harm to be repeated regularly. Similarly, Keith Philpot was befriended by a woman who used his mobile phone and ran up large bills (Smith 2011), which may be related to a willingness to co-operate, however, Judges et al (2017) acknowledge there is a lack of empirical evidence in this respect.

The need for friendships is an important feature in an adults quality of life (Brackenridge and McKenzie 2005), providing a sense of acceptance for people with learning disabilities (Lafferty, McConkey et al. 2013). For adults with learning disabilities who accept friendships with potential perpetrators of financial harm, their willingness to do so may be linked to an inability to express dislike for someone, which could be related to previous advice that it is inappropriate to express dislike (Brackenridge and McKenzie 2005). However, there may be other factors as to why an adult would remain in a social friendship with a perpetrator of harm, which relates to the way perpetrators of harm seek compliance. Brent Martin was befriended when he was discharged from hospital with between £2000 and £3000 in accrued benefit monies, and the friend who “went on to murder him appears to have turned against him when the money ran out” (Smith 2011 p49). The perpetrator becomes part of the adult’s networks and violates boundaries (Brown 2003). Whilst the adult may appear to be complicit, they may be afraid of the consequences of reporting the harm (Manthorpe, Stevens et al. 2008) and therefore it often is presented as a relationship of the adult’s choice (Brown 2003).

The influence of people not known to the adult, or only in a relationship for a short period can lead to financial harm being perpetrated. Even where there is a lack of intent an adult can be at risk of harm, as was the case for Olive Cooke, who killed herself after receiving 267 requests for money in one month, all from legitimate charities. Having cancelled 27 direct debits, it appeared to have provoked over 200 requests. Whilst it is known that organisations sell lists of personal details, Redmond (2016) questions the morality of such actions and identified similarities with religious organisations. It is suggested that the same organisations who are viewed as holding a trusted position have previously lacked rigour in their management of child abuse allegations and questioned the ethics of the same organisations currently seeking

financial support through donations from adults. The ability to influence related to the organisation appearing to have a trusted reputation, or because of its charitable status. Exploitation through religious organisations can be viewed as pressure to conform which also has the impact of weakening or undermining spiritual empowerment, particularly if the abuser is seen to be appointed by God (Oakley, Kinmond et al. 2018). Religious organisations raise significant amounts of money legitimately, such as the Church of England who raised £750 million in 2017 from parishioners. At the same time there is little oversight of individual churches, (Redmond 2020) which limits detection of financial harm.

Alternatively there is evidence to suggest that older adults respond to mass media financial requests through their initial response to be polite (Olivier, Burls et al. 2016) having no intention of being involved in any financial transaction. However, their politeness allows for legitimate organisations or scammers to gain sufficient information to start a dialogue which can manipulate the adult. It is not clear if the same kind of legitimate or non-legitimate requests occur to adults with learning disabilities, although it could be assumed that adults with learning disabilities may be equally polite enough to give away important details and be manipulated in the same way. The more common forms of mass media fraud focus offer promises to “contact a loved one” or offer monetary prizes to provide an inheritance, both of which may not be so attractive to a younger adult with learning disabilities but are very important to an adult who is isolated.

In summary, adults with a higher level of dependency on others also often have a higher level of trust within those relationships. At the same time power imbalances within support relationships can provide opportunities for perpetrators of financial harm to influence, persuade, coerce and manipulate the adults they support. It is suggested that isolation is a factor in financial harm, but it is the limited opportunities for detection of financial harm that are more relevant. There are forms of financial harm that specifically target groups of adults such as disabled adults in the form of hate crime based on prejudice, and mate crime where adults are befriended, often using grooming techniques with the intent to defraud the adult. Whilst there is no intent to harm adults, the practice of selling lists of people who have responded to financial requests from legitimate charities has resulted in financial harm. The

volume of requests that some adults have received has been overwhelming impacting on their emotional and financial wellbeing.

### 3.11 Emerging financial harm themes and developing the research question

Without a universally accepted definition of financial harm, it is difficult to determine what financial harm is and what it is not, without a level of subjectivity. The literature has shown that there are numerous types of financial harm, and the level of knowledge and research for each category of financial harm is not equal. There is a significantly higher level of information relating to the harm of older people, than that relating to adults with learning disabilities, or mental health problems. It is not clear why this is the case, but in the United States of America, the National Center on Elder Abuse (NCEA 2020) is based within the US Department of Health and Human Services who funded the University of Delaware to act as a clearing house for all research published in this area. Therefore, elder abuse research may have benefited from better collation, and attracted funding from national government. It is also worth considering that any statistical data may be able to establish the age of the victim more easily than other factors such as learning disabilities or mental health issues.

The literature search has also identified some prevalence studies, but information from the Adult Protection Committees indicates that financial harm is not being consistently recorded, partly due to the limitations of data recording systems identifying a main type of harm, when there may be multiple categories of harm being experienced. The research has shown that there are occasions when multiple types of harm have occurred, which could potentially double the number of recorded incidents of financial harm.

Regardless of the number of reported cases of financial harm, it has been established that not all financial harm is recognised as such by the victim, some victims may be aware of the financial harm and choose not to report it, which means that professionals have a greater role to play in recognition and response to financial harm. In order to do so, professionals need to have a level of understanding of the

difference between a financial transaction and financial harm (Brandl and Raymond 2012).

From the literature review several countries undertook prevalence studies, which appear not to have been repeated. It is noticeable that research into financial harm appears to have slowed, with relatively small numbers of academic articles in this area published over the last few years. There was a steady stream of research around financial harm which identified the need for improved processes (Fearly, Donnelly et al. 2012; Tilse and Wilson 2013; Oliver 2014), increased multi-agency working (Green 2011; Institute of Public Care 2013) and improved data collection (Bond, Cuddy et al. 2000). There were a significant number of studies that concluded that increased awareness (Phair and Heath 2010; Davies, Harries et al. 2011; Northway, Jenkins et al. 2013; Trainor 2015; Comely and Fotopolou 2014) and training (Bonnie and Wallace 2003; Brandl and Raymond 2012; Harries and Gilhooly et al. 2016) were required. With so many studies suggesting awareness raising and training needs over the last few years, it prompts a question regarding the quality of the training if researchers continue to identify a need.

The diversity of financial harm types highlights the difficulty of identification and involves more than one public service in detecting and responding to such harm. With this in mind, the overall understanding of financial harm amongst professionals working with the adult protection legislation in Scotland is worthy of exploration. For professionals to determine if an event constitutes financial harm in an adult protection context, they must have an understanding of financial harm and ASPA, and an ability to assess the presenting information. Assessment is the process of both gathering information and interpreting the data and is not an exact science, the skill lies in making a judgement based on experience and reflection (Middleton 1997). To make a judgement it requires the practitioner to make decisions about the information gathered. In this case it relates both to the knowledge and interpretation of the legislation and awareness of financial harm to gather the relevant information. In addition, the need for workers to comply with and promote the Human Rights Act 1998, means that workers need to consider the rights of the adult at each and every stage of intervention.

As highlighted in the introduction, this area of research prompted professional workers to justify or explain their financial arrangements when supporting a family member and even when there was clear evidence that they had acted appropriately, the need for affirmation suggests there is a lack of clarity and some subjectivity. Similarly, the framework provided by Wilbur and Reynolds (1997) indicates there is a need to explore the decision-making processes to determine if a financial transaction is harmful or not.

Professionals make decisions based on a range of knowledge in relation to each incident of financial harm, the worker makes decisions based on their knowledge of the different types of financial harm, and whether the incident meets the adult protection 3-point criteria. Therefore, it would be valuable to explore practitioner's understanding of financial harm and consider how their decision-making processes determine if a financial event is a transaction or harm. Gaining an understanding of how both adult protection and financial harm determinations are made, would allow the opportunity to explore the more subjective areas and identify what factors are considered, and equally importantly, the factors that are rejected during this process.

However, the process of decision making in this context remains largely unexplored. The discourse that takes place during identification is particular to that specific event in both time and circumstance (Barry and Proops 1999), as each individual situation of potential financial harm is specific to that event. Within this decision making process there may be multiple discourses, although it is usual for some to become more dominant (Adams, Dominelli et al. 1998). There may be many reasons why a particular discourse may become more dominant within the consideration of a situation of financial harm, but at present that is not apparent. Discourse, the way of seeing and talking about something, is both individual and subjective (Barry and Proops 1999), which suggests that a further understanding of the decision making process taking place in an adult protection context must also consider subjectivity. Therefore, a literature review about decision making has been included in the next chapter, to explore how decision making influences the factors used in consideration of financial harm.

Aside from personal interest in the outcomes of the research, there is the potential for a wider learning opportunity to consider this area in more detail. As identified earlier, there is a lack of statistical data to indicate how well professional services are identifying and responding to financial harm. Whilst there is a variance in the prevalence figures, our current recording systems cannot confirm if the known instances of financial harm are close to the prevalence studies. However, whether or not professionals take action to report financial harm can be explored, which will evidence the factors used in decision making. The results of which can be used to inform practice across the range of agencies involved, which could have a positive impact on future recognition skills and more importantly change the way professionals respond to financial harm.

## **4. Literature Review, the decision-making process**

For decisions about financial harm and adult protection, the decision making process is important, as it will influence the factors taken into account. For this chapter of the literature review the search process used ASSIA, JSTOR and the University of Dundee online library, and the search fields used were decisions with social work, social care, health, nursing, abuse, adults, safeguarding and protection. In addition, the searches included rational choice, heuristics, bounded rationality, decision analysis and analysis in social work and critical thinking.

The purpose of this study was to consider the complexity of factors influencing decision making in an adult protection context of financial harm. The study was not designed to look at outcomes of decisions made by practitioners, but to focus on the factors used in the decision-making process and consider the ways they may be interlinked and the complexity of factors. To achieve this, there needs to be consideration of decision-making theory and explore what influences practitioners when making decisions.

Many of the decision-making theories or models have a delineation between analytical and intuitive thinking processes which will be explored further as they may result in different types of factors used in the decisions that are being made. A further potential influence on the factors used relates to the ethical principles of the decision maker, their philosophical context, in which their principles may guide the way decision making factors are selected. Therefore, this chapter will consider the discussions about analytical and intuitive thinking and philosophical principles the interplay between fast and slow thinking (Kahneman 2011) will also be considered. This chapter will consider decision making from four perspectives: rational choice and bounded rationality, thorough analysis, heuristics and dual processing. There will also be a consideration of values and ethics and the impact of overarching principles on decision making.

## 4.1 The role of ethics and values in decision making

In considering the complexity of factors influencing decisions about financial harm and adult protection, ethics and values are potentially factors that increase the complexity of decision making. Practitioners in social care have a number of responsibilities to the following:

- The service user, in regard to the adult's rights, self-determination, choice and well-being including safety
- Their professional group as an ethical and effective practitioner, in line with their professional ethical codes,
- The employer and the requirement to follow the agency's guidance and follow the job description,
- Society in following and using the legislation.

At times these different responsibilities may conflict with each other (Banks 2012). These responsibilities could also be referred to as duties. Deontological decision making is based on fulfilling duties, so factors that influence this type of decision would relate to the requirements of their role which include their employers instructions, legislation and their role as a practitioner (Turpin and Marias 2004, Yeung 2010) and include the professional values and ethics of the occupation.

Kantian philosophy is deontological, which has the principle of duty and is established through moral reasoning. A core principle of this reasoning is categorical imperative, a moral standpoint that duty must be followed regardless of the impact on others as a universal law (White 2004). From this perspective, the duties are universal and absolute (Parrott 2007) which means they are unvarying regardless of different circumstances. Therefore, any action taken by the practitioner would be their duty rather than being a means to reach another outcome (White 2004).

For example, if an adult was being financially harmed, the practitioner's duty to the adult would be to respect the adults right to self-determination and support their wellbeing. The duty to the professional group would be to follow the ethical code,

such as 1.3 “support the rights of people who use services to control their lives and make informed choices about the services they use” (Scottish Social Services Council 2016). Whereas the duty to the employer would be to follow the adult protection procedures and duty to society would be to follow the legislation. However, if the duty to report the financial harm was to ensure the adult had sufficient monies to pay for a social care service, the practitioner would not be following the moral principle, the Kantian ideal of duty. Even though the same actions may be taken to protect the adult, the purpose is linked to organisational interest, which is a means to another outcome.

The Kantian categorical imperative is that moral rules cannot be broken, however the strict adherence to an absolute and universal law is criticised through its inability to reflect the complexities of human behaviour (Satkunandan 2011). In protective work, the practitioner would work within a framework of the ethical absolutes that are unchangeable and would influence the factors taken into consideration about any decisions. For example, if an adult is financially harmed by a family member and any intervention to stop the harm would result in the family contact ceasing, the adult may prefer to retain the family contact. However, the practitioner’s ethical code of universal moral rules may be a duty to take action to stop harm, the consequence of which would be against the adult’s wishes. Within a Kantian framework of respect for the adult’s view (White 2004), the practitioner’s duty would be to respect the adult’s view and not act to stop the harm. However, the practitioner also has an ethical code and is responsible to their professional group, such as the social care ethics code 3.2 “use established processes and procedures to report allegations of harm” (Scottish Social Services Council 2016). The categorical imperative of not breaking moral codes in this example would mean the employment code of ethics was not adhered to.

Therefore, there is a complexity of factors in deontological or Kantian decisions which have followed the principle of fulfilling a duty and could influence the balance of the adult’s right to self-determination over a duty to protect (Banks 2012). Munro (2011) identified some practitioners expressed it was less risky if they followed the employer’s rules rather than make a decision that would require them to take personal responsibility. Similarly, over estimating risk was a factor in protection

decision making as the underestimation of risk may have negative consequences for the practitioner and their organisation (Tuddenham 2000). Therefore, defensive practices have developed and in some cases, practitioners have avoided contact with the service user (Whittaker 2011) potentially as a way of managing the conflict practitioners have experienced between duty and the way they wish to practice, the latter of which could be regarded as irresponsible (Whittaker 2011).

Utilitarianism is a form of teleological principle which focusses on the outcome and an action can be perceived as a good or bad decision based on the outcome or impact of that decision (Baumand-Vitolina, Cals et al. 2015). Using teleological philosophy to consider the earlier example regarding the duty to report financial harm as a way of ensuring an adult had sufficient monies to pay for a social care service, the teleological principles would have a focus on the outcome. In this case the outcome would be to protect the adult from harm and secure their finances which would allow the adult to pay for additional services, and from a teleological perspective it could be viewed as a good outcome. The utilitarian perspective is about achieving the right action, balancing good over evil, thereby having a principle of utility (Banks 2012). The underpinning foundation of utilitarianism was developed by Bentham and based on the human drive to seek pleasure and avoid pain (Parrott 2007). It was further developed by Mill who argued that actions should be based on the outcome of greatest good for the greatest number of people (Mill 1972).

Therefore, stopping financial harm so an adult has the finances to pay for a service could be considered provide a positive outcome. The notion of greatest good in this case would be to protect the adult, adhere to the professional code of ethics and the employer's adult protection guidance, and follow the legislation in terms of ASPA (s4) requirement for the council to make inquiries where it is believed the adult may be at risk of harm. If greatest good is to follow the adult protection guidance and act in all cases, then it could also be assumed to be for the greatest number of people.

Although there are many strands to utilitarian philosophy, rule utilitarianism is based on the belief that rules are used to provide a short cut through moral reasoning, which, on first appearance could be considered Kantian, as it has the categorical imperative that a moral rule cannot be broken. However, rule utilitarianism indicates that a rule can be constructed to avoid the moral reasoning that would occur in a

decision and could apply to the employer's adult protection guidance as a rule to be followed to avoid moral reasoning. A utilitarian perspective would continue to measure the utility based on the consequence of their decision (Banks 2012), yet there is "little connection between such rulebound professionalism and positive outcomes" (Ingram and Smith 2018). In either of these ethical philosophies there is still a requirement for the practitioner to make an interpretation, both in fulfilling duty or achieving a good outcome there still remains a requirement to determine "whose good we should promote" (Banks 2012 p36).

## 4.2 Rational choice

Rational choice theory is a problem solving process (Gottschalk and Witkin 1991) which requires the practitioner to consider the alternatives and ascribe consequences to each alternate in an ordered sequence of importance to make a choice (Burns and Rozskowska 2016). It does not explain what a rational person will do in a particular situation (Hechter and Kanazawa 1997) but considers the process of how decisions are made.

Most decision making processes fall into normative, prescriptive or descriptive theoretical frameworks (Dillon 1998), and although there are numerous decision making models, the majority are based on there being rationality. Normative processes are based on what should be done, and are therefore, aligned with deontological principles of duty. Normative decision making can be led by the source of the duty, such as employer's guidance, codes of ethics, or philosophical principles (Dillon 1998). They are standards for action and belief (Stanovich 2010) such as a Kantian categorical imperative. There is a principle of obligation to normative judgements as they are based on what the decision maker ought to do (Elquayam and Evans 2011) in order to be rational (Hansson 1994). Descriptive decisions focus on observation, what the decision maker was observed to do or how they made their decision. Descriptive decisions are based within the functions of psychology (Baron 2004), how the decision was actually made (Hansson 1994) and consider the pattern and theory of the response observed (Stanovich 2010) . The prescriptive model is a

mix of normative and descriptive models, both the principle of duty and how people make their decisions are features of this theory.

All three theories assume the decision maker is making a choice and is, therefore, rational. In deciding which option to take as part of a decision the utility of each possible outcome is weighed in relation to the preferred outcome and is known as expected utility theory (Briggs 2019). The decision maker balances the potential benefits against potential harms to increase the expected value of the outcome (Taylor 2010). The option with the highest expected utility is considered to be the best act to choose. Therefore, the option ranked as having the highest expected utility would be considered the rational choice.

In the world of protection, a rational model would be the preferred model for employers, regulatory bodies, and society as a whole, based on the assumption that adherence to guidance, legislation and ethical values would assure the outcome of the decision would result in the adult being safe from harm. Which suggests rule utilitarianism, the following of rules (Ridge 2006) and as part of the over-arching deontological philosophy would have a focus on the outcome which is the adult's safety.

Rational behaviour is not related to intelligence as rationality is wider concept than intelligence. The way intelligence is measured, such as IQ tests, limits what is measured, whereas rationality has broader measurements. In this sense intelligence relates to the processing efficiency (Stanovich 2011) and the rational mind requires effort rather than intelligence to find relevant evidence. Deliberate choice is responsible for reasoned argument through the process of searching and checking (Kahneman 2011) and could be argued the processing efficiency of an intelligent practitioner may make it more likely that rational choice is being used.

However, the theoretical concept that all behaviour is rational is criticised on the basis that contradictions and bias may be explained as rational choice (McKinnon 2013) and the most pragmatic and rational decision making may not be context free (Patt 2016). Following a theoretical framework does not automatically link to an appropriate practical conclusion (Over 2004) and it is possible to follow a rational

process whilst seeking bad goals (Simon 1983). Therefore, rational choice can provide an operational framework, but it may fail to take into account the individual circumstances.

#### 4.2.1 Bounded rationality

The rational model assumes that the decision maker would know all the possible alternatives, know the consequences of the alternatives and have a set of preferences for the possible outcomes, in doing so the decision maker would compare each consequence to choose the most appropriate one (Turpin and Marias 2004). The rational model, however, is limited by the information available to the practitioner, such as the amount of information available or the quality of information can influence what is rationally used to inform a decision (Saltiel 2016). The rational model assumes that practitioners are making a judgement whilst operating analytically, which Kahneman (2011) has observed not to be the case.

In many cases full information about financial harm may not be known and bounded rationality may be used in order to satisfice, to both satisfy and suffice, based on the information known at the time (Turpin and Marias 2004).

Bounded rationality is where rationality is limited, or bounded, by the time, resources or information available (Taylor 2012), where rational decisions are not feasible in practice due to finite resources (Ballester and Hernandez 2012) and in practice may be used for decisions that are required quickly. Bounded rationality uses 3 factors in decision making: a simple search for information, a simple stopping rule for discontinuing the information search and a simple decision rule in relation to the most important reason (Gigerenzer and Selten 2002). For example, a care worker who is about to finish working for the day, may be concerned that an adult is being financially harmed as there are anomalies in the service user's cash records. The worker may undertake a simple search for information consisting of the information gathered from the cash records, and a simple stopping rule could be that it appears the adult may be at risk of harm. The simple decision rule could be to report the issue as harm in order for other services to make inquiries. When decisions need to be made quickly, the ability to process large amounts of information in a hurry is

limited. The practitioner is also bounded by the time in which to make the decision, resulting in a decision is made based on the part of the information that was available (Lorkowski and Kreinovich 2018). Therefore, the outcome of bounded rationality would be a good enough option (Taylor 2012). In the example above, the decision to raise a concern would be good enough as it ensures there is further consideration of the adult's situation but still allows the worker to finish work without having to seek further information to support or disprove her concerns.

Bounded rationality is considered to be a deviation from the standard normative rational behaviour (Elster 2001) as the criterion for the decision is based on the judgement being satisfactory or good enough.

#### 4.2.2 Rational choice model

Within the rational choice decision making theory van de Luitgaarden (2009) identified four distinct areas that are suggested to lead to an optimal rational decision, sometimes referred to as a decision tree, which include: the possible outcomes from the decision, likelihood of the outcomes, values attached to the outcomes, and all possible courses of action. Over the next four subsections consideration will be given to each of the areas and reflect on the application of the theoretical basis in practice.

##### 4.2.2.1 Possible outcomes of the decision

The word outcome has become increasingly prevalent in social care, and it would be useful to start with what 'outcome' actually means. Generally 'outcome' refers to the result or consequence of an interaction of some form, but within social care it relates to a measurement about quality of life (CCPS 2010) and reference to outcome focussed intervention is a person centred approach to improve the adult's quality of life, which values the adult's view and may also include improvements to the adult's functioning (IRISS 2010). Therefore, reference to outcomes would assume it is a measurable positive improvement in the adult's life, which the adult has been involved in.

In a rational decision making model the possible outcomes of the decision relate to those with a good outcome, as those with perceived poor outcomes are considered to be an error or bias, and the model is intended to avoid error (van de Luitgaarden 2009). Within this section it is necessary to explore what the possible outcomes are for an adult at risk of financial harm, and the possible rational outcomes would be determined by the way organisations and practitioner interact to take action to stop harm.

Councils and practitioners are required to follow the legislation in their decision making, to make a determination whether the adult is at risk of harm through the use of the 3-point criteria. That means the practitioner has to determine if the adult is able to safeguard themselves, is or likely to be harmed and has a characteristic that makes them more vulnerable than someone that does not have that characteristic. The overarching principles of ASPA is drawn from the human rights legislation and practitioners are required to balance protective action with the individual's rights and operate in the least restrictive manner for the adult.

The Human Rights Act 1998 has a number of articles that are directly related to adult protection which are therefore, requirements for practitioners to take into account in making protective judgements. Article 1 of the European Human Rights Convention (Council of Europe 2013) requires councils and practitioners to respect and ensure the adult's rights, which relates to a duty to take positive action but also balanced with the adult's right to make choices. This can be seen within ASPA where practitioners are required to consider advocacy (s6), and the adult has to consent to a protective order (s35). Similarly, article 2 the right to life, directly corresponds with ASPA through the requirement for the council to remedy situations where there is a risk to life. Therefore, the expectation of a decision taken in this context would comply with the intended outcome in regard to the legislation, which would be that the adult is protected, and incidents of harm would be remedied in the least restrictive manner. The decision would be rational on that basis.

ASPA also places a duty on Adult Protection Committees to provide advice and guidance to staff and have appropriate procedures and guidance (s41) and staff

training in place (s42). The committee comprises representatives across the partnership, including social work, health, police, housing, voluntary and 3<sup>rd</sup> sector organisations, all of whom have a commitment to ensure their staff work to protect adults. Therefore, the expectation of the Adult Protection Committee would be to have a competent and trained workforce across all the services in the area with the necessary guidance to fulfil the protective role. The strategic and operational managers within each service are also responsible for developing tools to aid practitioners in their deliberations.

Therefore, it would be considered rational for the practitioners to base their decision making on achieving an optimal outcome for the adult based on the legislation, employer's guidance supported by the Adult Protection Committee and employing authority's training. However, the assumption of rationality may be flawed as it is acknowledged that the legislation alone does not resolve practice dilemmas (MacKay and Notman 2017). Similarly, the Code of Practice (Scottish Government 2014) may assist practitioners in their deliberations, but it cannot provide a specific guidance for every practice situation.

The way practitioners process information will also have a consequence in relation to the potential outcomes. As with all logical arguments, the pattern identified is required to be based on factual information. A logical argument is used to evidence truth or demonstrate a falsehood, and in the face of ambiguity effective use of both knowledge and information is necessary to provide defined issues and justification for the decision (Rutter and Brown 2015). The use of critical awareness is key to challenging assumptions made in the absence of factual information (Rutter and Brown 2015). Distinguishing between truth and lies is not always straightforward, as familiarity with particular information may provide an illusion of truth (Kahneman 2011) which can lead practitioners into seeing causal links between different pieces of information, and will be discussed further in 4.4.

Within the rational choice framework there exists a process of elimination, where a range of outcomes are balanced against each other. The potential outcomes are considered and ranked in order to achieve the highest attainable point (Dillon 1998). Within rational choice the highest attainable point is decided through a sequential

process between higher and lower values, and in a theoretical framework, decisions that result in an adverse outcome are referred to as error or bias (van de Luitgaarden 2009). Within protective work, error or bias would result in either an adult not being protected from harm or being overly protected which could infringe on the adult's human rights, both of which would be considered unacceptable. Similarly models that eliminate alternatives through a sequential process (Dillon 1998) would result in a lack of comparison across all the alternatives, and may also fail to protect the adult. Also, the process of determining higher or lower values may not be consistently applied by all practitioners, which is considered further in section 4.5.

Whilst the legislation, guidance and procedures would provide the opportunity to make a judgement on rational choice, there is evidence to suggest that adult protection does not always follow this model in practice, nor does necessarily take account of the ethical perspective of the practitioner in supporting the adult's rights to self-determination.

#### 4.2.2.2 Likelihood of outcomes

The second area of consideration in the rational decision-making model requires a deliberation about the likelihood of the outcomes, and it is worth reflecting on situations where the outcome of safeguarding the adult has not been achieved and why that may have occurred.

As identified earlier, Adult Protection Committees are the link between the legislation and strategic direction as the committee has responsibility for the review of procedures and practices (s42(1)(a)) with the aim of improvement in the skill base of multi-agency partners (s42(1)(c)) under ASPA. As such, the procedures have the ultimate aim of the legislative requirement to protect adults who may be at risk of harm, and the procedures detail the processes involved but do not determine what the specific outcome may be. However, the procedures will limit the range of outcomes and the likelihood of certain outcomes being achieved.

Adult Protection Committees in Scotland have Serious or Significant Case Review processes to ascertain lessons that can be learnt from events and where necessary change procedure. In England and Wales, Safeguarding Boards are also required to undertake reviews where an adult has been seriously harmed under s44 of the Care Act 2014 for the same purpose. Additionally, evaluative processes both internal and external identify potential areas for improvement through the scrutiny of cases. Whilst internal audit findings are rarely published, external inspections are shared with the expectation that protective services will apply the findings to their own services with a view to continuous improvement (Care Inspectorate and HMICS 2018). Essentially, the inspections and serious case reviews provide the strategic drivers for improvement across the protective services, and are the catalyst for operational review, revision and development in relation to specific areas of practice. Where a serious case review has identified areas of risk, the focus is on what went wrong and why. This is partly due to the criteria for conducting a serious case review which, for most authorities, relates to situations where the adult has died or has been seriously harmed. However, it is also noted there is a culture of seeking error and blame (Cooper, Hetherington et al. 2003), nor is there an ethos of learning from mistakes or strategic responsibility (Hothersall and Maas-Lowit 2010). Case reviews generally tend not to comment on person centred care, with a focus on the need to improve (Braye, Orr et al. 2015). Some Adult Protection Committees have moved to the use of Learning Together model (SCIE 2017) which encourages a proportionate consideration of the issues, and potentially leads to less focus on seeking blame. Regardless of the process of serious case review, a formal multi-agency evaluation can provide an opportunity to consider both the positive and negative outcomes of a decision and result in new factors being identified for consideration in decision making. However, it may not mitigate the circumstances when a good decision based on all possible outcomes was made but had a poor outcome (Banks 2014).

Recent reviews have identified issues about decisions made, in relation to planning decisions (Mental Welfare Commission 2014); lack of rigour in evaluating information to inform decisions; failing to review a decision when the situation changed and not linking information together (Glasgow Adult Protection Committee 2015); multi-agency working, lack of consistency in decisions around planning, and decisions around risk management (North Lanarkshire Adult Protection Committee 2016).

More recently Inspections across six Scottish Adult Protection Committees identified limitations in regards to information sharing, multi-agency working, limited and inconsistent decisions in respect of risk, and limitations of practitioner's knowledge on which they base decisions (Care Inspectorate and HMICS 2018). There are similar findings from English case reviews in regards to decisions around risk, thresholds and making joint decisions (Wood 2017); missing or late information impacting on decisions made (West of Berkshire Safeguarding Adults Board 2017); decisions around risk and support (Bristol Safeguarding Adults Board 2017); and sharing information, and decisions about who leads the protection work (Tynan 2018).

Despite having guidance and procedures in place, rational choice can be bounded by the inability to obtain information from other partners, and lack of full involvement from multi-agency partners can impact on the ability to review earlier decisions in light of new information. Similarly, the failure to recognise significant information could be linked to the training provided by Adult Protection Committees and therefore, would also bound rationality. Whereas working on assumptions is not a rational act and may not even be bounded rationality as it does not meet the criterion for simple decision making identified in 4.2.1.

To improve the likelihood of outcomes in a rational decision-making model it requires a rational core to the professional judgements being made (Rutter and Brown 2015) and an awareness of evidence to suggest that cognitive strategies, which are not independent of the environment in which they are made (Dhimi, al-Nowaihi et al. 2018). Formal knowledge, such as theory and research can inform practice but cannot predict or control how this will relate to outcomes (Rutter and Brown 2015).

#### 4.2.2.3 Values attached to outcomes

The third area of consideration in a rational model is the values that may be attached to the outcome. It is highly likely that regardless of the limited options available the practitioner may be involved in balancing a decision between a minimum of two courses of action which may have different values attached to the factors under

consideration. In some cases all the value decision options may have poor outcomes (Banks 2012). In the case of financial harm, an ethical dilemma could be where an adult is being financially harmed by a family member. Regardless of whether the adult is aware of the financial harm, the action taken to stop the harm can impact on the relationship and may result in the adult becoming isolated from the family member who is perpetrating the harm (Davidson, Rossall et al. 2015). As discussed in chapter 3, there are many reasons why adults may choose to allow financial harm to continue and in some cases the adult allows the harm to continue because there is a benefit to the adult. Where an adult makes a choice to exchange sums of money for family contact, the relationship with family is of higher value to the adult than the money. Similarly, the adult may choose to remain in a financially harmful situation as they fear the alternative care provision (Clare, Black Blundell et al. 2011). To the adult this would appear rational, as the loss may outweigh the gain and the adult may believe the expected utility of family contact is much higher than the financial loss. Prospect theory (Kahneman 2011) identifies behaviour in relation to loss and gain, where the possibility of loss would lead the agent to prefer a solution with lower utility as long as it avoids the loss, which an adult may do.

The professional view based on guidance and legislation would normally recommend ceasing contact with someone who is deliberately financially harming an adult particularly if the harm is expected to continue, but from a values perspective it is acknowledged lack of contact with the perpetrator may also impact on the relationship with extended family members such as the perpetrator's children (Davidson, Rossall et al. 2015). Adults have identified that although they wanted the harm to stop, they wished to avoid the possible outcomes for a family member who is a perpetrator (MacKay 2017). Article 8 of the European Convention on Human Rights enshrines a right to respect for family life, and the adult may prefer to have contact with a family perpetrator than be financially safeguarded. Therefore, the situation has positive and negative outcomes for each choice; continued financial harm and family contact or cessation of financial harm and limited or no family contact. Whichever factor is given priority by the practitioner it has the potential for a negative outcome.

In situations of financial harm, the practitioner could be influenced by their own personal values such as their views about inheritance (Davidson, Rossall et al. 2015) or reciprocal financial arrangements, which could impact on the evidence sought or used in the deliberation or weight some factors higher than others. Personal values are not necessarily shared across occupational groups (Banks 2012) so may vary across services. Similarly the use of certain terms, such as abuse or neglect, may elicit an emotional response which also impacts on the importance given to the information (Tupper, Broad et al. 2016) and could also be linked to a personal value.

Where the practitioner appears to place great importance on their professional ethical principles, it has also been found that the practitioner's personal values may also be involved in their ethical decision-making processes (Osimo and Landau 2006). Therefore, the practitioner's personal values about financial harm (the loss of £100) compared to neglect (unable to purchase food) may be a factor in recognition and response to financial harm. Regulated occupations, such as social workers and nurses, are required to comply with their occupational codes of practice. Within the social care code of practice, practitioners are obliged to protect and promote the rights of service users (Scottish Social Services Council 2016) designed to protect adults from exploitation (Banks 2012), which includes treating each person as an individual and respecting their views. The professional codes of ethics for social workers also reflect the adult's choice, in s.2.1.2, social workers should "*respect, promote and support people's dignity and right to make their own choices and decisions, irrespective of their values and life choices, provided this does not threaten the rights, safety and legitimate interests of others*" (BASW 2014). Similarly for nurses the code of ethics require them to listen to people and respond to their preferences (Nursing and Midwifery Council 2015) and police officers are required to respect human rights (Police Scotland 2019). These statements within the codes of practice appear to be giving the practitioner a steer towards acting in accordance with the adult's wishes, however taking the adult's views into account may be part of the decision-making process, but it may not be the only factor in the decision.

In multi-agency decision making, there may be a variance in ethical values between occupational groups. Van de Luitgaarden (2009) assumes that there is consensus regarding the values attached to the outcomes, whereas the reality of practice may

be very different. Although each professional group may have a common commitment to the principles of the legislation and guidance and are likely to have specific training in adult protection for their practitioners which links to the core principles, the values each professional group attaches to different outcomes may vary. For example, an incident of financial harm has left an elderly man in care without the funds to purchase sweets and snacks. The care home staff may be satisfied that the adult's needs will be met within their establishment. The Health and Social Care Standards state "I (the adult) can choose suitably presented health meals and snacks" (Scottish Government 2017 s1.33) which does not oblige the care home to facilitate the purchase of snacks that are considered unhealthy, and therefore, the value attached to their rational choice in this situation may be limited. A police perspective would be to explore criminality and the focus of their decisions would be to establish if a crime had been committed, and the value of pursuing a crime of a small amount may also be limited. Whereas a medical practitioner with responsibility for meeting health needs may determine that the inability to purchase snacks would not be harmful to the adult and may actually be healthier for the adult. A social worker may have a different perspective and consider the emotional impact and the adult's right to make choices. Therefore, each practitioner group may apply very different weights to the factors under consideration in decision making regarding financial harm.

Each of the multi-agency professionals involved in adult protection will have their own personal values as regards to acceptable and non-acceptable harm based on their own subjectivity. The individual practitioner will have their own experience of financial transactions and their attitudes to inheritance, informal caring, gift giving, etc., can all inform how their view financial harm. Therefore, van de Luitgaarden's suggestion of common consensus of values amongst practitioners in respect to outcomes may not be the case in multi-agency working.

The outcome values for an employer are likely to be different to those of an individual practitioner. The employer will value the fulfilment of duty to deliver a service in line with ASPA. ASPA does not require the council to seek the adult's views when making inquiries, and the employers base their guidance on ASPA. For an employer the rational act would be for practitioners to follow the legislation and

protect adults from harm, through following the universal rules laid down in guidance in the specified manner in order to achieve the expected utility of protection from harm. The value of the outcome to the employer is also tied into codes of practice for employers, social care employers are required to “put into action and monitor written policies and procedures, particularly about reporting allegations of harm or abuse to the relevant authority” (Scottish Social Services Council 2016). Which confirms that there are different values attached to outcomes between employers and practitioners.

Practitioners are known to have a level of uneasiness when required to respond to the procedures rather than what they believe ethically to be the right action generating moral injury, a disjuncture between ethical values and the procedures they are required to follow (Fenton and Kelly 2017), particularly as person centred practice can create tensions between user choice and professional accountability (Whittaker and Havard 2016). If both the practitioner and the adult are in agreement about the appropriate action but the procedural requirements require a different decision, potentially the practitioner may experience ethical stress. The tension between following the employer’s guidance rather than what the practitioner considers to be ethically the right choice may be related to the practitioner’s desire to see the adult as a whole (Banks 2012), rather than in parts which is the way adult protection may be considered. Practitioners may respond to this tension by adopting defensive practice, such as using the law and policies to justify their decisions, or “putting the procedures before clients” (Whittaker and Havard 2016). Ultimately, the practitioner may consider the rational choice in relation to their ethical values, rather than the value to the organisation, but may be required to follow a procedural response which is legally compliant in order to satisfy their obligations to the employer.

#### 4.2.2.4 All possible courses of action

The final area of the rational choice model relates to action rather than outcomes from which it could be assumed the rational choice outcomes have been made, leaving the final stage to determine the action required.

Strategic managers are responsible for procedures and service response (Postle 2002) with the aim of providing consistency in service. Whilst there are calls for increasing staff autonomy there remains a prescriptive assessment framework in many services, with the intent to improve accuracy or consistency. The employing organisation sets the parameters of service delivery and determines what outcomes are available to practitioners. It is also suggested that increased or additional accountability measures and the focus on organisational efficiency indicators are related to protecting the organisation from criticism (Connelly 2013). ASPA requires adult protection committees to have appropriate processes and procedures (s41(2)(b)) in order to safeguard adults, but strategic managers have responsibility for managing risk within their service and ensuring adults are safe (Scottish Government 2016).

Managing risk in social care has become increasingly more important, notably since the 1990s when institutions and organisations were criticised for not protecting the public (Beck 1992). The subsequent public outcry (Hothersall and Maas-Lowit 2010) led to the development of process and systems to demonstrate accountability and increased regulation. It is argued that a culture of risk has led to risk assessment processes that do not enable workers to promote empowerment for adults, and are specifically developed to demonstrate professional competence, which has the impact of limiting professional liability (Finlayson 2016) and suppress worker autonomy (Hothersall and Maas-Lowit 2010). Furthermore, systems appear to be focussed on identifying responsibility and blame, and fail to accept the inevitability of failure (Cooper, Hetherington et al. 2003). The fear of legal action (McLean 2016), fear of media coverage and lack of confidence in the risk assessment tools (Hothersall and Maas-Lowit 2010), are some of the underlying reasons for the development of a risk averse culture.

Therefore, consideration of risk is a high priority for the practitioner deliberating the situation for an adult who is at risk of harm, both to the adult and to organisational accountability. To explore the complexities of factors in decision making there needs to be an understanding of the impact of risk and how this impacts on the way adult protection judgements about financial harm are made. In this fourth area of the

rational choice model, the possible courses of action may be influenced by the high priority that is attached to risk.

Alongside general concerns about the quality of information shared from which practitioners select the factors to determine their decisions, some factors are given higher weighting in part due to a risk averse culture (Kirkman and Melrose 2014). Higher levels of accountability and scrutiny have led to a tighter definition of what is considered to be acceptable practice, with the impact on professionals feeling likely to be blamed if their decision has an outcome out with the parameters of acceptable practice (Taylor, Hill et al. 2011). This 'blame culture' has resulted in a sense of self protection amongst some workers (Hothersall and Maas-Lowit 2010), suggesting that practitioners will limit the information sought or used in their decisions to provide more generalised views (Carr 2013) rather than an analytical approach, discussed further in 4.3. Risk aversion can limit both innovation and focus on practice that ensures safety (McLean 2016), which may result in practitioners not considering all the relevant factors that may be applicable to the judgement required rather than working in a way that promotes personalisation and empowerment (McLean 2016). The organisational focus on processes can create a culture that allows harm and neglect to thrive (Stevens 2013) and as practitioners are accountable to their employers and their regulatory bodies, decisions may appear to protect the process rather than the adult (De Langhe, Van Osselaer et al. 2011; Whittaker and Harvard 2016) moving the emphasis from the adult's need to mitigating the risk, and could impact on the factors considered in the decision.

Those practitioners who are more compliant with procedure tend to be more concerned about being judged as ineffective resulting in the avoidance of taking risky decisions (Littlechild 2008) and more accepting of risk averse practice (Fenton and Kelly 2017). Whilst this may not be a conscious move on the part of the practitioner, the organisational culture may influence this type of practice leading to practitioners over estimating the risk and delegating decisions to managers (Whittaker and Harvard 2016). If this is the case in the study, it may be difficult to establish the factors practitioners consider in their adult protection decision if they are delegating this element to a team leader. At the same time, managers are often reliant on practitioners identifying the factors for consideration which may be limited by the

practitioner's own understanding of risk, and there can be a managerial lack of confidence in supporting staff take higher levels of risk (Cooper, Cocker et al. 2018). This may have implications for the overall understanding of risk in financial harm particularly as the evaluation of risk is not an exact science so the use of risk assessment tools (Littlechild 2008) may have limited value and could influence the way risk factors are perceived and actioned.

Defensive practice has emerged from concerns around managing risk and risks to the organisation. It allows a practitioner to defend their decision based on what was known, thereby limiting hindsight bias and demonstrating that all reasonable steps were taken (Tuddenham 2000). It is suggested there is less trust in practitioner's ability to act in a professional manner nowadays than in past, and there may be a lack of clarity around what professional judgement is (Kemshall and Wilkinson 2011). With these uncertainties, to practice in a defensible way, the features of decision making are defined into 3 distinct areas; professional skills and knowledge such as risk assessments and plans, effective use of data and sharing information; ensuring all reasonable steps have been taken; and clear recording (Kemshall and Wilkinson 2011). Whilst a defensible decision can clearly identify what factors are taken into consideration, the process of defending a decision has led practitioners to focus on defending their decision rather than what was the right decision (Tuddenham 2000, Stalker 2003, Taylor 2006, Kemshall and Wilkinson 2011) which indicates the practitioner is defending their decisions to their organisation rather than to the service user. The priority given to the organisation may be considered as rational as it meets the agency needs for justification for decisions. However, the focus remains on recording evidence to meet the agency processes and may exclude information relevant to the adult.

The complexity of decision-making factors may also impact on the way practitioners engage with the adult during decision possibly to the detriment of the adult. Intrusive domination by the worker can appear to involve the adult but restricts the adult's role in decision making in an effort to minimise risk. The dominant behaviour of the worker can prevent the adult from taking positive risk and increase dependency on the service (Taylor, Hill et al. 2011). Alternatively, the worker can operate by ignoring the views of the adult, their family and even other practitioners and make all the

decisions themselves, which ignores the adult's right to self-determination and autonomy. The worker is reassured that the risk is managed but excludes the information from other sources (Taylor, Hill et al. 2011) which is counterproductive as over-confidence can be created when based on limited information (Kahneman 2011), and may not be an appropriate way to mitigate risk. Another risk averse model in the middle of the two identified above is where the adult, their families and other professionals are involved but are not central to the decision being made (Taylor, Hill et al. 2011). If the worker only shares information on a need to know basis it allows them to continue to control what they consider to be the risk. The practitioner may appear to be inclusive initially to ensure all the information is available but can exclude other sources of information at later points which may be relevant particularly if the situation changes. Therefore, risk averse practice can have a negative impact on the adult in terms of choice and self-determination and may not be mitigating the perceived risk. The practitioner may believe they are acting rationally by following procedures, but if their practice is based on limited evidence it is unlikely to be following the rational choice model. Although bounded rationality is based on the premise that there is limited information at the time of the decision, bounded rationality is not based on the practitioner making a deliberate choice to ignore relevant information or failing to access readily available information when there is not a time constraint in place.

It is acknowledged that different professional groups assess risk based on their employing organisation's culture (McLean 2016) and in inter-agency working a risk averse culture can result in different styles of managing risk (Taylor, Hill et al. 2011). The lack of common understanding of risk between partners and councils restricting practice to protect themselves from criticism (Scottish Executive 2006) reflects that it is unachievable to have a lack of risk in society and effective decision making may be restricted if there are inconsistent multi-agency responses (Norrie, Stevens et al. 2018). Which means the multi-agency practitioners may need to consider thresholds of acceptable risk. Decision making groups may agree higher levels of risk as there is less personal responsibility (Galpin and Hughes 2011), and develop 'false consensus' (Andrade and Ariely 2009) assuming others will respond in the same manner faced with the same information. Yet the ability to effectively protect adults in a multi-agency decision making forum requires the different parties to challenge

each other, to avoid assumptions that they are all working with the same understanding (Preston-Shoot 2018). Some practitioners may not take part in joint decision making (Whittaker 2011) which allows the multi-agency decisions to be made without full participation of relevant parties, and the factors taken into account for the decision may be limited through this form of abdication.

Whilst the perceptions of risk play a significant role in the possible courses of action, other factors also contribute. Practitioners have been found to take the easier or least painful decision where there is complexity (Shlonsky 2015), which could be considered as bounded rationality rather than rational choice. The adult's right to self-determination has also been considered to be a factor in assessing whether the adult is at risk of harm and is based on the assumption that adults will make a rational choice in regard to their ability to safeguard. However, as discussed earlier in 4.2.2.3, emotional involvement of relationships could impact on the adult's ability to make a rational choice (MacKay 2017). Therefore, self-determination can compete with the best interests of the adult and although professionals recognise the importance of emotion, the codes and procedures are limited in supporting ethical relationships, which continues to give practitioners dilemmas about which has higher precedence in decision making factors (Weinberg and Campbell 2014). A further factor in the consideration of all possible causes of action relates to the availability of services. There is evidence to suggest practitioners are influenced by the availability of a resource when determining their decisions, particularly when there is a complexity to the decision which could be avoided with an available resource (Shlonsky 2015).

#### 4.2.2.5 Conclusions of the rational choice model

There appears to be an assumption that protection work can be rational if the process is followed but this does not take account of the complexities of the decisions required. The organisations responsible for producing protection procedures are potentially assuming that the decision-making process can be reduced to a series of tasks (Fenton 2019) which if followed, ensure the adult is protected. From a practitioner's perspective, it could be considered a rational choice

to take account of the underlying ethical principles, when deliberating between the rights of the adult to be self-determining and the processes they are required to follow. The principles of ASPA are based on the least restrictive principle which suggests the balance should be in favour of self-determination, but this is reliant on the adult also acting rationally to protect themselves from harm.

The rational choice model considers the outcomes and actions, but the assumption is that all relevant knowledge is known before progressing through the model and whilst limited knowledge may lead to bounded rationality, it is possible for the practitioner to limit the information gathered but appear to have made a rational choice. It is equally possible for the practitioner to make a decision and then work backwards to justify the rational choice through the inclusion of supporting information whilst discarding other information.

Therefore, how the complexity of different factors considered by practitioners in relation to the overall judgement about financial harm may be identified by the study, and whilst practitioners may not recognise their use of rational choice or bounded rationality, the study may be possible to detect where the practitioners are considered to use rational choice or bounded rationality and the factors used, and how influential they may be.

### 4.3 Thorough analysis

Thorough analysis is a process of evidence informed decision making based on direct observation, data and facts, and is often used when there is ambiguity or complexity (Rutter and Brown 2015). It is a logical and systematic approach which is intended to clarify the issues and encourage focus and openness about the presenting issue.

Analytical decision making such as rational choice theory uses empirical evidence, analysis and critical evaluation (van de Luitgaarden 2009), or more simply; finding information, appraising it and using it as a basis for decisions (Hamer, Collinson et al. 2005). It involves gathering information and understanding what the information

means (Fenton 2019), breaking down the information into component parts, reintegrating in a thematic way (Boahen 2014), and considers the issues that require action (Hopkins 1978). Analytical models such as social exchange theory (Gross 2015), social learning theory (Abolfathis Momtaz, Hamid et al. 2013), and systems theory (Walker 2012) have a focus of considering the adult as a whole, including their environment and interactions with others. Therefore, there is a wider focus on understanding the adult's circumstances to understand the impact of one issue in relation to other factors in the adult's life. These models suggest an interaction, or joint development of a working method with the service user (McNeece and Thyer 2004; Edmond, Megivern et al. 2006). Whereas other models focus on the analysis or evaluation of the research (Webber 2015) such as evidence based practice, which requires the practitioner to engage with scientifically validated research (Edmond, Megivern et al. 2006), as part of a process of building up knowledge of the adult alongside multi-agency information, observations, the views of the adult and previously known information (Collins and Daly 2011).

While these types of models may appear to have all the elements of good decision making through the use of established research and analysis, they can also present difficulties in its real time practice use. The process of making a judgement can be enhanced with the use of evidence, but evidence alone cannot lead to a quality judgement (Hamer, Collinson et al. 2005), and there are questions about practitioner's ability to appraise research effectively (Webber 2015), with a recent study confirming social work students who were about to enter practice had lower analytical skills than the general population (Sheppard, Charles et al. 2018). The lack of available scientific evidence, or access to it restricts the practitioner's ability to effectively use evidence (Edmond, Megivern et al. 2006), and published research may be "incomplete, contradictory or unreliable" (Collins and Daly 2011 p21). There is also concern when research evidence conflicts with the expertise of the practitioner (van de Luitgaarden 2009) and how this can be resolved in an analytical way.

However, there is evidence to suggest that practitioners are taking a number of factors into consideration in their analysis which informs their judgments about

protection. Matters relating to risk are given primary consideration (Collins and Daly 2011; Trainor 2015; Whittaker 2018) and appear to take precedence over protective factors (Wilkins 2015). Although it is also suggested that professionals balance risk and rights alongside empowerment and protection (Preston-Shoot 2001).

Practitioners gather information (Davies, Harries et al. 2011; Care Inspectorate and HMICS 2018) from what is already known (Kirkman and Melrose 2014) from case notes and observation (Collins and Daly 2011) and triangulate the information (Whittaker 2018) to bring together known information from multiple sources.

Consideration is given to capacity (Davies, Harries et al. 2011) and the views of the adult and their families (Cass 2011). There is also evidence of reference to research and knowledge from learning (Collins and Daly 2011) and recognition by practitioners of both vulnerability and types of abuse (Taylor and Dodd 2003).

Experienced practitioners also consider the frequency of the alleged harm, the seriousness of the harm and the impact on the adult (Trainor 2015) to identify patterns (Collins and Daly 2011). The detection of patterns assists workers in the recognition of anomalies, such as the discrepancy between an adult with a high income yet appearing to lack the minimum of food (Davies, Harries et al. 2011), or where the identified pattern cannot establish any alternative explanation for the risk of harm (Trainor 2015).

Research in decision making has also indicated there are difficulties in making a judgement when an event occurs infrequently (Tuddenham 2000) and whilst there have clearly been occasions when adults have been harmed on multiple occasions, it is less likely that protective services have been aware of the harm and failed to take action. Therefore, any prediction of a risk event at the time it becomes known to protection practitioners is more likely to be considered as an infrequent event at that point. Research has also indicated that an adult's cognitive ability can impact on the decision-making process as adult's capacity, or more accurately the lack of it, can raise suspicions for protective workers (Davies, Harries et al. 2011). It is possibly not that relevant to a Scottish context, as there is legislation that specifically protects adults in the Adults with Incapacity (Scotland) Act 2000. Capacity is decision specific and references time and task-specific decision making (O'Connor, Hall et al. 2009) and an adult has not been found to lack capacity under the Adults with Incapacity legislation, is assumed to have capacity. The adult protection legislation has a 3-

point criteria and one of which requires a judgment about the adult's ability to safeguard themselves. Therefore, the inquiries have a function of considering if the adult was able to safeguard themselves in a specific situation of alleged harm.

In this respect, whether the adult has or has not had a formal diagnosis of incapacity would be relevant to the factors taken into account when making a protection judgement, but ASPA requires a judgement regarding the adult's ability to safeguard themselves in the particular circumstances of the alleged harmful event which is a wider consideration of ability than capacity.

An analytical framework would require practitioners to consider risk which is complicated by thresholds of risk. More experienced staff have been considered to have lower thresholds of risk compared to less experienced staff, suggesting an inconsistent approach to the recognition and reporting of harm (Harries, Yang et al. 2014). Some organisations had higher thresholds of risk to minimise workloads (Saltiel 2016) which could ensure organisational consistency but it may not protect adults who fall below the agreed threshold. There was also evidence to suggest that information relating to potential harm may not be shared with the appropriate agencies, as there was a reluctance for some practitioners to report harm unless they had some form of concrete proof (Taylor and Dodd 2003).

The use of thorough analysis to determine the factors in financial harm decision making would provide a full consideration of the presenting protection issue and the contributing factors. It would allow for a balanced approach to the complexity of financial harm and consider the environmental factors that contribute to the situation of harm. However, it is a time-consuming process to gather information, develop relationships with the adult, and undertake analysis of all the components to inform a judgement. It is not always possible for practitioners to have the time to undertake such a task, particularly when emergency action is required. As multi-agency partnerships do not always have the same thresholds of risk, this may impact on the information that is shared between partners limiting the ability to undertake thorough analysis, which increases the chances of decisions made under bounded rationality. A further element in regard to complexity of factors in financial harm decision-making relates to practice expertise, where there are different skills amongst practitioners as highlighted in the research carried out by Sheppard et al. (2018), and reference to

the practitioner's "gut feeling" (Boahen 2014 p4) may be included in analysis, but as part of a decision making framework.

#### 4.4 Heuristics

The difference between analysis and heuristics is "heuristics are needed to find a proof, whereas analysis is for checking a proof" (Gigerenzer and Gaissmaier 2011). Having considered the role of analysis in determining the factors, and their complexity in financial harm, consideration is now given to heuristic decision making.

Intuitive decision making is often misinterpreted as an innate process (Kirkman and Melrose 2014), suggesting quick and unconscious decisions are not supported by prior knowledge. Although this may be the process used in some cases, intuitive decisions can be made as a result of knowledge, professional training, and years of experience, which may also incorporate reflective practice (Taylor 2010) which assists the internalisation process in recognising patterns and deconstructing complex situations (Kahneman 2011).

Heuristics is a decision-making process with the goal of making judgements quicker and more frugally and trades off accuracy for less effort (Gigerenzer and Gaissmaier 2011). Heuristic approaches to decision making "involve shortcuts or simple 'rules of thumb' which work in practice" (Taylor 2017) in order to progress a logical conclusion. It works with fewer components but includes intuition which is based on day to day life (Isler, Maule et al. 2018). It is a process that reduces effort through working with fewer cues or pieces of information, simplifying the weight of the cues and considering fewer alternatives (Shah and Oppenheimer 2008). Cues are essentially characteristics or pieces of evidence (Bryant 2014) and used to identify patterns (Rutter and Brown 2015), but there is little evidence of how practitioners weight the importance of the cues (Davies, Harries et al. 2011). The pattern is used to build a picture of the situation, and understand which cues are important for the overall pattern (Rutter and Brown 2015). The weight of each cue relates to the potential benefits or harms of the decision (Taylor 2010) and the optimum decision is based on the cues used (Bobadilla-Suarez and Love 2018).

Heuristic models have an underlying principle that humans will behave rationally whether or not they weigh up all the factors to achieve a good enough decision and is seen to be more effective as thorough analysis can blinker the practitioner trying to make sense of all the information (Taylor 2017). The rationale underpinning heuristics is that the time and effort of decision making is not required for every decision (Gigerenzer and Gaissmaier 2011). Within protection work there are few situations where there is a wealth of incontestable information (Austin, Gregory et al. 2008) and practitioners are unable to process infinite mounts of information (Taylor 2017). Therefore, a simplified subset of available information (Bryant 2014) uses less information than more complex procedures and in practice works well (Bobadilla-Suarez and Love 2018). It follows the teleological principles of measuring the decision making on the outcome, and therefore, is assumed to be good enough (Taylor 2012). Similar to expected utility where choices relate to the maximum gain, areas of uncertainty in heuristics are balanced between the benefit and the probability of the outcome.

Workload pressures, time constraints, and the need to make sequential decisions, all of which can be mentally draining, can influence the decision making process (Kirkman and Melrose 2014). There are limits to the volume of factors that can be taken into account in decision making (Saltiel 2016) particularly when there is fluidity to the situation of risk (Helm 2011). For most workers involved in protective work, it is unlikely they are only working with that adult and usually have a number of people they are supporting in their caseload, ward, or locality, and may be required to make decisions for several adults. The complex nature of the decisions and the number of decisions required over the course of a work day can lead to decision fatigue (Kirkman and Melrose 2014) suggesting this may be influential in workers selecting an heuristic decision making model, and potentially limit the factors being taken into consideration.

There are a number of sequential decisions made over the course of a working day for protection practitioners (Kirkman and Melrose 2014) each of which have require multiple factors to be taken into consideration in relation to complex decisions, from the conservatively estimated 8 factors (Sanz de Acedo Lizarranga, Sanz de Acedo

Banquedano et al. 2007) to approximately 30 factors to be considered in relation to risk alone (Taylor 2017). It is estimated the human brain can process between 5 and 9 pieces of information at once (Miller 1956) which could allow the opportunity for a full analytical consideration of the problem. In reality, practitioners engaged in protective work are highly unlikely to have only one complex decision at a time. In practice, the likelihood of multiple decisions being required over the course of a working day is high.

The process of quick unconscious decisions may not be clearly understood by the practitioner and may be difficult to explain in a theoretical framework, but the practitioner may know the decision is appropriate. Recognition of knowing whilst in the process of an action, or reflection whilst in action (Schon 1983) can provide an explanation for a process of decision making that is not identified as based on theory at the time of the decision. Schon (1983) argues a well-defined task that requires specific knowledge, such as those used by care professionals, does not become less complex because the parameters of the task are clear. On one level the practitioner could use research and theory to make a decision, but it is unlikely that technical knowledge can assist in the more complex and confused situations (Thompson and Thompson 2008), which is more likely to be the areas requiring decisions within protection work. Reflection in action is more than the practitioner recognising a specific course of action may have a particular result, as an action that achieves the desired results provides little to reflect upon. Where an action achieves a result that is higher or lower than expectation, the response may be to reflect on the action, and the new reflection may lead to new understanding of the situation (Schon 1983), and as such it is a rational process through the application of rules. The process of critical reflection is reliant on the use of self (Jones 2009) and at times of complexity the decision maker may be unable to give space to reflection as the focus is on the response to the adult. The quick unconscious use of heuristics in decision making is likely to result in a period of non-reflection which is a measure of protection for the self whilst working through the complexity (Ferguson 2018). Therefore, practitioners have the ability to turn reflection on and off as a method of self-preservation, and continue with practice knowledge of the situation although the practitioner may not be aware of doing so which could constitute a risk (Ferguson 2018).

An over reliance on heuristic decision making can result in bias, assumptions and flawed thinking (Austin, Gregory et al. 2008). When the practitioner has allocated attention to other matters, practitioners can place too much faith in intuition which results in subjective over confidence with little regard for the quality of the information, suppressing any doubt resulting in a failure to identify there is missing evidence (Kahneman 2011). Also, there can be an over estimation of the gain in benefit (Abellan-Perpinan, Bleichrodt et al. 2009), and over confidence may limit the factors taken into consideration (Kahneman 2011). The process of reducing the number of risk factors to be taken into account may lead to a disregard for some of the presenting information, or limit the search for further information and defend the self with limited reflection (Ferguson 2018).

Whilst successful outcomes from decisions increases the likelihood of using the same decision-making process, there is evidence to indicate practitioners are influenced by a negative outcome. Practitioners are less likely to use the same process again, even when the decision was good (Ratner and Herbst 2005) suggesting that future intuitive decisions are likely to be impacted by the worker's perception of a good outcome (Ratner and Herbst 2005).

The potential actions from a rational judgement can be limited due to a process referred to as anchoring, where practitioners can attach a weighting to a piece of information before consideration is given to the value of that weighting, thereby anchoring the value of the information in a certain place (Kahneman 2011) which places an over reliance on that particular piece of information or characteristic (Rutter and Brown 2015). Workers with high levels of openness in their practice are more likely to be affected by anchoring, but those with higher cognitive abilities are less likely to anchor a decision to a particular piece of information (Ceschi, Costantini et al. 2019). The anchor, potentially randomly placed, has the impact of disregarding other information that does not fit into the pattern of preconception. Any dramatic event has the ability to alter internal emotions, even temporarily, and a previous poor outcome may impact on the practitioner's emotional response and lead them anchor a point they considered relevant from previous events (Kahneman 2011).

The practitioner using an intrusive risk model may place the anchor inappropriately in an area that relates to the avoidance of all risk, and the decision is justified by the disregard of positive risk information. In terms of protective action, it may lead practitioners to negate risk without identifying or sharing a protection concern. The worker that does not involve the adult or their family in the decision does so without gathering additional information on which to base their decisions. For example, if there is an emotional belief that an adult may not be able to protect him or herself, the anchoring effect will disregard information from the adult and other practitioners may hold to suggest otherwise. Similarly, there is evidence to suggest that reports of potential harm are more likely to be responded to if it originates from an internal or external organisation compared to a referral from a family member (Tupper, Broad et al. 2016).

There are considerable advantages to using heuristics in decision making, as there is a limited number of factors taken into consideration which is “invaluable in simplifying decisions” (Taylor 2010 p 63). Although successful it can be prone to bias which can result in poor outcomes. In considering the complexity of factors in financial harm decision making, it may be possible to determine those factors that are used in heuristic models.

#### 4.5 Using analysis and intuition in practice

From the previous two sections there is acknowledgement that both conscious and unconscious thought components have the ability to motivate both pragmatic and analytical thought process (Vaisey 2009) and the identification that small routine tasks based on repetition are combined with more effortful processes (Lizardo, Mowry et al. 2016) which suggests there may be two very different ways of thinking in operation (Kahneman 2011) and therefore may consider decision making factors differently. The commitment to a completely rational approach, as favoured by employers, is considered to be unrealistic in real life situations (Klein 1999). Similarly, an intuitive process on its own was also insufficient to ensure all the relevant factors were taken into account.

In the world of decision making, some decisions are concluded quickly with what appeared to little or no analysis, whereas others demonstrate a longer period of scrutiny before conclusion. The variations in fast or slow reasoning are not considered to indicate cognitive ability but are related to where the focus of making a judgement is situated. Either effort is attributed to evaluation of the argument or consideration is given to whether the judgement is compatible with prior beliefs (Stanovich and West 1997). This ideology was further developed through the recognition that complex judgements or decisions are responded to by the focus being applied to one aspect of the complexity, as an efficient way of making a decision. Whilst it was acknowledged this was a successful way to make decisions in the majority of cases, it did on occasions deviate from rational choice and created cognitive biases (Tversky and Kahneman 2002). Kahneman and Frederick noticed when complex judgements were required, a heuristic attribute can be applied, in effect replacing the complex judgement with an more simple question which is referred to as substitution (Gilovich, Griffen et al. 2002).

Kahneman brought these theories together in his 'dual processing model' and described these different ways of decision making as system 1 and system 2 (Kahneman 2011). System 1 decisions are quick, effortless and automatic and reflects the heuristics models of decision making (Gigerenzer and Gaissmaier 2011) discussed earlier in 4.4. It generates emotions and complex patterns or ideas. System 2 requires effort and attention, and constructs thoughts into order or a series of steps. It is slower, more deliberate and follows rules and reflects the rational choice and thorough analysis models (van de Luitgaarden 2009) discussed in 4.3. Kahneman argues that decisions are made through a series of sequential steps and follow a pattern which starts with an intuitive process of knowing the possible answers but also knowing what answers are not possible and retrieving memory of previous knowledge and using it to problem solve, a heuristic process (Kahneman 2011). If the work involved in problem solving is too complex and becomes a strain, the slower analytical process is required to problem solve through a series of orderly steps (Kahneman 2011). The analytical system 2 requires attention and effort and when it is busy, it may allow system 1 to operate (Kahneman 2011). However, both systems 1 and 2 determine a judgement based on factors or information within the

processes, and consideration of how the systems relate to philosophical principles or other decision-making theories may determine if different factors are considered.

The emotional response of the memory can impact on heuristic decision making although it may not be a conscious action (Kahneman 2011) and the practitioner may not have been aware (Rutter and Brown 2015). Whereas the deliberate effort of assessment and investigation to compare a number of complex characteristics and make a choice between them is a function of analysis. However, deliberate and thoughtful characteristics of analysis is not an indicator of Kantian or utilitarian principles on its own. There are occasions where students have reflected, they worked on the utilitarian principle of attaining a good outcome but when reconstructing the event later, it was established the focus had been based around the production of evidence related to course requirements (Whitaker and Reimer 2017) which means that the ethical principle of duty (Parrott 2007) or utilitarian value of greater good (Baumand-Vitolina, Cals et al. 2015) can be reinterpreted by the practitioner.

System 1 has an underlying scale of intensity which is developed through an emotional response to a particular factor, as practitioners form opinions that directly corresponds to their emotion (Slovic cited in Kahneman 2011). For an adult protection practitioner, the scale of intensity about financial harm drawn from their emotions, would also influence their value base. If a previous situation of financial harm had resulted in increased anxiety for the adult (Yan and Tang 2001), the practitioner may use that emotional response in future decisions about financial harm where there are a number of similar factors and would determine the level of protection they consider necessary for the adult.

However, efficient processing of information may not aid the worker when they are already engaged in a task, as cognitively busy system 2 is more likely to make selfish decisions such as accepting a superficially believable answer. System 2 functions within the framework of doubt and uncertainty, but when cognitive strain is a factor system 1 will reduce the task to a more simple one and allow system 1 to make the decision (Kahneman 2011). Which suggests that when a practitioner is busy with a complex task, they may default to an intuitive response for other tasks.

Although system 2 has the ability to reset system 1 and over ride habitual responses, the reflection required may not occur when system 2 is busy (Kahneman 2011). As identified previously, practitioners have the ability to turn off the reflection and be unaware of doing so (Ferguson 2018) which suggests there is less likelihood of practitioners reflecting on their judgements. Any disruption during an analytical task draws the attention away from the task and is referred to as ego depletion where the effort or resource required is no longer available (Alberts, Martjin et al. 2011). In such situations the practitioner is more likely to quit the task unless there is a strong motivation not to (Kahneman 2011). There is also some evidence to suggest that maintaining status quo is a default position of ego depletion. In a study around the decisions made by judges the act of taking a break and eating had an impact on the rulings made compared to those made prior to the break which indicates psychological biases were evident when mentally depleted (Danziger, Levav et al. 2011) Therefore, there may be appropriate tools and training in place for practitioners to use to make a determination, but number of complex decisions a practitioner needs to make will influence whether an analytical approach is used or if heuristic decisions are made.

A logical process gives weight to individual pieces of information which may change in relation to the likelihood of the event or risk occurring. Taylor (2012) suggests that social care staff are more likely to use a subjective utility model which weights different factors against their personal values. This could result in confirmation bias, the deliberate selection of information which confirms the bias and rejection of information that does not (Kirkman and Melrose 2014). The use of heuristics as a way of simplifying complex information with the aim of making quick, accurate and frugal decisions ignores the holistic nature of working with human complexity (Taylor 2017).

Furthermore, a random event such as an adult losing £100 when out with his nephew followed by a second loss when the nephew is present is considered to be more normal when it occurs a 2<sup>nd</sup> time as memory retrieval can make links between them as causal thinking, as the retrieved memory already has an interpretation which may have been reshaped over time (Brockman 2013). In this case, it is likely the

causal link would be made in regard to the nephew's presence regardless of whether the nephew was relevant to the losses. Practitioners can develop causal pathways between particular risks which can lead to a specific response related to the causal link rather than other evidence (Johnstone and Boyle 2018). Therefore, the weighting that could be applied to a particular set of circumstances may change substantially when the question is reinterpreted, or the information is presented in a different order. If the example above generated an emotional response in the practitioner to financial harm perpetrated by family members, there may be a higher weight attached to the presence of the nephew and a causal link may be made between the financial loss and the nephew. Whereas, if the presenting information focussed on the adult's cognitive ability, but still included information about the nephew's presence, it may be viewed differently without the emotional response.

Intuitive decision making is more likely in situations where there is familiarity, the dynamics of the environment are known, overall risk is low and evidence requirements are low (Hackett and Taylor 2014), and potentially has more opportunity to influence the outcome compared to analytical decision making where there does not appear to be a relationship with the outcome (Sjoberg 2003). However, heuristics can also operate in situations where there is considerable risk and the dynamics of the environment are not known. Studies with firefighters noted quick intuitive decisions based on pattern recognition were used where there were time constraints (Klein 1999). Recognition primed decisions (RPD) rely on the worker linking individual cues or factors and searching for other cues within the pattern. RPD follows a process to obtain a workable solution by selecting the first option and if flaws are identified the practitioner moves to the second workable option. The process identifies goals that can be achieved, identifies the most important cues, checks accuracy and identifies the action to be taken (Klein 1999). Pattern recognition, therefore, is a potential shortcut to making decisions in urgent situations. Similarly, in a study with child protection workers, it was evidenced that experienced workers looked for cues to build up a pattern and in doing so identified where there may be gaps in the information to make a decision (Whittaker 2018).

When using the dual process model (Kahneman 2011), and faced with complex decisions involving a lot of information practitioners with knowledge and experience

can recognise patterns to select a narrower range of information and bring together the cues which can be triangulated against secondary information. The ability to identify patterns and link the cues can be limited for inexperienced workers who are more likely to have uncertainty when faced with large amounts of information, and potentially not have the knowledge in relation to identifying patterns which will limit their ability to look for cues in relation to a pattern (Whittaker 2018). On a 5 point scale ranging from novice to expert, those more recently qualified identified at competent stage (3<sup>rd</sup> stage) consider the presenting information and interpret it either positively or negatively in relation to a pre-existing hypothesis, (Devaney, Hayes et al. 2017) which is the basis of analysis. Although, recently qualified workers have a higher likelihood of defaulting to homeostasis rather than making a decision (Devaney, Hayes et al. 2017), they may still be using system 1 and 2 in their judgements. Cognitive bias, such as omission of relevant information, confirmation bias or the over dependence on prior knowledge are all factors that occur within heuristics (Dietrich 2010) and personality trait influenced decisions (Mareva and Dimitriva 2014) are less likely to occur when using a decision model that incorporates both the fast thinking system 1 and the analytical thoughtful system 2.

Intuitive decision making operates in an inductive manner by selecting specific information in which to make a generalisation. It makes a choice but does not keep track of the information it discarded, as there is an automatic process that tries to have faith in the information and construct an interpretation. Therefore, the quality of the presenting information is used to form an impression and intuition is used to form an opinion, and in doing so the sources of information used may be limited (Kahneman 2011). This can generate an over confidence and result in confirmation bias, where the practitioner seeks out information to support the preconception (Rutter and Brown 2015). Doubt and uncertainty are dealt with by system 2, which generally tends not to believe which prompts the practitioner to question more thoroughly the factors under consideration, but when engaged in other tasks system 2 will accept the information as true. However, the premise of the pattern and the connection between factors needs to be relevant to the issue for the conclusion to be supported (Rutter and Brown 2015) and casual thinking with random factors can result in serious errors (Kahneman 2011) and the subsequent abductive thinking is where a hypothesis is created on limited information, and may not provide a rational

outcome. Intuitive decision making can also be open to bias, in part due to the practitioner's ability to recall accurately similar decision events particularly when there is an emotional characteristic. Practitioners are influenced by their own understanding of financial harm which creates the opportunity for subjectivity, and if they have previously responded to financial harm in a particular way, the use of intuitive decision making increases the likelihood of a similar response. Frequently the protective services rely on self-reported problems, and the service user's own narrative of the issue (van de Luitgaarden 2009) which essentially is a subjective account, and therefore based on perception rather than an objective consideration. Where the worker uses the adult's perception it may result in limited information being used to inform the decision, and system 1 may not have memories of trust to develop associated coherence with.

Practitioners move between heuristic and more detailed processes (Taylor 2017) and there are a number of reasons this method is successful. Where there is a high volume of information or different factors to be considered, the need to focus on a narrower range of data is required due to the time constraints and selecting relevant information against a pattern allows the worker to use intuition. Where there is a higher level of complexity, the analytical skills which are reflected on provide a wide-ranging consideration of the issue. The dual-process theory indicates how expertise is developed through pattern recognition of observation and cues (Whittaker 2018), and therefore has limited value to less experienced practitioners. The range of factors identified in this study may indicate how practitioners are forming their decisions, and where there are limited factors under consideration there is an opportunity to understand why those factors have a higher level of weight in comparison to other factors.

#### 4.6 Conclusion of decision-making literature review

The Coldwell Inquiry in 1974 acknowledged the difficulties in decision making in protective work (Saltiel 2016) with regards to the emotional complexity and the tension between practice and the concept of social work. Over 40 years later this continues to be a factor in decision making for practitioners who are operating within

the principles of their profession, whilst working through multi layered complexities (O'Connor and Leonard 2014).

Rational choice is what should be done and links to the ethical principles of duty and as such creates a dilemma for practitioners regarding to who do they owe the duty, the employer or the adult, which is impacted by the value base of the practitioner from a personal, professional and multi-agency perspective. There is an assumption that people are rational and the preferred outcome would be the highest expected utility of their decision. However, rational choice can become bounded rationality when choice is limited and in practice this will often relate to available resources and practitioner time. Bounded rationality will limit the evidence sought and simplify the decision making process to what is considered the most important element.

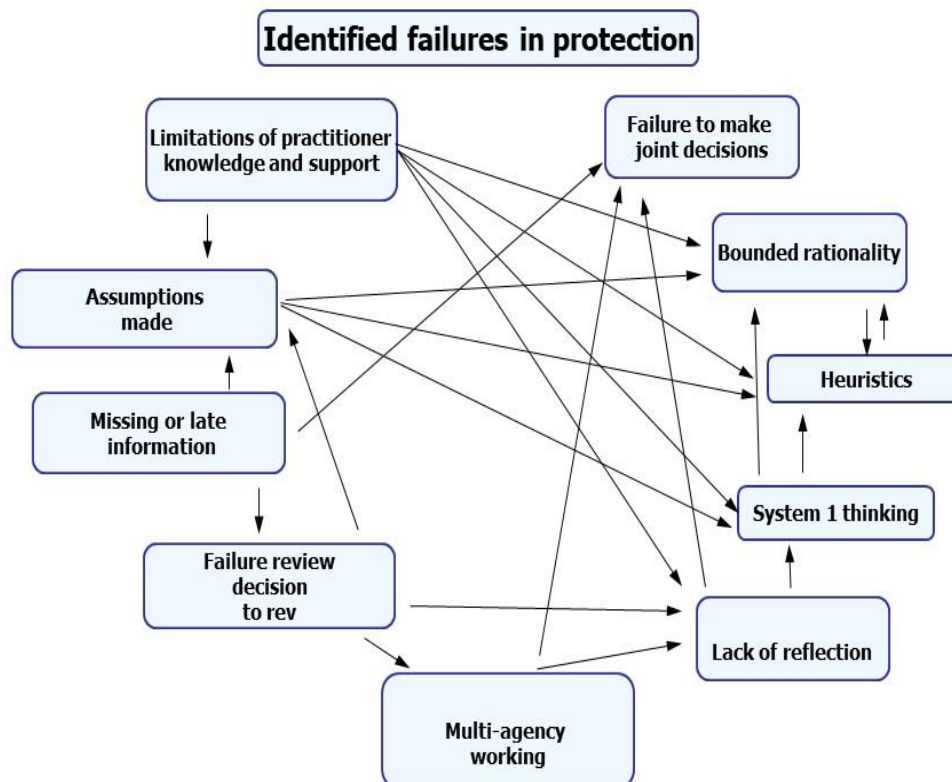
Thorough analysis requires the practitioner to gather all the known information about the adult including the environmental factors such as relationships, living situation and social supports, and develop themes. It takes a variety of factors into consideration, and balances the decision against the expected utility of the outcome. Whereas heuristics are based on quick and economical decision making models, which uses the practitioner's knowledge, training and experience to identify a solution. It simplifies the decision making by reducing the number of factors under consideration, and is largely effective through the use of cues to identify patterns.

From a strategic perspective the impact of audits, inspections, and serious or significant case reviews have identified failings in sharing and linking information, which has impacted on the way risk is considered and the desire to mitigate risk although it should be noted there is not a clear pathway to demonstrate how effective a case review is in changing practice (Preston-Shoot 2020) . For practitioners the introduction of a regulated workforce, professional codes of practice and ethical codes may have contributed to defensive practice. Workload pressures are also potentially responsible for the way decisions are made and this may be influential in the number and type of factors taken into consideration. The skill and experience of the practitioner may also influence the style of decision making used, which in turn determines the types of factors considered.

As discussed earlier in 4.2.2.2, the decision making failings identified in significant or serious case reviews demonstrate the areas that decision-making did not protect the adult, and the diagram below shows the links between the errors and decision making.

Figure 3 illustrates the complexity of decision-making failings and the potential root issue relates to simplistic decision making where limited factors are considered. Thorough analysis of all the factors is not a possibility for all the decisions practitioners have to make in any single day, and although heuristic methods can be an effective use of practitioner's time, the limited number of factors being considered may have implications in terms of bias, causal links and a lack of reflection.

Figure 3. Failures in multi-agency working



## 4.7 The research question

In the introduction, a group of multi-agency practitioners could not reach consensus regarding an allegation of financial harm within an adult protection context. Chapter 2 considered the legislation and policy in relation to adult protection, and Chapter 3 identified the varying ways financial harm is perpetrated. In Chapter 4 the process of decision making for practitioners was explored and the dimensions of each of the areas are multifaceted and have identified a number of variables. These include:

- a. Practitioners understanding of the legislation to protect adults;
- b. Practitioners knowledge of the multiple ways financial harm can occur;
- c. The different ways decisions are made; and
- d. The weight applied to individual factors in each of the categories

Each of these areas create complexity. Therefore, the overall aim of the research is to consider financial harm in a context of adult protection and explore the complexity of factors influencing decision making. Specifically, the research questions that arise from the literature are:

How does the practitioner's knowledge of financial harm and adult protection impact on the decisions made?

What influences the factors taken into account by the practitioner when making decisions?

Why are particular factors are given more weight in the decision making process?

The objectives of the research are to design a research methodology and gather information from a wide range of practitioners across different agencies who have a role in both adult protection and financial harm. Working with practitioners in one Scottish council area to explore which factors are given higher weight in decisions made about financial harm in adult protection situations and establish what influences the factors taken into account.

## 5. Methodology

### 5.1 Philosophical perspective

“Problem-focussed real world researchers in many cases appear to get by quite adequately giving little or no explicit attention to the philosophical underpinnings to social research” (Robson 2011 p41. Tempting as that is, having a clear understanding of the philosophical basis of my question, determines how I will seek answers. Ontology relates to the study of reality, or things that involve reality (Slevitch 2001), the form and nature of reality (Guba and Lincoln 1994), and considers the nature of the knowable (Allison and Hobbs 2006). As such it is all encompassing consideration about what reality means, a philosophical study relating to reality and truth, and links to the researcher values of what is real and what is believed to be real or factual (Bryman 2016). Within this there are paradigms that focus on the nature of reality or truth in a particular context.

Epistemology considers the way, or understanding, of knowledge and learning, or more specifically what the basis of our knowledge is (Ritchie and Lewis 2003). In this study ontology and epistemology could be considered to be “intertwined” (Gokuhl 2012 p138) within interpretivism as they both relate to understanding and could both be viewed as relating to the whole rather than parts (Goldkuhl 2012). The following sections will consider positivism, interpretivism and pragmatism, and their application to this research.

#### 5.1.1 Positivism

A positivism paradigm considers science to be based on direct experience or observation, and therefore attempting to be value free (Robson 2011) This paradigm seeks out facts, and hypotheses are tested against the facts. It is based on the belief there is a single truth or fact, and facts can be proven, and reality is the same for each person (Ryan 2018). As positivism is based within science it requires the truth to be observable, describable and explained to make sense of the world (Corry, Porter et al. 2019).

If considered from the perspective of an adult who has been financially harmed, their viewpoint of the truth would be that financial harm has occurred and may be able to provide factual evidence of the loss of finances. It may be possible to observe the sequence of events that led to financial harm, and the adult may also be able to describe and explain the event. On this basis It could be argued the truth or reality is that financial harm exists and there is a considerable volume of factual information to support that reality, and the adult may have feelings of outrage, anxiety and fear such as those identified in section 3.5 in relation to the impact of financial harm. For people who have been financially harmed, they may consider it to be real.

However, the term 'harm' is potentially subjective as can be seen in the lack of universal definition as there remains differences in interpretation of financial harm. As explored in section 3.2 there isn't a universal definition of financial harm, so financial harm in Scotland using the ASPA criteria would potentially be very different elsewhere. Financial harm could, therefore, be considered to be a social construct which may exist in human interaction but is subjective to culture and values. For example, elderly Koreans living in America have been said to identify that a lack of financial assistance to elderly parents is considered to be financial harm (Lee, Lee et al. 2012), which would not be considered to be financial harm in Scotland. Whereas, the Navajo community elders living in America consider it a duty to share belongings with their families (Krug, Dahlberg et al. 2012) which from a Scottish perspective may appear to be financial harm. Therefore, the cultural context of financial harm is significant and open to interpretation, through differing legislation, guidance and definition. The context of individual situations of financial harm requires interpretation by individuals, which leads to the concept of 'harm' open to being contested. Whilst real to the individual, the need for interpretation which creates complexity for practitioners means it cannot be considered as a single tangible truth.

The statistical data gathered through the first part of the study could be considered to sit within a positive paradigm, in so far as the ASPA criteria is applicable to all financial harm being considered within the research. However, when considering the different types of financial harm there are a range of perceptions which can relate to the value base of the practitioner, which also make a positivism paradigm inappropriate for this research in this area.

### 5.1.2 Interpretivism

An interpretivist paradigm accepts there are multiple truths. Interpretivism is based on the belief that social action is understood by interpreting the meanings and motives of an action, and that “meanings do not have an independent existence” (Haralambos and Holborn 1995 p815 and the meanings change through social interaction. Interpretivism is, therefore, dynamic and evolving (Chowdhury 2014). Based on the individual’s experiences and their understanding of the experience (Ryan 2018) and their perceptions of reality and truth (Costelloe, cited in Ryan, 2018).

In considering how practitioners make decisions and the factors that influence those decisions, clearly there is subjectivity within this study. It is the practitioners’ perspective of the truth that is being explored, or “how individuals construct and make sense of their world” (Robson 2011 p24). An interpretivist paradigm offers the opportunity to explore the interpretations about everyday experiences from practitioners working in the adult protection field, and view it through their eyes (Rubin and Babbie 2010). Having experience of working with financial harm in adult protection is not in itself what leads to a good decision, but it is the practitioners’ understanding of the situation, their reflections on the situation and how that influences future interactions that is of interest (Ritchie and Lewis 2003). Practitioners in this field are not all the same and come from different educational and practice backgrounds. Whether implicitly stated or not, their professional work is influenced by the values and ethics of the organisation (Fenton 2016). The organisational ethos is driven by numerous influences, which may vary between professions. As there are such a variety of ways people can be financially harmed, different professional groups will have a focus related to their experience of financial harm, for example, a worker in trading standards may have detailed knowledge of mail scams and rogue traders but may not have knowledge of the ways financial harm occurs in care homes. Therefore, there are a range of factors influencing the subjectivity of decision making.

Practitioners are required to make a determination regarding the 3-point criteria within ASPA. Each separate incident of alleged harm requires consideration of how the adult may or may not be at risk of harm. Therefore, the practitioner is interpreting the circumstances in each situation and making a decision about harm, in which their cultural context (Quinn 2002) and life experience (Creswell 2009) are relevant to the decision being made. It is their truth, or reality that is being explored, which identifies what is considered formal knowledge, or more abstract comprehensions (Howell 2013). An interpretivist paradigm believes there is more than one truth and reality is created by individuals who are guided by their beliefs and ideas, and can be seen by their actions (Hay 2011). In accepting that perception is linked to the interpretation of what the senses tells the individual, the interpretation of an event is not related to experiencing the event in itself, but to the ability to reflect on the experienced event (Ritchie and Lewis 2003). In seeking to understand those experienced events and explore the “idiosyncratic reasons” (Rubin and Babbie 2010 p37) for their behaviours requires an interpretivism paradigm.

Therefore, the philosophical paradigm that values subjectivity would be more relevant to this study, and one that considers how individuals construct their environment and make sense of it. Interpretivism is a social constructivist ontology where the focus is on the what people make of their experiences (Robson 2011). Where positivism suggests there is one truth, interpretivism accepts there are many truths, and each is valid as the individual’s perspective, including that of the researcher. The subjectivity of each perspective is valued, and it is for the researcher to understand the different constructs of the truth (Robson 2011). If one can assume there are underlying reasons for each individual’s construction of the truth, the benefit of taking an interpretivist approach allows us the exploration of those underlying reasons and how they came to be constructed by the individual.

The purpose of this research is to gain an understanding of the factors that are taken into consideration at the time of deciding whether a particular set of circumstances determine if an adult has been financially harmed. With this in mind, positivism would be limited in identifying certain truths or the one scientific fact. The basis of interpretivism is to understand the construct of the truth through the eyes of

the individual (Rubin and Babbie 2010) and explore what the participant views as their truth. Perhaps this can be more easily understood through the Johari Window model (Halpern 2009) below, which considers the basis of known and unknown.

Figure 4. *Johari Window Model*

	Known to self	Unknown to self
Known to others	Open area	Blind spot
Unknown to others	Hidden or private area	Undiscovered potential

What is known to the self and others can be considered as the stated view of the individual, and where it is known to the self but unknown to others can be regarded as the construct of their view or perspective, or the factors they have considered in their deliberations. For areas that are unknown to self but known to others, in this model it is given a negative connotation, which is not always the case. The unknown to self may be a positive element that hasn't yet been explored by the individual but may still influence their construct of the truth. The final area of the model: unknown to self and unknown to others can also be part of their construct, but unexplored. Each of these areas are subjective to the individual and the use of an interpretivism paradigm can be used to seek out their experience and feelings which are both known and unknown. Whether a truth is explicitly known to the individual or known by others it influences their decision-making process and ultimately informs their practice. Practitioners may not be in the habit of exploring why they consider a particular piece of information to be the truth in their day to day practice, or why they would reject other information as not the truth, which highlights the importance of having an interpretivist approach in relation to this study.

### 5.1.3 Pragmatism

William James suggests the answer to a question is only relevant if it makes a practical difference (Baggini, Balog et al. 2009), and as such a pragmatic approach

rejects the more traditional dualism of interpretivism v positivism, and focuses instead on how well they work in resolving the problem (Robson 2011). In accepting knowledge is both based on real experiences and constructed, pragmatism accepts there are multiple truths, and each different explanation of the truth is given equitable value. As truth, reality and knowledge change over time, the pragmatic approach is to consider what the information means now, which relates directly to our current practice (Robson 2011). Pragmatism is concerned with what happens, what changes and the links between the action and knowledge. Therefore, it is relevant to be involved in the action and knowledge, not observing it (Goldkuhl 2012), focussing on the human experience (Morgan 2014).

Within this study the acceptance of multiple truths which are subjective and the need to hear those truths directly from the participants provide the guiding principles with which to identify the methodology. Therefore, pragmatism places the focus on the practical rather than the abstract, and is the philosophical partner to mixed methods research (Denscombe 2007), separate from the pure qualitative or quantitative approaches. It considers reality and the constant changing reality based on actions and their consequences (Schwandt cited in Denzin and Lincoln 2003). The premise being that the experiences people have are linked both to the action and the outcome. Within pragmatism it is possible to view qualitative and quantitative methodologies as complementary, with the emphasis on developing a methodology to meet the research question (Ritchie and Lewis 2003).

The strength of pragmatism is the value of drawing conclusions directly from the participants, and as such, accepts eclecticism of differing or opposing perspectives in adopting a practical empirical stance to explore what we are doing day to day (Robson 2011). This is particularly relevant to this study due to the relationship between the participants and the researcher. The researcher works within one of the professional groups and same overall locality and is senior to some of the participants from the same professional group, and due to prior occupational roles could be viewed as more knowledgeable by some of the participants, discussed further in 5.3.3.8.

Therefore, to understand how knowledge is known, the researcher has to respect there are differing truths and the methodology has to be robust in relation to the neutrality (Varga-Dobai 2012) and ensure power neutrality (Karneili-Miller, Strier et al. 2009).

Given the protection of adults relies on all services having a role in the prevention of financial harm, their individual professional background is less important than multi-agency understanding of financial harm. Professional decisions about the recognition of financial harm will have the outcome of sharing their concerns or not, which directly links to whether adult protection inquiries are made with the consequence of how well an adult is protected from financial harm. Holistically, if the various parts of the protective service do not have the same understanding or consistent approach, it is inevitable that not all factors will be identified and known in the decisions and actions around protection.

## 5.2 Methods

### 5.2.1 Inductive or deductive theory

Inductive and deductive theories provide the structure of the research and indicate how the outcome of the study will be presented. They offer very different approaches where a specific theory is central the process or a number of theories can be explored.

Deductive use of theory starts with hypotheses and tests them out, defining variables and methodologies to assess if the hypotheses are comparable (Rubin and Babbie 2010). To consider financial harm in this way it would be necessary to find relevant hypotheses, and therein lies the problem. There isn't a theory specifically related to financial harm within adult protection, so a deductive method would have to consider theories or models that have links to adult protection, such as abuser risk measures (Conrad and Conrad 2019), models for understanding elder abuse (Iris, Ridings et al. 2009), or financial harm such as financial exploitation (Anderberg and Rainer 2013) or financial decision making capacity (Lichtenberg, Teresi et al. 2017). A deductive

method could consider theories related to perpetrators (Brown 2012) or facets of the adults characteristics such as a learning disability (Harries, Best et al. 2007). Alternatively, specific theory such as attachment theory (Howe 1995), could be considered in the context of family members as perpetrators, but would not be applicable to situations of financial harm where the perpetrator is unknown to the victim. Without a specific theory to test the hypotheses against, the parameters of the study would either become overly generalised to encompass a wider field of study or narrow the study to one or two specific elements. Nor would it take into consideration the complexities of decision-making factors.

Inductive use of theory relates to the philosophy of pragmatism, in focusing on what works. The observation of social life, and consideration of the consequences of actions, is an exploration of the social world with the eventual outcome of identification of patterns from which a theoretical basis can be developed (Sheppard 2004). Therefore, a process that explores the participant's views and tries to identify patterns and analyses those patterns is the preferred route. Theories can be incorporated into the findings, but it is designed to generate meaning from experiential learning, and patterns (Saunders, Lewis et al. 2012). The inductive route starts with the knowledge base of the participants and the resultant findings are themed and analysed, providing the opportunity to establish information that directly relates to current practice. Therefore, an inductive use of theory would be relevant to the second part of this study.

### 5.2.2 Mixed methods research

A combination of quantitative and qualitative research methodology provides the ability to gather statistical data alongside qualitative information, and can be considered to be more complete in terms of the comprehensiveness of the study (Robson 2011) combining positivism and interpretivism. There is the potential to answer a wider range of questions than would be possible with a single method design and offers an opportunity to refine the research question based on the initial Q sort.

Whilst it is acknowledged that some researchers may have difficulty moving between a qualitative and quantitative background, and potentially a mixed methods approach may take more time than a single method study, the main concern around mixed methods research is the possibility of lack of coherence and focus. Therefore, clarity in the design and purpose of the study, and ensuring a methodical approach to the data analysis is crucial (Robson 2011).

### 5.2.3 Q methodology

Q methodology was invented by William Stephenson and used within the field of psychology, but has gained popularity in other research areas as a tool to explore subjectivity (Van Exel and De Graaf 2005; Block 1961). Supporters of Q sort suggest that this methodology combines the strengths of both qualitative and quantitative research methodologies, and is often referred to as qualiquantological (Watts and Stenner 2005) combining statistical data (Barry and Proops 1999) with an analysis of the narrative (Watts and Stenner 2005). More recently, Q methodology has been used to gather 'socially relevant results' (Gomez 2014 p318) as it involves participants in the research (Massingham and Diment 2012) and can be used to establish commonly held beliefs or perspectives (Billard 1999). Q sort is used to consider the discourse around subjectivity at a particular time and set of circumstances (Barry and Proops 1999) to gather information about the nature of shared perceptions taking into account the diversity of individual accounts. Using this methodology will allow for identification of factors and conceptualising shared opinion. An important feature of adult protection work relates to multi-agency working and it is only as robust as the weakest link, therefore, understanding of shared opinion has a direct correlation with recognition and response to financial harm.

Q methodology is considered to be based on the Gestalt concept that much is based perception where parts of an issue are seen in relation to other parts, and problem solving relates to the restructuring of the problem to achieve insight (Gross 2015) reflecting a basic mental activity which relates to the way the brain functions (Gleitman 1992). This shows the interconnections that participants make, and is therefore, a useful tool to explore complex subjects from the participants viewpoint.



It is argued that ipsativity (Watts and Stenner 2012), the forced choice between 2 items, has the potential to persuade the participant to consider the differences that they may not have otherwise done so. This form of ipsativity encourages the participant to be discriminatory (Ozer 1993) which is later explored in the follow up interviews. Time constraints are a consideration within a forced distribution (Killam, Timmermans et al. 2013) and may limit the opportunity for participants to review the placement of statements and re-rank the statements, which could lead to participants filling the gaps within the forced grid with randomly placed statements that they would have otherwise placed differently. For example, if the time had run out and the participant had 2 spaces left on the forced grid and the two remaining statements they considered to disagree with and would have placed in position 8, may be placed in the only available places which would not accurately represent their thoughts on those statements.

The ipsative process is more time consuming as it requires the participant to review the statements several times to re-score areas of dispute (Ozer 1993). Feedback from the group reviewing the statements identified issues regarding the need for further explanation regarding the process and the time scale to complete the scoring process. As there was a limit on the time available for the exercise detailed in 5.3.3.6., it would have meant a reduction in the number of statements to proceed with the forced distribution. Watt and Stenner (2005) argue that Q methodology can use free distribution of statements, not using the forced distribution grid, allowing participants to score each statement independently of each other, and note that some participants experience the forced distribution as “unduly restrictive” (Watts and Stenner 2012). Unlike R factor analysis which makes comparisons based on psychological or character traits, Q methodology considers each single score to be relative to the individual (Watts and Stenner 2012). Therefore, the principle of randomisation which suggests that variable factors could influence the outcome, would be less relevant in this context (Fisher cited in Brown 1980), as “distribution effects are virtually nil” (Brown 1980 p289). Which means that participants may see similarities between statements and score them equally for consistency, but that would be on an individual basis, as other participants may considered different statements to have a similarity, so the overall scores would reflect the different perspectives. Watts and Stenner refer to this as a legitimate strategy and indicate

that studies have demonstrated that “no major repercussions” (2012 p78). However, the disadvantage of using free distribution relates to the inability to use the freely available data analysis tools which link the individual responses to the participant. The need for individual response information was not required for this study as the it is based on a multi-agency response rather than an individual participant’s perspective, which means the use of an online analytical tool to provide details of individual responses was not required.

Given that a Likert type scale is a legitimate data collection method for Q methodology and the need to identify individual responses was not required, it was appropriate to use the feedback from the expert group, see section 5.3.3.3. Therefore, the scale used in this Q sort would proceed with a scale to score the statements along a range from 1 to 10, from agree (1) to disagree (10). The participants were not asked whether they considered the statement to meet the 3-point criteria of the Act, but whether they agreed or disagreed with the statements, detailed in Appendix 1.

However, it was important to ensure there were similar statements throughout to consider the same hypothetical construct as standalone statements have little value compared to the whole information gathered (Watts and Stenner 2012). As the purpose of the study was to identify factors in the decision-making process in relation to financial harm, each statement had a matched similar statement worded differently. This was to ensure that the scores from a single statement did not influence the overall scores if the matched statement did not scored similarly. The matched statements are detailed in figure 7.

As with the majority of questionnaires, the information gathered is dependent on the different thought processes that occur at the time the data is recorded. The participant may be influenced by a particular event, piece of information or even the previous question. The responses gathered are a particular viewpoint at that time and have no further context. Therefore, the analysis of the data is used to establish patterns across the participants known as the P set (Barry and Proops 1999), and the data can be explored further through interviews or focus groups with the P set.

### 5.2.3.2 Developing the Q set

In order to gather the broad perspectives of financial harm in an adult protection context, the overall research question dictates both the nature and structure of the Q set. The questions do not require to be driven by theory as they can be gathered from a number of different sources (Watts and Stenner 2005) based on the debates around the subject matter (Webler, Danielson et al. 2009), and in this case from the review of literature undertaken. The Q set is based on those completing it making discriminations (Ozer 1993), and takes advantage of the psychological desire to provide meaning and structure to the statements provided (Watts and Stenner 2005).

To identify the themes of the statements, there were 2 considerations: the information gathered during the literature review on financial harm and the p set. At the time of the initial research I was employed by a Scottish Adult Protection Committee and was given permission to use a session during a conference of multi-agency workers to undertake the initial Q sort, on the basis I incorporated some statements based on themes the committee had identified which appeared to be used in deliberations of financial harm, but did not relate to an evidence source. The committee wanted to use the findings to identify how wide spread misinformation was across the services and plan information campaigns to address the issues.

From the financial harm literature review, the statements were developed from the 4 themes developed by Wilbur and Reynolds (1997): the cost and benefit to the adult, the characteristics of the victim, the relationship between the adult and the perpetrator, and the influence used in financial harm situations. As the literature review had also identified the different settings that financial harm could occur, additional statements were generated to cover risk of financial harm within families, within the community and within service provision. Along with the request from the committee for the inclusion of common myths this gave 8 areas of statements for the Q sort.

### 5.2.3.3 Use of expert sampling for initial generation of items

Although the data used in the statements can be gathered from academic literature, and formal interviews, it is also acceptable to develop the statements from informal discussions and the media (Watts and Stenner 2005). It was an important stage to gather feedback from people who are engaged in the field of financial harm and have an awareness of the current discourse. A pilot exercise of the Q set was undertaken with the aim of reducing the number of generated statements to a manageable number and ensure the range of themes were covered equally, clarifying wording to avoid ambiguity, and consideration of additional questions to ensure as complete coverage of the subject as possible (Watts and Stenner 2012). Their feedback helped to assure that the possible responses reflected the broad domain of the research question (Hayes, Richard et al. 1995). The Q set was trialled with 3 practitioners with expertise in inter-agency working, adult protection policy development, and had knowledge of financial harm. The feedback provided an opportunity to review the statements, both in terms of ease of understanding, and ability to apply a scale to the statements. Adjustments were made to the wording of the statements based on the feedback. As each statement is scored by the significance attributed by the participant (Brown 1980), the expert sampling process confirmed the subjective response through the differently graded responses.

However, the expert group struggled with the concept of a forced grid and it was recognised that much of the time allocated for the Q sort would be taken up with explaining the process of the forced grid. The expert group also considered the forced grid to be restrictive in forcing placement of the statements and may not accurately reflect the scoring of statements.

The expert group also considered the constructed vignettes alongside the findings gathered in the initial Q sort, to ensure the vignettes covered the areas identified for further exploration and assisted to refine the vignettes and questions.

#### 5.2.3.4 Logical content validity

The Q set can be designed on a purely theoretical basis or on an ecological, or naturally occurring basis, but the participant must be able to give an answer which reflects their view of the issue being presented (Watts and Stenner 2012).

The statements require a clear direction for the participants to score in relation to their understanding of the issue or behaviours in relation to the issue (Watts and Stenner 2012) which help to maintain veracity of the study. A method of meeting this test of integrity is ensuring it is representative of the subject matter and is balanced. One way of ensuring that the Q set is a representative sample is to demonstrate the question content is valid (Wilson, Pan et al. 2012) and in doing so, it is established that the design of the test is evaluated by an analysis of the test content, which is both relevant and representative (Hayes, Richard et al. 1995).

The statements within the Q sort reflect the different areas of financial harm which are related to the adult protection legislation to provide a representative sample across the subject themes (Wilson, Pan et al. 2012). This is particularly significant where the initial stage of the research is to focus on establishing a scale of what professionals involved in adult protection considered to be financially harmful or not. The evidence gathered within the Q set will form the basis of the second part of the research which is to explore the decision-making rationale in identifying financial harm. The question set therefore, has to have a way of identifying feeling rather than rationality (Stephenson 1979).

Content validity is an important feature when gathering aggregated results, as is the case with Q methodology. The relevance of the questionnaire is specifically related to the overall construct, but the individual responses are a means of gathering an aggregated result which considers the whole construct (Hayes, Richard et al. 1995). Within this study, the aggregated results would establish a level of understanding across professional fields, rather than a consideration of the single response which can be misinterpreted through measurement errors (Hayes and Uchigakiuchi 1993). Based on a 'method-function match' (Suen cited in Hayes, Richard et al. 1995 p 243)

the assessment tool needs to be appropriate for the purpose of the assessment, and the justification of the question set needs to be evidenced (Messick 1993).

### 5.2.3.5 Definition of the domain and facets of construct

Using a logical content validity model (Hayes, Richard et al. 1995) a clearly defined construct is required. The domain, or over-arching area of research is to consider the decisions made in the identification of financial harm within an adult protection context. The facets of the construct are based on the indicators of financial harm, taken from the Wilbur and Reynolds (1997) model that identified a framework to aid the decision-making process about financial harm based on 4 key areas; the characteristics of vulnerability, the relationship between perpetrator and victim, the cost and benefit to the victim, and the level of influence used. The criteria of an adult at risk of harm from ASPA was also applied to the framework to ensure that both areas were covered, and consideration was only given to evidence that applied to both areas, detailed below.

Figure 6. *Links between model defining financial harm and the Adult Support and Protection (Scotland) Act 2007*

Model defining financial harm	Adult Support and Protection (Scotland) Act 2007
Relationship between victim and perpetrator <ul style="list-style-type: none"> <li>• Power dynamic</li> <li>• Family dynamics</li> <li>• Dynamics of neglect</li> </ul>	Relationship between victim and perpetrator <p>(2) (a) another person's conduct is causing (or likely to cause) the adult to be harmed</p> <p>(b) self-harm</p>
Characteristics of Victim <ul style="list-style-type: none"> <li>• Capacity</li> <li>• Trust</li> <li>• Vulnerability</li> </ul>	Characteristics of Victim <p>(1) (c) because they are affected by disability, mental disorder, illness or physical or mental infirmity, are more</p>

<ul style="list-style-type: none"> <li>• Level of support required</li> </ul>	vulnerable to being harmed than adults who are not so affected
<p>Nature of influence</p> <ul style="list-style-type: none"> <li>• Level of trust</li> <li>• Power dynamic of care</li> <li>• Mate crime</li> <li>• Adult children</li> </ul>	<p>Nature of influence</p> <p>35(4) harm is being inflicted by a person in whom the adult at risk has confidence and trust – undue pressure</p>
<p>Cost/benefit of the transaction</p> <ul style="list-style-type: none"> <li>• Exploitation</li> <li>• Undue pressure</li> <li>• Types of harm</li> <li>• Impact</li> </ul>	<p>Cost/benefit of the transaction</p> <p>(1) (a) are unable to safeguard their own well-being, property, rights or other interests</p> <p>(b) are at risk of harm</p>

However, the nature of financial harm is such that one incident may cross over several of the categories defined above. For example, where an adult may have been financially harmed by a carer, there may be consideration of the power dynamic between them, the victim's characteristics related to trust and the influence used by the perpetrator. Therefore, a further refinement was required.

The literature review evidenced the different types of financial harm were closely linked to the type of perpetrator and the variety of ways that harm was committed, such as scams can occur without a relationship between the adult and the perpetrator (Gloag, MacKenzie et al. 2019), or exploitation can occur in care homes without the adult being aware (Tilse and Wilson 2013). Given the SCIE research (2011) identified that families may not believe they are committing financial harm, and that financial harm is more likely to be committed by someone in a trusted capacity, "most commonly a family member" (Comely and Fotopolou 2016 p3), it was important to break down the area related to the characteristics of the victim, notably the level of trust. Therefore, the Q set needed to include statements about family carers, paid carers, and perpetrators unknown to the victim.

A further set of statements were added in regard to common myths about financial harm. These statements were added on behalf of the commissioning committee in order for them to progress their agenda to dispel inaccurate information. The literature review could not find evidence to support these statements. However, informal discussions are an appropriate source of data for a Q sort (Watts and Stenner 2005) and are therefore included.

#### 5.2.3.6 Subject the elements to content validation

Having identified the themes for the Q statements, it was necessary to construct statements that allowed the participant to score on a scale from 1 to 10 whether they agreed (1) or disagreed (10) with the statement. Using evidence gathered from the literature review and each statement was matched with a similar statement to consider the point from a different perspective, identified as a linked statement to establish if both statements scored similarly. As the overall purpose of the study was to explore the factors taken into consideration in situations of financial harm, the use of matched statements was to try to identify particular factors, and information gathered from single statements are less meaningful in unpacking the data (Watts and Stenner 2012).

For example, statement 27 *'friends whose behaviour changes when an adult's funds run out may be perpetrators of financial harm'* is linked to statement 34 *'people who instigate friendships with adults who are vulnerable are more likely to take advantage of the adult'*. Both statements were drawn from the literature where financial harm has been linked to established friends (Wilber and Reynolds 1997) and new friends (Green 2011) taking control of the adult's finances. The linkage in this set of statements relates to friendships as perpetrators of financial harm, and the purpose of the linkage was to explore if both areas of friendships were considered by the participants to be equal in relation to financial harm.

In grouped categories the content validation is as follows:

Figure 7. Content validation

Category	Statement	Linked statement	Reference
Cost and benefit to adult	8. Financial harm and evidence of neglect are closely linked	35	Allen Devlin and Payne (2013)
Cost and benefit to adult	13. Failure to have care plans that identifies action if an adult is unable to continue to fund a placement/service, leaves the adult open to harm	31	DoH (2013)
Cost and benefit to adult	19. Encouraging an adult to change their will in return for care and support whilst they are alive is financial harm	22	Brandl (2002) Crosby et al (2008)
Cost and benefit to adult	27. Friends whose behaviour changes when an adult's funds run out may be perpetrators of financial harm	34	Wilbur and Reynolds (1997)
Cost and benefit to adult	29. The cultural norms of exchanges such as gift giving have the potential to be exploited	20	Emerson (1976) Cropanzono and Mitchell (2005)
Cost and benefit to adult	35. Adults whose basic needs are not met could be the victims of financial harm	8	Allen Devlin and Payne (2013) Crosby et al. (2008)
Characteristics of the victim	2. Victims of financial harm are groomed	26	Gravell (2012) Berson (2003)
Characteristics of the victim	10. The power dynamics between carers and adults make it difficult to tell if someone is being harmed	44	Faulkener and Sweeney (2011)
Characteristics of the victim	17. The need for friendship/companionship can increase the likelihood of financial harm	43	Kemp and Mosqueda (2005) O'Keefe, Hills et al. (2007)
Characteristics of the victim	24. Physical, mental and sensory impairment increases the need for protective measures due to additional vulnerability	15	Plummer and Findlay (2012)

Characteristics of the victim	28. Adults with low self-worth are vulnerable to exploitative financial practices within romantic relationships	1	SCIE (2011)
Characteristics of the victim	33. Isolated individuals are susceptible to undue influence	9	SCIE (2011) McCreadie (2002)
Risk in the community	6. If an adult thinks they are not at risk from financial harm they should be allowed to spend their money any way they want	41	Mantell and Scragg (2011)
Risk in the community	9. Adults respond to telephone scams because they are emotionally manipulated	32	Berson (2003) Think Jessica (2014)
Risk in the community	14. the wide range of types of financial harm makes it difficult for the public to recognise it	38	Faulkner and Sweeney (2011)
Risk in the community	18. Charging an adult an over-inflated price for a service is dishonest but not criminal	39	Tilse and Wilson (2013)
Risk in the community	26. Adults can be groomed for financial harm similar to grooming for sexual harm	2	Berson (2003)
Risk in the community	41. An adult is free to pay for their friends even if the arrangement is not reciprocal	6	Emerson (1976)
Risk within families	3. Adults are less likely to be the victim of financial harm if they have family support	21	Dixon, Biggs et al. (2013)
Risk within families	5. The self-appointment of family members as carers is a factor in financial harm	46	Home Office (1999), Perry (2004) Roultson and Mason-Bish (2013)
Risk within families	11. Families should limit the adults spending if the adult is frittering it away	30	Daniel and Bowes (2011) Fearly, Donnelly et al. (2012)
Risk within families	22. Family carers who collect benefits/pensions on behalf of the adult should spend the money in the best interest of the family as a whole	48	Tilse and Wilson (2013)
Risk within families	30. Families are powerless to help if an adult chooses to send money to mail requests	11	Think Jessica (2014)

Risk within families	48. Adult children who will inherit their parent's estate should use the money to make life easier now	19	McCawley, Tilse et al (2006)
Common myth	1. Financial harm does not occur in long term established relationships	28	Curry, Hassouneh-Phillips et al. (2001)
Common myth	16. Adults with significant wealth are less likely to be the victims of financial harm as they can pay for legal advice	23	No evidence
Common myth	23. Adults who belong to religious faith groups are less likely to suffer financial harm	16	No evidence
Common myth	37. Adults who complete a crossword daily have a higher level of mental agility which protects them from harm	47	No evidence
Common myth	38. Failure to recognise and report financial harm are linked to society's views on ageing and disability	14	No evidence
Common myth	47. people with disabilities are more likely to be the victims of financial harm	37	Plummer and Findlay (2012)
Influence used	7. Lack of oversight over acceptable financial exchanges can lead to misappropriation	40	Choi, Kulick et al. (1999)
Influence used	15. The greater the adult's reliance on assistance, the greater the risk of financial harm	24	Plummer and Findlay (2012)
Influence used	25. People who appear gentle and kind are just as likely to commit financial harm as people who are dominant and controlling	32	Berson (2003)
Influence used	32. Financial harm cannot occur without the perpetrator applying a level of control	25	Daniel and Bowes (2011)
Influence used	40. Legal measures, such as power of attorney, prevent deceptive financial harm	7	Choi, Kulick et al. (1999)
Influence used	43. The isolation and control applied to victims of financial harm can create an emotional dependency on the perpetrator	17	Weymeyer (1995)
Relationship between adult and perpetrator	4. Professional standards protect adults from financial harm	12	Scottish Social Services Council (2014)

Relationship between adult and perpetrator	12. Adults have more protection from services than from individual care arrangements	4	Scottish Government (2017)
Relationship between adult and perpetrator	20. The cultural norms of exchanges, such as gift giving, need to be suspended when an adult no longer has the capacity to make reasoned decisions	29	Stoller (1985)
Relationship between adult and perpetrator	21. Those who are required to make decision in the best interest of an adult are also the same people who could apply undue influence on how funds are spent	3	Tilse and Wilson (2013)
Relationship between adult and perpetrator	34. People who instigated friendships with adults who are vulnerable are more likely to take advantage of the adult	27	Wilbur and Reynolds (1997)
Relationship between adult and perpetrator	46. Where the adult has a 'good faith' relationship, it can be detrimental to allow the relationship to change to one where the friend makes decisions in the adult's best interest	5	Home Office (1999)
Risk within service provision	31. Failure to give an adult in care information about their funding package is a form of financial harm	13	DoH (2013)
Risk within service provision	39. Care services can make additional charges for small services if the service user is willing to pay	18	Dixon, Biggs et al (2013)
Risk within service provision	42. Care staff may borrow a service user's belongings for a short time and can enter into agreement to purchase the items at a mutually agreed rate	45	Dixon, Biggs et al (2013) Tilse and Wilson (2013)
Risk within service provision	44. The power dynamics between paid care services and the service user make it difficult for service users to report financial harm	10	Faulkener and Sweeney (2011)
Risk within service provision	45. It is acceptable for service users to give small sums of money/gifts to care workers in the same way as people tip restaurant staff	42	Cooper, Hetherington et al. (2003)

### 5.2.3.7 P set and the setting

The Q sort was conducted during an adult protection conference on financial harm, organised by a Scottish Adult Protection Committee in November 2014. The event took place in the locality of one council, and all attendees were employed within the geographical area. The researcher was employed by the committee and arranged the opening session to encourage delegates to consider the range and types of financial harm and gather information about the areas considered to be financially harmful or not harmful. The committee's purpose was to gather base line information on which to base their strategic plan and provide a thought-provoking introduction to the conference. In this role, it was agreed that the design of the session could encompass a data collection tool that would meet the needs of the proposed research and was formally authorised by the committee Chair.

The 88 participants who took part in the Q sort had attended the conference on a self-selected basis through an interest in adult protection or more specifically financial harm in an adult protection context. The participants identified themselves from the following service backgrounds:

*Figure 8. Participants by occupation group*

Service represented	Number attended
Bank employees	4
Care providers	3
Community Safety Partnership	1
Council	4
Fire Service	1
GP	1
Housing	6
NHS	7
Office of the Public Guardian	1
Police	10

Social Work	36
Social Work Contracts	2
Trading Standards	3
Voluntary Sector	4
Scottish Business Resilience Centre	1
Community Arts	2
Health and Social Care	1
Not identified	1

As the participants self-identified the service they work in, the grouping may not be as straight forward as it appears. The person that identified themselves as working in Health and Social Care may be employed in a social work role, health practitioner role, or a policy team for either service. Similarly, although two participants identified their employing service as social work contracts, there may have been other participants from the same team who identified themselves as working in social work. This could have been cross referenced with the delegate list, but is unlikely to be relevant as the scores relate to perceptions on the day of completion (Watts and Stenner 2012) and the qualitative data gathered from the follow up meetings. The gender breakdown identified the participants were made up of 55 females, 31 males and two people who did not state their gender. The age composition of the participants was one person under 25, 40 people aged between 26 and 45, and 46 people aged between 46 and 65.

The participants were also asked if they were a carer out with work and seven people identified themselves as such. Initially this question was included as people who are in a carer role with families may have a different perception of financial harm based on their experiences of helping to manage another persons finances, which may impact on their scores. However, the individual scores were not analysed, so this information was not used.

Within Q sort methodology, it can be appropriate to ask participants to identify themselves in order for a further examination of their individual perspectives. However, this may have influenced the way participants scored their responses

given the questions related directly to their individual practice. For this reason, participants were asked not to identify themselves, and a separate sheet with requesting their involvement in the second stage of the research was issued.

As stated earlier, the research was carried out with participants attending a Scottish Adult Protection Committee conference in one council area. To maintain anonymity, and avoid the identification of those who attended, very little participant data was gathered. The majority of participants were white Scottish or white British, with little racial or ethnic diversity. All the participants were employed, with the majority employed in a professional role that required a further education qualification. Therefore, the findings identified in Chapter 6 should be considered in a cultural context of white Scottish/British professionals. It is known that people inherit beliefs and attitudes about money from the way they were brought up, and this impacts on behaviours in relation to money (Alsemgeest 2014), therefore, the limited diversity of the participant group may not reflect the wider cultural issues in relation to financial harm. As discussed in 5.1.1 the cultural context of financial harm is significant, and these vary among people from different ethnic and cultural backgrounds (Lee, Lee et al. 2013), and could be considered as an area for future research.

#### 5.2.3.8 Consent to participate

As stated earlier, this research was undertaken as part of my role with the committee hosting the conference. My employers did not require participants to give formal recorded consent for the data gathered to be used, as it is standard practice for the employing body to produce an evaluative report using the information recorded throughout the event. However, delegates were advised that participation was voluntary, and informed that they did not have to answer some or any of the questions. They were further advised that the data gathered would be anonymised and used to give the committee a base line of understanding with which to develop further training and staff information material. In addition, they were also informed that the data would be used as part of a self-funded research study leading towards a PhD, and potential publication.

There was no space on the questionnaire for them to identify themselves, other than the service they worked in, gender, age group and whether they were a carer out with work. All participants were asked to leave the completed questionnaire on the table after the exercise. Participants were also asked to complete a form giving contact details if they wished to take part in further research. Again, they were asked to leave these in the centre of the table at the end of the exercise. These forms were collected at the end of the event. This gave the participants the opportunity to retain their forms, submit a blank form, or remove their questionnaire at any point during the conference. The questionnaire and contact details sheets were collected separately. As participants were not asked to provide any further information about the questionnaire responses there was no requirement for a debrief.

As noted earlier in 5.2, the researcher was known to some of the participants. The researcher works in one of the professional groups represented and is in a senior role to those in the same professional group. In addition, at the time of the initial Q sort, the researcher was working in a post that may have led participants to believe the researcher had a higher level of knowledge about adult protection. Therefore, the researcher was deliberately not involved in the collection of the Q sort questionnaire, allowing participants to opt out, and for similar reasons the name of the practitioner was not recorded on the questionnaire. The researcher does not have any line management responsibility for any of the participants, although may occasionally cover management of the team one of the participants works in. Considering the possibility that practitioners may have been intimidated in undertaking research, which is related to practice, the deliberate decision to ask participants to leave their details if they wanted to take part in the group or individual interviews gave them the chance to opt out. Furthermore the practitioners were only contacted on one occasion by email to ask if they still would like to like to take part and required the participant to contact the researcher if they wished to progress.

#### 5.2.3.9 Ethical considerations

As stated earlier, it is usual for conference organisers to gather information from participants without requesting consent. As the participants were advised that the

information would also be used for independent study, it follows that consent was presumed “completing an interview or survey can be interpreted as having given consent” as detailed in Item 3, University of Dundee Research, Governance and Policy Sub-Committee Code of Practice for Non-Clinical Research Ethics on Human Participants. Policy No. REHP/V1/04.11. An application for ethical approval was approved on 20<sup>th</sup> September 2016 for the Q sort questionnaire.

The anonymised data has been amalgamated and is stored on a password protection pc, and the paper questionnaires are also stored in a locked cabinet. The forms detailing personal information for those participants who agreed to be part of a further study are also stored in a locked cabinet, separate from any Q sort.

Participants were asked to give their employment address and contact details to restrict personal data being held. In line with the Data Protection Act 1998, the data is only for use for the purposes specified at the time and will not be used for any other purpose. It is adequate, relevant and not excessive for the purpose of contacting voluntary participants for the 2<sup>nd</sup> part of the study. The information will be stored until the completion of the PhD or withdrawal of the applicant from the PhD course, and transferred to the University of Dundee on completion. The hard copies will be destroyed using a confidential waste system.

#### 5.2.4 Stage 2 of Q methodology and scoring of stage 1

The second part of Q methodology involves a more detailed exploration and analysis of the findings and although this could be conducted through a free text questionnaire, it is suggested that interviews will provide a richness that may not be elicited in other formats (Watts and Stenner 2012). The principles of Q sort methodology relate to the participants imposing their meaning to the statements and requires the information to be presented in a state that allows the participants to create their impression which is interpreted by the researcher. The statements are used to present information to the participants in order to gather a comprehensive and balanced exposure from their perspective of the subject matter (Watts and Stenner 2012). To satisfy this criterion there were a number of statements included that were not drawn from the literature review but were areas of common myth. To

progress the data from the initial Q sort in order to undertake the second part an analysis of the data is required. As Q sort is the study of specifics rather than the differences and this was achievable through the free distribution method and captured the common 'essence' (Coogan and Herrington 2011 p27) in order for the participants to interpret which is an active process in ascribing meaning by the participants in Q methodology (Stainton Rogers 1955). The analysis process identifies the number of participants who hold a similar view, having scored the statement similarly (Coogan and Herrington 2011). The analysis is conducted with a complete sorting of the statements to reveal a pattern of statements that express their subjective views (Coogan and Herrington 2011) as Q methodology keeps the patterns of data together (Gabor 2013).

Within the range of meaning or variance can be considered from three perspectives: common, specific or error variances (Kline cited in Watts and Stenner 2012).

Common variance relates to those views held in common by the group, whereas specific relates to a single viewpoint or interpretation and error variance is the random views that are generated by an imperfect methodology or data gathering process (Watts and Stenner 2005). Within multi-agency work, particularly protective work, the decision-making factors of the whole are more relevant than the particular viewpoints of a practitioner or service. If there isn't a common understanding of financial harm across the services and their practitioners then a single failure could prevent the recognition and reporting of financial harm, potentially relating to an adult remaining in a situation of harm. Therefore, the common variances are significant.

To meet the principle of active engagement, particularly as a Likert scale can be considered ipassive, it was important the application of meaning to the responses was an active process. As there needs to be a level of sensitivity in eliciting information from participants regarding their practice, exploring their knowledge and decision making processes, there was a need to avoid situations where the participants practice was being questioned (Daniel 2000). Whilst this exploration can be undertaken through a questionnaire (Roberts, Hargett et al. 2015), the potential for fully understanding of the their subjectivity is limited.

### 5.2.4.1 Scoring the initial Q sort statements

An analysis of the scored statements was undertaken to identify key themes to develop an unfolding vignette. The scores were the total number of people who recorded an entry in each point of the scale for each statement. For example, for statement 8, 18 people entered a tick into box 5, so the score for that box is the total number who ticked box 5.

Figure 9 Example of scoring

Statement No.	Disagree					Agree					Statement
	1	2	3	4	5	6	7	8	9	10	
8	2	2	7	11	18	9	9	17	10	3	Financial harm and evidence of neglect are closely linked

The first stage of the analysis identified the single highest score for each statement and whether the statement was agreed or disagreed. However, this wasn't a robust analysis as there was an assumption that the largest score was weighted higher than the other scores in failing to take into account of where a statement had a number of lower scores that cumulatively scored higher in either agreed or disagreed division.

The second analysis divided the scores into 3 sections, disagreed, neither agree or disagree, and agreed. The number of participants who had scored the statement as either 10, 9 or eight were grouped together as disagreed, similarly the scores of 1, 2 and 3 were grouped together as agreed. The remaining scores of 4,5,6, and 7 were grouped together as neither agreed nor disagreed. It was recognised the category of neither agreed nor disagreed was bringing together 4 scored areas compared to the agreed and disagreed categories of 3 scored areas, but adjustments were made to balance this out. The third analysis focussed on where the matched statements had the same scoring and identified both matched statements that scored in the agreed area, the neither agreed nor disagreed statements, and disagreed matched statements. It also identified the areas the matched statements scored differently, which acknowledged the slight differences that may be relevant to the factors being

considered. Following which the scores were cross referenced against the eight identified themes of the statements to note any patterns within the themes.

Following which, an interview matrix was also developed to ensure all of the research questions are covered. The questions scoring within the neither agree nor disagree range are the area of interest as the majority of the participants did not strongly agree or disagree with the statement and are, therefore, potentially not straightforward to the participants suggesting there may be other factors to take into consideration, or there is a lack of clarity to the statement they may wish to explore further.

From the findings identified through the Q sort the areas to be explored in the second stage of the research included:

The links between financial harm and neglect,  
The power dynamics in situations of financial harm,  
Changes within friendships that impact on the balance of the relationship,  
The adult's right to choose when spending their own money,  
The family role in protection,  
The role of Power of Attorney in providing protection from financial harm.

#### 5.2.4.2 Developing a vignette

Using the data established in the first part of the research (6.1), the qualitative data is built on with a quantitative method to explore the presenting information (Hughes and Huby 2004). It is recommended that post sorting interviews are undertaken for participants to elaborate on the salient elements (Van Exel and De Graaf 2005). Vignettes are a tool to study attitudes, perceptions and beliefs using simulated or hypothetical events (Wilks 2004). The vignette is constructed to provide a dilemma from which participants respond to, drawing from their own experience (Jenkins, Bloor et al. 2010). As such, it is a suitable tool for a multi-method research as the vignette can explore the decision making process used by practitioners, which takes into account the complexity of both cognitive and behavioural responses and uses

the participant's prior training and experience (Evans, Roberts et al. 2015). There is an assumption that participants will follow their own philosophical and ethical principles when faced with a case study, and use their belief system to guide their action (Wilks 2004), which suggests that given a descriptive vignette, participants will try to understand it, and the resulting data will provide information about the interaction, or the process of the interaction. It allows for an exploration of the participant's interpretive and perceptual processes (Jenkins, Bloor et al. 2010), to gather subjective interpretation data which may have a use in predicting professional practice. The use of vignettes also has advantages of being of benefit to practice where ethical issues may prevent real life observations (Evans, Roberts et al. 2015).

The use of vignettes has a number of advantages over other methods of deconstructing the process of decision making with regards to financial harm and adult protection, primarily because it is less personal than observing or discussing direct practice (Hughes 1998) and therefore, may be less threatening to participants than questioning their practice (Wilks 2004; Jenkins, Bloor et al. 2010; Robson 2011). Unlike observing practice where there could be many variables in the presenting issue, vignettes provide uniform data to the participants (Wilks 2004). This assists the process of interpretation, as clarity of meaning will need to be established throughout the vignette. The use of a vignette also has the ability to generate data that reflects the complexity of financial harm and adult protection, and can be used to identify interpretive relevance, drawing on individual knowledge, and motivational relevance through reflection on past actions (Jenkins, Bloor et al. 2010). Given that the research question relates to finding out what factors are given more relevance in considering whether a particular situation is considered to be financial harm, the vignette can be used to extract this information from participants.

However, this methodology is also said to be limited, in that it does not reflect real life situations (Evans, Roberts et al. 2015). Although in this research it could be nearer to real life because all factors are not known at the point that adult protection decisions are made. Practitioners base their decisions about financial harm on the presenting information that suggests that financial harm may have been committed and the adult protection 3-point criteria appears to be met. The requirement for social work services to make inquiries under s4 is for them to establish whether or not the

adult is at risk of harm, therefore, other services are only required to believe that the situation may be adult protection. Wilks (2004) and Jenkins *et al*, (2010) suggest participant's report of how they respond to a situation may not be an accurate reflection of how they would respond in a real-life situation. Again, this could prove to be useful as the changing responses could identify the weight given to certain factors and more importantly, why this balance may change. It could be argued that the relationship between what participants say they would do and what they actually do is not the primary concern, nor is the outcome of their deliberations, but the process they go through to reach an outcome and the meanings that are applied during that process that is of research interest (Barter and Renold 2000). A review of 111 studies of vignettes suggested there was little difference between observation and practice (Murphy, Herr *et al.* cited in Evans, Roberts *et al.* 2015). Although there is a possibility that participants may give socially desirable responses to the vignette to avoid appearing to be unprofessional, ambiguity within the vignette can be productive in establishing the factors that participants consider.

#### 5.2.4.3 Structure of the vignette

Vignettes can be presented in a variety of ways (Robson 2011) such as text or image, although the written vignette is the most common (Evans, Roberts *et al.* 2015). Although vague scenarios are less likely to provide good quality data (Jenkins, Bloor *et al.* 2010), if they are too defined there is a risk of limiting the opportunity to add personal experience (Hughes 1998).

The topical relevance is important in the construct of a vignette. Individuals respond to stimuli when the situation becomes problematic for them, therefore, the vignette has to include a dilemma which the participant can respond to in a natural way, unless they are constrained from a natural response by a particular principle (Jenkins, Bloor *et al.* 2010). The purpose of the vignette is to explore the deliberations and interpret them, it is necessary for the vignette to use the participant's cognition of life experiences, which are added to and revised throughout their life (Jenkins, Bloor *et al.* 2010). In constructing an effective vignette the literature review (Evans, Roberts *et al.* 2015) and the quantitative data from the Q

sort defined the parameters, while it must be acknowledged that in the construction the researcher is defining the understanding. However, the initial Q sort data has identified the areas that participants were unable to make a clear decision about.

A well-constructed vignette has to be relevant to reflect real life conflict resolution (Hughes 1998) and a continuous narrative is useful for participants to engage with (Hughes and Huby 2004) particularly as it is likely to reflect the way that adult protection is identified. Frequently professionals do not have all the relevant information at the point that adult protection or financial harm is being considered. The identification of adult protection concerns is part of a process that involves gathering appropriate information, some of which may make the concern more urgent and some information may change the concern to a non-protection issue. There needs to be a balance between a short vignette that appears artificial and hypothetical, and a long vignette that people tire of and may lead the participants to answer more carelessly (Hughes and Huby 2004), between 50 and 500 words is acceptable (Evans, Roberts et al. 2015). Open ended questions can assist the participants to think more creatively and potentially may reflect real life situations. However, it is useful to also include some closed questions to allow for more variables to be identified (Hughes and Huby 2004). Similarly, a level of ambiguity is useful to allow the participants to define the situation (Wilks 2004) and some vague statements may help to facilitate participant engagement (Evans, Roberts et al. 2015).

Implausible or unrealistic vignettes run the risk of generating negative reactions from participants, such as disinterest. Where the participants believe their expertise is being questioned it can change the way they respond to further questions (Jenkins, Bloor et al. 2010). Therefore, there is a need for the vignette to mirror reality but not place the participant in the vignette (Evans, Roberts et al. 2015), as this can generate embarrassment or anger. It is also suggested that neutral scenarios such as those without socio economic context, or those that do not resemble real people and real actions would also limit the data gathered.

In order to ensure that the correct balance of ambiguity, realism and relevance, it is necessary to pilot the vignette with people who have the necessary knowledge of

adult protection. The expert group provided feedback on the construction of the vignette, and areas that may stifle discussion. Through the expert group it was possible to ascertain how effective the vignettes were at bringing out the relevant issues and if the questions could generate a range of responses. Barter and Reynold (2000) suggest that participant responses that begin with ‘that depends’ are provided with the opportunity to explore the issues in depth.

The vignettes were developed in the way that adult protection concerns are commonly raised, with limited information initially and further vignettes providing more information. The vignettes are as follows:

Vignette One
<i>Jack lives alone. Once a week he goes out for a meal with his long-term friend Dave. Over the last year Dave has begun to help Jack with his money. Initially he set up internet banking for Jack to pay his fuel bills, as Jack is not able to use the internet. He also arranged for Jack to get a cleaner and gardener when these tasks became difficult for Jack to do.</i>
<i>Jack’s cousin thinks this financial harm</i>
Questions <ul style="list-style-type: none"> <li>• What would you need to know to decide if it is financial harm?</li> <li>• Would you feel differently/respond differently if it was Jack’s cousin assisting with his finances rather than his friend?</li> </ul>
Vignette Two
<i>Jack has also started to pay towards what he refers to as “charities to help kiddies”. He makes 5 payments a month of £20 each. His family think this is a scam, but don’t know for sure. Jack says it’s his business and he likes being able to help others. It means he can’t afford to go for a meal with Dave each week.</i>
<i>Dave is ok about not going out for a meal with Jack as he says he knows how important the children’s charities are for Jack, in fact he set the payments up on the internet bank account.</i>
<i>Although Jack has capacity, he does find managing money more difficult. Dave is in the process of applying for Power of Attorney. Jack’s cousin thinks this isn’t appropriate and wants to apply for it himself.</i>
Questions <ul style="list-style-type: none"> <li>• What would you need to know to decide if it is financial harm?</li> <li>• How can POA protect Jack?</li> <li>• Is the protective element limited?</li> </ul>

Vignette Three
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<i>Jack's neighbour tells you she's worried about Jack. Dave does all his grocery shopping and she doesn't see him take much food into the house. When she has been in Jack's house it's always freezing. She's had him over for tea a few times and "it's like he's ravenous". He told her he only puts on a small lamp at night time as the big lamps waste electricity, it's cheaper.</i>
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Questions
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- |   |
|---|
| <ul style="list-style-type: none"> <li>• Could this be financial harm?</li> <li>• What information would you require to make a decision about financial harm?</li> <li>• Why/why not, what other information would you need?</li> </ul> |
|---|

Vignette 4
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<i>Dave does quite a bit for Jack, visiting him regularly, helping him with his mail, and he's always there when the district nurse visits the house.</i>
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Questions
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- |  |
|--|
| <ul style="list-style-type: none"> <li>• Do you think Dave is in positions of power?</li> <li>• How can Dave's position facilitate or limit financial harm?</li> <li>• What would you need to know to decide if it is financial harm?</li> </ul> |
|--|

Vignette 5
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<i>Jack's physical health deteriorates, and he needs to have support to help him with getting out and about. Following an assessment, a care plan is developed identifying the need for 4 hours support each week. The funding is agreed for a year. Jack doesn't know what will happen at the end of that year. Jack's cousin thinks it is unacceptable that there is nothing in the care plan about his needs and services required beyond the funded year.</i>
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- |  |
|--|
| <ul style="list-style-type: none"> <li>• Is the failure to give Jack information about how his future needs will be met a form of financial harm?</li> <li>• Should an action re future funding be in the current care plan?</li> <li>• If Jack required more substantial funding, such as full-time care, which Jack would be unable to pay for, could the lack of future funding be considered as financial harm?</li> <li>• What would you need to know to decide if it is financial harm?</li> </ul> |
|--|

#### 5.2.4.4 Analysis of research data

The purpose of research data analysis is to make sense of the significant amount of information from which to draw conclusions (Robson 2011). It applies a level of

rigour to ensure the conclusions reached have been borne from the data gathered, and not from the subjectivity of the researcher (Denscombe 2007). Data analysis has a distinct feature of categorising the findings into a groups or themes, but the way that this is undertaken depends on the ontological perspective of the research. Using an interpretivist paradigm, an inductive methodology allows the researcher not to have a pre-conceived outcome, but allows the themes to emerge (Sheppard 2004).

Qualitative analysis uses a system of classification, but in a holistic way (Punch 2005). Both explicit and inferred data gathered from interviews and focus groups are used. It is a form of subjective interpretation, using themes and patterns, and uses latent information to determine underlying meaning. This means there is no single meaning, and wider consideration of the conceptual nature of the data is achievable (Krippendorff 1989). However, there are criticisms directed towards the over simplification which misconstrued the findings, through breaking down text in to 'quantifiable units' (Cho and Lee 2014) which may limit the analysis of issues with a number of related details.

Analysis of narratives, the process of coding that segments and categorises the data to find regularities or patterns within the data, is more holistic with qualitative data as the process involves studying the lived experience which is considered to be "uniquely rich and (and provide) subtle understanding of life situations" (Punch 2005 p 217). The themes and issues that emerge from practitioners will be interpreted by the practitioners from their perspective, with the expectation that there will be multiple perspectives rather than consensus (Sheppard 2004).

Each method requires the selection of themes, a categorising process, and cross reference between the categories, but the ability to consider the underlying meanings is potentially more relevant to this study, particularly in consideration of decision-making processes. Cross sectional coding is a common categorisation system to search and retrieve chunks of data and provides a systematic overview (Ritchie and Lewis 2003).

During the focus groups and individual interviews each of the responses were audio recorded. At the same time flip chart notes taken by the researcher which detailed

the areas the participants discussed in order to prompt the explanation of the discussion at the appropriate point without disrupting the flow of the discussion. Following the focus groups and interviews, each comment from the audio recordings were typed against the relevant question identified by the numbered group or interview. The recordings were listened to again and any errors were amended. Following which, all the comments were transcribed onto a spreadsheet. The spreadsheet amalgamated all the comments made for each vignette and were coded and sub coded. Some comments covered a number of sub categories and were recorded in each sub category. The comments were then transferred on to separate spreadsheets for each vignette to identify the themes within each sub category.

The initial coding exercise used the 4 themes identified by Wilbur and Reynolds (1997). This process acknowledged there were further themes from the discussion which related to legislation and guidance, practical solutions and proportionality. From these areas, sub categories were identified and coded as identified below:

Figure 10. *Key themes and sub categories*

<b>Key Theme</b>	<b>Sub categories (code number)</b>
Relationship between victim and perpetrator	<ul style="list-style-type: none"> <li>• Power dynamic (1)</li> <li>• Family/friend/carer dynamic (2)</li> <li>• Manipulation (3)</li> <li>• Jacks view (4)</li> </ul>
Cost v benefit of the transaction	<ul style="list-style-type: none"> <li>• Exploitation (5)</li> <li>• Undue pressure (6)</li> <li>• Types of harm (7)</li> <li>• Consent (8)</li> <li>• Who benefits (9)</li> </ul>
Characteristic of the victim	<ul style="list-style-type: none"> <li>• Capacity (10)</li> <li>• Vulnerability (11)</li> <li>• Level of support required (12)</li> <li>• Risk to the adult (13)</li> <li>• Ability to afford (14)</li> </ul>

Nature of influence	<ul style="list-style-type: none"> <li>• Level of trust (16)</li> <li>• Control (17)</li> <li>• Intent (18)</li> </ul>
Legislation/guidance	<ul style="list-style-type: none"> <li>• 3-point criteria (19)</li> <li>• Guidance and procedures (20)</li> <li>• Power of Attorney (21)</li> </ul>
Practical solution	Response related to an immediate move to providing a solution rather than discussion around the presenting issues and decision process (22)
Proportionality	Responses that indicated the participant was actively considering that the presenting information may not indicate harm (23)

#### 5.2.4.5 Undertaking 2<sup>nd</sup> stage of the research

All of the original participants from the first part of the research were contacted by email and asked if they would like to participate in a follow up study. They were provided with an information sheet, and confirmation of ethical approval from the University, granted in March 2017. They were also provided an opportunity to ask further questions. Those who returned the consent form were contacted again with details of the focus group sessions across a variety of locations and were asked to select their preference. Some of the participants were unable to attend a group session and opted for an interview.

There were 8 research activities with a total of 17 participants, broken down as follows: -

Figure 11. Breakdown of interviews and focus groups by occupation

Activity number	Interview or Group	Professional background
1	Interview	Health/Social Work/Adult Protection Policy x 1
2	Interview	Social Work/MHO/Criminal Justice x 1
3	Group	Social Work x 2, Advocate x 1
4	Group	Housing x 2, Social Work x 1
5	Group	Social Work x 4, Health x 1
6	Interview	Housing x 1
7	Group	Police x 2
8	Interview	Trading Standards x 1

Whilst efforts were made to adhere strictly to categorising the answer as it was given, it is inevitable that researcher bias may have been a factor. Within the professional groups there were occasions when a participant hadn't finished their point before another participant contributed. In most cases the researcher returned to the initial point for further clarification, but it was not possible for all incomplete points. Additionally, there is an element of short cuts being used in professional conversations, so full statements are not always made. In those situations, a decision was made regarding the fullness of the statement and whether it could be sub categorised or not.

## 6 Results

### 6.1 Data from initial Q sort

In order to consider the areas of common variance, it is a necessary part of Q methodology to consider the data gathered and review the predominant views or perspectives. Q sort requires a methodological approach that can be applied consistently across each scored area and assists the researcher to deliver a holistic interpretation (Watts and Stenner 2012). There is the potential for researcher bias when considering minority viewpoints, and therefore could be subjective (Watts and Stenner 2012). Therefore, to limit researcher subjectivity the data would be considered from a variety of perspectives.

#### 6.1.1 Single highest score

On the scale used from indicating complete disagreement with the statement at 1 to complete agreement at 10, the first categorisation was to identify the highest score for each statement.

Figure 12 Single highest scored statements in themed groups

Benefit to the adult											
Statement No.	Disagree					Agree					Statement
	1	2	3	4	5	6	7	8	9	10	
8	2	2	7	11	18	9	9	17	10	3	Financial harm and evidence of neglect are closely linked
13	1	1	4	5	13	8	20	15	10	8	Failure to have care plans that identify action if an adult is unable to continue to fund a placement/service, leave the adult open to harm
19	0	1	1	2	2	2	11	14	16	37	Encouraging an adult to change their will in return for care and support whilst they are alive is financial harm
27	1	0	0	2	7	9	19	21	13	16	Friends whose behaviour changes when an adult's funds run out may be perpetrators of financial harm
29	0	1	1	0	9	9	19	19	11	17	The cultural norms of exchanges such as gift giving have the potential to be exploited
35	1	1	2	2	10	9	29	11	9	13	Adults whose basic needs are not met could be the victims of financial harm

Characteristics of the adult											
Statement No.	Disagree					Agree					Statement
	1	2	3	4	5	6	7	8	9	10	
2	1	3	7	5	12	6	18	21	8	7	Victims of financial harm are groomed
10	0	0	0	2	11	15	23	20	10	7	The power dynamics between carers and adults make it difficult to tell if someone is being harmed
17	0	1	3	2	4	5	23	16	16	18	The need for friendship/companionship can increase the likelihood of financial harm
24	1	1	2	1	4	4	15	22	14	24	Physical, mental and sensory impairment increases the need for protective measures due to additional vulnerability
28	0	0	1	0	3	9	10	22	18	24	Adults with low self-worth are vulnerable to exploitative financial practices within romantic relationships
33	0	0	0	3	5	8	19	24	12	16	Isolated individuals are susceptible to undue influence

Risk in the community											
Statement No.	Disagree					Agree					Statement
	1	2	3	4	5	6	7	8	9	10	
6	5	6	11	14	17	5	13	9	4	4	If an adult thinks they are not at risk from financial harm, they should be allowed to spend their money any way they want
9	2	1	2	4	9	12	18	13	13	13	Adults respond to telephone scams because they are emotionally manipulated
14	2	2	2	2	9	10	16	23	13	9	The wide range of types of financial harm makes it difficult for the public to recognise it
18	31	7	6	13	7	3	8	3	6	3	Charging an adult an over inflated price for a service is dishonest but not criminal
26	0	0	0	0	0	4	12	9	18	45	Adults can be groomed for financial harm similar to grooming for sexual harm
41	1	0	4	5	10	7	14	25	6	12	An adult is free to pay for their friends even if the arrangement is not reciprocal

Risk within families											
Statement No.	Disagree					Agree					Statement
	1	2	3	4	5	6	7	8	9	10	
3	15	11	6	7	16	8	14	5	3	3	Adults are less likely to be the victim of FH if they have family support
5	2	1	6	7	23	19	19	6	0	5	The self-appointment of family members as carers is a factor in financial harm
11	13	12	14	10	20	7	6	5	1	0	Families should limit the adults spending if the adult is frittering it away
22	37	18	10	7	3	5	1	2	2	3	Family carers who collect benefits/pensions on behalf of the adult should spend the money in the best interest of the family as a whole
30	13	7	15	11	18	9	5	7	1	2	Families are powerless to help if an adult chooses to send money to mail requests
48	29	11	7	6	18	3	1	2	4	6	Adult children who will inherit their parent's estate should use the money to make life easier now

Common myths											
Statement No.	Disagree					Agree					Statement
	1	2	3	4	5	6	7	8	9	10	
1	64	6	9	3	1	1	0	1	2	1	Financial harm does not occur in long term established relationships
16	34	11	13	12	5	2	4	3	4	0	Adults with significant wealth are less likely to be the victims of financial harm as they can pay for legal advice
23	47	20	5	5	7	0	1	0	1	2	Adults who belong to religious faith groups are less likely to suffer financial harm
37	30	13	14	12	12	1	4	1	1	0	Adults who complete a crossword daily have a higher level of mental agility which protects them from harm
38	0	2	4	4	24	7	17	12	6	9	Failure to recognise and report financial harm are linked to society's views on ageing and disability
47	5	2	9	2	12	13	17	14	8	6	People with disabilities are more likely to be the victims of financial harm

Influence used											
Statement No.	Disagree					Agree					Statement
	1	2	3	4	5	6	7	8	9	10	
7	0	0	2	2	15	9	18	11	13	13	Lack of oversight over acceptable financial exchanges can lead to misappropriation
15	0	4	8	7	14	9	14	16	11	5	The greater the adult's reliance on assistance, the greater the risk of financial harm
25	1	1	2	2	1	2	12	10	14	43	People who appear gentle and kind are just as likely to commit financial harm as people who are dominant and controlling
32	10	7	7	6	9	9	15	12	5	7	Financial harm cannot occur without the perpetrator applying a level of control
40	14	9	11	13	12	10	8	9	2	0	Legal measures, such as power of attorney, prevent deceptive financial harm
43	0	0	1	1	3	2	8	27	15	30	The isolation and control applied to victims of financial harm can create an emotional dependency on the perpetrator

Relationship between adult and perpetrator											
Statement No.	Disagree					Agree					Statement
	1	2	3	4	5	6	7	8	9	10	
4	7	5	7	9	14	10	20	7	0	3	Professional standards protect adults from financial harm
12	2	8	13	6	27	12	11	5	1	1	Adults have more protection from services than from individual care arrangements
20	6	8	5	4	15	8	14	8	10	8	The cultural norms of exchanges such as gift giving need to be suspended when an adult no longer has the capacity to make reasoned decisions
21	1	0	1	1	10	7	13	23	9	23	Those who are required to make decision in the best interest of an adult are also the same people who could apply undue influence on how funds are spent
34	4	2	4	9	20	16	19	12	1	1	People who instigated friendships with adults who are 'vulnerable' are more likely to take advantage of the adult
46	5	4	6	10	29	3	11	8	5	6	Where the adult has a 'good faith' relationship, it can be detrimental to allow the relationship to change to one where the friend makes decisions in the adult's best interest

Risk within service provision											
Statement No.	Disagree					Agree					Statement
	1	2	3	4	5	6	7	8	9	10	
31	3	3	0	5	21	17	11	10	6	10	Failure to give an adult in care information about their funding package is a form of financial harm
39	13	9	11	3	19	8	5	9	5	1	Care services can make additional charges for small services if the service user is willing to pay
42	56	11	8	3	4	0	1	0	1	3	Care staff may borrow a service user's belongings for a short time and can enter into agreement to purchase the items at a mutually agreed rate
44	4	1	1	6	15	4	19	17	13	8	The power dynamics between paid care services and the service user make it difficult for service users to report financial harm
45	43	9	13	6	5	4	3	2	1	2	It is acceptable for service users to give small sums of money/gifts to care workers in the same way as people tip restaurant staff

From the responses to the *benefit to the adult* statements, 5 scored within agreed and 1 scored as disagreed, indicating the lack of a care plan, changing a will, changes in the behaviour of friends, failure to meet basic needs and gift giving all have the potential to lead to financial harm. Statement 8 “*financial harm and evidence of self neglect are closely linked*” had the overall highest score and was in the disagreed section, whereas the linked statement 35 “*adults whose basic needs are not met could be victims of financial harm*” scored as agreed, which indicates there are additional factors considered in relation to the two statements.

The *characteristics of the adult* statements all had the highest single score in the agreed section, suggesting that the participants agreed that grooming, power dynamics between carers and adult, loneliness and isolation, impairment and low self-worth were all potential factors in financial harm.

Within the *risk in the community* statements the highest single score for 4 of the statements were in the agreed section signifying emotional manipulation, the wide range of types of financial harm and grooming could be elements in financial harm. Statement 41 *An adult is free to pay for their friends even if the arrangement is not reciprocal* scored highest within the agreed section, yet statement 6 *If an adult thinks they are not at risk from financial harm they should be allowed to spend their money*

*any way that they want* had the highest score in disagreed, which appeared to be contradictory. Potentially the generalised nature of statement 6 was not an area that participants could agree with, but the more specific statement 41 was acceptable. The highest single score for statement 18 *charging an adult an over inflated price for a service is dishonest but not criminal* was disagreed with, but it is not clear if the participants *felt* that it was not dishonest or that it was criminal.

The *risk within families* statements contained 2 reverse statements, statement 22 and 48 were worded in a way that participants were required to disagree with the statement if they agreed it was financial harm. Whilst all the statements had the highest score within the disagreed section, in fact they agreed that families and adult children had the potential for causing financial harm by using presumed inheritance whilst the adult was still alive. The participants disagreed with the suggestion of restricting the adult's finances, and family support or the self-appointment of family carers had the potential for financial harm.

*Common myths* all scored the highest single score in the disagreed findings. Participants disagreed long term relationships, the ability to afford legal services, membership of religious faith groups or the ability to complete a crossword were protective factors in financial harm. They also disagreed society's view of ageing and disability were a factor in failing to recognise financial harm but agreed that adults with disabilities were more likely to be the victim of financial harm.

For the section on *influence used* all but one of the statements had a single highest score in agreed. They agreed that lack of oversight and reliance on assistance were factors in financial harm. They also agreed the perpetrators presentation was irrelevant, a level of control was used, and emotional dependency were potentially elements of financial harm. The highest single score in the disagreed findings indicated the participants did not agree that legal measures were a protective factor.

For *relationships between the adult and the perpetrator* participants agreed professional standards were a protective factor, and undue influence could be applied by those making decisions for the adult. However, they disagreed that a care provider offered more protection than individual care arrangements, or that the adult

should suspend gift giving when they lacked capacity. They also disagreed that instigating a relationship or changing friendships to a decision-making relationship would lead to financial harm.

There were 5 statements within *risk within service provision* and only 1 had a highest score within agreed findings which was the participants felt there was a link to the potential for financial harm in relation to the power dynamic between services and the service user. The participants did not believe the failure to provide information about funding was financial harm. They also did not believe small charges to the service user, borrowing from the service user or gift giving from the service user to staff were factors in financial harm.

### 6.1.2 Revised scoring

The single highest score referred to in 6.1.1 had limitations as it supposed that one single score superseded all other scores, and to reflect more accurately the views of the participants the scores were amalgamated into 3 areas:

- Overall majority disagreement for those statements scored 1, 2 and 3;
- An overall majority was recorded for statements scored 8, 9, 10 which were agreed;
- A central group of statements scored between 4 and 7, these scores included limited agreement or disagreement.

None of the central scored statements could be considered to be completely neutral, as participants had scored either agree (statements with a score of 6 and 7) or disagree (statements with a score of 4 and 5), but it was useful to bring these scores together in a central scored area as it was an indication that there may be further factors taken into account which influenced the score and limited full agreement or disagreement.

Additionally, as there were 10 scoring placements, the central scored statements included scores from 4 to 7, a total of 4 ranking placements compared to both agreed and disagreed that had 3 ranking placements. Although this had the potential

to skew the totals and needed to be taken into account when the 3 totals were less than 25% difference. For example, statement 2 had the scores of 11 disagreed, 41 central and 36 agreed. The central figure of 41 is an amalgamation of 4 scoring areas, and when divided by 4 and multiplied by 3 which related to the number of scoring areas in majority agreed, the figure was amended to 30.75 which is lower than the total of 36 for the majority agreed. Therefore, those responses that could be misleading are marked with \* for further consideration.

Figure 13. Centrally scored statements

Statement No.	Majority Disagree	Neither agree nor disagree	Majority agree	Statement
<b>Benefit to the adult</b>				
8	11	47	30	Financial harm and evidence of neglect are closely linked
35	4	50	33	Adults whose basic needs are not met could be the victims of financial harm
13	6	46	33	Failure to have care plans that identify action if an adult is unable to continue to fund a placement/service, leave the adult open to harm
19	2	17	67	Encouraging an adult to change their will in return for care and support whilst they are alive is financial harm
27	1	37	50	Friends whose behaviour changes when an adult's funds run out may be perpetrators of financial harm
29	2	37	47	The cultural norms of exchanges such as gift giving have the potential to be exploited

Statement No.	Majority Disagree	Neither agree nor disagree	Majority agree	Statement
<b>Characteristics of the adult</b>				
2	11	41*	36	Victims of financial harm are groomed
10	0	51	37	The power dynamics between carers and adults make it difficult to tell if someone is being harmed
17	4	34	50	The need for friendship/companionship can increase the likelihood of financial harm
24	4	24	60	Physical, mental and sensory impairment increases the need for protective measures due to additional vulnerability
28	1	22	64	Adults with low self-worth are vulnerable to exploitative financial practices within romantic relationships
33	0	35	52	Isolated individuals are susceptible to undue influence

Statement No.	Majority Disagree	Neither agree nor disagree	Majority agree	Statement
<b>Risk in the community</b>				
26	0	16	72	Adults can be groomed for financial harm similar to grooming for sexual harm
9	5	43*	39	Adults respond to telephone scams because they are emotionally manipulated
6	22	49	17	If an adult thinks they are not at risk from financial harm, they should be allowed to spend their money any way they want
41	5	36	43	An adult is free to pay for their friends even if the arrangement is not reciprocal
14	6	37	45	The wide range of types of financial harm makes it difficult for the public to recognise it
18	44	31	12	Charging an adult an over inflated price for a service is dishonest but not criminal

Statement No.	Majority Disagree	Neither agree nor disagree	Majority agree	Statement
<b>Risk within families</b>				
22	65	16	7	Family carers who collect benefits/pensions on behalf of the adult should spend the money in the best interest of the family as a whole
48	47	28	12	Adult children who will inherit their parent's estate should use the money to make life easier now
30	35	43	10	Families are powerless to help if an adult chooses to send money to mail requests
11	39	43*	6	Families should limit the adults spending if the adult is frittering it away
3	32	45	11	Adults are less likely to be the victim of FH if they have family support
5	9	68	11	The self-appointment of family members as carers is a factor in financial harm

Statement No.	Majority Disagree	Neither agree nor disagree	Majority agree	Statement
<b>Common myth</b>				
1	79	5	4	Financial harm does not occur in long term established relationships
38	6	52	27	Failure to recognise and report financial harm are linked to society's views on ageing and disability
16	58	23	7	Adults with significant wealth are less likely to be the victims of financial harm as they can pay for legal advice
23	72	13	3	Adults who belong to religious faith groups are less likely to suffer financial harm
37	57	29	2	Adults who complete a crossword daily have a higher level of mental agility which protects them from harm
47	16	44	28	People with disabilities are more likely to be the victims of financial harm

Statement No.	Majority Disagree	Neither agree nor disagree	Majority agree	Statement
<b>Influence used</b>				
7	2	44*	37	Lack of oversight over acceptable financial exchanges can lead to misappropriation
40	34	43	11	Legal measures, such as power of attorney, prevent deceptive financial harm
43	1	14	72	The isolation and control applied to victims of financial harm can create an emotional dependency on the perpetrator
15	12	44	32	The greater the adult's reliance on assistance, the greater the risk of financial harm
25	4	17	67	People who appear gentle and kind are just as likely to commit financial harm as people who are dominant and controlling
32	24	39	24	Financial harm cannot occur without the perpetrator applying a level of control

Statement No.	Majority Disagree	Neither agree nor disagree	Majority agree	Statement
<b>Relationship between the adult and perpetrator</b>				
34	10	64	14	People who instigated friendships with adults who are 'vulnerable' are more likely to take advantage of the adult
20	19	41	26	The cultural norms of exchanges such as gift giving need to be suspended when an adult no longer has the capacity to make reasoned decisions
21	2	31	55	Those who are required to make decision in the best interest of an adult are also the same people who could apply undue influence on how funds are spent
4	19	53	10	Professional standards protect adults from financial harm
12	23	56	7	Adults have more protection form services than from individual care arrangements
46	15	53	19	Where the adult has a 'good faith' relationship, it can be detrimental to allow the relationship to change to one where the friend makes decisions in the adult's best interest

Statement No.	Majority Disagree	Neither agree nor disagree	Majority agree	Statement
<b>Risk in service provision</b>				
31	6	54	26	Failure to give an adult in care information about their funding package is a form of financial harm
44	6	44*	38	The power dynamics between paid care services and the service user make it difficult for service users to report financial harm
39	33	35*	15	Care services can make additional charges for small services if the service user is willing to pay
42	75	8	4	Care staff may borrow a service user's belongings for a short time and can enter into agreement to purchase the items at a mutually agreed rate
45	65	18	5	It is acceptable for service users to give small sums of money/gifts to care workers in the same way as people tip restaurant staff

Using this way of amalgamating the scores in the *benefit to the adult* statements 8, 13 and 35 were re classified in a central scored area, whereas statements 19, 27, and 29 remained in the agreed score. The central score indicated the participants felt

there was not an automatic link between neglect or the failure of a care plan identifying future funding and financial harm.

Within the section *characteristics of the adult* there were two statements that occurred in the central scored area. Statement 2 moved from a score in agreed to a central score, however statement 2 was marked with \* to indicate it was within 25% of the agreed score so continued to remain in agreed. Statement 10 which had a highest score in agreed moved to a central score suggesting participants were not clear if power dynamics between carers and adults make it difficult for harm to be identified. Statement 17 moved from a central score to an agreed score indicating the participants felt the need for friendship could increase the likelihood of financial harm.

In *risk in the community*, two statements fell into the central category, number 43 and number 49, indicating participants could not be clear if telephone scams are related to emotional manipulation and whether adults should have the freedom to spend their money however they wished.

For *risk within families* four of the statements changed from agreed to recorded in the neither agree or disagree section. Again, this suggested the participants could not decide if families were powerless to prevent financial harm, or if families were a protective factor. They were undecided about changing roles to carer within families was also a factor in financial harm. With statement 11, although it originally scored in agreed and the amalgamated score was within the central scores, it was also a score marked \* indicating that it fell within 25% of the disagreed score. Therefore, participants were either in disagreement or neither category when considering families preventing adults from spending their money.

Within *common myths* the statements that scored in the disagreed section remained so in the amalgamated scores. Two statements, 38 and 47 moved into the central scored area, in that participants neither strongly agreed or disagreed the views of society on age and disability are factors in recognising financial harm, and whether people with disabilities were more likely to be financially harmed.

In the statements relating to *influence used* four statements were recorded in the central scored areas indicating the participants did not firmly agree or disagree that a reliance on assistance or level of control were influential in financial harm and were undecided if oversight and legal measures were preventative measures in protection. Although statement 7 relating to oversight, was within 25% of the agreed score. Curiously, statement 40 which questioned the ability of legal measures to prevent financial harm scored a single highest score in the most disagreed with, but the amalgamated score changed to a neither agree or disagree score.

Five of the six statements in *relationship between the adult and perpetrator* scored in the central area signifying there was neither agreement or disagreement with the potential for instigated or changing friendships to be indicators of financial harm. Nor could the participants suggest suspension of gift giving, support services or professional standards were protective measures.

For *risk in service provision* three statements fell into the central amalgamated scores. The participants were undecided if information about funding was related to financial harm. Two of the statements were marked \*; statement 44 related to the power dynamic between carers and service users creating difficulties in reporting harm was within 25% of the agreed score, and statement 39 regarding care providers making additional charges was with 25% of the disagreed score.

### 6.1.3 Analysis of data

Within the design each of the statements was matched to another statement, except statements 19, 22 and 48 which were matched together, and presented the information in a slightly different way in order to consider the consistency of response. The statements were considered alongside their matched statements, and the scoring was compared.

### 6.1.3.1 Agreed matched statements

Three pairs of matched statements were agreed on, as follows:.

*Figure 14. Agreed and matched statements*

Number	Category	Statement
17	Characteristic	The need for friendship/companionship can increase the likelihood of financial harm
43	Influence	The isolation and control applied to victims of financial harm can create an emotional dependency on the perpetrator

The participants agreed the characteristic of need for companionship created a vulnerability which could be exploited in situations of isolation, thereby creating a dynamic between the need of the adult and the influence used by the perpetrator.

*Figure 15. Agreed matched statements.*

Number	Category	Statement
2	Characteristic	Victims of financial harm are groomed
26	Community	Adults can be groomed for financial harm similar to grooming for sexual harm

Both statement 2 and statement 26 were agreed with, suggesting the participants agreed there could be an element of grooming within financial harm. The much higher figure for statement 26 may be related to the differing language between 'can' and 'are', and the inference could be that the characteristic statement suggests that adults who are financially harmed are not always groomed.

*Figure 16. Agreed matched statements.*

Number	Category	Statement
33	Characteristic	Isolated individuals are susceptible to undue influence
9	Community	Adults respond to telephone scams because they are emotionally manipulated

Statement 33 was agreed and statement 9 was scored in the central group but moved to agreed score after adjustments for the number of scoring areas in the central grouping. The participants accepted isolation and susceptibility could be factors in financial harm and emotional manipulation was a contributing factor.

As some of the statements were reverse worded, a disagreed score indicated they agreed it was financially harmful.

The matched statements 42 and 46 were disagreed with but actually indicated agreement

Figure 17. Reverse disagreed and matched statements

Number	Category	Statement
42	Service	Care staff may borrow a service user's belongings for a short time and can enter into agreement to purchase the items at a mutually agreed rate
45	Service	It is acceptable for service users to give small sums of money/gifts to care workers in the same way as people tip restaurant staff

The wording of these statements was reversed, and participant's disagreement with them indicated they believed it was unacceptable for staff to borrow or purchase items from service users, nor was it acceptable for service users to give tips to staff. Although both statements were within the service category, the responses indicate that monetary or monetary related transactions between adults and staff were considered unacceptable.

Figure 18. Disagreed matched statements.

Number	Category	Statement
18	Community	Charging an adult an over inflated price for a service is dishonest but not criminal
39	Service	Care services can make additional charges for small services if the service user is willing to pay

Statement 18 was disagreed whereas statement 39 fell into the category of central scoring initially, but following adjustment it was moved to the disagreed score area. In statement 18 it appeared the disagreed score could relate to two different thoughts; either the participants believed over inflated charges were criminal or over inflated charges are not dishonest. The disagreed score for statement 39 also questioned whether it was acceptable for service users to pay additional charges.

Similarly statement 28 was agreed with and statement 1, a reverse statement, was disagreed which implied that low self-worth was a factor in financial harm and a long-term relationship was not a protective factor.

*Figure 19. Reverse agreed matched statement.*

Number	Category	Statement
28	Characteristic	Adults with low self-worth are vulnerable to exploitative financial practices within romantic relationships
1	Common myth	Financial harm does not occur in long term relationships

The three matched statements 19, 22 and 48 scored in disagreed twice and agreed for the third.

*Figure 20 Agreed and reverse disagreed matched statements*

Number	Category	Statement
19	Benefit	Encouraging an adult to change their will in return for care and support whilst they are alive is financial harm
22	Family	Family carers who collect benefits/pensions on behalf of the adult should spend the money in the best interest of the family as a whole
48	Family	Adult children who will inherit their parent's estate should use the money to make life easier now

The reverse wording of statements 22 and 48 show the participants agreed it was unacceptable for families to use an adult's money on the family in the best interest of the family or to make life easier. When combined with the agreed score of statement 19, indicated a connection between family actions and how this could not be of benefit to the adult.

The final matched statements in this group were technically disagreed but were reversed statements indicating the participants agreed that wealth and faith groups were not necessarily a protective factor in situations of financial harm.

*Figure 21. Disagreed matched statements*

Number	Category	Statement
16	Common myth	Adults with significant wealth are less likely to be the victims of financial harm as they can pay for legal services
23	Common myth	Adults who belong to religious faith groups are less likely to suffer financial harm

### 6.1.3.2 Matched statements with different scores

The statements that scored differently from their matched statements indicated there was a factor within the statements that was not equal in the eyes of the participants.

Figure 22. Matched statements with different scores.

Number	Category	Statement
27	Benefit	Friends whose behaviour changes when an adult's funds run out may be perpetrators of financial harm
34	Relationship	People who instigated friendships with adults who are 'vulnerable' are more likely to take advantage of the adult

Statement 27 was agreed with and statement 34 scored as central. The difference within these statements may relate to length of time the adult had the friendship, and there appeared to be an acceptance of financial harm can occur within the long-standing relationship but a lack of clarity regarding a new relationship. However, neither statement attracted a score of agreed, which indicates there may be other information required to make a judgement.

Figure 23. Matched statements with different scores.

Number	Category	Statement
24	Characteristic	Physical, mental and sensory impairments increase the need for protective measures due to additional vulnerability
15	Influence	The greater the adult's reliance on assistance, the greater the risk of financial harm

Statement 24 was agreed with and statement 15 was centrally scored which intimated a higher level of protection may be required for adults with impairments but was not correlated with being provided with assistance, or that the assistance provided was potentially a risk factor.

Figure 24. Matched statements with different scores.

Number	Category	Statement
6	Community	If an adult thinks they are not at risk from financial harm, they should be allowed to spend their money any way they want
41	Community	An adult is free to pay for their friends even if the arrangement is not reciprocal

Statement 6 was central scored and statement 41 was agreed, which appeared to be contradictory. In accepting an adult could be engaged in non-reciprocal payments, the participants were less clear about the adult's ability to spend money how they wished. Therefore, the lack of agreement between statements suggested the element of friendship was not a financial harm concern, but the freedom to spend in any way wished potentially had a higher element of risk. This indicated the participants required more specific information when deciding about financial harm.

*Figure 25 Matched statements with different scores*

Number	Category	Statement
14	Community	The wide range of types of financial harm makes it difficult for the public to recognise it
38	Common myth	Failure to recognise and report financial harm are linked to society's views on ageing and disability

Statement 14 was agreed with and statement 38 was central scored. The participants accepted the multiple ways financial harm could occur did restrict identification but did not consider it to be necessarily linked to our collective perception of age and disability.

*Figure 26. Matched statements with different scores.*

Number	Category	Statement
3	Family	Adults are less likely to be the victims of financial harm if they have family support
21	Relationship	Those who are required to make decisions in the best interest of the adult are also the same people who could apply undue influence on how funds are spent

Statement 3 was scored centrally and statement 21 was agreed. The general nature of statement 3 indicated family support alone was not a factor that reduced the likelihood of harm but the behaviour within the relationship that could impact on financial harm.

*Figure 27. Matched statements with different scores*

Number	Category	Statement
37	Common myth	Adults who complete a crossword daily have a higher level of mental agility which protects them from harm
47	Common myth	People with disabilities are more likely to be the victims of financial harm

Statement 37 scored as disagreed and statement 47 was central scored. Therefore, the participants implied people with disabilities were not at any higher risk of harm, but that mental agility was not necessarily a protective factor.

Figure 28. Matched statements with different scores.

Number	Category	Statement
25	Influence	People who appear gentle and kind are just as likely to commit financial harm as people who are dominant and controlling
32	Influence	Financial harm cannot occur without the perpetrator applying a level of control

Statement 25 was agreed with and statement 32 was central scored. The participants agreed that the presentation of the perpetrator was not a factor in the ability to influence the adult but were unclear if there was a level of control applied in all circumstances of financial harm.

Figure 29. Matched statements with different scores.

Number	Category	Statement
29	Benefit	The cultural norms of exchanges such as gift giving have the potential to be exploited
20	Relationship	The cultural norms of exchanges such as gift giving need to be suspended when an adult no longer has the capacity to make reasoned decisions

Statement 29 scored in the agreed area and statement 20 scored in the central area. Whilst the participants agreed that gift giving could be exploited the participants were unsure if such a practice should be suspended if the adult could no longer make reasoned decisions.

Figure 30 Matched statement with different scores

Number	Category	Statement
7	Influence	Lack of oversight over acceptable financial exchanges can lead to misappropriation
40	Influence	Legal measures, such as power of attorney, prevent deceptive financial harm

Both statements, 7 and 40 originated from the types and level of influence used, they also related to the legal process of appointing an individual to make decisions in the adult's best interest, and in keeping with the adult's views. Statement 7 was moved to an agreed score after adjustment and statement 40 scored centrally. The

participants agreed a lack of oversight in financial transactions could lead to financial misappropriation but were undecided if Power of Attorney is a protective measure.

Figure 31. Matched statements with different scores.

Number	Category	Statement
10	Characteristic	The power dynamics between carers and adults make it difficult to tell if someone is being harmed
44	Service	The power dynamics between paid care services and the service user make it difficult to service users to report financial harm

Statements 10 and 44 related to the power dynamic that may exist within financial harm but is considered from 2 different perspectives: how well the adult can manage the power dynamic and the potential inequality of power for the adult when being provided with a care service. Statement 10 scored in the central group and statement 44 scored as agreed. They agreed the power dynamics could make it difficult for service users to report financial harm but were unsure if the power dynamics would make it difficult to identify financial harm.

Figure 32. Matched statements with different scores.

Number	Category	Statement
30	Family	Families are powerless to help if an adult chooses to send money to mail requests
11	Family	Families should limit the adults spending if the adult is frittering it away

Statements 30 scored in the disagreed group which indicated that families were not powerless but as statement 11 scored centrally it suggests the participants were unsure if an adult's spending should be limited. This may reflect a commitment to the adult's human rights and ability to make choices and decisions. The underpinning principle of ASPA is to support the individual's human rights unless they are at risk of harm. It is, therefore, unsurprising that participants were unable to score this area at either end of the scale and that other factors would be required to reach a determination.

### 6.1.3.3 Matched statements with a central score

The following statements scored the same as their matched statement, but all fell within the central score. Potentially these findings are of higher significance to the study as they indicate a lack of clear agreement or disagreement with regards to financial harm and represent the areas to be explored in more detail in the focus groups and interviews.

*Figure 33 Matched statement with neither agree or disagree score*

Number	Category	Statement
8	Benefit	Financial harm and evidence of neglect are closely linked
35	Benefit	Adults whose basic needs are not met could be the victims of financial harm

Both statements were from the benefit to the adult category, but the participants could not decide one way or the other if neglect or unmet basic needs were indicators of financial harm, suggesting the participants require further information to make a determination. Both statements relate to the evidence within the literature review that financial harm can reduce the adult's ability to pay for food, shelter and heat, which suggests there may be some imbalance in what they are paying for and what they are receiving. For this area to score neutrally, the participants are unable to decide about financial harm based on this statement alone, and an exploration of this area would provide further information about the additional factors taken into consideration.

*Figure 34. Matched statements with a neither agree or disagree score.*

Number	Category	Statement
13	Benefit	Failure to have care plans that identify action if an adult is unable to continue to fund a placement/service leaves the adult open to harm
31	Service	Failure to give an adult in care information about their funding package is a form of financial harm

Statements 13 and 31 are directly related the current situation across the public sector with regards to reduced funding and limited period funding. There have already been cuts to services and higher eligibility criteria applied to adults seeking new services. Whilst there was no evidence within the literature of limited funding

being linked to financial harm, the statements were introduced to ascertain the participant's understanding of the concept of financial harm from both a service provision perspective and whether the adult would be disadvantaged. The neutral scoring of these statements indicated there were more factors to be considered in deciding if funding services could be considered as financial harm.

*Figure 35. Matched statements with a central score.*

Number	Category	Statement
4	Relationship	Professional standards protect adults from financial harm
12	Relationship	Adults have more protection from services than from individual care arrangements

Statements 4 and 12 were related to the overall protection from services rather than individual practitioners, and the placement of both statements in the scoring scale suggested the practitioners did not consider services or standards to be a clear protective factor.

*Figure 36. Matched statements with a central score.*

Number	Category	Statement
46	Relationship	Where the adult has a 'good faith' relationship, it can be detrimental to allow the relationship to change to one where the friend makes decisions in the adult's best interest
5	Family	The self- appointment of family members as carers is a factor in financial harm

Both of the above statements are linked to the change that can occur between friends to one where one of the friends is making decisions for the other adult. It also relates to the variation of power that can occur in friendships shifting away from the original basis of equality. Again, the neutral scoring indicated there are further factors to explore within the dynamic of roles within relationships and families.

### 6.1.3.4 Summary of themed categories

A further analysis of the data focused on the statement scores in relation to the 8 categories.

Figure 37. Themed categories.

Categories	Matched and agreed/disagreed	Matched with different scores	Matched, central score
Cost and benefit to the adult	1	3	2
Characteristic of the victim	3	3	0
Risk in the community	3	3	0
Risk within families	3	2	1
Common myth	3	3	0
Influence used	1	5	0
Relationship between the adult and the perpetrator	0	3	3
Risk within service provision*	3	1	1

\* 5 statements in this category

The division of matched statements between same scored areas and different scored areas across the categories were considered. In 5 of the categories *cost and benefit to the adult*, *characteristics of the adult*, *risk in the community*, and *relationships* there was an equal number of same score and different scored statements. In both *risk within families* and *risk within service provision* there was a higher number of same scored statements than differently scored, but the category of *influence used* had a higher number of differently scored statements. There was a total of 16 matched agreed or disagreed statements and 8 statements which scored in the central group that were matched with their counterpart statement. There was 22 matched and differently scored statements. The matched central scored statements were of particular interest as it indicated the participants did not strongly agree or disagree with either statement which suggests they are areas for further consideration. The information gathered from the differently scored statements was

used to clarify the difference between the matched statements to identify further areas for exploration.

#### 6.1.4 Summary of part one findings

From the themed categories detailed in 6.1.3., the same score group and matched areas related to all categories except *relationship between victim and perpetrator*.

The factors extracted from the themed categories included:

- Characteristic of victim – the need for friendships and isolation, susceptibility to grooming, and low self worth.
- Nature of influence – Isolation.
- Risk in the community – Grooming, emotional manipulation, and charging policies.
- Risk within services – Borrowing or purchasing from service users, adults giving gifts or money to staff and charging policies.
- Risk within families – using the adults income for the benefit of the family.
- Cost v Benefit – changing wills to meet support costs
- Common myths – Ability for financial harm to occur within friendships, wealth and faith failing to provide protection.

The matched statements with central scores related to 4 themed categories which require further exploration:

- Cost v Benefit – the links between financial harm and neglect and unmet basic needs, and the links between long term care planning.
- Risk within services – consideration of financial harm in relation to long term funding
- Relationships between victim and perpetrator – whether professional standards and service offer more protection than individual arrangements in care, and
- Risk within families – the self appointment of family members as carers

There were 11 pairs of differently scored matched statements, from which the central scored areas included:

- Relationships - the instigation of friendships and gift giving.
- Characteristics of the victim – the difficulty in identifying harm due to power dynamics.
- Risk in the community – the adult’s choice to spend.
- Nature of influence – whether greater reliance on assistance creates greater risk, the application of control in financial harm and whether formal measures such as power of attorney can prevent harm
- Common myth – if failure to recognise harm is linked to society’s view of ageing and disability, and if disability creates higher risk.
- Risk within families – family support as a protective factor, and whether families should limit the adult’s spending

The matched centrally scored statements suggest there is further factors to consider for the participants to have not scored them as either fully agreed or disagreed. Similarly, as the matched statements with different scores were based on differing perspectives of the same issue, again it would suggest there are further factors to be considered. Therefore, the 2<sup>nd</sup> part of the research, an exploration of meaning in the scoring of the statements required the vignettes to be constructed around the following areas:

- The cost and benefit to the adult
  - A. The ability of the adult and choices about how they spend their money and gift giving, and links between financial harm and neglect and the role of long term care planning.
- Relationship between the adult and the perpetrator
  - B. The nature of the adult’s relationships and changes within friendships, areas of influence and control within relationships, and the potential for grooming.
  - C. The power dynamic that may occur in financial harm

- Risk
  - D. The support required and factors impacting on family support and the adult's self-determination regarding spending.
  - E. Exploitative factors related to charging service users and long term funding.
- Other considerations
  - F. Recognition of harm, and power dynamics.
  - G. Understanding of neglect and unmet need
  - H. The wider perspective in relation to the level of protection afforded by legal measures, care plans and care and professional standards.

## 6.2 Part two – findings from the vignettes

Vignettes 1 to 4 provided an unfolding story which introduced new information in each vignette. Vignette 5 looked at the wider issue of funding support to consider the nature of financial harm from an organisational perspective.

From the initial research there were 8 key themes identified, from which the vignettes were developed. This section identifies the findings within each key theme and the sub categories identified in the analysis of the focus groups and interviews. Each comment relates to a view expressed in more than one interview or focus group unless specifically stated that it relates to a particular participant or occupational group. There are three further sections that identify other decision-making influences, and references to the practitioner's use of memory when discussing the vignettes. The final section of findings relates to vignette 5 as it considered the service delivery in relation to financial harm, it did not readily sit within the other themed findings. Throughout the vignettes, the practitioners made reference to risk, which appeared to underpin the judgements they made in relation to the factors they considered relevant.

The themes identified within the following sections continue to follow the four themes identified by Wilbur and Reynolds (1997), continuing on to four additional themes identified within the responses relating to legislation and guidance, solution focussed

approach, proportionality and other decision-making influences. The themes are presented here in order of the sub categories identified in figure 8.

## 6.2.1 Theme one – Relationship between the victim and perpetrator

This section considered all the responses in relation to the relationship between Jack as the possible victim of financial harm and the potential perpetrator, Dave. This included issues regarding power dynamics, the dynamics between Jack and his family, friend and carers. It also covers manipulation and Jack's view.

### 6.2.1.1 Motive of the allegation

In the initial vignette, some of the observations focussed on the reason the cousin's made the allegation

*“what are the cousin's motives for saying it's financial harm”* (group 3)

and they questioned whether there were other reasons for the allegation

*“cousin might feel differently.... have a hidden agenda”* (interview 1)

*“cousin could be causing mischief”* (group 3)

*“sounds woolly re Dave's motives”* (interview 2).

### 6.2.1.2 Quality of the relationship

Similarly, with little information given in the first vignette, the focus of discussions mostly related to how the relationship between Dave and Jack began, and Dave's motive.

*“It's not just the length of the friendship but how the friendship was built”* (group 2).

The participants were concerned about the quality of the relationship between Jack and Dave and wanted to know more about how this had become established.

*“If it said they'd just become friends and Dave struck up the friendship it would be suspicious”* (group 2)

*“Had he just turned up or was he a long-term friend?”* (interview 3)

but also questioned what had prompted Dave to take this action

*“why has this suddenly happened”* (interview 4).

This continued in the second vignette

*“need to know a lot about the background, where this going out came from and how it started”* (group 2).

In the final vignette, the participants returned to discussing Dave’s motive,

*“has he always helped or just arrived”* (group 4),

or more specifically

*“what’s Dave getting out of this”* (group 4).

### 6.2.1.3 Influence and power

The link between motive and power was also discussed

*“Dave does have power from the start he was using a system that Jack couldn’t use.*

*Why would you set up an account that Jack couldn’t access? Motive, you wouldn’t do that if you had their best interest”* (group 3)

It was identified from the first vignette the participants considered there was a level of influence and control

*“an insinuation that Dave is exerting an influence”* (group 4).

This continued with the second vignette

*“Is he being manipulated through an element of control”* (group 2)

and questioned an imbalance

*“why would Dave set up a system that Jack couldn’t use? That would make me suspicious”* (group 3).

This continued in the third vignette

*“some form of imbalance in the relationship”* (interview 3).

With the 4<sup>th</sup> vignette, the participants clearly indicated they considered there to be a power imbalance

*“lack of control, more areas of life are being directed by Dave”* (group 1),  
*“power re bank, food, influence re charity and physically present”* (interview 1).

#### 6.2.1.4 Recognition of harm

The participants also demonstrated practice knowledge in relation to financial harm throughout the vignettes. From the first vignette knowledge of the indicators of financial harm were evident

*“people who are close to you would have more opportunity...less likely to be reported”* (group 3).

Within vignette two, the practice knowledge continued to be evident

*“balance of relationships (are) reciprocal”* (group 2)

and knowledge of wider issues related to power and control were discussed

*“consider if this is grooming”* (group 2)

along with a more detailed knowledge of how financial harm can be committed,  
*(Dave) “has access to online banking, has knowledge of his password, has general access to his account. Internet banking allows for remote access so others with password could access the account when not with Jack”* (Group 1)

The third vignette raised discussion around the formal processes of identifying harm

*“indicators of harm are strong, coercive control”* (group 3)

and wider knowledge on the subject

*“Stats, research suggest when a person is in control it is more likely that abuse can happen, less opportunity for detection”* (group 1)

With the final vignette there was a continuation of practice knowledge specific to power within relationships

*“were the meals out a form of grooming?”* (group 1)

*(was he) “deliberately targeted?”* (group 3).

It was noticeable the participants were looking for evidence of harm from the first vignette, which started with general questions about how the friendship had become established, moving toward trying to find specific evidence in the second vignette *“as long as there is evidence of the cleaner and gardener are carrying out their work”* (group 2).

Within the third vignette, the search for evidence changed to bringing the evidence together

*“building up a personality of...overbearing personality rather than looking after the best interest of the adult”* (group 4)

and from the fourth vignette

*“he’s helping with his mail and has access to personal information. Financial information and present when the nurse visits, health information, getting to the centre of Jack’s world, doing practical tasks and becoming more powerful”*

(interview 2)

### 6.2.2 Theme two – Cost v benefit

The participants discussed balance between the cost to Jack and the benefit of the transactions to him, and identified key considerations of exploitation, undue pressure, types of harm, the nature of consent and who benefitted from the transaction.

### 6.2.2.1 Exploitation

The participants initially considered the potential for exploitation

*“Dave using his contacts, to introduce to Jack’s life, potentially there is a means to an end for him if his wife was a cleaner, his family income may benefit”* (interview 2).

Similarly, they considered the use of an internet bank could also be exploitative

*“He’s more at risk with internet banking, (Jack) can get bank statements, but is Jack seeing them? If Dave has bank account details he could be taking more money than Jack is aware of”* (Group 2).

In the second vignette, there continued to be questions about the potential for exploitation

*“Is Jack covering the meal out and not just covering his own costs?”* (interview 2).

This continued into the 3<sup>rd</sup> vignette with the suggestion that

*“It’s still exploitation, insidious small amount”* (group 3)

indicating exploitation relates to the intent rather than the cost. There was also a focus on the harmful nature of exploitation

*“if Dave is doing the shopping and there is no food in the house, is Dave getting the money to buy the food”* (interview 3).

At first glance the participant’s comment may suggest that Dave did not have sufficient monies to purchase the groceries, but the participant was asking if Dave was using the shopping money for other things that would not benefit Jack.

In the final vignette, the participants continued to question whether it was exploitation

*“who suggested the meals and how longstanding was the relationship”* (group 1)

### 6.2.2.2 Undue pressure

Whilst not directly referring to undue pressure, this theme began with

*“how open is the arrangement?”* (group 2)

which moved to more specific consideration of grooming in the 2nd vignette

*“if it was a coffee and a biscuit I would think differently, if the cost of the meal was higher, consider it was grooming”* (group 2).

In the 3<sup>rd</sup> vignette this continued to be a theme

*“but he could be unduly influenced”* (group 3)

and continued into the 4<sup>th</sup> vignette

*“if he’s making himself indispensable to Jack it might limit Jack’s ability to question what he is doing or ask him to stop”* (interview 2).

### 6.2.2.3 Types of harm

With regards to the types of harm, the participants focussed on the general nature of harm

*“might not have needed a cleaner...creating a dependency”* (interview 2)

but moved to consideration of potential financial harm in the 2<sup>nd</sup> vignette

*“man can’t afford to maintain an established arrangement once a week”* (group 3)

and

*“wasn’t able to feed himself, heat his home and pay his fuel bills because he is spending money on charities”* (interview 3)

By the 3<sup>rd</sup> vignette, the focus moved from financial harm to neglect

*“freezing, neighbour worried, hungry”* (interview 4)

and continued into the 4<sup>th</sup> vignette

*“does Jack need help with things that Dave is now doing?”* (group 2)

Observing the shift from financial harm to the consequences of financial harm, i.e. potential neglect, the participants acknowledged

*“this neglect is flowing from financial harm.... consequences of neglect are more immediate than financial harm”* (group 3)

and suggested there was

*“an informal hierarchy of harm in our heads, and this harm (neglect) is more serious”*  
(group 3).

#### 6.2.2.4 Consent

The area of consent broadly mirrored the findings in relation to seeking Jack’s view, but the discourse also considered his ability to give or withhold consent. Consent also interlinked with the level of control being applied

*“as long as he is making a choice...the choice hasn’t been withdrawn via technology”*  
(group 2).

The 2<sup>nd</sup> vignette continued to explore his ability to consent in a meaningful way

*“does he understand the impact of running low of money?”* (interview 1)

and continued into the 3<sup>rd</sup> vignette

*“Is he not getting the opportunity to consider what to buy?”* (group 2).

#### 6.2.2.5 Who benefits?

The final area of this category related to the balance of who benefits from the transaction. This was considered from the 1<sup>st</sup> vignette

*“do the benefits outweigh the abuse?”* (group 1)

which continued through the vignettes. In vignette 2 the participants questioned

*“if he is not in a position to pay, what is he sacrificing?”* (group 2),

and reflected on the normal patterns of reciprocity with friendships

*“what is the trade-off for the meals?”* (group 1)

They continued to reflect this position in the 3<sup>rd</sup> vignette

*“somebody is getting something out of the friendship?”* (group 3)

*“never 100% sure what they are doing with the money and who is benefitting”*

(interview 3)

### 6.2.3 Theme three – Characteristics of the victim

The discussion around the characteristics of the adult who may be a victim of financial harm brought together several factors which were considered in relation to the adult’s characteristics, and included capacity, vulnerability, the level of support required, risks to the adult and his ability to afford the transaction.

#### 6.2.3.1 Capacity

When discussing Jack’s capacity, the participants were initially concerned whether Jack understood what was happening to him

*“does he understand everything, what the implications of this arrangement mean?”*

*Does he understand the nature of the contract with internet banking?”* (group 1)

*“is he fully informed re his options?”* (interview 4)

*“is Jack capable of monitoring?”* (interview 3)

Jack’s understanding continued to be discussed throughout the vignettes, in vignette two

*“if he has the capacity to say that”* (interview 3)

In vignette 3

*“is he aware and can make informed decisions?”* (interview 3)

In the 4<sup>th</sup> vignette

*“Is his judgement impaired?”* (group 2)

Throughout the 4 vignettes the participants expressed a desire to seek supporting evidence about Jack’s abilities

*“the GP’s view about capacity”* (group 2)

In the second vignette, the participants also wanted evidence on any changes in Jack’s capacity

*“why is it being considered now, what has changed, is it a change in his abilities?”*

(group 3)

*“want to know about capacity, how long ago was he assessed and capacity for what?”* (group 2)

There was also an acceptance of an assumption that Jack had got capacity as it had not been ruled out

*“if Jack has capacity and it’s his own money he can decide to do what he likes”*

(interview 3)

*“but Jack has got capacity”* (group 3)

The participants search for evidence continued into the 3<sup>rd</sup> vignette

*“receipts, evidence, goods in cupboard or is Jack lacking capacity, is Jack forgetting to put the light on”* (interview 4)

The assumption of capacity also continued in the 4<sup>th</sup> vignette

*“could be doing whatever he wants with supposedly Jack’s permission, as he’s got capacity”* (interview 2)

*“where they have capacity there is an expectation he can make decision regarding what is the best thing”* (interview 3)

However, a new issue was raised in the 4<sup>th</sup> vignette regarding the way a person’s capacity is linked to the decision-making process of an adult at risk of harm

*“can appear that people use the capacity decision, (the adult can) have capacity and rule out (adult protection) and not make any further inquiries”* (interview 3)

### 6.2.3.2 Vulnerability

There were wide ranging factors raised when discussing vulnerability in relation to financial harm, which were considered alongside Jack's ability and evidence of vulnerability.

*"awareness of making assumptions about Jack re his fitness/ability to direct appropriately"* (group 1)

*"vulnerability is difficult to determine if they have capacity"* (group 3)

*"vulnerable adults are easily led, influenced"* (group 2).

They also discussed the factors relating to how the adult could be harmed through their inability

*"long term (harm) may gradually happen, sudden intent to defraud (interview 4)*

*"security, intrusive control"* (group 2)

This theme continued into the 2<sup>nd</sup> vignette

*"it's about the influence"* (group 4)

*"he's reliant on Dave taking him out, is he being coerced? Is he being made more vulnerable?"* (group 2)

Also introduced in the 2<sup>nd</sup> vignette was a statement suggesting Jack was assumed to be too vulnerable to give his account

*"the more compelling view is from the Power of Attorney who is able to be more rational compared to the service user"* (group 4).

Within the following vignettes the participants returned to the reasons that Jack may be vulnerable

*(he's) "clearly worried about heating and not using electricity, beginning to sound like Jack is vulnerable"* (interview 2)

*"he's around a lot and seems if Jack is more dependent on him"* (interview 2)

*"Jack is becoming isolated"* (group 2)

Again, there was also an acknowledgement of potential change

*(if) “this is new behaviour it would suggest he is struggling to make ends meet, and would want to know the reason” (group 2)*

and the behaviour of the alleged perpetrator

*(Dave could) “remove bank statements, cover up financial abuse” (group 2).*

### 6.2.3.3 Level of support required

While considering the support Jack required the participants placed an emphasis on Jack’s abilities and the responses indicated they were looking for evidence of his ability

*“if the house is clean and Jack isn’t cleaning it’s a reasonable expense” (group 2)*

and evidence of change

*“if he had lived in chaos for a long time it is not as important than if there had been a change” (interview 3)*

However, by the 4<sup>th</sup> vignette the responses indicated there was mixed feelings about the motive of the alleged perpetrator from potentially harmful behaviour

*“no opportunity to speak out, not seen alone” (group 1)*

to acknowledging there may be other explanations for the financial transactions

*“change of relationship from being positive, a social outlet and now a carer” (group 1)*

*“long term friends it would help explain why...their justification for it” (group 4)*

### 6.2.3.4 Risk to adult

When considering the risk to the adult due to his characteristics, the participants discussed why he was at risk

*“who has access to his online banking, who has knowledge of his password”*

*(group 1)*

*“if (the charity) is not legitimate, he’s likely to be bombarded and at further risk”*  
(group 2).

By the later vignettes the participants returned to consideration of risk

*“can’t afford now, but purpose of internet banking was for bill payment”* (group 1)

### 6.2.3.5 Ability to afford

The discussions about Jack’s ability to afford had a clear link with the cost v benefit of the transaction, and a primary factor identified was Jack’s ability to afford the charity payments

*“is it extravagant”* (interview 4)

*“is everyone getting something out of the friendship”* (group 3)

*“if he has enough money to meet his needs”* (interview 3).

Consideration was also given the personal wealth of the adult, which appeared to be a factor in regard to making a decision about financial harm suggesting that it may not be financial harm if the adult can afford to pay without further impact.

*“person who has vast resources and getting a social occasion out of it is very different from giving all the resources and getting very little”* (group 3)

*“if he is a millionaire the amount might change the impact”* (interview 1)

## 6.2.4 Theme four – Nature of influence

One of the identified features of financial harm is the level of influence that is applied to an adult to achieve financial benefit. This relates to the level of trust between the two parties, issues of control, and the intent to financially harm.

### 6.2.4.1 Level of trust

Initially the participants balanced the evidence available against the gaps in information to consider whether there was an appropriate level of trust within the financial transactions

*“there should be evidence of cleaning or gardening”* (group 2)

The participants returned to discussing trust in the later vignettes

*“it might be a close relationship with the cousin, but the friendship with Dave may be closer”* (interview 3)

*“may have a reciprocal arrangement that nobody knows about”* (interview 2)

*“ordinarily no one would help someone out of the blue”* (group 4)

They demonstrated awareness of relationship dynamics

*“no such thing as an equal friendship, always a slight imbalance between friends”*  
(group 3)

but continued to look for evidence to support the allegation of financial harm

*“they’ve been friends a long time, what’s changed”* (group 2)

In the final vignette they moved to more generic protection issues, such as the difficulties of limited information regarding influence

*“frustrating for us.... if the adult believes they are their friend and being instructed”*  
(group 3).

#### 6.2.4.2 Issue of control

The participants discussed power and control throughout the vignettes, initially they identified evidence of potential control.

*“if the account was in Dave’s name he has complete control”* (group 2)

They continued to consider control in subsequent vignettes

*“Jack is still in control of it (the password)”* (interview 3)

*“Dave gets control of decision making re finances”* (interview 2)

However, this was balanced

*“as long as he knows...no ulterior motive”* (interview 2)

which continued into the later vignettes

*“is he happy for Dave to be involved? Is it helpful for him, or is it something he’s been pressured into?”* (interview 3)

*“Is he clear on decision being made or defrauded?”* (group 3).

The participants also reflected on the nature of influence in relation to financial harm, stating

*“coercion and influence are linked but also separate issues, one is a criminal route and one a protection route”* (group 4).

#### 6.2.4.3 Intent

The groups considered the potential influence from both Jack’s cousin and Dave. Regarding the cousin they initially debated the purpose of his contact

*“could be malicious”* (group 3)

They used their knowledge of other financial harm situations to apply to the vignettes

*“family spending money but person doesn’t seem to be bothered”* (group 3)

*“family telling you it’s terrible, but person is saying it is not an issue for them”*  
(group 3)

#### 6.2.5 Theme five – Legislation and guidance

From the participant’s responses there were a number of discussions around ASPA in particular factors relating to the 3-point criteria. There were also some wide-ranging comments linked to guidance and operational processes, including the use of power of attorney.

Some responses indicated that participants were considering the 3-point criteria at this stage and were seeking evidence of harm and Jack’s ability to safeguard himself. Those who were looking at this area were seeking further evidence of risk. There were contrasting views about the application of the 3-point criteria and the order in which they considered each of the 3 points. Some participants considered whether an adult was at risk of harm in the same order the 3 points appear in ASPA.

Others believed that the ability to safeguard oneself is the first consideration, whereas some felt the characteristic of vulnerability would be their first contemplation.

*“easier to establish more vulnerable than safeguarding”* (group 1)

*“The 3-point test (I would) look at the characteristic”* (Group 1)

*“Characteristic of vulnerability would be the 1<sup>st</sup> consideration”* (Group 3)

although there was also an acknowledgment that although the 3-point criteria had to be considered in full, there was a process to deciding which of the 3 points to work with first

*“3 points appear as in an order of merit – if you have a list you have to start somewhere but apply together (and) appear to give you an order. i.e. safeguarding is the first consideration”* (Group 3)

Following the 2<sup>nd</sup> vignette the view was more focussed towards the evidence

*“Safeguarding, if he is not looking after himself because he is giving it all away, is that the best way for him and are there other issues”* (Interview 3)

Some felt that it was easier to establish the 3<sup>rd</sup> criteria of the characteristic being more ‘vulnerable’ than if they were unable to safeguard themselves

*“Is he more vulnerable than others”* (group 1)

*“Jack potentially in a more vulnerable position”* (interview 2)

Whereas others felt of primary importance was

*“establishing harm”* (group 3)

However, there was general agreement the order of consideration would be determined by the presenting information and the 3-point criteria would be considered in relation to the pertinence of each situation. In the subsequent vignettes the participants no longer focussed on which of the 3-point criteria they would start with.

Similarly, in the first vignette the participants were actively seeking evidence of harm.

*“Would start with evidence of harm, would look to see how they would meet the 3-point criteria” (Group 3)*

*“The evidence determines the response” (Group 4)*

*“need evidence not opinion, can only go on evidence” (Group 3)*

There were also indications that the participants were looking for particular types of evidence

*“Look at Dave, does he have a criminal history, do we know him to be a fit and proper person to look after Jack/Jack’s money?” (Group 4)*

However, with the introduction of further information in the later vignettes, the participants did not discuss seeking evidence further, potentially as subsequent vignettes gave them further evidence.

There was an awareness of the principle of ASPA where intervention should be the least restrictive to the adults freedom s1(b) (Scottish Government 2014) which was considered alongside the limited factual information being presented

*“least restrictive option” (group 3)*

The participants also demonstrated an awareness of the need to use evidence and avoid assumptions

*“evidence not opinion, can only go on evidence” (group 3).*

#### 6.2.5.1 The views of the adult

Although seeking the adult’s view is a principle of ASPA (s2(b)) it is not in the early stages of recognition or reporting harm. However, the participants gave immediate consideration to Jack’s views on the situation

*“Jack’s thoughts, if it’s his choice” (interview 1)*

*“what are Jack’s views” (group 2)*

*“is he fully involved and in agreement?” (Interview 3),*

*“can Jack refuse if he wants to?” (group 3).*

Throughout the vignettes the participants continued to consider the adult's view. In vignette 2

*"would have to speak to Jack"* (group 3)

*"need to speak to Jack, if he has capacity then he has choice"* (interview 2)

*"not giving his view, opinions"* (group 2).

The practitioners also reflected on the principle within the act of seeking the adult's views and the process and commented on the process of adult protection within their services. Several of the practitioners commented on the process which does not seek to establish the adult's views at an early stage

*"Jack's views, unable to ascertain his views during an AP inquiry"* (group 1)

*"hands tied with not being able to speak to Jack"* (group 3)

This theme continued in vignette 2

*"it's restrictive, it demands a particular protocol rather than a common-sense approach"* (group 3)

suggesting that they would prefer to seek Jack's views at an early point in the process

*"why not involve him"* (group 3)

The practitioners compared the differences in processes between service users and professionals

*"if it came from a professional you would go and see them"* (group 3)

and referred to the principles of ASPA

*(it is a) "person centred approach in the Act and the person is supposed to be at the centre"* (group 3).

Seeking the view of the adult was continued in the 4<sup>th</sup> vignette

*"we would want to speak to Jack"* (group 4)

*"I think you are missing a trick; you're doing a lot of work without hearing what the individual is saying about it"* (interview 2)

There was also the ethical consideration of making inquiries without speaking to the adult

*“Doing to someone rather than doing it with them”* (interview 2)

Similarly, there continued to be a desire to put the adult in the centre with a

*“victim centred approach”* (group 4).

#### 6.2.5.2 Power of attorney (POA)

Power of attorney was introduced in vignette 2. It is a way of Jack giving permission for someone to take on decision making for him when he no longer has capacity to make those decisions himself, and as such Jack makes an application via the Office of the Public Guardian (OPG) (Scottish Government 2012). In some cases, there was a lack of understanding that Dave could not apply for the POA and would have to be appointed by Jack

*“friend applying for power of attorney, not a bad thing”* (Interview 2)

others hinted that power of attorney normally being appointed to family members, not friends

*“why is Dave applying for POA when he has family”* (group 2)

*“odd for Dave to apply for POA”* (interview 1)

There was also awareness that Jack could be manipulated

*“family influence, being conned or scammed”* (group 2)

While there was an acknowledgement that POA could be a protective factor

*“could be a protective thing, Dave might be the best person in his life”* (group 4)

*“public perception of POA is protective”* (Interview 3)

The practitioners commented on whether the Office of the Public Guardian (OPG) who grant POA could also be a protective factor

*“OPG can investigate”* (group 2)

*“in some cases, POAs have financially abused and OPG can investigate if thought to financial harm”* (group 3)

However, there were a number of comments related to the protective limitations of POA

*“difficult to prove it is abuse of POA”* (group 4)

*“oversight of OPG is helpful but limited, they don’t audit accounts”* (group 1)

*“no control over where the money is going even if it is restricted access”*

(interview 4).

## 6.2.6 Solution focussed approach

From the initial research data, there were indications of participants being orientated towards a solution focussed or practical approach, and data from the vignettes was gathered within this theme.

Initially some practitioners jumped straight to problem solving and suggested a few practical solutions rather than a consideration of the adult being at risk of harm. Their focus was around the impractical nature of having a banking system that Jack could not access himself, and suggested a more accessible banking process would result in Jack no longer being at risk of harm

*“Other banking methods, telephone banking”* (interview 4)

*“why internet banking and not direct debits or standing orders”* (interview 4).

Other professionals considered ways to remove the risk

*“remove the perpetrator and the risk is removed.... probably the greater solution is to remove the perpetrator. Can’t really do much else to protect the person as the traditional things we do to protect people we can’t do here”* (group 4)

Whilst these observations continued through the vignettes

*“Did Jack ask him to set up the cleaner and gardener, were other sources of support looked at”* (interview 3)

With the new information introduced in vignette 3 the focus changed for some participants who wanted to identify more factual information

*“Information from the neighbour, how often is he going shopping? How does she (the neighbour) know that he’s doing the shopping? Why do they think he’s ravenous? Her perception is needed”* (interview 2).

There was also a move away from the consideration of protection to a wider risk management approach

*“Jack needs an assessment, an assessment of him being at risk of financial harm, risk of neglect and his financial needs”* (interview 2)

The 3<sup>rd</sup> vignette included information about his financial needs, which led the participants to consider his wider care needs, again seeking a practical solution

*“why internet banking and not internet shopping”* (group 2)

Following the fourth vignette, the participants also returned to expressing practical solutions focussed on the latest information such as the availability of food

*“Are cupboards full of good food”* (Interview 4)

Throughout the vignettes the participants commented on the inappropriateness of the internet banking

*“Using a system Jack couldn’t use”* (Group 3).

However, there was an acknowledgement that a solution focus approach was not always realistic

*(advised by other services’) “solution, you need to move him, it’s not possible he doesn’t want to move, looking for a quick solution”* (interview 3)

### 6.2.7 Theme seven - Proportionality

In the 1<sup>st</sup> vignette the participants responded directly to Jack’s situation demonstrating the need for balance when considering the information

*“It’s an IT friend, could be focussing on support needs, could be a carer and (Jack) needs a carer”* (group 3)

*“at first glance it looks supportive”* (interview 4).

The participants were also concerned that taking action may have an impact on the relationship

*“need to be careful about jeopardising the relationship”* (group 3)  
*(need to) “tease out” (the information)* (interview 3)

They considered the balance of the relationship and started to identify areas they would want more information about

*“although if Dave was picking him up in his car it could be quid pro quo”* (group 2).

Some participants returned to balancing the information they had with potential explanations at the end of the vignettes

*“maybe Dave and Jack are a couple, would expect he would be around a lot”*  
 (interview 2).

They also questioned the information given to them in the first few vignettes

*“it could be a legitimate charity”* (interview 3),  
*“is he genuinely there to help?”* (group 4)

In the 3<sup>rd</sup> vignette

*“limitations of the evidence, the neighbour is not there all the time”* (interview 1)

The practitioners also discussed how support could assist Jack to remain at home

*“if it’s allowing him ....to stay in the community, no issue”* (group 2)

As the vignettes progressed, they took a wider view of how people are supported at home and discussed the current practice of helping adults to remain in the community for as long as possible

*“there was a power imbalance but an integral part to the adult living in the community”* (group 3)

*“how is it different to SDS (Self Directed Support) ... (with) SDS the person is the employer and it’s not really their money either”* (group 3)

## 6.2.8 Other decision-making influences

From the responses, 3 other themes emerged: Reference to theory; practice knowledge and ethics

### 6.2.8.1 Theoretical knowledge

While discussion of theoretical knowledge was limited it was a factor influencing decisions. When asked why neglect appeared to be more harmful than financial harm, the response

*“Maslow’s hierarchy, more serious consequences, flows from lesser harms”*  
(group 3).

Some of the discussions, highlighted theoretical knowledge rather than explicit mention of theory, such as

*“using interpersonal skills”* (interview 2)  
*“person centred approach”* (group 3).

Although not strictly theoretical knowledge, there was evidence of learned knowledge which evidenced a wider awareness of financial harm. There were references to

*“scamming lists”* (group 2)  
*“suckers list”* (group 3)  
*“refer to Jessica (Think Jessica Campaign)”* (group 2)

The participants used examples referencing their knowledge of financial harm

*“can be helpers and abusers”* (interview 4)  
*“...setting up bank account or withdrawing large sums of money, or the person being escorted are signs of harm”* (group 2)  
*“probably due to needing a reward for caring or power issues due to past misdemeanours”* (group 4).

Also, there was evidence of learned knowledge that was transferable to financial harm

*“drawing on domestic abuse knowledge, isolation, not shopping and rejecting family”  
(group 2).*

### 6.2.8.2 Practice knowledge

The participants were able to evidence knowledge of the process and relate their practice knowledge to the vignettes

*“formal (process) means that we have the right to speak to GPs etc, see the man....  
set questions, not obliged to answer” (group 3)*

*“process is for a lot of ground work to be done before making a decision, decisions  
are being made without seeing the person.... a basic social work skill, what that  
person is saying about their situation” (interview 2).*

The participants used knowledge of legislation to outline the direction of their comments

*“assume there is a reasonable income to require power of attorney, must have  
money or assets...no need for power of attorney if on a basic pension” (group 2)*

There were also indicators of knowledge gained through observation or experience

*“as people become older, more infirm, health and personal decisions are different to  
those made when younger and fitter and healthy” (group 3),*

They were able to identify the different meanings of common terminology

*“it depends on how the scam is defined, straight forward fraudulent scheme, or is it a  
scam because he didn’t previously believe in it” (group 4)*

They also gave scenarios of harm to make their point which may have been drawn from practice situations

*“similar to situation of next-door neighbour doing the shopping and getting the club  
card points.... could be construed as financial harm” (group 3)*

*“get calls off the ward, so and so has been in and taking money off his mum”  
(group 3)*

### 6.2.8.3 Ethics and values

Many of the comments detailed in the proportionality section above related to ethical considerations, and there was a specific reference to social work values by group 3. On the whole, reference to ethics or values was implicit through the comments which highlighted their deliberations, such as

*“in terms of outcomes is it significantly different”* (group 3)

*“he might be quite happy the way his life is”* (interview 3).

There was a clear commitment to support Jack appropriately and the need to look at all the available information

*“at the end of the day if the neighbour has worries about Jack, it needs to be taken seriously”* (interview 3)

*“can over think, tend to look for the sinister or pitfalls”* (group 1)

There was also reference to behaviour within the vignettes that group 1 consider to be *“unethical”*.

There was also a level of frustration shown by some groups over the process of adult protection which indicated an ethical or value contradiction between the process and what they consider to be more appropriate method of practice.

*“hands tied”* (group 3)

*“formalised decision making takes over what you are trying to do”* (interview 2)

*“can be a frustration.... but what next we still have problems, issues”* (interview 3)

Professional ethics and values were also evident in some of the discussions, whilst not overtly stated; it was possible to identify common approaches within the occupational groups. For the police, many of their statements related to managing risk *“you remove the risk, it’s risk managed, risk is always a consideration”*. Whereas housing participants tended to be more solution focussed *“is Dave not prepared to pay (for the meal)?”, “direct debit or standing order would still come out of his account, but he’d be in control”*. With only one participant from health and trading standards it would be inappropriate to attribute particular ethical considerations to an

occupational group, but social work participants focussed much more on the detail of the process *“whether you feel confident and comfortable to use the powers you have.... the least restrictive principal would kick in”* and *“limited ability to safeguard”*.

There were also a number of discussions that evidenced the value of multi-agency working

*“need social work to take the lead and direct, to get other services involved”*

(interview 3)

*“would expect social work to take the lead and look at the wider situation”* (group 4),

*“district nurse information is important”* (group 1)

*“information re Dave, information from the police”* (interview 1)

### 6.2.9 References to examples from memory

The participants used a number of examples to illustrate their point during the interviews and groups regarding knowledge of financial harm:

*“Eviction case, 70-year-old man says his daughter isn’t paying the rent, daughter says she doesn’t have the money, need to involve other agencies. Would it make a difference if it was or wasn’t financial harm re action that housing would take?”*

(interview 3)

*“A lady befriended by a man from their church, she didn’t have a computer, but he had a laptop and took it to her home. She was paying for everything, hotels, food, to the value of £20,000”* (group 2)

*“Man with sight impairment was paying for a cleaner and no cleaning was being done, his house was a tip and dangerous. She wasn’t visiting for that long, going in but not doing anything”* (group 2)

The practitioners also referred to examples related to ethics and values:

*“2 adults in a care home, capacity a bit of an issue, having some form of sexual relationship. People are concerned about harm, but can see that they are both happy as Larry” (group 3)*

*“(I had) a similar situation to this but the person was doing their best” (group 3)*

*“My Granny lived on sandwiches because she couldn’t cook for herself” (group 2)*

### 6.2.10 Vignette 5, financial harm in a wider context

The structure of the 5<sup>th</sup> vignette was to explore a wider view about financial harm, moving from a specific focus of financial harm to an individual to one of consideration in an operational or strategic context. It has to be acknowledged that the discussions were more limited in regard to this vignette, partly related to time constraints, but also potentially due to fatigue. Participants had contributed fully to the first 4 vignettes, but the change of direction within the 5<sup>th</sup> vignette may have generated a fuller discussion if it had not been undertaken at the end of the other discussions.

Overall the participants did not think the lack of funding constituted financial harm, and there was a general feeling the

*“system cannot perpetrate financial harm” (group 3)*

The participants recognised the organisational difficulties of committing on going funding, and were aware of the review process

*“don’t know what further needs are and can’t commit facts and figures to future needs” (interview 1)*

*“don’t think so, review will be completed, it’s not the end of case forever”  
(interview 2)*

However, those in professional groups who are not directly involved in the planning and review process were much more evidence focussed

*“why doesn’t he know...why a year and how is it funded, why doesn’t he know what is happening after a year?” (group 2).*

They believed the lack of commitment to future funding could be harmful, but not financial harm

*“harmful but not financial harm”* (interview 1)

*“no – it’s emotional abuse”* (group 2)

*“form of harm is potentially emotionally”* (interview 3).

The lack of committed funding was also referred to as

*“institutional harm”* (group 3)

*“philosophically challenging”* (interview 1)

The participants commented on the lack of information and the impact for the adult

*“information harm”* (interview 1)

*need for “consistency of information”* (Interview 1)

*“poor communications with him”* (interview 2)

*“need to make the process explicit for individual”* (group 3)

*(Jack is) “entitled to know his right and the processes”* (group 2)

They agreed there should be information about future funding within the care plan but acknowledged the difficulties of doing so

*“clear about what you are doing, what your intentions are, and nobody can come back at you”* (group 3)

*“in an ideal world, yes there should be information about long term funding.*

*Realistically, you can not commit public funds indefinitely”* (group 1)

Again, they highlighted the need for effective communication

*“can provide reassurance that if the situation continues he will not be left”* (group 1)

*“does he understand his needs could change?”* (group 2).

When considering the provision of substantial funding to meet higher care needs, the participants had varied responses. Some did not believe the lack of funding to be financial harm.

*“specific needs not being met or planned for, which has placed him at risk”*  
(interview 2)

*“if the funds are reduced on purpose, yes it’s financial harm” (group 2)*  
*“financial harm in its broadest sense, it’s about perceptions. The end result is that he is placed at risk and (his) needs are not met then it’s harm and the reason for the risk is financial” (interview 2)*  
*“yes (it is financial harm) if there is a financial reason for him not to get the care he needs” (interview 3)*

The participants who believed the lack of commitment to continuous long-term funding was not financial harm, also thought it could be a different type of harm

*“not financial harm, (it is) customer service” (interview 4)*  
*“the local authority (are) contributing to institutional harm” (group 1)*  
*“psychological or emotional harm” (group 1).*

There was also a view that it was neither financial or any other type of harm

*“financial harm is to deceive or take money” (interview 4)*  
*“financial harm is directly related to the ownership of the funds if it is his money and he’s going to pay for the care (and is unable to do so) he is being financially harmed.*  
*If it is public money, it is not financial harm” (group 1)*

### 6.2.11 Review of findings

From the initial Q sort findings the themes identified which were incorporated into the vignettes for further discussion were as follows: -

- a. The ability of the adult and choices about how they spend their money and gift giving.
- b. The nature of the adult’s relationships and changes within friendships, areas of influence and control within relationships, and the potential for grooming.
- c. The power dynamic that may occur in financial harm.
- d. The support required and factors impacting on family support.
- e. Factors of exploitation related to charging service users.
- f. Recognition of harm
- g. Understanding of neglect and unmet need

- h. The wider perspective in relation to the level of protection afforded by legal measures, care plans and care standards.

The findings from the second part of the Q sort which had explored the areas identified from the initial Q sort, also identified the same key themes which are grouped together to reflect the wider discussion points from the focus groups and interviews. Themes a. to d. relate to the four areas originally identified by Wilbur and Reynolds (1997) in relation to considerations around financial harm. Throughout the 2<sup>nd</sup> part of the Q sort, areas related to risk and multi-agency working were discussed in relation to all of the themes identified above, in particular the impact of differing cultures, skills and knowledge, the group decision making process and barriers to multi-agency working. The legislation was also discussed over several themes, but particularly related to f. the recognition of harm, and philosophical and ethical considerations emerged as a key themes across the debates.

## 7 Discussion

As previously identified the determinations in both financial harm and adult protection are complex, and this study was carried out to examine the factors influencing decision making within these contexts, which required an exploration of the considerations made within the decision-making process. The design of the research was constructed to consider the influences that practitioners take into account when making a judgement about financial harm. To do so required consideration of those factors that made a financial harm determination simple and an exploration of those that contributed to a more complex decision.

Within chapter 4, rational choice (Gottschalk and Witkin 1991), bounded rationality (Taylor 2012), thorough analysis (Rutter and Brown 2015), heuristic (Gigerenzer and Gaissmaier 2011), and dual processing (Kahneman 2011), decision making processes were shown to be relevant to the judgements made by practitioners in determining financial harm. These processes take into account a variety of factors used in decision making. This discussion chapter will consider the factors the participants identified in their judgments in relation to the decision-making theory and discuss the journey the participants went through in their deliberations.

From the findings in chapter 6, the discussion will be based on the key themes and decision-making influences. The discussion chapter is laid out starting with the factors identified by participants in relation to the evidence detailed in ASPA from chapter 3, key theme five. This will be followed by a discussion about financial harm in relation to the literature review from chapter 4, taken from the four areas identified by Wilbur and Reynolds (1997), key themes one to four.

The discussion will also consider philosophical perspectives, ethics and values, risk, and multi-agency working which were drawn from key theme six, solution focussed approach and key theme seven, proportionality which were identified as other decision-making influences but also were interwoven in the key themes.

## 7.1 Factors relating to legislation

As outlined in chapter 2 knowledge of the ASPA is an important part of determining if an adult is at risk of harm. Whilst the introduction of ASPA provided a framework for multi-agency investigations (Mantell and Scragg 2011) this relates to a stage where a determination of harm has been made. The introduction of ASPA was more significant in the duty conferred on the Adult Protection Committees to ensure the workforce is suitably skilled (s42) which passes the responsibility for multi-agency training to the committee to deliver. Therefore, there is an expectation of the participants being aware of the legislation.

Legal literacy is described as having 3 areas: sound knowledge of the legislation, strong engagement in professional ethics and a respect for human rights (Braye and Preston-Shoot 2016), but the authors also comment that they need to have respect of the employing organisation procedures. This demonstrates the complexity of the decision, as already noted in 4.1. in relation to the tension that can result between professional ethics and prescribed procedure. Whilst the law does not solve practice dilemmas (MacKay and Notman 2017) lack of availability of guidance and legislation within teams (Braye, Preston-Shoot et al. 2007), limits the opportunities for practitioners to become knowledgeable about the law. Research also indicates that procedures took precedence rather than a focus on the legal framework (Braye, Preston-Shoot et al. 2007) and this perhaps stems from a lack of organisational commitment to adult protection legislation (Campbell and Chamberlin 2011).

The practitioners were aware of the 3-point criteria and the application of it to determine if an adult was at risk of harm. However, there was a lack of consensus in how the order of the criteria were considered. The participants considered which of the criteria were easier to establish as their starting point suggesting a system 1 (Kahneman 2011), response requiring little deliberation as all 3 points need to be considered within their judgement of an adult at risk of harm. Two of the criteria, the adult's ability to safeguard themselves and whether the adult is at risk of harm are specific to the incident of alleged harm, but the 3<sup>rd</sup> criterion of a characteristic that makes the adult more vulnerable than if they did not have that condition is potentially more straight forward to determine as it may be less specific to the incident. For

example, if the adult had considerable cognitive impairment, it is potentially more likely that characteristic would usually meet the 3<sup>rd</sup> criterion regardless of the specific incident. Therefore, having known factual information available would mean that less thought may be required in assessing overall risk of harm. It was also demonstrated that there was a hierarchy within the 3-point criteria for some of the participants, with reference to there being an 'order of merit' which could be related to the pattern seeking of recognition primed decisions (Klein 1999). Similarly, those who advised they would initially look for evidence of harm were responding in regard to procedural methodology, which evidences knowledge of procedures but also is a system 1 thought process as a quick deliberation, as the lack of evidence of harm would determine an adult would not meet the 3-point criteria.

The initial discussions about the criteria indicated the practitioners were knowledgeable about all 3 of the criteria, evidenced by their ability to rank or weight each one and select which they would apply first. This requires the participants to draw on established knowledge to make a selection and indicated an embedded knowledge. Although the 3-point criteria could be considered to be procedural as the requirements are established and the problem is defined (Rutter and Brown 2015), the combination of knowledge and judgement with understanding and intuition assist decision making in situations of ambiguity (Macklin and Whiteford 2012) which is a heuristic response.

It was notable that consideration of the 3-point criteria by participants only occurred within the 1<sup>st</sup> vignette, as subsequent vignettes focussed discussion on the presenting evidence. Therefore, one of the first factors in making a judgement about financial harm in an adult protection context is the application of the 3-point criteria, and in the absence of other information this indicates the practitioners may have been working through a checklist (Simon 1991) using cues to identify a pattern (Klein 1999), a heuristic response.

The multi-agency practitioners demonstrated variable understanding of the Adults with Incapacity legislation and its principles. Whilst it would not be expected for practitioners who did not have day to day involvement with the legislation to have a full understanding, the participants did consider patterns and identified what they

would consider to be normal and why the presenting information did not fit into their understanding of the pattern. Some of the participants considered it to be unusual for a non-family member to become a power of attorney, which indicated system 1 thinking (Kahneman 2011), as it rejects information that does not correspond with their pattern. However, in this situation the participants did not reject the information but questioned the suitability of the potential power of attorney. This may indicate a more analytical approach to the gathering of information in that it raised questions amongst the participants suggesting they recognised the information as significant. The initial Q sort statement 40, 'legal measures, such as power of attorney prevent deceptive financial harm' overall scored as neither agree or disagree, but there were a significant number who scored the statement as disagree. Some of the practitioners viewed power of attorney and the Office of the Public Guardian as protective elements, and in doing so the factor under consideration was related to risk and the avoidance of it, rather than considering the use of the legislation. Therefore, the identification of variance in their pattern would suggest their consideration was related to safeguarding the adult from further risk.

The legislation was a factor in the practitioner's deliberations, and whilst there was varying knowledge, or legal literacy, practitioners evidenced they weighed the evidence against the 3-point criteria. However, it is noted that this factor was an initial consideration when there was little other factual information but did not appear to be a factor once other evidence became available.

## 7.2 Factors relating to financial harm

### 7.2.1 Characteristics of the financially harmed adult

One of the criterion of ASPA relates to the characteristic that makes the adult more vulnerable than someone without that characteristic, on a specific occasion. Without detailed information relating to the abilities of the adult, it is difficult to determine if an adult meets this criterion and could be at risk of harm. Research indicates practitioners lack legal knowledge and the confidence to use legislation (Braye, Preston-Shoot et al. 2011), with some practitioners finding the use of the law

coercive and oppressive whereas others believe it is a tool to practice (Braye and Preston-Shoot 2016). Within this study, there was considerable discussion about the adult's ability to understand the transaction he was making, which had a focus of capacity and the legal measures in relation to capacity. The participants were initially considering the adult's knowledge of the decision he was making, which included questioning the adult's capacity to make informed choices. From the discussions this was a key factor in their deliberations, referencing the need for medical evidence or assessment, and balanced with the rights of the individual to make decisions. There was an understanding that an adult is deemed to have capacity if they have not been assessed otherwise, but an acknowledgement that a fast decision concluding that an adult has capacity may be used to prevent any further involvement in assessing harm. The quick decision is symptomatic of system 1 thinking, which involves a level of knowledge about particular principles. The participants referred to both the incapacity and adult protection legislation, and also noted the adult's choice to make poor decisions. This indicated there was a level of knowledge about the principles of the human rights legislation and a person centred approach, based on the principle of working with the adult to support self-determination (Davies 2012).

However, there was a clear understanding that an adult who does not have capacity will require a different approach in terms of the adult's characteristics. Selecting cues and applying them to retrieved memory, as is the case for knowledge about capacity, operates like a checklist where the decision maker has identified cues from previous experiences and uses memory to inform the action (Simon 1991). The participants recognised specific cues relevant to the presenting information, but the cues varied. For some participants there was a clear need for an evidence source, whereas others gave a more emotional response delineating the choice an adult has in spending their money where the participants had decided the adult did have capacity in the absence of evidence otherwise. The emotional response can influence the decision (Slovic and Slovic 2017) through a priming effect, which occurs through a stimulus influencing a response (Grill-Spector 2008). In this case the practitioners may be drawing on their own feelings of being financially restricted. Whatever the source of the stimulus, it has an impact on the judgement being made and therefore, is not an analytical process but more likely to be the result of quick-thinking system 1 (Kahneman 2011). However, the continued references to capacity throughout the

vignettes would suggest the participants were not fully convinced they had sufficient information to make a judgment about capacity, which relates to the analytical system 2 process.

The participants also questioned how the adult's circumstances had changed and viewed it as significant to their deliberations about financial harm. In the initial Q sort the participants scored overall agreement to statements that isolation (statement 18), the need for friendship (statement 17), impairment (statement 24) were all factors increasing the likelihood of financial harm. However, in this situation there was no prior knowledge of the adult provided, which would be similar to an unknown adult coming to the attention of services with a role in adult protection. Therefore, system 1 thinking provided a short cut to focus in on the type of change that had occurred based on the assumption that there were no concerns prior to this event. Whilst the assumptions may not always be accurate, the use of change as a key factor allowed the participants to consider the differences between prior behaviour and current behaviour. It was presented as an automatic response, through recognition of a pattern and orientated attention to the consideration of what was different to the pattern. In this respect it represented a simple mental action which is a process of system 1 thinking and was, therefore, cognitively easy. As system 1 works within a scale of intensity (Kahneman 2011), the participants demonstrated they were considering the immediate risk of the situation and the impact of such risk. The recognition of a pattern was based on the participants knowledge of financial harm, in particular the indicators of harm, with reference to changes in the adult's circumstances. However, the participants returned to themes throughout the vignettes, which evidences an analytical approach of system 2 thinking of constructing their judgement through an orderly series of steps (Kahneman 2011).

### 7.2.2. The relationship between the adult and the alleged perpetrator

The participants identified a number of behavioural patterns which related to behavioural indicators of financial harm. Initially they discussed the difference between intrinsic and extrinsic behaviours (Deci and Ryan 2008). They acknowledged the alleged perpetrator could be acting intrinsically in good faith and it gave them some form of satisfaction, but also sought evidence where the friendship

could have developed extrinsic behaviours where the alleged perpetrator was acting for external reward or avoidance of negative consequences. In this respect the participants questioned the nature of the friendship, in particular how the relationship had begun. The initial Q sort indicated the participants centrally scored that people who instigated friendships were likely to take advantage of the adults (statement 34). However, the change in the relationship was a factor in their considerations, with the participant's knowledge that new relationships are more likely to be based on extrinsic factors (Wilber and Reynolds 1997) and questioned the benefit to the adult. They referred to the social norms of reciprocity, and were aware of those who act with reciprocal altruism, to be kind to those who are kind (Fehr, Fischbacher et al. 2002) compared to negative norms of reciprocity where it is a response to unfavourable treatment (Chen, Chen et al. 2009). They also showed an awareness of the powerful nature of reciprocity as it allows the giver to ask for something in return and the embedded obligation of the informal arrangement (Chen, Chen et al. 2009) which was demonstrated through their questioning of who was benefitting from the arrangement.

They were aware of the material benefits to be gained when someone cheated the reciprocal norms (Fehr, Fischbacher et al. 2002), as they discussed the potential for harm within the reciprocal arrangement specifically in relation to setting up a banking system that the adult couldn't use. This led to a level of speculation about the motive of the alleged perpetrator, appeared to be a causal link (Kahneman 2011), where a coherent story is created and can be applied inappropriately. The risk with causal thinking is the coherence that is constructed on this basis, which may prevent practitioners from revisiting the assumption when presented with further evidence. The underlying reason for the adult's deterioration was not detailed within the vignettes, although it is known that a number of health conditions can make it difficult for an adult to manage their financial affairs, such as mental health, learning disability, (Personal Finance Research Centre 2018), or degenerative cognitive conditions. Without the specific knowledge of whether the adult's ability to manage their finances was temporarily disrupted, or if there was a lasting or deteriorating condition which created difficulties for the adult, it is difficult to determine if there was a need for a banking process the adult could engage with. When questioning the suitability of the banking system, the causal link occurred because the participants

are unaware of the adult's ability to engage in any banking system. If it can be assumed the adult had previously been able to manage his finances appropriately, and the inability to manage finances is linked to a deterioration in health, the impact of the deterioration is, therefore, the significant issue. The adult may have lost the ability to understand banking processes, monetary value, or the ability to recognise and undertake simple arithmetic associated with the use of cash. In which case, it is immaterial which banking method was used. Therefore, the setting up of an online bank account appears to have led participants to make two causal links. Firstly, the adult will not be able to take over the running of the bank account in the future and secondly, the friend had set up the account with the intention to defraud. System 1 thinking of linking 2 pieces of information together to find a causal link have generated an explanation that may not be accurate (Kahneman 2011), evidenced by the discussion about the alleged perpetrators motive, which assumed their causal links were accurate as they had created a coherent account. Whilst system 1 can reject alternatives, the participants also demonstrated a level of doubt which meant they did not fully accept their own account, which indicates a more intuitive decision making process (van de Luitgaarden 2009) where there was an awareness of the behaviour of perpetrators, and patterns of harm, but also indicated there was a skill set that recognised they did not have enough information to make a judgement.

While not made explicit, it is possible the practitioners were drawing on Social Exchange Theory (Cropanzono and Mitchell 2005) which suggests that trust between people develops over a period of time, and the participants' questions about how long the relationship had been established would indicate they were seeking information to compare to theoretical knowledge. This would also indicate the participants used existing knowledge to form a judgement. Whilst it is believed the transfer of knowledge into relevant information does not have an identified formal process (Rutter and Brown 2015) and nor is it considered to be a linear or exact process, it would normally be either tacit or analytical processes that are being used as part of their judgement deliberations. If the practitioner were using analytical decision making processes (Hamer, Collinson et al. 2005), it would require the participant to compare options (Brockman 2013), based on factual information. In this particular example there is not clear factual information about the adult, but there

is an established theory base. Therefore, the participants are limited in their analysis of the situation due to the lack of exact information.

Alternatively, the participants could be using tacit knowledge which is based on experience and memory. Previously experienced or observed events are retrieved from memory (Eraut 2000), which are easily recalled and spontaneous (Martinez-Brawley and Zorita 2007) and a rich source of knowledge for practitioners (Osmond 2006), and sometimes referred to as professional expertise (Rutter and Brown 2015). Although tacit knowledge may also be underpinned by formal learning, it is the experienced memory that makes it tacit. The comment made by a participant "*(I had) a similar situation to this but the person was doing their best*" (group 3) indicates the process of deliberating on a situation brought to mind an event that had similarities. While the experience does not necessarily come through a professional work place, and may have been observed in personal life, it is likely that many adults have experienced or observed a friendship situation that has become unequal in reciprocity, and some may have experienced friendships that have become financially manipulative. When faced with similar situation, such as the one highlighted in the vignette, a retrieved memory can be brought to the fore which aids the practitioner to identify patterns and identify anomalies (Brockman 2013). In this situation the memory recalled indicated the incident had not been harmful to the adult, therefore there was a positive balance to the memory retrieved, which could influence their judgement in relation to the vignette.

Issues of power and control were also considered in the discussion about the relationship between the alleged victim and perpetrator, which were interwoven with the discussions around the norms of reciprocity. The participants questioned whether there was a level of manipulation being applied through the control of the bank account. Although an appropriate line of thought based on research about the way financial harm is perpetrated (Alzheimer's Society 2011), there is also evidence of over confidence resulting from the way system 1 develops coherence, and 'subjective confidence in a judgement is not a reasoned evaluation of the probability that this judgement is correct' (Kahneman 2011 p212). In the first vignette an observation was made regarding an insinuation of power being applied by the perpetrator. System 1 thinking does not work with ambiguity and actively suppresses

areas of doubt, as it constructs a dialogue which provides a coherent account based on the information (Kahneman 2011). The lack of concrete information does not impact on system 1 developing a coherent account. With a coherent story in place, in this case an acceptance the insinuation was correct, over confidence based on subjectivity was created. The error developed through the creation of a dialogue that gave a seemingly logical account, but actually disregarded the quality of the information from which it was derived and failed to identify there was missing information. In the 3<sup>rd</sup> and 4<sup>th</sup> vignette, the perceived insinuation of power and control had grown into more authoritative statements about the alleged perpetrator applying power to reduce the victim's ability to control their finances and included the use of statements such as 'coercive control'. System 2 thinking would normally apply a level of analysis to the situation but when it is busy with other matters (Kahneman 2011) it may accept the coherent story developed by system 1. However, even if system 2 is busy there can be a later reflection on action (Schon 1983) which may recognise the judgement is not a reasoned evaluation, but if there continues to be demands on the practitioner a form of self-preservation occurs by turning reflection skills off (Ferguson 2018).

There was further evidence of application of knowledge, with a consideration of grooming behaviours. The discussion demonstrated the participants had an understanding of the theory of grooming and how it occurred in practice (Berson 2013). The use of cues as part of a mental checklist, was evident from the consideration of grooming with the 1<sup>st</sup> vignette to the 4<sup>th</sup> vignette, but it was still discussed as a consideration in the 4<sup>th</sup> vignette rather than having been absorbed into a coherent story. The continuous consideration indicated there was still an effort to recognise a pattern based on the cue of theoretical knowledge (Whittaker 2018).

The participants engaged throughout the vignettes with small summaries, which acted as mental checklist previously referred to (Simon 1991). At the 4<sup>th</sup> vignette one of the interviewees brought their evidence together in this format, referring to the actions the alleged perpetrator had taken compared to the information about how financial harm is committed.

### 7.2.3 Cost and benefits

For any financial transaction there is a balance between the cost in comparison with the benefit to the individual. Within this consideration the participants deliberated between whether the transaction was within the bounds of acceptability or suggests there is some form of exploitation occurring. The decision related to acceptable transactions can be subjective as the benefit of the financial outlay can be difficult to measure. In such situations a weight or value can be given to the possible benefits, which again can be subjective. There appeared to be a weighted scale in operation, with one participant commenting on the benefit to the alleged perpetrator as an indicator to whether the transaction was exploitative. From the discussion it was suggested the situation became exploitative when the adult paid for the alleged perpetrator's meal, and the cost of the transaction was irrelevant to the decision about exploitation. Whereas another participant weighted their interpretation of the situation on the value of the benefit. However, these factors may not be a reflection of the adult's view or part of a previously reciprocal arrangement. It is known that those in receipt of services want to give gifts to paid employees to maintain the power balance of the relationship (Quinn 2008), and this may also be the case within informal care arrangements, particularly if the adult's needs have changed and there has been a shift in the balance of the relationship. Whilst the vignette did not suggest the adult viewed the friendship as a care arrangement, there is the potential for the adult to have recognised the changed balance of the relationship, and without acknowledging the change made adjustments to re balance the friendship. Therefore, the weighting of the information was based on the interpretation that all friendships should be equal and unequal friendships would be exploitative.

In the initial Q sort, the participants centrally scored that 'victims of financial harm are groomed' (statement 2) but did agree that 'adults can be groomed for financial harm' (statement 26). The use of the word *grooming* appeared to elicit an emotional response in terms of system 1 thinking. The associative activation from the word triggered an emotional response, which reinforced a system 1 thought process. The participants identified a number of case examples following the discussion about grooming, which supported their initial responses. The use of memory to reference a similar case involving a cleaner who was not fulfilling her role which placed the adult

at risk of harm, strengthened the association between the two situations. The word *grooming* appeared to have a priming effect (Grill-Spector 2008), associating the presence of a cleaner with risk. Kahneman suggests it is unlikely people are aware of a priming effect (2011 p58) and this appeared to be the case for the participants. In some cases, the participants became more convinced the adult was at risk of harm as a result of the association. By the 4<sup>th</sup> vignette, some participants had firmly anchored the initial emotional responses into their overall judgement of harm, convinced that there was evidence of financial harm, by placing a reliance on one particular piece of information (Rutter and Brown 2015).

Retrieved memory and associative action also assisted the participants to consider patterns of behaviour when they perceived a power imbalance. They identified the difficulty an adult may have when their ability to make changes is limited. Their awareness of the impact of power imbalances may have been retrieved from experience or training, a heuristic process (Gigerenzer and Gaissmaier 2011), and the learned associations are a way of quickly identifying elements of a pattern previously known. Recognition of a pattern (Klein 1999) demonstrated an effective way to consider the presenting information by using prior knowledge.

There was also evidence of elements of confirmation bias, where the participants sought to interpret information to support a preconception (Rutter and Brown 2015), *“Dave using his contacts, to introduce to Jack’s life, potentially there is a means to an end for him if his wife was a cleaner, his family income may benefit”* (Group 2). The vignette confirms Dave did arrange a cleaner for Jack, but it is not known if he already knew the cleaner nor is there any suggestion the cleaner was related to Dave. With the use of *potentially* and *if* the participant did not commit to this line of thought as part of the deliberation but does demonstrate the way a thought process can build up to confirmation bias. A further statement regarding the creation of dependency through the use of a cleaner, suggests the participant is also considering their ethical position in regards a rights-based approach (Parrott 2007) to support service user self-determination (Banks 2012). Therefore, the statement may appear to be a system 1 thinking process with the potential for confirmation bias, in fact it is more likely that it was a mental checklist (Simon 1983) and part of an analytical process. This indicates the participants sought information to evidence the

potential risk and questioned how the adult benefitted from the transaction and what the value was to the adult, rather than the more subjective cost to the adult.

#### 7.2.4 Influence

The level of trust and issues of control were the main areas of discussion in relation to the influence that may have been applied in the vignettes. The participants acknowledged relationships may be closer with friends than with family members and there was normally some level of reciprocity between friends, however there continued to be doubts about the authenticity of the relationship which related to change of the relationship dynamics.

*“Ordinarily no one would help someone out of the blue”*, suggested by one group of participants indicated they had a picture of what constituted the norms of a friendship, and indicated system 1 thinking of rejecting the behaviour that was out with their knowledge of friendship patterns. There was no information within the vignette to suggest this was a new friendship, in fact it makes specific reference to a long-term friend, yet the reference to *“out of the blue”* indicated the participant believed the relationship to be a new one. This misinterpretation of the presenting information is based on a perception error, and noticing errors is more likely when the stimuli are unfamiliar (Mezias and Starbuck 2008). Familiarity with the stimuli has an inverse effect on noticing errors because the perceivers tend to see the data that reinforces their current perceptions (Mezias and Starbuck 2008). In this case, the intuitive process of system 1 is based on flawed information (Klein cited in Brockman 2013), and system 2 appears to have accepted the intuition of system 1 which created the belief that it was a new friendship. Alongside the more accurate intuition that behaviours within new friendships could be more likely to be harmful than those within established friendships, a potential judgement was formed based on inaccurate information. The failure to notice errors may be the result of the decision maker being too involved to observe accurately, working in a culture that blinds them to stimuli or it may not be perceived to be relevant to their job (Mezias and Starbuck 2008). Given the participant’s professional role did engage them in adult protection work, and there is no evidence to suggest the culture of their organisation would impact on their ability to recognise stimuli, it could suggest the participants are

potentially too involved or familiar with protection work impacting on their ability to notice errors. As the error has not been acknowledged, the recognition of an assumed pattern (Klein 1999) is progressed.

The participants looked for evidence as a way of considering how appropriate was the level of trust between the adult and the alleged perpetrator. From the discussions it was clear that if the participants were able to evidence the financial transactions had resulted in the completed action, such as the cleaning and gardening, the level of trust was appropriate. At the same time, the participants also considered the level of control that the alleged perpetrator may have applied. They identified the ways the control could be applied such as the name on the bank account and knowledge of the bank password but appeared to have anchored this information into a negative judgement. Potentially, the fact that another person has access to an online bank account password or even is the named person of a bank account for another person provides the opportunity for financial harm but is not automatically the case.

Evidence of the priming effect of anchoring, where there is an over reliance on one piece of information (Kahneman 2011), can be also be seen when the participants debated control within financial harm. The examples given throughout the vignette discussion cited memories of events confirmed situations which has resulted in financial harm and where it had not been the case. Memories of a situation that confirmed financial harm is used by system 2 but is influenced by system 1, but system 2 is unaware that the data has been biased by the anchor applied to that piece of information (Kahneman 2011). In this situation, the memory recalled an event where a woman had been financially harmed by someone who was considered to be trustworthy and offering assistance, but over a period of time had stolen £20,000 from her bank account. This memory had a number of similarities to the vignette, as in both cases the alleged perpetrator was acting as a friend and supporting the adult, both had access to the adult's bank account, and both appeared to be trusted by the adult. However, where system 1 identified the similarities in the memory and applied them to the vignette it may also have disregarded other information in favour of the strong similarities to the memory. In such situations, system 2, the more analytic process can be unaware that the

memory had influenced system 1 to such an extent and may accept it and form the basis of the judgement in the vignette.

Retrieved memories also were evident when considering intent to harm, with a reference to a family spending the adult's money, but the adult was unconcerned. As identified earlier in 3.11, there are a number of reasons why an adult would not take action against family members who are financially harming them, but there are also situations where the adult does not consider it to be harm. This also elicited an emotional response where the reaction has the potential to influence the risk being considered. Where the participants identified memories that indicated there was harm, but the adult had refused intervention, their emotional response was to view the risk of harm as higher which in part is related to the consequences of a professional worker not intervening to stop the harm. Knobe (cited in Brockman 2013) suggests that the initial emotional response is reflected on which provides a more balanced reasoning to the judgement.

### 7.2.5 Summary of factors relating to financial harm

The factors taken into account by practitioners working with a vignette to determine financial harm in an adult protection context largely relate to social behaviour. Although the adult's view was unknown, the participants considered the adult's view (White 2004) was relevant to their deliberations. They also wanted to determine the adult's capacity (Gardiner, Byrne et al. 2015) to make decisions and his ability to understand potential risks of involving a friend in his financial transactions (MacKay and Notman 2017). A further factor in their thought process was the evidence that was available and their desire to seek evidence (Edmond, Megivern et al. 2006) indicated this was an important factor in their decision process. The participants identified a number of behaviours that they wanted to explore further, and their existing knowledge of social norms (Fehr, Fischbacher et al. 2002), reciprocity in friendships (Chen, Chen et al. 2009), grooming (Bond, Cuddy et al. 2000) and exploitation (Banks 2012) were factors in their considerations. They also showed awareness of the impact of power (Quinn 2008) and control (Berson 2003) and discussed these elements throughout the vignettes.

### 7.3 Philosophical perspectives

There was evidence the practitioners considered the deontological perspective of duty under the legislation in regard to requirement for assistance under the Social Work (Scotland) Act 1968, and the requirement for assessment under the National Health and Community Care Act 1990, as well as the prescribed duties under ASPA. There was also reference to the wider responsibility in relation to duty of care. There was also reference to other protective legislation in respect of capacity, and the safeguarding functions of the Office of the Public Guardian.

As employees, the requirements of the legislation were seen as a duty regardless of the presenting evidence. This evidence that indicates ASPA presents a tension for practitioners between the legislation and core values in relation to self-determination (Preston-Shoot and Cornish 2014) and failure to use adult protection guidance due to its potential impact on family relationships (Hogg and Johnson 2009) In the initial vignettes the participants discussed whether the information suggested the adult was at risk of harm, which is taken directly from ASPA. Therefore, the duty to comply with the legislation and consider it in relation to each situation is a factor in their decision-making processes. *“At the end of the day if the neighbour has worries about Jack, it needs to be taken seriously”*, suggests the final consideration relates to the legislative requirement to make inquiries. In this respect, the participants debated the other evidence, but saw it as a duty to explore the incident further but it is not clear if this duty originated in the requirement to respond to the law or their ethical codes regarding duty of care. (Braye and Preston-Shoot 2016)

The participants also referred to ‘needs’ which suggested they also considered it to be a duty to identify the adult’s needs and respond to them. They referred to the adult’s needs, financial needs, need for consistent information and care needs. From a deontological perspective, the response to need would require certainty and does so through actions that are universal to all people. Therefore, the duty of the state to meet need is universal to all adults, however, an adult in need can impose an obligation without them being aware of it which does not necessarily originate from the state (Brock and Miller 2019). In such cases, the adult may be unable to

communicate their needs but still receive the action that is universal to all people. In situations of financial harm, the state has a duty to respond as detailed within ASPA's universal criteria of harm regardless of the adult identifying the potential need for protection.

The deontological drivers behind the participants response to an adult at risk of harm could be fulfilment of their duty as an employee but could also relate to their professional standards and codes of ethics. Whilst the response may also be determined by a personal duty to an individual in need, it potentially is less likely due to the procedural nature and legislative basis of adult protection. Regardless of whether the practitioner considers the legislation or ethical principles to be the duty they are required to fulfil, there is a categorical imperative of universal and absolute duty (Parrott 2007) and "people have a default acceptance of deontological principles" (Brockman 2013). However, it is also noted that practitioners may endorse a particular principle but deny the same principle when criticising a moral view (Brockman 2013). Therefore, practitioners can override their over-arching principle when they consider it to be morally right to do so (Banks 2012) which means they may not be working with the categorical imperative all the time.

Teleological principles were also evident through discussions in relation to outcomes, in particular what the adult would consider as good a good outcome. There was consideration between the balance of staying in the community or not, and a belief that support to remain in the community would provide a better outcome for the adult. The Integrated Health and Social Care outcomes include a clear statement that adults should be supported to live in the community where possible (Scottish Statutory Instrument 343). While the participants may not have been specifically aware of the statutory instrument, there was a clear understanding amongst them regarding the advantage of remaining in their own home where suitable. It is potentially more likely that the regulations and guidance have little impact on practitioners when there is human rights legislation that matches with ethical codes of practice. Whilst it was not explicitly stated, the majority of participants will have engaged with adults at home and in care settings and it is likely a level of tacit knowledge gathered from those experiences will contribute to the practitioner's ability to balance the benefits of the different outcomes.

There were comparisons made to the support the adult in the vignettes was receiving and self-directed support (Scottish Government 2013a), with consideration given to how formal paid support could achieve the same outcomes as the informal unpaid support the adult was receiving. The participants identified that under self-directed support adults could choose their own support and direct the personal assistant to manage their money, which could also lead to situations of risk of financial harm. Therefore, the outcome would be the same regardless of the formality of the arrangement.

The needs based approach, common in social care practice until the last decade, has been replaced with an outcome based focus (Brock and Miller 2019), which potentially directs practitioners towards a teleological perspective in the same way as the utilitarian manner of service provision by the state was previously undertaken which directed employees to a deontological based response to needs. Evidence indicates that practitioners identified they used deontological theories but through a set of research question were found to be more likely to use utilitarian theories, which suggests there is less of a focus on rights based practice and a higher emphasis on the benefit to the majority (Osimo and Landau 2006). However, the same study identified over 30% of the sample were unable to provide a justification for their ethical stance. Whilst the inability to explain the philosophical theory behind the judgement may relate to lack of clarity or inexperience, it may also be linked to the ethical stance not mirroring the decision-making process, or movement between deontology and teleology (Brockman 2013) when required. Whether services are provided on a needs or outcome-based approach, the delivery of the social care services generally tends to be utilitarian and current direction on outcome focussed assessments (Glendenning, Clareke et al. 2006) can support the practitioner's ethical principles of personalisation for service users. It has been demonstrated that there is improved performance when undertaking outcome-based tasks in comparison to specific tasks (Marzano 1994) which may relate to links with their ethical stance.

The participants gave duty-based responses to fulfilling the requirements of ASPA alongside utilitarian responses to need, suggesting the philosophical direction is not

clear cut. It is argued that the pure forms of deontology and teleology are unachievable as they are an over simplification of moral life (Skelton 2012) or fails to take the reality of practice into account (Lankin 2006). Within practice not all duties are considered to be equal and there is a balance to be achieved between not causing harm and promoting maximum good. Miller (1999) suggests there are basic needs and social needs, and provision of service is required to meet basic needs in order to provide a decent life in any society. Societal needs relate to a decent life in a particular society, and in this study the legislation dictates societal need, therefore, there is equity for everyone who meets the 3-point criteria as they are entitled to have inquiries made into their situation which is both a basic and societal need. Therefore, protecting adults from harm would be considered as both a duty and utilitarian through the delivery of service. The philosopher, Ross, argues that there exists a form of weighting which occurs in moral reasoning and the right or wrong of an individual action cannot be inferred based on a principle of universalism. Ross, like Brockman (2013) also questions the narrow constraints of a single motive being considered to be valuable and the inability to admit any exceptions to the absolute value (Skelton 2012).

The participants evidenced a range of tacit and experiential knowledge, along with knowledge gathered through training with which they could fulfil their role. They were also able to apply knowledge of other areas of harm to financial harmful situations, such as the application of domestic abuse training about control to the potential control being applied in the vignette about financial harm. Similarly, they indicated awareness of the ways in which carers can provide support whilst also behaving in an abusive manner. In addition, the participants demonstrated an understanding of formal theories in relation to financial harm, for example Maslow's Hierarchy of Needs (Gross 2015) was referenced when participants were determining the impact of financial harm, indicating that knowledge is a factor in determining financial harm. The discussions around the 5<sup>th</sup> vignette, which was designed to consider the wider context of financial harm and potentially a more strategic oversight of the issue considered the overall needs of the adult, including long term needs. They considered whether the uncertainty of council funding to meeting future needs could be interpreted as financial harm, and there was a divide of opinions. Some of the participants considered the lack of funding to be institutional harm or emotional

harm, but not necessarily financial harm as it was a system or process that could lead to future needs not being met. However, it was acknowledged as unjust. Whereas others felt the purposeful reduction of support funding would constitute financial harm, in their understanding that financial harm was “*to deceive or take money*”. However, others felt the allocation of future funds was not linked to adults at risk of harm in any way. In terms of philosophical perspectives, these responses are neither deontological nor teleological, as the participants did not consider it to be a duty to provide ongoing services to the adult, nor did they consider the utilitarian values of equity of resources and providing benefit to the maximum of people. The responses were an indication the consideration of financial harm is directly related to the adult’s personal money rather than a service the adult is in receipt of, indicating the participants had a distinction in their understanding of both harm and justice.

#### 7.4 Ethics and values

ASPA has distinguished between adult protection inquiries and investigation, the former is a requirement of the council and the latter is not. The inquiry stage has the function of gathering information amongst multi-agency services with which to make a determination of whether the adult was at risk of harm. The investigation stage is required where further information is necessitated and may feature an interview with the adult. A requirement of this process is to alert the adult to the voluntary nature of their co-operation. However, the participants who expressed a view, considered the lack of information from the adult at an early stage to be in opposition to a person-centred approach. They were particularly dis-satisfied with not establishing the adult’s view of their situation, and the potential for decision making to occur without the adult’s involvement.

*“process is for a lot of ground work to be done before making a decision, decisions are being made without seeing the person.... a basic social work skill, what that person is saying about their situation” (interview 2).*

There was a view that the process of seeking information without the adult being involved or given the opportunity to give their view was in direct contrast with the role of those working in adult protection. The reference to ‘basic social work skill’ and

further mention of a 'common sense' approach suggested that the heart of social care was to engage with the service users. Whilst not all the participants came from a social work background, other professions represented did not disagree with this approach. The professional groups have ethical codes that underpin the principle of working with, as opposed to for, the adult. Within social work, *the function of a social worker is to engage people* (IFSW 2014), similarly nurses are required to *listen to people and respond to their preference and concerns* (Nursing and Midwifery Council 2015), and those in direct caring professions are required to comply with the standards for adults which include *I am fully involved in all decision about my care and support* (Care Inspectorate 2017). Although police officers are not directly involved in providing care, they are still required to *show respect for all people and their beliefs, values, cultures and individual needs* (Police Scotland 2019), which would suggest that in order to show respect to the individual's needs, there is some requirement to ascertain those needs which would be usual to do so directly with the adult.

Therefore, one of the underlying principles for social care practitioners is to listen to adults and to involve them in decisions about their situation, which relates to the Kantian view of respecting the individual (Banks 2012). Initially created to support effective practice, Biestek developed 7 case work principles which included the recognition of the uniqueness of each adult, and a service user's right to self-determination (Banks 2012), a principle enshrined by the ethical codes of nurses and social care staff. The code of ethics (BASW 2014) for social workers has a principle of enabling empowerment and similarly the SSSC code of practice (2014) directs social care workers to promote empowerment, whereas the Nursing and Midwifery Council only mentions empowerment once in the context of decisions about treatment, suggesting the lack of positive commitment to empowerment and a focus on protecting right, which Banks argues is a negative freedom (2015).

The majority of services that work within adult protection are bureaucratic organisations, which are either a professional bureaucracy or a machine bureaucracy (Banks 2012). The former work within professional standards, have a code of ethics and practitioners work autonomously with service users to make participative decisions. Whereas a machine bureaucracy relies on the authority of

hierarchy and is governed by rules. It could be argued the code of ethics that exists for social care staff and health professionals, which support engaging the adult in decision making, are part of a professional bureaucracy. However, the limitations that occur through increasing levels of policies and procedures would suggest the employing agencies are operating as machine bureaucracies, in which the ethical codes become “increasingly irrelevant” (Banks 2112 p96).

While the process of undertaking adult protection, inquiries follow on from the identification of harm, it may have an influence on the factors considered. Practitioners who consider the process to lack alignment to their professional ethics and values, may influence their consideration of harm on finding a solution rather than identification. As identified earlier (6.2.6) a number of participants moved straight to a solution focussed approach, which could be the influence of system 1 thinking as it narrows the range of information taken into account when making decisions (Kahneman 2011) and can substitute a “heuristic judgement because they are easily substituted for more difficult questions” (Kahneman 2011). Therefore, the practitioner can recognise a pattern (Klein 1999) narrows the information used and identifies a solution to the judgement rather than undertake a thorough analysis of the situation. Group 4’s response of “... *probably the greater solution is to remove the perpetrator. Can’t really do much else to protect the person...*” suggests the factor taken into consideration of financial harm is to prevent it from recurring without the information to confirm whether the adult has been harmed. Similarly, interview 2’s response of “*Jack needs an assessment*” again ignores the decision-making process about financial harm and moves straight to the outcome of the decision in regards to the action to be taken. System 1 creates feelings and impressions and when endorsed by system 2 they become beliefs (Kahneman 2011). If the ethical codes or values direct the practitioner to engage with the adult to seek their views but the process delays obtaining those views, there is a potential for this to cause the practitioner a level of ethical stress (Fenton 2016).

There is evidence that policies and procedures that impact on the moral aspects of care distance workers from their original ethical values (Bauman 2000). Where there are restrictive processes which impact on what a practitioner felt was the right action to take ethically, it can produce strong feelings of discomfort for the worker (Finefter-

Rosenbluh 2016). Therefore, moral injury can affect those with strong value or ethical bases (Fenton and Kelly 2017). Yet in situations that require a judgement and there is a lack of evidence, it can become an impossible task.

Without clear factual information for the practitioner to make a judgement about the likelihood of financial harm, it can become an impossible task (Kahneman 2011) as thorough analysis would be limited, bounded rationality at best. Removing the alleged perpetrator could be perceived as a rash action when there is a considerable amount of information that is unknown. However, the quick intuitive system 1 that seeks a coherent story can suggest solutions to system 2 (Kahneman 2011), and system 2 can impose logical analysis but does not fulfil a function of being a critic to system 1. The ethical codes that direct the practitioner to seek the adult's view and involve them in decisions about their life, are restricted when procedures put limitations on their ability to do so. In a situation where there is little evidence and a process that restricts practice in line with ethical codes, it could be tempting for the practitioner to make a quick heuristic decision and progress to decision solution.

Munro (2008) suggests that any definition of harm requires not only a moral judgement about what is harmful but also what rights an adult should have (Munro 2008). However, the factors limiting the identification of harm include the presenting information including ambiguous evidence, and the use of a restricted criterion as a heuristic method to filter out situations that are deemed to be non-physical abuse (Saltiel 2017) which indicate that financial harm may not be identified and potentially inhibit the factors that are used in determinations of financial harm. As identified earlier (6.2.3.1) there were concerns raised by the participants that some practitioners may restrict the application of the criteria in relation to capacity to rule out consideration of adult protection. ASPA was introduced in recognition of the gap that existed in the protective legislation, and specifically to protect adults who did have capacity and did not require the more restrictive protection of the mental health legislation. Therefore, ruling out adult protection solely on the grounds that the adult has capacity and able to make poor choices is contrary to the principles of ASPA if inquiries are not made. In such a situation the limited evidence used combined with the restrictive criterion present an interpretation of ASPA, which suggest the professional values and ethical basis of the decision are compromised. If

practitioners have an ethical standpoint of adults with capacity are free to make decisions that result in harm, it would suggest the only factor under consideration would be the adult's capacity and not relate to a wider consideration of the 3-point criteria.

It could be argued that practitioners who make a determination based on capacity are over simplifying Beistek's principles (Banks 2012) of self-determination that the adult has the right to make such a choice, which can be influenced by a focus on existing knowledge and lack of exploration of unknown evidence. If a previous situation based on capacity has concluded with a positive or negative effect, it influences the decision maker to respond on the potential outcome rather than the thoroughness of the process undertaken. Similarly if the conclusion of a previous adult protection inquiry about financial harm had judged the adult had capacity and was complicit about the financial transactions, or refused intervention to prevent it occurring, hindsight bias (Rutter and Brown 2015) may interpret future outcomes based on it as if it were a generalised fact rather than a specific set of circumstances.

## 7.5 Risk

The participants identified a number of areas that they considered could lead to risk related to the adult's ability to safeguard themselves from risk, the adult's ability to recognise risk and the impact on the adult of the perceived risk, such as neglect and financial difficulties. As noted in 7.2 and 8.2 the multi-agency group discussed their role in managing risk and different occupational groups identified their role. Whether it was a focus of preventing risk through the removal of the perpetrator, or recognition and reporting of harm where the adult was considered to be at risk of harm or the impact of potential harm, their discussions evidenced a wide range of knowledge that the practitioners were able to draw on. The practitioners also balanced risk with empowerment and discussed thresholds, which also considered the frequency and seriousness of potential financial harm. They also considered whether there was a level of control being applied with the potential risk.

ASPA considers an adult to be at risk of harm if they are unable to safeguard themselves, are at risk of harm and have a characteristic that makes the adult more vulnerable than someone without that characteristic. In regard to the ability to safeguard the practitioners considered a wide range of ways the adult may not be able to safeguard, including the adult's ability to understand and consent to the actions he had engaged in and the ability to reject unwanted assistance and the level of trust between the adult and the alleged perpetrator. The practitioners also considered characteristics that may make the adult more vulnerable, such as the need for assistance, cognitive functioning and potential health issues that may have an impact on the adult's ability to keep himself safe.

With regard to risk of harm, the practitioners discussed immediate and secondary risks of harm, the immediate risk of being financially harmed and secondary risk associated with a reduced income, such as neglect. However, one of the comments "*an informal hierarchy of harm in our heads, and this harm (neglect) is more serious*" suggests that the impact of harm or consequences are weighted. This statement was made after information was given in the 4<sup>th</sup> vignette identifying that a neighbour was concerned about the adult's presentation.

Initially, the information in the vignettes focussed on the potential financial harm and little information was provided in relation to the impact of financial harm. However, it was known that the adult could not afford to have a meal out which also constituted a social event, in addition to paying for a cleaner and gardener, and was giving away £100 a week to charities, which the participants considered was potential for financial harm. With the introduction of further information, the focus of the participants moved to consideration of neglect "*consequences of neglect/self-neglect and more immediate*". As way of explanation, the participants in the same group observed "*get calls from the ward, so and so has been in and taking money off his mum compared to she's not getting her medication by her family member or carer*". The weighting applied to both types of harm is different, with a higher weighting applied to the consequences of neglect. The suggestion in the 4<sup>th</sup> vignette was that the adult was not eating and not heating his home, which could be considered a risk to life, as with the example given above the consequences of not receiving medication could be a deterioration in the adult's health and possibly their life.

Therefore, the practitioners demonstrated they weight the prominent attributes (Kray 2000) which they believe to be potentially a risk to health and possibly to life. It is known that people have different responses to loss and gain, and are loss averse (Kahneman 2011). In such situations, practitioners weigh up the potential loss against the potential gain and are more likely to choose to avoid loss even when it reduces the potential gain or benefit. Therefore, if a situation of financial harm has the potential indicators of neglect, the practitioner's response is more likely to be focussed on the avoidance of neglect than the potential benefits such as the adult's rights to self-determination or choice. As detailed in 3.5 it is already known that financial harm can impact on adults by causing anger, anxiety, and loss of self-confidence and self-esteem. The adult in the vignette had also stopped going for a weekly meal which was both out of his home and a social event, potentially increasing isolation. The emotional impact is likely to have an effect on mental wellbeing, which could be considered to be as harmful as the impact on physical wellbeing through neglect. The practitioner's response indicates the weighting applied to physical wellbeing is more significant than emotional wellbeing.

Neoliberalism may have an influence on the weighting of different types of harm as it impacts on the way we work with adults. During the 1980's the Victorian concept of undeserving people re-emerged and the welfare state was considered to be perpetuating a culture of dependency (Fenton 2019), reinforced by messages in the media (Hyslop 2018) of an underclass who were unworthy of support (ibid). Neoliberalism created new inequalities and vulnerabilities (Rogowski 2013) and the state reduced its size and influence in order to decrease financial expenditure (Spolander, Englebrecht et al. 2014). The expansion of commercial markets combined with tighter financial control from the government has resulted in public spending austerity, particularly in the area of health and social care which erodes the vision of the welfare state providing universal social security (Hyslop 2018). The results of neoliberalism are severe restraints on public spending with limited financial support for early intervention and higher thresholds of eligibility for services (BASW. 2017). In 2012, councils were observed to increase their eligibility criteria for services to only the top band of critical need (Age UK 2012). Whilst all councils work with a funding eligibility criteria, there is very little information available to the public about the level within the criteria that is funded by each council. However, many

authorities are only funding services that are required to meet the critical criteria which means the funding is limited to situations of risk to life. Practitioners working within this field will be aware of the funding limitations where evidence of neglect leading to risk of life will potentially be easier to evidence due to visual clues. The impact on mental health is potentially more difficult to evidence, particularly as adults can feel embarrassed about becoming a victim of financial harm (SCIE 2011) and less likely to engage in discussing the impact with practitioners. Also, as a result of the austerity measures, there has been a reduction in mental health services to the extent that it is difficult to determine unmet need (Care Quality Commission 2017). Therefore, the informal hierarchy of harm participants referred to may be connected to the weighting or criteria that the council applies to funding and practitioners using system 1 thinking may be applying shortcuts through a focus on existing evidence and ignoring absent evidence (Kahneman 2011).

Risk in protection work is different to other forms of risk management models as it is an interaction between those causing risk and those trying to prevent risk. Whereas other models focus on control, management and elimination of risk, the protective agencies need to rely on the exercise of judgement and interpretation in a constantly changing environment (Cooper, Hetherington et al. 2003). There are considered to be 3 types of errors in protective risk assessments: human error, unsafe habits or loss of perception, and reckless behaviour (Steven 2015). However, this fails to take into account the tools and organisational policies in place with which to assess risk.

### 7.5.1 Human error

In part human error may be related to the inconsistent application of terminology, where *decision*, *risk assessment*, *professional judgement* and *evidence* have interchangeable use (O'Connor and Leonard 2014) which can create errors when used in a multi-agency environment. Although where there may be an organisational culture of non-disclosure of errors, any standards will have little use in improving the assessment of risk (Steven 2015). There is also an assumption that a standardised risk models, such as systematic checklists, will result in uniformity of assessment (LeBlanc, Regehr et al. 2012) and organisations have a high level of faith in risk

assessment tools (Littlechild 2008) in the belief they will be able to accurately predict future risk (Ingram, Fenton et al. 2014). Standardised procedures are assumed to lead to good outcomes but there are usually a number of unknowns when assessing risk which requires protection workers to work with uncertainty, and to make predictions in such situation is fallible (ibid). Risk and uncertainty are features of protective work (Munro 2011) and the rational bureaucratic approach that may appeal to organisations needs to be challenged as it is unrealistic in real life (Klein 1999).

Strict guidelines also have the effect of reducing the quality of the evidence gathered from which to make a judgment. The reference to “*frustration*”, “*restrictive*” and “*hands tied*” suggest the participants found the procedures they work with to limit what they consider to be effective intervention with adults at risk of harm. It is, perhaps, for this reason that some participants immediately moved to a solution focussed intervention, which would allow them to protect the adult. There is evidence to suggest that safeguarding procedures may not assist practitioners to undertake risk assessments, coupled with the time it takes to complete protection process and the large volume of paperwork and detailed recording required (Fyson and Kitson 2012). Similarly, research indicates the focus appears to be on the criteria for protection involvement and eligibility, and signifies a preoccupation with thresholds (Cooper, Hetherington et al. 2003), which may account for the suggestion from the participants that an adult’s capacity had been used as a reason to not progress protective action. Cooper and Hetherington et al. also suggest during protective action there is a tendency to consider matters in the short term, or focus on immediate risk (Kunreuther, Meyer et al.). If so, both the use of a criteria to limit protective action and a focus on the short term, would suggest that all the factors of risk may not be considered and could lead to human error.

However, the absence of formal procedures with which to make risk judgements is not an alternative either for multi-agency decisions about risk. The ‘kitchen cabinet’ model’, which is where discussions about the issue take place without formal processes is an effective decision-making model (Cambridge and Parkes 2004). It becomes less viable within adult protection work as professional or agency interests

may dominate. Therefore, the consistency of approach that agencies require could be considered to be at odds with the procedures in place.

The earlier reference to time consuming process and recording may be more of an issue, as one participant advised “*it (adult protection) requires a particular protocol rather than a common-sense approach*”. Practitioners rarely have time to undertake risk management (Cambridge and Parkes 2004) and there is little time to get to know service users (Ingram, Fenton et al. 2014) which is contrary to the values workers hold about operating in a person centred approach. The suggestion that decision making should operate with a built in delay as it does in other industries (Etzioni 2014) fails to take cognisance of the urgency that is frequently required in protective work. It takes more time to engage with service users who have communication difficulties, particularly when there appears to be inconsistencies in the explanation of events of harm (Fyson and Kitson 2012), which again presents limitations when there is a need to expedite matters to prevent further harm.

Therefore, although the procedures for risk assessments are universal to that particular agency or Adult Protection Committee, the actual risk assessment will always be varied as the ‘situated actor’ or worker undertaking the risk assessment will work within their embedded beliefs and values (Kemsell 2010). Potentially this may be related to practitioners who have noted that standardised assessments are believed to limit effective practice and organisational factors have the ability to influence practitioner’s decisions (O’Connor and Leonard 2014). The comment of using a particular protocol rather than common sense, indicates the practitioner has used the appropriate tools, but their embedded beliefs and tacit knowledge suggest there is a different way to protect the adult.

### 7.5.2 Unsafe habits or loss of perception

Risk may occur when practitioners have lost their perception of risk in everyday interactions (Steven 2015), which may be a result of underutilising probability information or a higher level of attention is given to affectual cues, such as the way the information is presented (Kunreuther, Meyer et al. 2002). A referral originating

from a home visit to a service user is more likely to be actioned than a referral that was received by email or written methods (Tupper, Broad et al. 2016). What is observed in the home may be detailed accurately in a written referral, but the home visit is influenced by affectual cues that take into account the environment which can influence an emotional response (Wang, Zhou et al. 2017). The initial Q sort identified the majority of participants agreed that isolation can be a factor in undue influence (statement 33) but agreed the power dynamics between the carer and the adults can make it difficult to detect harm (statement 10). The participants noted '*less opportunity for detection*' which demonstrates their understanding of the way financial harm is perpetrated, and referred to seeking evidence of harm '*receipts, evidence, goods in cupboards*', '*evidence of the cleaner and gardener carrying out their work*' (6.2.1.4) and '*evidence of harm*', '*evidence determines the response*' and '*can only go on evidence*' (6.2.5), which indicates the participants were actively seeking information to support the allegation or suspicion that the adult was being harmed. Therefore, the participants had the knowledge about financial harm and were seeking further information to provide proof.

The certainty effect (Kahneman 2011) demonstrates that certain outcomes are perceived differently to uncertain outcomes, and this is related to the way risk is weighted (Mather, Mazar et al. 2012). Practitioners are more likely to use analytical judgements when the perceived risk increases, but less likely to be analytical when there is a perceived certainty (Hackett and Taylor 2014). As discussed earlier, when there is a lack of known facts system 1 changes the question to something that can be more easily answered (Kahneman 2011) which increases certainty, and although system 1 uses skilled intuition it also generates feelings and emotions which become beliefs (ibid). Emotions influence a practitioner's perception of risk (LeBlanc, Regehr et al. 2012) and they are more likely to bring to mind a memory that is in agreement with their current feelings "influencing the accessibility and evaluation of valenced features of the decision" (Schwartz 2000 p434). It is argued that past actions and the associated emotion from it are the starting point of decision making, and while the emotional response to the action is no longer important recalled memories of past judgements, or dangerous situations (Andrade and Ariely 2009) may result in unrecognised and unprocessed emotions which can distort perceptions of risk (Gibbs, Dwyer et al. 2009). As identified earlier in 5.3 the retrieved memory has an

interpretation of events based on the formed opinion that corresponded with the emotions at the time, which in turn creates a more dominant conclusion. Therefore, when practitioners are making a risk judgement about financial harm in situations of uncertainty, system 1 can change the question for one that is easier to answer but is likely to be unaware of the emotional feelings that are recalled or the interpretation that has been attached to the emotional response.

Prospect theory (Kahneman 2011) suggests that risks are taken to avoid loss and people will take greater risk to avoid loss than they will for a gain which means they will be averse to giving up certainty to gain a slightly better outcome (Beresford and Sloper 2008). The participants made reference to the amount of money the adult at risk had and the impact of the loss *“person who has vast resources and getting a social occasion out of it is very different from giving all the resources and getting very little”* which indicates their consideration of financial harm is linked with the ability to afford. In this case the participants are weighing up the loss and benefit to the adult in their decision that the adult can afford the loss. Meaning is assigned to events and the construction of which impacts on the way the worker considers their engagement (Keddell 2011). Consider the loss to a service user of £100, the loss may be considerably less significant to a highly paid professional than it would be to a care worker on minimum wage due to their point of reference. For one it may be the equivalent of a night out which is not significant to the overall weekly expenditure, but for the other the loss of £100 may constitute an inability to meet essential living costs. Therefore, the simplification of a complex question will be framed on the individual's point of reference and means that the same situation of financial harm will result in different judgements dependant on the individual making the judgement (Beresford and Sloper 2008) and perception of risk will also vary.

High workloads and fatigue may be responsible for some unsafe habits (Steven 2015) but that is not necessarily linked to a loss of perception, although it may relate to the individual worker's ability to define the risk which would then require the worker to have the appetite to manage the risk (Cooper, Cocker et al. 2018). In the comment detailed above, the participant did consider the presenting information in this study but their perception was not linked to fatigue, but may have been an emotional response, and attempts to crowd out incidental emotion through

overloading the decision maker with factual information has no impact on the emotional response (Learner, Li et al. 2015).

### 7.5.3 Reckless behaviour

Recklessness may be more difficult to define than human error or loss of perception, but it relates to “understanding the risk is substantial yet making a conscious decision choice to disregard the risks” (Steven 2015 p264). Whilst there may be practitioners who are not fit to practice, whether through ill health or lack of skill, it is likely to be a relatively low number given the formalised registration requirements for most occupational groups who work in adult protection. The registration bodies refer to “deficient professional practice (SSSC 2020 para 3) or standard 13 “recognise and work with the limits of your competence” (NMC 2015), and there may be areas that protection workers could be seen to practice in such a way either in relation to the ethical codes and value bases or within the policies and procedures laid down by their employer. Systems and processes of risk assessment focus on minimising extreme risk, and have less attention to promoting creative and acceptable risk (Cooper, Hetherington et al. 2003) and the dilemma practitioners have in relation to their values and ethics (as discussed in 7.4) that may appear to lead them to be considered to be acting without care and attention, when considered from a procedural perspective.

The participants were aware of the need to comply with policy and procedure which, at times, may be seen as contrary to the best interests of the adult. The statement from one participant “*formalised decision making takes over what you are trying to do*” indicates a tension between policy and good practice. The personalisation agenda may explain some of this tension. Prior to the introduction of the Social Care (Self-Directed Support) (Scotland) Act 2013, the care management agenda depersonalised support for adults and ignored the strengths and skills of the individual. Adults receiving support in the community were powerless regarding choice and control of the support they wished for, which was in the domain of the government and the professional assessors. Communities provided the tax revenue for governments to distribute to agencies who undertook assessments of need and supplied the support required, known as the professional gift model (Duffy 2012).

This had the impact of segregating adults from their community meant communities had no choice about how to support adults with their tax revenue. It also was considered to de-professionalise assessors who were involved in a process and market led provision of service (Cooper, Cocker et al. 2018). The introduction of ASPA redressed the balance to a certain extent as it gave adults the choice in the outcome of any investigation, such as the ability to refuse to co-operate with an investigation (s8.2) and adults are required to give consent to any protective order unless undue pressure is a consideration. However, ASPA allowed for inquiries to be made without the adult's consent, with no requirement for the adult to be made aware of the protection discussions about them. The process driven bureaucracies responsible for the professional gift model could be considered to continue de-professionalisation of assessors with process driven protection policies and guidance. This is supported by ASPA which allows for the adult at potential risk of harm to be excluded from inquiries about them, and guidance for staff has a focus of determining whether the allegation of harm is substantiated (Cooper, Cocker et al. 2018) rather than on the support element.

Practitioners who are working within a personalisation agenda of choice are still limited by the process driven guidance which can result in a tension between what they consider to be ethically right for the adult (Shay 2014) or conforming to procedures (Fenton and Kelly 2017) and require practitioners to disassociate from their emotions (Taylor 2017) which erodes the practitioner's ability to take positive risks. Managerial fear of complex risk decisions has resulted in more risk averse organisations (Webb 2006) which limits value based practice (Fenton and Kelly 2017) and leads to defensive practice to demonstrate the practitioner has done the right thing (Munro 2011). The comment from one of the participants "*clear about what you are doing, what your intentions are, and nobody can come back at you*" suggests there is a fear that something may go wrong and practice has become defensive (Fenton and Kelly 2017). A skilled practitioner works around the standardised procedures to achieve a value based intervention, but this could also be considered to be defensive practice (O'Connor and Leonard 2014). Therefore, decisions based on values rather than procedure could be considered to be reckless by their employers when they are working within the ethical codes that promote personal choice and empowerment.

Experienced practitioners are skilled in building a pattern from the cues (Whittaker and Havard 2016) but also have prior knowledge, professional training and experience (Kirkman and Melrose 2014) and are therefore, able to evidence the choices. Less experienced workers may be less able to work in a heuristic way through their inexperience and can be limited in the ability to consider the whole picture (Kunreuther, Meyer et al.). However, workload pressures, time constraints, (Kirkman and Melrose 2014), volume of factors to be considered in a decision (Saltiel 2016) and the number of sequential decisions required within a working day (Kirkman and Melrose 2014) all limit the ability to apply through analysis to each situation or case. System 2 which normally has responsibility for “deliberate memory search, complex computations, comparisons, planning and choice” (Kahneman 2011 p103) can become busy resulting in system 1 having more influence in decision making. Therefore, the heuristic response may be more likely when practitioners have a number of complex situations requiring a decision. However, which less experienced practitioners are more likely to lack the depth of knowledge for a heuristic response and may limit the information used to make the decision. While they may understand the risk, the factors taken into consideration may lead the inexperienced practitioner to a decision choice that disregards the risks. For example, in a situation of financial harm that has impacted on the adult’s ability to purchase food, the practitioner will be aware of the impact of the risk but may accept adult advising that family members are supporting the adults without the process of checking who, when and what is being provided.

#### 7.5.4 Factors influencing risk

Risk aversity within organisations can result in a culture of blame (Taylor, Hill et al. 2011). The formal logic applied by policies and procedures are designed to manage risk, and at the same time to counter the perceived informal logic of practitioners. However, the outcome of such policies have, on occasion, resulted in unwanted outcomes such as risk aversion where they have been developed in response to practice cultures that are considered to have ‘gone wrong’ (Sherwood-Johnson, 2013a p 486). Therefore, compliance with employer’s processes can lead practitioners to work in a defensive way which can be at odds with values and ethical codes to avoid blame. Risk often comprises of a number of factors rather than a

single issue (Manthorpe and Stanley 2004) and includes unrecognised assumptions and values (Parton 2006) which can lead to practitioners being seen to be causing error, loss of perception or reckless behaviours. The comment “*nobody can come back at you*” is a clear indication that practitioners are aware of the need to defend their practice, however the risk of such a thought process is that system 1 responds more to risk aversion (Kahneman 2011) which can impact on the practitioner’s ability to consider positive risk taking (Kemshall and Wilkinson 2011), and in some cases can lead to making a judgement on what is defensible rather than the right action (Taylor 2006). Confrontational situations, which some adult protection events can be, also stress practitioners which can result in altered judgements and an increased perception of risk (LeBlanc, Regehr et al. 2012). Risk aversion in a multi-agency environment can result in different styles of managing risk (Taylor, Hill et al. 2011) and workers fear being judged as ineffective is a driver for the avoidance of risk (Littlechild 2008) which results in some practitioners adopting their manager’s threshold of risk (Collins and Daly 2011) or managers demonstrating a lack of confidence in the practitioner by micro management (Ingram, Fenton et al. 2014). Both of which can de-skill a practitioner and alter their perception of acceptable risk.

## 7.6 Multi-agency working

Under s6 of ASPA there is a duty for police, health services and councils to co-operate with the council officer undertaking adult protection inquiries, and the Adult Protection Committees in each area also have a requirement to encourage co-operation through representation on the committee. Membership of the committee by organisations such as fire and rescue services, voluntary and private care providers encourages engagement and co-operation of a wider group of organisations involved in protecting adults from risk of harm.

Information sharing across agencies to protect adults is crucial (Grace 2015) which requires effective channels of communication (Joseph, Klein et al. 2019), consultation with relevant partners (O’Sullivan 2011) for expert practitioners to make skilled judgements in real life situations (Klein 1999). Although multi-agency sharing of information can contribute to effective protection plans (Fyson and Kitson 2012)

and social workers perceived information sharing and joint decision-making improved outcomes (Pinkney, Penhale et al. 2008) there is limited information as to what outcomes are improved. Whilst this may be the case, there is a significant body of evidence that demonstrates multi-agency working has not been effective in protecting adults from harm. High profile cases like the death of Ms A (North Lanarkshire Adult Protection Committee 2016), Ellen Ash (Glasgow Adult Protection Committee 2014), Sharon Greenop (South Ayrshire Chief Officers' Group for Public Protection 2019) and Adult 2 (Rochdale Borough Safeguarding Adults Board 2018) are clear indicators that multi-agency working has not been successful in protecting these adults. All of these cases triggered significant case reviews due to the death of the adult concerned, and it is much more difficult to establish where multi-agency working had not protected an adult, as the circumstances did not have such serious consequences for the adult leading to published findings.

From the participant's comments the multi-agency issues fall broadly into 4 main themes: the differing cultures, differing skills and knowledge, issues around decision making as a group and barriers impacting on effective multi-agency working.

### 7.6.1 Culture and professional groups

Multi-agency working in adult protection requires key partners who are involved in the adult's life to work together, however, they all have different roles and employing organisations which can impact on the way adult protection is perceived. Values held in one service may not reflect the values held by another service despite working together for the same goal.

The requirement of ASPA for partnership working between agencies has been in place since its introduction in 2007, however there remains some stereotypical thinking about the role of the different occupational groups, or their ideals of professional practice (Keddell 2011) functional understanding (Saltiel and Lakey 2019), or lack of clarity around their role (Trainor 2015) and responsibilities (Stevens 2013) in multi-agency protection work.

Police officers have a primary consideration of the action being in the interest of the public (Shearlock and Cambridge 2009) which can override protection of the adult if there is dubiety about the potential credibility of the adult in court. Police are viewed as being risk averse (Joseph, Klein et al. 2019), and both police and health services consider social workers allowed what they considered to be more risky decisions (Joseph, Klein et al. 2019). However, the police officers in this study commented a number of times *“police don’t have a view, police consider the risk of harm”*, in relation to power of attorney, and capacity of the adult. There was also a reluctance to become involved in family dynamics in relation to family financial harm. They were clear about the powers they hold, identifying risk in relation to criminality and signposting to other services. These factors suggested those participating did have a clear understanding of their employed role, but in terms of multi-agency working the focus on risk led them to a more solution focussed approach with the indication they would seek to remove the perpetrator. Similarly, representatives from housing services expressed frustration with multi-agency professionals who were solution focussed without understanding the implications of the solution being proposed *“find other agencies have the expectation of housing to resolve the situation by giving them a different house”*.

The solution focussed approach some of the participants engaged with such as recommending a change from electronic banking or removal of the perpetrator can be referred to as tinkering not tackling (Williams 2011) where a small action can reduce the harm to the adult, but does not address the overarching issues. In this case a change from electronic online banking to more traditional form of money management could allow the adult to gain more control of their finances and could make it more difficult for the alleged perpetrator to move money out of the account. However, the vignette does not specify how able the adult is to manage his money in a traditional bank account, nor is it clear that the alleged perpetrator is not acting in the adult’s best interest. Assuming both of the solutions offered by the participants were carried out and the adult is able to manage his own finances and the perpetrator is removed, the solution may only be appropriate in the short term as it only addresses the outcome of the harm of this particular event, working with the immediate issue rather than the root cause (Williams 2011). The solution focus does not consider the way the harm began, how it developed, the potential manipulation

by the alleged perpetrator or the adult's ability to safeguard themselves from further harm. Slow and analytical system 2 (Kahneman 2011) would be concerned about the adult in relation to the 3-point criteria initially, before moving on to what form of intervention is required. Whereas system 1 thinking may have substituted the harder question of whether the adult was at risk of harm for an easier question to answer, in this case what would stop the adult being at risk of harm. System 1 thinking does not take into account the quality of the evidence and can be subjectively over confident with a consequence of limiting the evidence to support the coherent pattern system 1 developed, which matched with the knowledge already held by the practitioner (Rutter and Brown 2015)

Trust in multi-agency partners is also a factor in adult protection work, and in a recent study health workers highlighted their lack of trust in the assessments made by other partners (Joseph, Klein et al. 2019), although this was not the case in this study. Participants discussed the source of the referral in terms of trustworthiness, and actively seeking information from other professionals who were involved in the adult's life. "*Other professional's views are important*" was a strong message from the participants, and specifically they would look to the police for particular information. The comment from the police about not giving a view, therefore, is at odds with the other multi-agency partners seeking a view from police. It is perhaps explained by the comment that police officers "*police don't always consider safeguarding*" which again relates to what police officers consider to be their role in adult protection. On one hand it could be perceived that without prior knowledge of the adult it would be difficult to predict whether an adult was able to safeguard themselves, and police officers may have no prior knowledge of the adult until involved in a situation where the adult is considered to be at risk of harm. Alternatively, it could be argued that all services are required to contribute to the adult protection inquiry in establishing if the 3-point criteria is met, which includes a judgement about the adult's ability to safeguard themselves.

The views of health professionals were also considered important to the early decision functions, in the earlier vignettes the participants indicated they would seek information from GPs but once the vignette identified involvement from a district nurse the participants focussed on seeking information from that source, particularly

when they considered the risk has increased in regards to the impact financial harm had on physical health. Again, this potentially related to the knowledge of the adult through regular intervention. The regularity of contact with the adult also featured in the feedback, as participants commented that they “*wanted the balance of not over-reacting*” which can occur with single pieces of information. As there are higher levels of stress in new and unpredictable situations which are reduced through a second exposure to similar events, the initial emotional response of acknowledging over-reaction confirms the understanding of balancing emotions which unchecked can impact with a greater perception of risk (LeBlanc, Regehr et al. 2012). Therefore, those occupational groups who are often involved in single events are more likely to have a different perception of risk compared to those who have ongoing involvement which creates varying understanding of risk within the multi-agency group. For those professionals who are working in a culturally risk averse organisation, there may be a different style of managing risk which can influence the multi-agency decision (Taylor, Hill et al. 2011), and a tendency to work in a procedural manner rather than within the bounds of professional judgement (Littlechild 2008).

Culturally, groups of multi-agency workers share and learn from each other (Domac and Haider 2013) however, they may develop a more pessimistic outlook if their experiences are based on negative events (Learner and Keltner 2000). Research has indicated care staff they are reluctant to report suspected harm based on previous negative experiences based on their belief there was pre assumed guilt which they found to be intimidating (Moore 2016), and if this is replicated in other care environments there is a potential for the culture of the organisation to actively not share information about harm with partners. Participants advised their role was to “*confirm information*” which would require establishing the detail of events and the intensity of establishing all the relevant information may appear intimidating to care staff. It is likely that care staff have little involvement with the process of adult protection beyond reporting harm and acknowledged that they only see a small part of the process (Moore 2016) as there is a tendency for managers or owners to be involved in the multi-agency decisions. This highlights a lack of understanding about how the concerns raised are progressed and leads care staff to believe that reporting harm does not make a difference (Moore 2016). This point was reflected by the practitioners to some extent “*need social work to take the lead and direct*” which

suggests that partners rely on one service to take the concern forward and where there are negative feelings associated with raising concerns the harm may not be reported.

The frustration expressed by some of the participants who felt they were “*led by process*” indicates a tension between their own values held and those of the organisation. Some practitioners may take a more procedural approach where the multi-agency guidance is in keeping with the practitioner’s individual values. Similarly the formal responses to situations of harm will be potentially different within each service depending on the values of the organisation and how closely those values are reflected in the partnership guidance (Sherwood-Johnson 2013). Top down decision making in adult protection tends to be the norm (Cambridge and Parkes 2004) and organisations have a strong incentive to maintain status quo and agencies can take a defensive approach to protect professional practice (Mantell and Scragg 2011). The practitioners who expressed dissatisfaction with the procedural elements of adult protection were also the same practitioners who referred to the limitations to person centred practice, which implied their values were at odds with the process they are being asked to work with. However, it is worth noting that both of the professional groups (groups 1 and 3) who were frustrated with the procedural work, had significant roles in the whole adult protection process which links to the earlier point about the limited role some practitioners may have. The participants who did not express a view about the tension between process and practice values generally had a much more limited role and tended to be guided by others.

The professional groups who are part of the adult protection partnership also construct and consider the protocols in a different way, either as a collective responsibility or prioritising the autonomy of the expert (Yoeli, Lonbay et al. 2106), which suggests the values of the occupational groups are at variance. The evidence that the initial referral shares is equally important to the adult protection decision as the information provided by any other source yet care worker may consider themselves to have the lowest status (Lightman 2017). The participants did not delineate between the quality of information they received from the different professionals but indicated they valued the contribution of others “*I would be asking other professionals*” and “*looking for matching evidence*” and the opinion of the

professional workers was as important as the information they received from the neighbour *“it would make you do something”*. Therefore, although the interpretation of the guidance and the values associated with the professional groups may have varied, there is no correlation with the weight that is placed on the importance of the individual services.

### 7.6.2 Skills and knowledge

The way partners work together in adult protection can be influenced by their individual and shared skills and knowledge. There is an assumption that the professional groups know how to work collaboratively (Joseph, Klein et al. 2019) which may not always be the case (Stevens 2013) and it is known that when multi-agency processes led practitioners to feel included collaborative working was improved (Joseph, Klein et al. 2019). As identified earlier (7.6.1) the participants advised they would seek out partners to establish their views to look for patterns or cues about the risk of harm to the adult (Klein 1999) and evidenced they were using both intuitive system 1 thinking (Kahneman 2011) *“Dave using his contacts, to introduce to Jack’s life, potentially there is a means to an end for him if his wife was a cleaner, his family income may benefit”* and the more analytical system 2 thinking of *“what’s changed?”*. Pre-existing relationships are found to be helpful (Fyson and Kitson 2012) both between the adult and the practitioner which increases the knowledge of the adult’s normal patterns of behaviour, but also between the different occupational groups where a level of trust has already been established. Where practitioners from different disciplines are regularly engaged with the adult, the ability to revisit and discuss the presenting issues helps workers to reflect on the situation and also creates a shared language (Saltiel 2017), which was acknowledged by the participants *“building trust and reliance”*.

Ineffective communication between partners is seen as a barrier to effective safeguarding (Williams 2011), as the meaning of the circumstances surrounding an adult at risk of harm can be perceived differently by the multi-agency group (Galpin and Parker 2007). When discussing capacity, some workers assumed the adult had capacity to make decisions as there was no information to suggest otherwise and

advised “*as he’d got capacity*” whereas other participants continued to consider that capacity was unknown “*where they have capacity*” indicates they were discussing the issue from different perspectives. One group was working within the knowledge of the Adults with Incapacity (Scotland) Act 2000, where an adult is assumed to have capacity until the requisite legal or medical determination had been made. Whereas the other group were discussing the issue with the understanding that capacity was an unknown factor. Similarly, the context in which the issue is framed has a bearing on the information being communicated between partners and can limit or expand the size of discussed issue and determine what the problem is perceived to be (Galpin and Hughes 2011). The participants were observed to frame the way they considered the 3-point criteria with one group stating, “*characteristic of vulnerability would be the 1<sup>st</sup> consideration*”. Although all 3 of the criteria need to be considered in the determination of an adult at risk of harm, if one of the criterion is not met the adult is deemed not to be at risk of harm. Therefore, the selection of one of the criterion frames the discussion in a narrower field and it could be judged as a way of using limited principles to filter the information to make a decision with (Saltiel and Lakey 2019). Other research has indicated that practitioners are most influenced by evidence of risk of harm (Collins and Daly 2011) and those participants who selected the criterion of risk of harm as their first contemplation were potentially widening the frame of consideration.

### 7.6.3 Multi-agency decisions

There is often a belief in multi-agency working that all the parties hold the same beliefs and values and will act in the same way, which in reality is false consensus (Andrade and Ariely 2009) and there is less consensus in more ambiguous cases (Institute of Public Care 2013). The relationship between partners is important in reaching multi-agency decisions, however not all members of teams practice in the same way (Fyson and Kitson 2012) which can create difficulties for cross boundary services.

The vignettes were deliberately designed to be ambiguous to encourage a fuller discussion, and different values were expressed. In the 4<sup>th</sup> vignette one of the participants stated “*only family impacted, no money left for them*” whereas other

participants were focussed on the progression of potential financial harm to neglect, where the adult could have been considered to be at risk of harm and therefore, was impacted by the reduced financial situation.

A decision can be considered to be defensible if a group of co-professionals would make the same decision in the same circumstances (Ingram, Fenton et al. 2014), which may not occur if the group are operating within a different value base. Those participants who are focussed on the impact of financial harm on the adult have a different perspective to those who suggest only the wider family will be affected through the loss of inheritance, but if they are not consistent in their perspectives there may be different factors used in a decision. Yet, the power balance of the different services may impact on the way the decision is reached. Participants referred to *“look to social work to take the lead”* or *“signpost to other agencies”* whilst others commented *“think there is a desire for everyone to work together”* demonstrated there was an unequal approach to joint decision making and confirmed although there was the expectation of multi-agency working it happened separately and not together (Mantell and Scragg 2011). Medical experts and the legal professionals are considered to have a stronger voice at multi-agency discussions (O'Connor and Leonard 2014) which other professionals believed were listened to more. Whilst this was not the feedback from the participants, there was clear evidence that the contributors viewed social work as having a stronger voice, in part due to their role as the lead agency.

As highlighted earlier (7.6.1) practitioners with a limited role in adult protection decisions may be reluctant to participate fully in decision making processes due to lack of understanding about way multi-agency decisions are made. This results in professional decisions being made by a limited number of practitioners (Joseph, Klein et al. 2019). However, it may be in deference to the agencies who appeared to be more knowledgeable about the process. Some practitioners believe their role may come to an end at the point of adult protection referral (Galpin and Hughes 2011), which in practice may be their experience. This was highlighted in the comment *“would be difficult for housing to get everyone round the table”*. Whether the observation was based on experience of arranging a multi-agency meeting or a sense that a meeting called by that service would not be given priority is not known,

although informal information sharing is deemed to be more reliable than formal information sharing (Joseph, Klein et al. 2019) and those less familiar with adult protection may be more open in an informal context.

#### 7.6.4 Barriers to multi-agency working

Almost every significant child or adult case review or external inspection receiving poor grades have identified issues in relation to multi-agency working, or more specifically the lack of information sharing. From the Borders Inquiry in 2004 (Hothersall and Maas-Lowit 2010) the more recent adult protection inspections in 2018 (Care Inspectorate and HMICS 2018) information known in individual services are not shared across the partnership to inform the joint decision making process. Which questions why information sharing remains an issue in multi-agency working?

The participants acknowledged the power dynamic between worker and the adult and the potential impact of their decisions, particularly when discussing the ability to remove the adult's choice "*whether you feel confident to use the power you have*" but did not comment or acknowledge the power differences between members of the partnership. Whilst they were not asked specifically about multi-agency working in relation to sharing information and joint decision making the comment "*we wouldn't give a view*" highlights the reluctance of some partners to engage which impacts on the understanding of the need for shared decision making. Organisational hierarchies potentially allow for some occupational groups to have limited engagement, such as submission of a report to an adult protection meeting rather than attendance at a multi-agency meeting. The benefits of being able to share information face to face and understanding when the difficulties are shared, allow the participant to be part of developing a protective plan (Taylor 2010) and although it could be argued that there is a form of engagement and information sharing, non-attendance does not allow the professional to be involved in making the decision. Their abdication from the joint decision (Whittaker 2011) can be viewed as compliant with the procedural element of information sharing but limits the parties making the joint decision. Multi-agency adult protection meetings enable reflection in action and reflection on action (Schon 1983), where practitioners can consider the immediate issues and weigh up the effectiveness of previous interventions using both

theoretical and practice knowledge, both of which are required for good decisions. They also provide an opportunity to challenge assumptions when factual information is limited (Rutter and Brown 2015), and can lead to improved knowledge amongst partners. However, the increased knowledge on its own does not necessarily result in improved response (Grace 2015), but shared practice knowledge can provide the opportunity for developing understanding (Preston-Shoot 2018) and gain consensus between safe and dangerous situations (Taylor 2012).

The lack of partner engagement can also be related to a power imbalance between partners, particularly when one service has commissioned the other. If the agencies' core business is at the discretion of another agency it may be difficult to challenge opinion in a multi-agency group. Within adult protection meetings some agencies may be required to confirm their errors, and it may be that the human alliance to defend colleagues or the organisation can intimidate the willingness to participate (Williams 2011). Alternatively, working from a person centred perspective which is supportive of the rights of adults to make risky decisions the practitioner's own values may not reflect the group decision about risk (Joseph, Klein et al. 2019)

Stevens (2013) argues that harm and neglect thrive when the organisational culture has a focus on tasks and processes, rather than on the service user. Yet without a multi-agency procedure, individual agencies will focus on their ability to safeguard within their remit, such as the comment made about the removal of a perpetrator or to re-house the adult. Solution focussed responses can provide immediate action to stop the harm, but it potentially ignores the bigger picture is how the adult can be safeguarded from further incidents of harm, and without multi-agency involvement there is a risk that the incident of financial harm is not considered in the context of wider harm. The comment made about removing the alleged perpetrator is an example of immediate action to resolve that particular incident but does not consider the wider issues of financial harm, such financial harm can occur without the perpetrator being present. It could be argued that it is the process of adult protection that brings about long-term change through multi-agency decisions. Therefore, those agencies who fail to engage in the multi-agency process are unlikely to move beyond the here and now, to develop the skills and expertise of challenge or build consensus of values.

## 7.7. Summary of the discussion

The discussion highlighted the complexity between professional ethics and values with that of the legislation, with the potential for procedures to take precedence in deliberations. The order in which the application of the 3 point criteria varied and there was evidence a form of hierarchy in the 3 points existed. The consideration of the 3 point criteria occurred when there was little other information suggesting there was less concern about the requirements of the legislation when there was further information to be considered. Deontological duties to explore and share concerns about financial harm were considered alongside the duty to follow the employer's guidance which at times created tension, as did the balance between a focus on outcomes and utilitarian services delivery which has less focus on rights based practice. In particular there was evidence of discomfort or moral injury in relation to practice that did not involve the adult or make them aware of the adult protection concern.

In regards to knowledge of financial harm, the participants worked in a person centred way and considered the adult's ability to make informed choices. They evidenced knowledge of financial harm, power and control issues, grooming and considered intrinsic and extrinsic behaviours. Change was a primary consideration for the participants, establishing what had changed and the impact of change, which seems to be based on the assumption that changes potentially creates risk, with little evidence of consideration of existing risk. There was evidence of tacit knowledge and analysis, pattern recognition and anchoring but also of confirmation bias where a coherent account was developed without full information, with weight and value given by the participants to the financial transaction. Some of the participants had limited knowledge of financial harm and the process, which may have lead them to be more solution focussed. The participants balanced consideration of self-determination with risk, and thresholds of risk appeared to vary amongst the different professions and organisational cultures, with a level of risk aversion evidenced.

A significant factor in the participant's responses is related to the crossover between personal values regarding finances and the professional response regarding thresholds of risk associated with financial harm, which evidenced strong emotional

responses. These discussions highlighted the underlying subjectivity of their determinations.

Many of the factors identified within this chapter are not only complex but are interlinked, and chapter 8 will explore those links in more detail.

## 8. A summary of the complexity of factors influencing decisions about financial harm

In the initial Q sort the emerging themes related to the adult's choice, the relationships around the adult and influence on the adult and power dynamics within the relationships, the relationships with family and support for the adult, exploitative practices, recognition of harm and the wider perspectives in relation to protection, legal measures and standards. These themes were explored further in the second part of the research, and through the use of vignettes identified the factors taken into consideration when making a judgement about financial harm in an adult protection context, detailed in chapter 7. However, there are some complexities that are worth exploring further. These complexities, and the links between them, will be discussed in this chapter. Given this research was carried out with a range of practitioners from different services, there is an opportunity for this discussion to look at the complexities of factors for both individual workers and agencies, and the intricacies which occur through multi-agency working (Mantell and Scragg 2011) and to identify 4 interlinking themes. Whilst there is a cross over between the themes, the discussion is structured around the issues that impact on strategic policy, the professional roles within organisations, the level of knowledge regarding financial harm and adult protection, and the final area for discussion is the impact of thinking and decision making styles.

### 8.1. Organisations, culture, policy, and hierarchy

Multi-agency working can often be used interchangeably with terms such as partnership working, inter-professional collaboration, joint working or multi-disciplinary working (Atkinson, Jones et al. 2007), which all have different interpretations. ASPA does not refer specifically to multi-agency working or any of the terms identified above, but to cooperation between agencies. Whereas the ASPA Code of Practice (Scottish Government 2014) makes reference to following the principles of ASPA with multi-agency working and cooperation. The Code also directs the reader to local multi-agency procedures and states it is considered to be good practice to involve relevant stakeholders in adult protection. However, it is important to note one of the primary influences in the development of ASPA

originated with the Scottish Borders Inquiry where numerous concerns were raised with Police, Health and Social Work which did not prevent the adult from being at risk of harm (Mantell and Scragg 2011). The subsequent investigation (Scottish Executive 2004) identified there had been an uncoordinated approach, with poor assessments and recording, alongside a lack of information sharing between agencies and inconsistent risk assessments. The inquiry also recognised the legal, ethical and practice decision complexities required to be worked through in situations of harm.

There are strengths in multi-agency working which relate to the shared expertise and responsibility which are considered to be more effective (Mantell and Scragg 2011). It can lead to an enhanced service user experience, barrier free access to services with practitioners developing wider understanding of the issues facing the adult, and create a holistic response (Jasper, Wilberforce et al. 2016). It is considered to be more effective than single agency working and enhances the decision making process whilst sharing the responsibility across the agencies and practitioners (Perkins, Penhale et al. 2007). Models of multi-agency working involve exchange of information, planning action, implementing plans, co-ordination and cooperation in practice and collaboration (Percy-Smith 2005). If viewed as a system, multi-agency partners contribute to the overall consideration of risk of harm. Partners may have a specialist knowledge about areas of harm or the opportunity to observe the adult and determine the risk to the adult and the adult's ability to safeguard themselves, which are shared to make a determination. Whilst the individual practitioner may be limited in protection of the adult, there is strength when partners bring their knowledge together and make a joint decision.

There appears to be a presumption that the presence of procedures or guidance is sufficient to ensure multi-agency working, which fails to take into account the different values, perceptions, and conditions of the partner agencies (Murphy 2004), and there is limited consideration in the way partner organisational aims and methods of operation can impact on effective co-operation. Effective protection of adults relies on good structures and processes to achieve change (Preston-Shoot 2018). However, a top down approach could be responsible for "persistent naivete among those who formulate policy that arises from a seeming assumption that

merely uttering words will change behaviour” (Moore 2020) and fails to acknowledge the tensions in partnership working which include the conflicting constructs of health and social care need (Stewart 2012). Therefore, the commitment of management is crucial to collaborative working (Shorrocks, McManus et al. 2020) to seek solutions to disjointed practice. Partnership is not supposed to mean a merger or takeover (Parrott 2007) but in practice can appear to be so. The lead agency is potentially more powerful in setting the procedural standards and committing other services to specific roles within adult protection. The strategic requirement to monitor and audit adult protection processes to be reassured the multi-agency responsibilities are delivered and the council are compliant with legislation, has led to services working to strictly determined policies and procedures with less focus on the values of the individual services (Parrott 2007).

Each partner agency has a wide ranging remit that is not limited to adult protection, which means the aims and operational goals of each organisation are quite different and create different priorities. Neoliberal constraints on spending across the public sector has reduced resources and led to reduction in services that support the practitioner. The increase in administrative work for practitioners has a direct effect on the time available for core tasks (Moriarty, Baginsky et al. 2015), and it is estimated the workload is 20% direct work with adults and 80% administrative tasks (BASW 2018) in social work. Similarly, nursing staff have encountered a substantial increase in administrative tasks (Somerville and Morrison 2018), which decreases the opportunities for professionals to engage in the analysis of adult protection and explore the presenting factors which may indicate financial harm. The strategic focus on evidencing adult protection through detailed recording, has a direct link to the time available to practitioners to engage use skills associated with professional curiosity (Thacker, Anka et al. 2019). Additionally, the budget limitations may also have an effect on resources if staff are taking on more tasks, which can lead to higher workloads and fatigue as discussed in 7.5.2.

Many of the partner agencies have budgets for specific resources, which in the current climate are limited. Therefore, there is a balance required across a service to meet competing demands which may have financial implications for one or more services to prevent further risk of harm (Devaney 2019). Commissioners of funding

in adult care often work with single needs, rather than a holistic approach to all the adult's needs (Anderson 2011), and the lack of joint budget to support adults at risk of harm in a collaborative way, can impact on the multi-agency decision making process. Each service has finite resources to invest in one area of their business, which can encourage innovative strategies regarding the effective strategic delivery working in collaboration focussing on prevention rather than reaction, but would require cultural change within organisations (Crawford and L'Hoiry 2015). However, the lack of this type of innovation has resulted in individual services making short term cost savings and a reduction in their responsibilities.

Alongside the local procedures are standards, and occupational ethical codes which work with principles rather than specific contexts and circumstances (Lethard 2003). Therefore, an interpretation of the standards and ethics in relation to the circumstances of harm are required, whereas the procedures are much more detailed, and the employing body have the expectation the procedures will be applied consistently. The Care Inspectorate Standard of adults being safe and protected (Care Inspectorate 2017) is an overarching principle which is unable to provide the detail of the correct response to a particular situation, similar to ethical codes. The strategic management requirement is to ensure this standard is upheld and does so with detailed procedures. This is reinforced by the code of practice "As a social service employer, you must have written policies and procedures in place to protect people who use services and carers, and to support social service workers." (Scottish Social Services Council 2016). For strategic managers, the procedures are easier to monitor and check adherence to fulfil the strategic requirements, compared to an ethical principle which is more open to interpretation, and may be contrary to the procedure. Whereas, for ethical principles, the need for interpretation may mean the explanation of the principle may not readily fit into the agreed recording process, making it more difficult to monitor and evaluate by strategic managers, which is a potential risk to the organisation. For practitioners who work with an ethical code which is embedded in their occupation, such as social workers and nurses, tensions are created when the ethical principles do not appear to fit into the procedures. The stress of being unable to practice in line with their ethical beliefs impacts on practice as the emphasis on following the procedures can lead to defensive practices, as

identified in 7.5.3, which the participants indicated was a feature of their protective work and can limit person centred practice.

The delivery priorities of individual agencies will undoubtedly impact on the operational culture, which in turn may affect the factors considered in decisions about protection, which is reflected in the participants comments regarding one service would not express a view in relation to the vignette, suggesting there is a belief that their role is limited in adult protection. The individual agencies have made a commitment to multi-agency working through their membership of the APC and acceptance of the procedures, but the service priorities have an impact on the individual worker's willingness to engage, which may be part of a culture. Where the organisation has committed to a centralised adult protection unit, generally practitioners have a fuller engagement in the process, individual workers understand partner roles and they have active participation in multi-agency decision making. However, this can limit the engagement of other workers from the same service, who may have other organisational priorities which are considered to take precedence. It can also limit engagement when single individuals in a small, centralised service change role, as they take their knowledge with them. The joint inspection of 6 council areas in Scotland indicated that not all agencies were willing participants in adult protection and made a recommendation that "all required partners should attend adult protection case conferences, particularly police and health" (Care Inspectorate and HMICS 2018 p27). Therefore, there is not a consistent commitment to the multi-agency process which members of the APC have signed up to.

Although there is fluidity across the professionals in multi-agency work there are also entrenched characteristics of different services (Reynolds 2007). The independent status of a GP is very different from the command and control structure of the police, particularly in relation to discretion and choice (Murphy 2004). A police officer may be instructed to participate in multi-agency working, whereas a GP can decide when and how to collaborate regardless of the NHS commitment to adult protection. As discussed in 7.5.2. prospect theory surmises that the desire to avoid loss is a stronger motivator than the potential for gain (Kahneman 2011), which indicates the organisational culture around risk has an impact on how practitioners are directed. Positive risk taking against the likelihood of further harm can lead to a tendency to

avoid loss which would lead to a different threshold of risk (Stewart 2012) across services and could appear to be inconsistent (Shorrocks, McManus et al. 2020) dependent on which services are involved in making multi-agency decisions. The right of adults to self-determine can be more embedded in some services than others, which may be viewed by some partners as increasing risk to an unacceptable level. This was observed in a small scale study with social work and nursing students who identified their different perspectives regarding person centred practice. Student nurses felt they were person centred in protecting the adult from risk, which is a core requirement in nursing practice. The positive risk taking behaviour that can be used in social work can be contrary to nurses ethical principles of keeping the adult safe (Dingwall et al., 2016). Therefore, the expectation placed on practitioner to be compliant with the agreed procedure could be considered unrealistic without a commitment to understanding organisational cultures, and the impact on practice.

## 8.2 Values, ethics and occupational role

Practitioners have a responsibility to comply with legislation, adult protection policies and procedures and their professional ethical codes. Whilst the legislation and policies are standardised across the services working in adult protection, the service procedures will be specific to the service role. However, the ethical codes for the practitioners involved in multi-agency adult protection will vary by occupational group. As previously discussed in 7.4 the occupational ethical values vary between engaging with service users, listening to adults to respecting the adult, all of which can also be interpreted alongside the expectation of the adult to be fully involved in their care and support (Care Inspectorate 2017). These differing value bases in multi-agency working, can potentially cause conflict as the interpretation of ethical codes can also be subjective. Concepts of vulnerability, protection and self-determination are interpreted both in relation to the occupational ethical code, and within each occupation, the meaning of which can also appear to lack a consistent view due to individual subjectivity. The personalisation agenda is more common in the health and social care field than in other organisations, and has an emphasis on working together with adults to manage risk (Scottish Government 2009). The introduction of Self Directed Support (Scottish Government 2013a) gave adults the

ability to manage their own care and support, which further underlined the need for practitioners to work with adults in managing risk. Therefore, for those working with personalisation, risk is considered alongside self-determination and empowerment, and is not always considered to be a negative (Hothersall and Maas-Lowit 2010). This has the impact of different professionals considering risk in different ways. As identified in 7.6.1, the police are considered to be risk averse, similarly inexperienced social workers (Devaney, Hayes et al. 2017) apply different weighting to factors compared to more experienced social workers, and some practitioners have poor core values (Moore 2019). So the suggestion in multi-agency working that some risk could be acceptable may concern other professionals and create tension in the joint decision making process.

ASPA requires a consideration of the 3<sup>rd</sup> criterion, whether the adult has a characteristic that makes them vulnerable that someone who does not have the same characteristic. The level of knowledge about the characteristic will have an impact on how this criterion is determined. For practitioners who work with work with particular conditions, their understanding of the adult's ability and how the adult's condition impacts on their ability to safeguard will be considerably higher than professionals who do not have this level of experience. Therefore, there may be a tendency to overestimate risk of harm to avoid a situation where the adult may be at further risk, which can lead to a more protective response to allegations of harm. This was evidenced in the group responses with some practitioners focussed on the potential risk of harm rather than a holistic consideration of the adult's ability.

Which raises another point regarding the differences between professionals, in relation to the way different occupational groups conduct assessments and how they are used. Social work, with a focus on personalisation and engagement, work in a holistic manner seeking to see the strengths before responding to the needs of the adult, whereas other services may only assess the immediate presenting concerns and do not have a remit to explore the circumstances around the adult. They are working with a narrower consideration of the adult, and whilst many practitioners may also note other issues during their involvement the limited time assigned for an assessment will have an impact on the identification of other issues. In such cases, the police or housing officers may note some of the indicators of financial harm

through observation, but it would be out with their remit to ask wider questions about the adult's finances, relationships and power dynamics if the reason for their visit was unrelated to financial harm. Organisations such as trading standards have a wide knowledge of the community and types of financial harm being committed but have an assessment role limited to the purpose of their organisation. These assessment parameters may also lead to a solution focussed approach, which was evidenced within the research. Those practitioners did not seek to establish further information but looked immediately for a solution to the presenting issue, as identified in 7.6.1. The professional gift model (Duffy 2012), which is so called as professionals make the decision to 'gift' the service user, is a form of power over the adult as the adult is not given choice and control over actions taken. Whilst the practitioners involved may not have intended to use power or even consider their actions as power over the adult, they are seeking a solution without knowledge of the adult's skills and abilities. This can create a tension between multi-agency workers who view personalisation differently. At face value the personalisation agenda can be seen to be promoting adults to live in the community independently "It enables the individual alone, or in groups" (Scottish Government 2009b p10) and for practitioners who have a limited role in personalisation, the significance of choice and control may not be easily understood.

The involvement of the adult was raised throughout the research, with practitioners expressing discomfort when using a process that does not involve the adult. The ethical and human rights considerations practitioners normally work with focus on involving the adult, the adult's ability to make choices and be self-determining, which was considered on occasions to be at odds with the guidance and procedural elements of adult protection compared to the current principles of personalisation. ASPA is considered to be person centred, with clear restrictions on protective orders if the adult does not consent, which again seems to appear out of sync with a process that does not engage the adult from the beginning.

From a philosophical perspective, the deontological categorical imperative of duty that is universal and absolute supports the practitioners who believe their role is to involve the adult, as it appears to be a duty in other aspects of their work with adults. Therefore, there is a tension between procedural instruction and ethical

engagement. To leave the adult out of the decision-making process can lead a practitioner to believe they are pre-judging a situation which conflicts with the values of equity and fairness. In most other areas of the participant's professional life they are urged to engage the adult in decisions about their lives, such as the introduction of self-directed support where the adult is encouraged to make choices about how they receive the care and support being provided, or to engage the adult in an outcome focussed assessment which identifies the areas that adult determines they need assistance with. Within health services the code of practice for nurses clearly indicates the requirement to ensure they obtain informed consent prior to action (4.2, Nursing and Midwifery Council 2014) and is also evident with the introduction of the hospital passport to ensure the adult's views are known prior to hospital admission and used to support the delivery of a person-centred service. In these situations, practitioners have a responsibility to ensure the adult understands the choices they have and the consequences of their decisions. It is this juxtaposition that potentially creates a tension for workers who believe the process requires them to work in a non-inclusive way.

Multi-agency working involves bringing practitioners together to provide their knowledge and expertise to a particular situation, which is based on their perspective. In the same way, an adult has their own interpretation of events which is equally pertinent. To exclude the adult denies practitioners the opportunity to explore what the adult's interpretation of their reality is.. When one of the participants commented *"I think you are missing a trick; you're doing a lot of work without hearing what the individual is saying about it"* (interview 2), highlights the ethical dilemma in inclusive practise. The reference to 'a lot of work' appears to have a negative connotation, which may reflect feelings about the bureaucracy of the process which gathers what can be perceived as partial information to make a judgement. Other research has identified the desire of professionals to engage meaningfully with adults (Fraser-Barbour 2018a) which may be related to the practitioners expectation of their role. In some respects, it is logical to gather information before asking the adult what they think about the situation, particularly if there is a potential for undue pressure.

Open and honest communication between partners supports effective information sharing, and joint decision making, which in turn supports practitioners to work to the same goals whilst retaining their professional identity (Shorrocks, McManus et al. 2020). Therefore, a multi-agency approach is essential to avoid inconsistent interpretations of harm (Stevens 2013). However, the professional training and organisational culture means that practitioners within an organisations generally have the same basic concepts and assumptions, which can become their frame of reference (Murphy 2004). These pathways are evident to practitioners in their service but may not be as obvious to other professionals, and there is little opportunity for other professionals to experience these concepts and pathways. In a study with training novices, Harries et al (2014) conclude the interaction that occurs in training is more efficient at improving detection of financial harm compared to paper based training. This suggests that the learning is not just related to the materials used, but the way the training is delivered. Group setting training which features discussion from participants may be more effective in helping multi-agency professionals to understand and learn about thresholds. This, perhaps, accounts for why informal information sharing networks are seen as more reliable than formal processes (Joseph, Klein et al. 2019) as there is potential to select practitioners to contact to have a discussion with and learn from. Clearly the ability to develop informal networks requires the practitioners to have worked in multi-agency environments previously and therefore, is likely to occur between experienced practitioners. The informal network allows the practitioner to gain a deeper understanding of each other's perspective.

The concept of vulnerability in assessing risk of harm can be constructed differently (Aylett 2016) which may impact on what information is recorded and shared (Stewart 2012). While new understandings of particular issues or new knowledge of the way financial harm occurs (Reynolds 2007) can develop. This can lead to dealing with the protection issue in isolation or bypass the process to discuss the concern with limited participants, or with the alleged perpetrator (Taylor and Dodd 2003). Understandings of confidentiality, specifically what information to share between partners may be influenced by how vulnerability is perceived, and the thresholds held by both the worker and organisation.

There can also be dissatisfaction with the processes or engagement of partner agencies impacting on the way practitioners communicate with one another (Dalley, Gilhooly et al. 2017a). In the focus groups and interviews the participants discussed the expectation that social work services would take the lead in adult protection which allowed some agencies to step away from the process and the multi-agency decision making. Therefore, there was unequal ownership of adult protection (Shorrocks, McManus et al. 2020) and potentially a level of deflection by passing responsibility onto other agencies (Devaney 2019). In one council area, 68% of professionals invited to an adult protection case conference did not attend, and external inspectors identified that some who did attend lacked understanding of the role and purpose of the case conference. On occasion, it was perceived that participants did not attend as they had nothing further to share, failing to understand the role of joint decision making (Care Inspectorate and HMICS 2018). A further complexity in multi-agency working is deference by some practitioners to those perceived to have higher level of status. Multi-agency partners with a professional qualification can be viewed as more knowledgeable (Taylor and Dodd 2003) even when the professional being deferred to is more remote and has less knowledge of the adult (Thacker, Anka et al. 2019). This may relate to confidence and knowledge of adult protection multi-agency work, which will be discussed in 8.3. Partnership working is considered to be integral to safe practice (Thacker, Anka et al. 2019), which allows for specialist knowledge to be shared (Norrie, Stevens et al. 2017). It is crucial to multi-agency working and requires practitioners to understand the roles and responsibilities of partners (Shorrocks, McManus et al. 2020). The practitioners discussed the difficulties encountered when there was not a full understanding of the role of their agency. One practitioner commented on the expectation of other partners regarding the ability to take a particular course of action which was considered to be unrealistic. However, the “context in which social work operates is becoming more complex and fluid” (Devaney 2019 p19), leading to increased ambiguity and uncertainty, and it could be argued that applies to all practitioners involved in adult protection. Reflection in action supports practitioners to consider the information at the time the task is being undertaken (Schon 1983), but there are indications that the individual worker’s value base may be suspended, as research has indicated 93% from a sample of 190 care home staff had witnessed repeated abuse, which suggests the staff consider this behaviour as normal (Moore 2018).

Therefore, staff may not clearly understand their own role, which makes effective understanding of partner roles less likely.

A further influence in adult protection multi-agency working is the effect of personal values on what constitutes harm. As the literature review indicated in chapter 3, a significant volume of financial harm occurs within the home, and some adults may not be aware they are being financially harmed or accept financial harm rather than the possibility of losing family relationships. Attitudes to collective family wealth, inheritance, and established family practices can influence the way potential financial harm is perceived in relation to the adults they work with.

### 8.3 Knowledge

It has been highlighted throughout this research that the identification of financial harm in an adult protection context is complex and in part could relate to the lack of a national definition of financial harm alongside the need for interpretation of ASPA, policies and procedures, which in turn are influenced by the employing organisation. The APCs have a responsibility for ensuring the workforce is effectively trained.

As identified in chapter 3 there is a wide variety of the types of financial harm and types of perpetrators and setting, which can involve deliberate dishonesty and manipulation but can also occur in situations where there is no intent to harm the adult, but results from actions that are not considered to be harmful. There are factors that have been identified as increasing the likelihood of financial harm, such as isolation and loneliness, the financial capability of the adult, and an overly trusting nature. Therefore, the type of financial harm, the relationship with the perpetrator and the characteristics of the adult are factors that vary with each incident of financial harm and the permutations are extensive.

With the increase in complexity, clear understanding regarding the interaction between different needs is also required, and this may not receive attention in training (Anderson 2011), which could be why inadequate training has been identified as a contributory factor in abuse situations (Aylett 2016). Whilst joint training is effective in increasing confidence (Norrie, Stevens et al. 2017), it may not

be sufficient to support practitioners to acquire and retain skills (Braye, Orr et al. 2015) in regard to the complexity of balancing the protection with the adult's rights.

The majority of participants were experienced practitioners who had engaged in a number of single and multi-agency adult protection training sessions, yet varied understanding of financial harm was evident. Whilst there is no direct link between the years of experience and knowledge of adult protection (Campbell and Chamberlin 2011) the participants did demonstrate an understanding of the different roles within protection work. However, for some there was a limitation to their knowledge, which is partly due to the restrictions of their role. The participants who operationally are not involved in the end processes of protection work, in particular the way the adult is ultimately safeguarded, missed some of the factors outlined in the early vignettes which was noticeable through their solution focussed responses rather than engaging in the wider analytical discussions that occurred in the later vignettes.

Joint training can help to develop institutional empathy between partners and give agencies a clearer understanding of the role and remit of other agencies (Stanley and Humphreys 2014), but may not be effective in helping to identify harm if the employing agency does not promote the identification of harm or respond appropriately. In a survey of staff in newly opened care homes for older people, from 74% of incidents reported to managers, action was not taken in 22.8% of the incidents of harm 30.2% did not involve an external agency. A further 42.5% advised they had witnessed harm but not report it to their line manager and appears to be the result of perceived intimidation of reprisals from managers or the potential for ostracization from peers (Moore 2020). This may be the result of confusion about what constitutes harm, and what should be reported as such (Taylor and Dodd 2003), which suggests a clearer understanding of the concepts of harm and vulnerability may be required (Aylett 2016).

Within the research the area of professional work influenced the knowledge individual practitioners had about financial harm, housing officers were aware of the types of financial harm that occur within the adult's home, whereas health staff had a higher awareness of financial harm within institutions. The individual sphere of

knowledge related directly to the harm that occurred within their area of business and to their personal experiences and could be considered to be limited in comparison with the participants from more specialised work commenting on their lack of knowledge of the situation outlined in the vignettes. However, knowledge gained through training has limited effectiveness if it is not used (Aylett 2016) and training is difficult to evaluate in terms of impact, because organisations will be looking for increased performance rather than increased knowledge (Berge 2008). Change is not achieved from training alone, but from previous experience, attitudes, emotions and context (Haddock 2015) which require rigorous evaluation of the effectiveness and outcomes (Preston-Shoot 2020). Which would suggest that a full knowledge of the different types of financial harm is difficult to achieve and could result in some forms of harm not being identified.

To improve performance in financial harm, pattern identification could be simplified with the use of a matrix to cross reference individual factors, such as the risk and resilience matrix (Howarth 2001) or a correlation matrix (Robson 2011) to demonstrate links between the factors. However, the number of variables in financial harm would require an extensive matrix. For example, financial harm committed by a rogue trader in respect of roof repairs could only be perpetrated in the adult's own home. It would not be possible to financially harm an adult in this manner if they resided in a care home as they would not have responsibility for the fabric of the building. A rogue trader is likely to be an unknown perpetrator although there could be an element of grooming prior to the financial harm. Within this scenario there could be an element of coercion, the adult may be isolated and could have limited financial capability, but equally they may not be factors in the situation of harm. Similarly, in a situation where an adult is financially harmed by being persuaded to change their will, the perpetrator is likely to be known to the adult such as a family member, but it could also be an independent carer, or a scam presented as a charitable organisation. The adult may not have been groomed into changing their will or controlled by coercion. Therefore, the factors under consideration are unique to the adult in that particular incident of alleged harm, and generalisations have limited value in the identification of financial harm. The literature review identified isolation as a contributing or risk factor, but there was also evidence of financial harm where the adult at risk had not been isolated. Where the participants referred

to isolation as a potential factor in financial harm it was accompanied by other factors including control, rejecting family and not shopping (for food). They also discussed the professionals involved with the adult who were able to visit the adult without the alleged perpetrator being present. The participants evidenced their concern was not related to the adult being isolated, but to the lack of observation. The participants demonstrated they were aware of potential risk factors and identified cues and patterns to inform their observations within the vignettes and linked factors together. This was evident from their reference to learning in relation to domestic abuse and the use of examples drawn from their own observations of financial harm. Research evidence, such as a son is more likely to be the perpetrator of harm to his mother (Clarke, Williams et al. 2016) is also of limited use as a factor in determining financial harm, as there are a significant number of other factors in play. The successful use by the practitioner of drawing on previous learning, would be limited with the use of a matrix. Similarly, perceptions of particular occupations having higher status (O'Connor and Leonard 2014), deference to particular organisations, such as churches (Redmond 2016) issues of dominance and distrust impact on effective collaboration (Fraser-Barbour, Crocker et al. 2018), as dominant practitioners can have the effect of silencing partners or influencing the decision in line with their own perspective (Reynolds 2007). In such situations, practitioners can lack confidence in presenting their perspective. While a matrix could help the practitioner to identify the factors relevant to financial harm, it may not improve individual confidence to challenge.

Perhaps the more important question relates to the commitment from employing organisations and registration bodies to supporting practitioner knowledge. The SSSC require 30 hours over a 3 year period of continuous professional learning assessing and managing risk in the protection of adults and children, for social workers, and 60 hours over 5 years for housing support workers, homecare workers and practitioners in care homes for adults, with no requirement to undertake protection training (SSSC 2020). Nurses are required to undertake 35 hours continuous professional development over 3 years and the practitioner decides which area of the code they wish to evidence and may not include adult protection (NWC 2020). Putting aside the observations earlier regarding the impact of training, the limited number of hours required and the lack of specific details to the subject

matter of training appears almost tokenistic. With the regulatory bodies appearing to place little importance on continuous professional development, the commitment to training and improvement may be reduced.

The social constructs that define an adult as vulnerable may impact on differing understanding of positive risk taking (Stevens, Martineau et al. 2017), particularly if the practitioners are operating different models of care (Williams and Evans 2013). Assumptions that adults with certain characteristics are more vulnerable (Sherwood-Johnson 2013) and less able to protect themselves may be true in certain cases, but equally they may be not (Stevens, Martineau et al. 2017). Vulnerability is 1 of 11 factors identified in assessing the seriousness of risk (Mantell and Scragg 2011), and for each factor there is a threshold between acceptable and unacceptable risk, and it can be difficult to establish multi-agency consensus. The subjectivity of vulnerability also relates to personal experience and tacit knowledge. The experience in personal situations regarding family norms in financial management can influence thinking around acceptable financial transactions. Experience of multi-agency discussions can assist practitioners to develop and refine their understanding of financial harm. Practitioners referenced examples from memory throughout the vignettes that resonated with the discussions bringing an additional perspective to their deliberations.

However, even with experience, training and knowledge, practitioners can make poor decisions. The participants commented on situations where capacity was used to evidence ability to safeguard, the 1<sup>st</sup> criterion. Decisions about capacity are formal and detailed, whereas ability to safeguard varies depends on the circumstances of harm. The participants identified situations when the 3 point criteria was used to exclude consideration of an adult at risk of harm, which indicates both formal training and experience can be used subjectively to the factors being considered.

#### 8.4 Thinking and decisions

For a practitioner to be considered competent, they must learn about the problem and have the relevant knowledge structures in their memory to draw on, and people solve problems by using procedural knowledge to know what to do in a given

situation (Cannon, Feinstein et al. 2010). For adult protection practitioners who work in financial harm this could be broadly accurate, a knowledge of the problem and knowledge of processes, theory, learning and financial harm are required, but that may not allow the practitioner to know what to do in a given situation. Subjectivity, thresholds and how the practitioner thinks all influence the decision made.

An adult at risk of harm is clearly defined through the application of the 3 point criteria in ASPA. Although other organisations also work within legislation, policy and procedures and professionals within those areas appear to have clarity of process, it suggests the complexity in financial harm may relate to the way ASPA is constructed. Each of the three criteria can potentially be applied subjectively. Generally, simple decision processes can exclude or include an adult with a series of determinations made by agencies to ascertain eligibility for a service. The ASPA criteria is inclusive to ensure there is a route in place to protect the maximum number of adults who may be at risk of harm, but also continues to enshrine the principles of being of benefit to the adult and having regard for the adult's wishes.

As discussed in chapter 4, there are different types of thinking which can influence the factors considered in the decision. High workloads, the number of sequential decisions, time constraints (Kirkman and Melrose 2014) and the volume of factors in each decision (Saltiel 2016) can all influence the decision making style the practitioner selects. Short term crisis work has an impact on practitioners resilience when it is not balanced with longer term intervention where practitioners can engage with adults (Rose 2021), and combined with time consuming levels of bureaucracy (Munro 2011) may have led to risk averse practice which meets the needs of the organisation but can reduce professional autonomy (Fenton 2019), also an influence on the practitioner's levels of resilience (Rose 2021). Levels of resilience impact on the practitioners critical thinking and emotion (Grant and Kinman 2013). The consideration of alternatives in decision making and ascribing consequences through a rational choice model, or the observation, checking data and facts in a logical and systematic way to understand what the information means through thorough analysis are less likely when resilience among practitioners is low. Meaning there is a higher likelihood of practitioners using heuristic, tacit and system 1 thinking (Kahneman 2011).

Other influences also impact on the style of decision making used in protection work, such as a lack of knowledge of the adult, when there is limited involvement by agencies (Reid, Penhale et al. 2009), and time constraints restrict the ability to engage with the adult and build a relationship (Whittaker and Havard 2016) particularly when the harm is self-reported (Taylor 2010) . It can be difficult to know if the source of the referral is reliable or accurate, whether there is missing information (Saltiel 2017) or if the referring agency has the same thresholds of risk as other partners (Harries, Yang et al. 2014). However, professional curiosity is also an influence in decision making (Thacker, Anka et al. 2019), where practitioners strive to gain a deeper understanding of the individual, challenge the presenting information and analyse the possibilities. The occupational codes of ethics support the skills involved in working in a professional curious manner, and the employers desire to ensure adults are protected.

The participants identified they considered the ASPA 3 point criteria in different orders, commenting the 3<sup>rd</sup> criterion, the characteristic which makes the adult more vulnerable than someone without the characteristic, is easier to establish. Although a medical diagnosis is not required, the referrer may already have this information or a single contact with the adult's GP would be able to confirm the presence of a characteristic to meet the 3<sup>rd</sup> criterion. As such, it is a criterion that is easier to establish which is unlikely to be substituted for a simpler question through the use of system 1 (Kahneman 2011). The simplicity of this criterion is that it is often a constant factor as some medical conditions do not change.

With the 2<sup>nd</sup> criterion, at risk of harm, understanding of risk, positive risk taking and risk aversity are potential factors in the decision. Making a determination about risk also has to encompass knowledge of financial harm and impact. The participants had varied understanding of financial harm across the agencies represented, frequently with limited knowledge in the areas out with the remit of their organisation. Therefore, the threshold of risk was an important factor. One focus group commented that practitioners had an informal hierarchy of harm, which indicated the different types of harm could be weighted in terms of seriousness and of impact. On one hand, the weight given to the impact of financial harm may be drawn from heuristic knowledge, which could involve a number of cues used to retrieve

memories and prior learning to identify patterns. However, it could equally be drawn from personal perceptions of financial management. The participants indicated a level of subjectivity when considering wealth and impact, concluding higher levels of wealth had less financial impact on the adult and lessened the risk of harm, suggesting the bias in their considerations that impact outweighed risk of harm. For those working in risk averse organisations, the threshold of risk appeared to be lower. The ability to predict future risk can be based on intuition, sub consciously drawn from life experience or a conscious judgment taken from theory and training and transferred into a new situation (Taylor 2010) but in a multi-agency decision, the different styles of managing risk culturally create complexity. A culture which attempts to eliminate all risk can prevent practitioners from identifying and evaluating the presenting risk (Kaplan and Mikes 2012). It is perhaps, the fear of risk that led some practitioners to become solution focussed rather than explore the potential risk.

For some practitioners, they may be aware that something is not right but be unable to identify factual evidence to support that feeling which can lead to accumulating risk (Thacker, Anka et al. 2019) which can lead to normalising the harm and failing to recognise the issue as risk of harm. In some cases the risk can be rationalised by the worker, particularly if the worker is using system 1 thinking which operates with a limited set of basic assessments (Kahneman 2011). The failure to act on risk and absorb it as normal behaviour can reinforce confirmation bias, the deliberate selection of information which confirms the bias and rejection of information that does not (Kirkman and Melrose 2014), which may have an impact on identification of future situations of harm.

The 1<sup>st</sup> criterion, the adult's ability to safeguard, is the most complex of the criteria. Along with knowledge of the way financial harm occurs, information about the adult's ability to protect themselves is also required. Multi-agency partner information is often required but may also be limited. A GP may be able to comment on the adult's overall decision making ability but may not be able to advise about an adult's understanding of the cost and benefit of a specific financial transaction. Similarly, a home carer may not be involved in an adult's finances in order to be able to assess the ability to safeguard. Informal networks are considered to be more effective

(Joseph, Klein et al. 2019), which may be in contrast with the specific procedures laid out by the employing Adult Protection Committee if practitioners fail to also make use of the formal contacts. Where there is limited involvement from statutory agencies with the adult effective informal networks may provide sufficient information to make a determination. It is argued that the use of informal networks can be effective in reducing overlapping interventions and be time efficient (Beaulieu, Cote et al. 2017), however, this may result in more solution focussed interventions rather than involvement of all partners in the analysis required for fuller decision making.

Some participants demonstrated their desire to provide a thorough analysis with consideration of the nature of the relationship between the adult and the alleged perpetrator and seeking evidence of harm and the adult's ability. However, the levels of frustration that participants voiced are apparent regarding the lack of contact with the adult who is considered to be at risk of harm. Practitioners recognise the value of engaging directly with the adult which would allow them further information about the adults ability to safeguard and provide thorough analysis. Their analysis is also evidenced through the balance applied to the vignettes, acknowledging there may be strengths in the friendship and the participants may be looking for "the sinister or pitfalls" (group 1). They also recognised the gaps in the information, and their professional curiosity led them to consider the possible motives of the alleged perpetrator and looked for changes in the incident, including the balance of power. However, other participants evidenced their use of system 1 thinking (Kahneman 2011) with the use of assumptions and generalisations (Preston-Shoot 2018) such as the statement that "vulnerable adults are easily led, influenced" (group 2). References to memory elicited an emotional response, which appeared to anchor (Kahneman 2011) the perceived similarities both positively and negatively, although the memories of poor outcomes featured more often. This would suggest there is a dual processing model in place (Whittaker 2018) where practitioners working with large volumes of information moved between intuitive and analytical thinking.

The use of weighting and ranking was more apparent with quick decision making. Whereas a more analytical approach was taken when there was more information to consider, with a higher level of deliberation demonstrated. The relatively simple decision for the 3<sup>rd</sup> criterion, a characteristic that could make the adult more

vulnerable than someone without such a characteristic, needs to be balanced against the 1<sup>st</sup> criterion of the adult's ability to safeguard. Where the 3<sup>rd</sup> criterion is considered in isolation and not balanced with the 1<sup>st</sup> criterion, there is little analysis required. Practitioners who considered the 3<sup>rd</sup> criterion first made a conscious choice to make a deliberation on the easier question to answer, which is a feature of system 1 thinking (Kahneman 2011), whereas those who started with the 1<sup>st</sup> criterion, of ability to safeguard, selected the more difficult question to answer which required a higher level of analysis. Those who did so commented they perceived a sequence or pattern to the criteria in an "order of merit" (group 3). Although the research did not examine this area in detail, it suggests those selecting the 1<sup>st</sup> criterion as the starting point to their deliberation engaged in thoughtful and analytical thinking from the start which is a feature of system 2 (Kahneman 2011) and whilst this can change to system 1 thinking when system 2 is busy, there is potentially more likelihood of practitioners who start with analytical process continuing to do so throughout the criteria. If system 2 becomes busy, there is potential for them to move to a dual processing model which includes analytical thinking.

## 8.5 Summary

Each of the 4 themes discussed in this chapter cross over into the other areas as they are interwoven. The culture of the organisation impacts on the ways workers engage with the process and the values held by the organisation as a whole impact on the way practitioners develop their knowledge of financial harm. Whilst working towards the same goal of protecting adults, the policies and procedures may conflict at times with the values and ethics held by practitioners particularly when it comes to engaging with adults. Although a multi-agency decision making forum can bring all the relevant factors together to explore the significance of the presenting information, this may not work if the culture allows certain occupational groups to absent themselves from the decision. Variable levels of knowledge amongst practitioners are in part due to the limited involvement in adult protection and financial harm for some agencies, and training can bridge the gap in some situations. However, it needs to be supported by the employing organisation who may have conflicting organisational priorities. The level of knowledge held by a practitioner informs their

thinking and decision making, but perhaps more importantly the style of practitioner thinking impacts on their eventual determination. Workload pressures, sequential decision making, and number of decisions required all impact on the practitioner's ability to consider the information analytically, and the current neoliberal climate where resources may be restricted not only impact on workload pressures but also on the opportunities for staff to be released for training.

Therefore, there is strength in multi-agency decision making, bringing together the different perspectives and knowledge, and the engagement of multi-agency partners working collaboratively to protect the adult, if everyone understands each other's role. However, the very different approaches to risk, culturally, ethically and procedurally suggest the factors considered in financial harm, will be individual.

## 9. Concluding comments

### 9.1 Contribution to knowledge

This study was conducted with a wide range of professionals from a variety of backgrounds who have an involvement with both financial harm and adult protection in a Scottish context. Whilst there is a significant body of research around both adult protection and financial harm, research in the combined areas is limited particularly multi-agency research. Similarly, there is a considerable amount of research about financial harm and older adults, but less so in regard to adults with learning disabilities or mental health issues. However, the lack of a universally accepted definition of financial harm has made it difficult to make comparisons between the data in order to develop prevalence figures accurately.

The initial research identified 8 key themes which were explored further through the use of an unfolding vignette, which identified a number of cross over areas of complexity. In terms of practice, levels of both financial harm and adult protection knowledge impacted on the factors considered in decision making, which were influenced by the priorities of the organisation, roles within decision making frameworks and decision making styles. There was clear evidence that participants used both analytical and heuristic decision making styles, and their selection of the way they ordered the different decisions appeared to determine the style of decision making.

Factors relating to risk also influenced their deliberations, which included the power dynamics of relationships, reciprocity, grooming, and the adults ability to understand the transaction they were engaged in. The strategic focus of procedures also impacted on the way practitioners considered and weighted the factors, with some practitioners avoiding the decision making process and presenting solutions. The values and ethics of the participants and their desire to work in a person centred way, at times, seemed to be at odds with the procedural requirements, which created a tension for workers and resulted in some risk averse decisions.

The key findings from this research which contributes to original knowledge are:

- The order practitioners approach the 3 point criteria is likely to determine whether the practitioners use thorough analysis or heuristic decision making styles.
- Knowledge of financial harm is occupation specific. Participants demonstrated knowledge of financial harm that they encountered within their role but had limited knowledge of other areas of financial harm.
- Risk aversity featured highly in the factors considered in relation to financial harm and adult protection.
- Practitioners experienced conflict between their professional ethics and the process of adult protection.
- Although the different services considered they worked in a person centred way, their interpretation of what person centred means may have varied, which would be worth exploring further.
- Practitioners that are involved in holistic assessments appear to be less likely to select solution based responses.
- Decisions about financial harm can be influenced by the practitioner's personal values and may be subjective.

## 9.2. Limitations of the study

There was a higher percentage of participants from social work than from other fields, and the majority of them were involved in adult protection inquiries and investigations on a regular basis and their level of knowledge was significant.

Unfortunately, there was only one representative from health, and another participant who had a nursing background, and a higher number of participants from this service would have added to the multi-agency discussions. There was little ethnic diversity amongst the participants, who were predominately white Scottish, or white British which in some way reflects the lack of diversity in the council area the research was undertaken in. Although the participants were self-selected for the second part of the research, it is noted that there were limited places at the conference where the initial q sort was undertaken, which may have excluded some people.

From the initial research, conducted with 88 people, the number who volunteered for the second part of the research was significantly reduced and some professional groups were not represented in the discussions, such as the banking professionals. As the participants for the second part of the research self-selected there is a potential for those participants to be more confident about their knowledge of financial harm and adult protection than those who did not put themselves forward, and their knowledge of their own service was apparent.

The research was conducted in one council area, and therefore, may not be reflective of other council areas and whilst it is in the context of the Scottish legislation, it cannot be considered to be Scotland wide study.

Early in the research design consideration was given to the inclusion of service users as participants. For adults who have been financially harmed, they would have brought a wealth of knowledge to the study and potentially could have added a depth of perception to the subject, particularly their views about involving the service user at an earlier stage in the adult protection process. However, the decision not to include adults who had been financially harmed was based on a number of reasons. Firstly, as detailed in Chapter 3, a number of adults do not disclose financial harm or accept that they have been financially harmed, and the limitations of our recording systems to identify people who have been financially harmed would have made identification of those adults difficult. Secondly, Chapter 3 also indicated there are a range of impacts on adults who have been financially harmed, and they may find the process of the research to be traumatic, which would be difficult to establish in advance. Thirdly, the focus of the research was to consider why working with financial harm in and adult protection context is complex, and therefore, consideration of how practitioners work through the issues would provide the opportunity for ways to improve the professional response.

The use of a Likert scale in the initial research did not follow the normal pattern of Q sort but allowed participants to score and rank their views and perspectives, and the findings provided useful information in terms of identifying the areas that the participants were in agreement with and those they were in disagreement with. The decision to use vignettes to extract further information from the participants was

directly related to the providing a more open forum for discussion rather than questioning direct practice. There is always a possibility that practitioners respond in a different way to a vignette than practice, although the participants within this study referred frequently to direct practice. However, the vignettes purposefully did not provide much factual information for the practitioners to use in order to stimulate discussion, and the inclusion of more evidence may have changed the way they approached the decision making process. The vignettes were developed to reflect the way full information is not initially available and were not intended to draw on the process of adult protection, but to consider the possibility of financial harm. However, the practitioners did comment on the procedural elements of adult protection and were allowed to continue these discussions as it seemed to be significant to the practitioners.

### 9.3. Researcher bias

As a practitioner within the lead agency, it has to be acknowledged that the researcher's own professional value base is clearly linked to the occupation. To counter this, the construction of the vignettes actively sought to create an unfolding generic account to encourage the different occupational groups to participate. This also needs to be noted in relation to the participants who self-selected to take part in the second part of the research. Had the research had a different occupational background or been unknown to the participants, it may have encouraged other conference participants to take part in the second part of the research.

It should also be noted the researcher was in a more senior position to most of the participants, and whilst not particularly relevant to other occupational groups, it may have been relevant to the participants from the same occupational group.

To counter any bias from the researcher, the focus groups were recorded, transcribed verbatim and categorised. This process was reviewed several times to avoid researcher subjectivity, but as this research shows there are multiple factors that influences thorough analysis.

## 9.4. Implications for practice

This study was conducted with a view to understanding financial harm in an adult protection context and the factors that were used to make determinations. Within the study, it was established that all practitioners do not have the same knowledge or understanding which is related to their field of work, and multi-agency culture, professional standards and occupational values all impact on the decisions made.

Whilst there was good understanding across the services, clearly the multi-agency involvement in adult protection is necessary and requires prioritisation by partners. There is limited opportunity for all practitioners to gain a clear understanding of thresholds unless they have had the opportunity to develop that knowledge in multi-agency forums, and it is this level of knowledge that will reduce over reporting and reduce consideration being given to adults who do not meet the 3 point criteria. The implications of neoliberalist reductions in funding are unlikely to change, and all agencies are required to deliver services with reduced resources. Work load pressures and number of decisions have an impact on the way practitioners think, defaulting to quick heuristic thinking when the more analytical way of thinking is unable to be undertaken. Overall this works well for experienced practitioners who have a wealth of knowledge and practice to draw on but is not so effective for newer workers.

Prioritising learning with a focus on thresholds will support practitioners in their deliberations about financial harm. However, it is equally important that practitioners understand how their thinking impacts on their decisions and sharing the knowledge of how their style of thinking can be influenced by other factors would be useful to overall practice.

## 9.5 Areas for future research

This research was a broad sweep of financial harm and there are a number of areas that would be worth further consideration. The initial Q sort identified areas where the participants considered there was clear harm, and areas where they did not

believe harm had occurred, in particular it was not considered harmful to share, borrow or buy items from service users which do have the potential to be financial harmful due to the power imbalance between workers and service users, and would be worth exploring further.

There was considerable evidence of the use of heuristics within this study, which was examined through the use of dual process theory. In the researcher's opinion, dual processing is not a widely considered theory by practitioners and potentially unlikely to be identified whilst they are in the process of making decisions. Sharing this theory within a wider field could assist practitioners in their reflections about decisions in relation to harm, to identify the role of emotions, cues, causal links, anchoring and the way a coherent story is developed and potentially acted on. Given the impact of workloads and sequential decision making on the practitioner's day to day working lives, the ability to reflect on how and why decisions were made could be invaluable.

Finally, there is a substantial body of information relating to the way multi-agency practitioners work together, highlighting the complexity of differing cultures and knowledge bases which impact on the perceptions of risk and potential imbalance of power within joint decision making. Again, this would be useful to explore further with a specific focus on the formal decision making arena of case conferences. In the meantime though, the findings of this study will be used in my own professional practice.

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## 11. Appendices



12	Adults have more protection from services than from individual care arrangements	
13	Failure to have care plans that identify action if an adult is unable to continue to fund a placement/service, leave the adult open to harm	
14	The wide range of types of financial harm makes it difficult for the public to recognise it	
15	The greater the adult's reliance on assistance, the greater the risk of financial harm	
16	Adults with significant wealth are less likely to be the victims of financial harm as they can pay for legal advice	
17	The need for friendship/companionship can increase the likelihood of financial harm	
18	Charging an adult an over inflated price for a service is dishonest but not criminal	
19	Encouraging an adult to change their will in return for care and support whilst they are alive is financial harm	
20	The cultural norms of exchanges such as gift giving need to be suspended when an adult no longer has the capacity to make reasoned decisions	
21	Those who are required to make decisions in the best interest of an adult, are also the same people who could apply undue influence on how funds are spent	
22	Family carers who collect benefits/pensions on behalf of the adult should spend the money in the best interest of the family as a whole	
23	Adults who belong to religious faith groups are less likely to suffer financial harm	
24	Physical, mental or sensory impairment increases the need for protective measures due to additional 'vulnerability'	
25	People who appear gentle and kind are just as likely to commit financial harm as people who are dominant and controlling.	
26	Adults can be 'groomed' for financial harm, similar to 'grooming' for sexual harm	
27	Friends whose behaviour changes when an adult's funds run out may be perpetrators of financial harm	
28	Adults with low self-worth are vulnerable to exploitative financial practices within romantic relationships	
29	The cultural norms of exchanges such as gift giving have the potential to be exploited	
30	Families are powerless to help if an adult chooses to send money to mail requests	

31	Failure to give an adult in care information about their funding package is a form of financial harm	
32	Financial harm cannot occur without the perpetrator applying a level of control	
33	Isolated individuals are susceptible to undue influence	
34	People who instigated friendships with adults who are 'vulnerable' are more likely to take advantage of the adult	
35	Adults whose basic needs are not met could be victims of financial harm	
37	Adults who complete a crossword daily have a higher level of mental agility which protects them from harm	
38	Failure to recognise and report financial harm are linked to society's views on ageing and disability	
39	Care services can make additional charges for small services if the service user is willing to pay	
40	Legal measures, such as power of attorney, prevent deceptive financial harm	
41	An adult is free to pay for their friends even if the arrangement is not reciprocal	
42	Care staff may borrow a services user's belongings for a short period and can enter into agreement to purchase the items at a mutually agreed rate	
43	The isolation and control applied to victims of financial harm can create an emotional dependency on the perpetrator	
44	The power dynamics between paid care services and the service users make it difficult for service users to report financial harm	
45	It is acceptable for service users to give small sums of money/gifts to care workers in the same way as people tip restaurant staff	
46	Where the adult has a 'good faith' relationship, it can be detrimental to allow the relationship to change to one where the friend makes decisions in the adult's best interests	
47	People with disabilities are more likely to be victims of financial harm	
48	Adult children who will inherit their parent's estate should use the money to make life easier now	

Please complete the following:

The Service you work in

.....

Are you                      Male    Female    (please circle one)

Your age group (please circle one)

- 25 and under
- 26 to 45
- 46 to 65
- 65 and over

Are you a carer for an adult out with work      Yes    No    (please circle one)

Thank you for your participation

## Appendix 2 – Presentation notes for initial research

### Staff Conference Event

#### Financial Harm Questionnaire – 30 mins

Each person to be given a set of statements and complete the Financial Harm Scoring Chart.

5 minute explanation about the purpose and process

- Gathering information to inform training, awareness raising and publicity
- Part of wider research project
- Anonymous – do not put names on forms
- Run through how to complete exercise – possibly show on powerpoint

20 minutes to complete the exercise

5 minutes to advise how we will use the information

- Request for people to participate in focus groups
- Contact details sheet (on table) to be completed for those who wish to be part of focus group or individual interview
- Analysis of data through computer programme

## Appendix 3 – Notes for participants

### Research Information Sheet for participants

Financial Harm in an adult protection context  
*A study being undertaken by Melanie Durowse as part of her PhD*  
Principle PhD supervisor: Dr Tim Kelly, [T.B.Kelly@dundee.ac.uk](mailto:T.B.Kelly@dundee.ac.uk)  
Second PhD supervisor: Dr Jane Fenton, [J.Fenton@dundee.ac.uk](mailto:J.Fenton@dundee.ac.uk)

#### **Invitation to take part in a research study.**

You may recall that during the Fife Adult Protection Conference 2014 you completed a questionnaire which asked you to agree or disagree with a number of statements in relation to financial harm. At the end of the conference, you completed a form with your contact details to take part in a further research exercise.

**You do not have to take part in any further research if you do not wish to, nor do you have to provide any explanation for your reason to not participate.**

#### **Purpose of the research study**

As someone who is involved in adult protection, I would like to seek your views in relation to the decision making process that occurs when considering financial harm in relation to the adult protection legislation. Both adult protection and financial harm require a level of decision making to identify and respond to the alleged harm, which can be hampered by a lack of universally accepted definition of financial harm and the many different ways that financial harm can occur.

I would like to explore how decisions are made and the individual factors that are taken into account and those factors which have limited relevance to the decision making process.

I hope that the information gathered will benefit practitioners by helping to understand our decision making process, and have practical benefits that can be utilised by both contributing to the professional development of agencies involved in adult protection and with in continuous professional development of those currently working in this field.

#### **How the research will be undertaken**

A case study will be used to give some information, from which you will be asked a number of questions. You will be given further information and the opportunity to discuss how the new information may revise the factors taken into account.

All your responses will be anonymised.

The research will be carried out in a small focus group or individual interview, and take place in an office location to suit you.

The research exercise will take a maximum of one hour

You may withdraw your consent to participate at any point

**Risks**

The case study is entirely fictitious and you will be asked to respond to the information presented. It is highly unlikely that real cases will be discussed during this research and information is shared that leads the researcher to believe that an adult or child is at risk of harm, or concerns are raised during the interview or focus group that the research believes to be unethical, the research activity will stop at that point and the researcher will take the appropriate action.

There are no known risks to you through participation in this study. However, if the participation in this research becomes overwhelming, the researcher will arrange for you to take a break.

You may withdraw from this research at any point without prejudice and without providing a reason. Any anonymised information already gathered up to the point of withdrawal will be used by the researcher.

By agreeing to take part in the research it is implicit that the intellectual property rights of the data gathered during the research will remain with the researcher.

**How will the information be stored?**

All information gathered will not record any personal information that can identify you. Your occupational grouping may be referred to, as long as it does not identify you.

If you agree, the discussion during the research will be voice recorded for the purpose of accuracy. Once this has been transcribed the voice recording will be destroyed. The researcher will also take written notes during the research exercise. These notes will be typed up and stored on an encrypted and password protected data storage system owned and operated by the University of Dundee. The handwritten notes will be destroyed through a confidential waste system.

If final research or any part of it is published, no identifying personal information will be included.

**If you would like to take part**

Please email me at [Mdurowse@dundee.ac.uk](mailto:Mdurowse@dundee.ac.uk) and let me know:

- You are willing to take part in the research.
- If you would be willing to be part of a focus group or prefer an individual interview
- Where you would prefer to take part

**University Research Ethics Committee of the University of Dundee has reviewed and approved this research study.**

## Appendix 4 - Participant consent form

**Financial harm in an adult protection context*****Please tick the appropriate boxes*****Yes****Taking Part**

I have read and understood the project information sheet dated 19/3/2017.

I have been given the opportunity to ask questions about the project.

I agree to take part in the project.

I understand that my taking part is voluntary; I can withdraw from the study at any time, and I do not have to give any reasons for why I no longer want to take part.

I understand that my words may be quoted in publications, reports, web pages, and other research outputs (*if applicable, e.g. for interviews*).**Use of the information I provide beyond this project.**

I agree for the data I provide to be archived by Melanie Durowse on an encrypted university pc that is password protected.

I understand that other researchers will have access to this data only if they agree to preserve the confidentiality of the information as requested in this form.

I understand that other genuine researchers may use my words in publications, reports, web pages, and other research outputs, only if they agree to preserve the confidentiality of the information as requested in this form.

**Voice recording**

In addition to the written notes, I agree that a voice recording can be used for the purpose of this research only

\_\_\_\_\_  
Name of participant [printed]\_\_\_\_\_  
Signature\_\_\_\_\_  
Date

Project contact details

Melanie Durowse [mdurowse@dundee.ac.uk](mailto:mdurowse@dundee.ac.uk) Tel 07789 261078

## Appendix 5 – Ethics Committee Approval



### School of Education and Social Work

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#### School Research Ethics Committee

MS/JL/E2016-132

School of Education and Social Work  
University of Dundee  
Nethergate  
Dundee  
DD1 4HN

15<sup>th</sup> March 2017

Dear Melanie Durowse,

**E2016-132**

**Title: Financial Harm and Adult Protection**

I am pleased to confirm that there are no ethical issues with the above application, therefore this has now been formally approved.

Yours sincerely

A handwritten signature in black ink that reads 'Murray Simpson'.

Dr Murray Simpson  
Convenor, ESW Research Ethics Committee

## Appendix 6 – APC consent to research

*Redacted logo*

### Financial Harm Research

On behalf of *redacted* Adult Protection Committee (APC), permission is granted to Melanie Durowse, to use all data gathered in relation to financial harm through the APC staff conference 2014.

All information gathered will adhere to the normal practice of ensuring that individual officers cannot be identified.

Permission is granted on the proviso that all data analysis is shared with the APC



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John Myles  
Chair  
*Redacted* Adult Protection Committee

1<sup>st</sup> November 2015

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Date