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Abstract

Purpose: The purpose of the paper is to discuss how adult support and protection (ASP) work might support or further damage an adult’s strengths, skills and sense of self. There is a particular focus on adults who require some support with decision-making.

Design/methodology/approach: Forum theatre and other creative techniques were used to discuss ASP with 42 people who access support. A range of advice for practitioners was generated, a portion of which is reported here. The research design was participatory, with ten people who access support being members of the research team.

Findings: ASP work can support or undermine an adult’s strengths, skills and sense of self, depending on the way it is performed. Three inter-locking themes are presented to illustrate this finding. First, participants thought it might be intimidating to be “singled out”, and wished to be understood in the context of their relationships. Second, ASP was thought likely to be experienced as a judgement on the person and their problem-solving skills. Third, people wanted to be “really listened to” and acknowledged as a person with preferences and strengths.

Practical implications: It is important for practitioners to be mindful of the process of ASP work, as well as of its outcomes. Ways must be found to keep the person central, and to maintain and develop their strengths and sense of self.

Originality/value: The perspectives of adults actually or potentially affected by ASP have been under-researched. This study adds substantially to the available evidence.

Keywords: adult safeguarding, intellectual disability, learning difficulties, participation, inclusion, resilience

Paper type: Research paper

Introduction

A number of gaps exist in the available research evidence on adult safeguarding, or adult support and protection (ASP) as the field is known in Scotland (Scottish Government, 2007). One gap concerns the views of adults directly affected, or potentially affected, by ASP interventions. Some studies and monitoring activities have begun to tap these views (e.g. Douglass, 2005; Mackay et al., 2011; Penhale et al., 2007); however professional perspectives still predominate in research and policy-making (Wishart, 2003). This is despite increasing pressure from a range of sources for more participatory models of practice and policy development (Beresford, 2002), with progress having been made in some related fields (Gramlich et al., 2002; Social Care Institute for Excellence, 2007). Another gap concerns the under-development of a strengths perspective that examines how people cope, recover and go on to thrive in the context of adversity, including the experience of abuse and harm. Resilience and the promotion of resilience are significant concerns in the child care and protection world (author & colleague, 2002). These concepts have potential for more exploration in respect of adults and across the lifespan (Windle, 2011).

The study reported in this paper was prompted by the first of these gaps, and generated significant amounts of data with a bearing on the second. The study involved discussing ASP with adults who access support, many of whom were labelled as having learning disabilities. We generated a range of data about strengths, coping and recovery from harm, and about the advice that practitioners should bear in mind as a result of these insights. These findings are published in full elsewhere (authors, 2011, 2012).

A small body of previous research has begun to indicate that the experience of ASP proceedings *itself* can have significant psychological and emotional impacts on adults who are subject to these proceedings (Bruder et al., 2005; Douglass, 2005). This is one theme our own research supported and developed. In this paper, we draw on a portion of our findings to argue that the ways practitioners handle ASP proceedings can make

the difference between an experience that empowers and one that further damages a person's sense of self. Our use of the term "sense of self" refers broadly to a person's sense of identity, connectedness and self-worth, though we appreciate that the concept is more fully elaborated and debated elsewhere (e.g. Kelly, 2010; Ward, 2011).

Design and methodology

The study was a collaboration between *[name]* University and *[consortium name]*, a consortium of individuals and organisations with the shared aims of fostering creativity, community and citizenship for all. A number of *[consortium]* members provide support services, particularly to people who require assistance with decision making. The study was funded by the Big Lottery Fund. Our research team comprised:

- ten people who access the services of *[consortium]* organisations, some of whom contributed to particular phases of the research process and others of whom contributed throughout;
- the present authors, who are employees of *[name]* University;
- employees of the *[support organisation's name]*, which was the member of *[consortium]* that hosted the research.

Our participants were 42 people who access *[consortium]* services, split into four locality-based groups across Scotland. Potential participants were accessed via information events and a newsletter and video distributed around *[consortium]* services. The participant group comprised all those who opted to take part. Most participants were white Scottish and all were under the age of 65.

We met with each group for four three-hour sessions over a period of four to five weeks. We used forum theatre and related activities to discuss ASP with them. Forum theatre is a community development or

research method which begins with actors performing a scenario, in which some problems are raised for the central character. Audience members are then invited to discuss the problems, to make suggestions for performing the scenario differently directly to the actors, who remain in character, and/or to get involved themselves in acting out improvements (Boal, 2000). We developed our own root scenario as a research team, and all the actors were team members. Our scenario is outlined in Box 1.

Box 1: Our scenario

James is supported by his sister, Samantha, and by support worker, Peter. Following a referral to the Social Work Department by Samantha, social worker Pat Green arranges to meet with James. The meeting is held to discuss with him the concerns that have arisen due to his increased involvement with a woman, Kate, who recently moved in near to him. With her, it is alleged, he is drinking at levels considered to be dangerous because of his health condition and associated medication needs. There are also indications that Kate may be accessing his bank account and draining it of funds. James, however, is reluctant to have interference in this relationship and does not want it investigated.

The spread of the data collection over four sessions allowed essential background information to be imparted, for instance about ASP policy in Scotland, trust and group dynamics to be fostered, and participants to absorb, reflect on and develop their inputs over time. The forum theatre scenario also developed over time, with later sessions exploring how investigations, case conferences and protection plans might unfold, and how interventions might develop differently as a result of different circumstances: for instance, if James experiences intermittent depression; if he requires specific types of support with

communication; if Kate or Samantha need support services too. Alongside interactions with the core scenario and these variations, we developed further creative activities to help participants expand on the themes they had raised: for instance, choosing and discussing photographic images to represent the concept of “resilience”, or constructing still tableaux with themselves as the characters, to represent “being listened to” or “not being listened to”. The flexibility and creativity of the methods used allowed participants with a range of strengths and abilities to take a full part in the research and generate rich data (authors, 2011).

We made DVD recordings and photographs during research sessions, and also generated a body of written data including flip-chart recordings of group discussions and entries by team members in personal research diaries. The Research Fellow transcribed portions of this material in full or in part, edited and collated the voluminous audio-visual material for further reflection and comment by team members, and led the identification of common themes across the data sources, with the input and validation of the team at various stages of this process. The analysis was influenced by framework analysis, which is similar to grounded theory but more suited to research organised around defined questions and issues (Ritchie and Spencer, 1994); we report more details about this elsewhere (authors, forthcoming). The findings range from repeated reiterations of basic listening skills, often informed by personal experience of dealing with professionals who do not display them, to heated exchanges and nuanced debate of ethical dilemmas in risk and risk-taking. Participants had advice for paid and unpaid workers and other supporters in a number of capacities, as well as for people who may find themselves “at risk”. This paper focuses on selected sections of the advice for professionals involved in ASP.

Three limitations of our research design ought to be mentioned here. First, the participants did not constitute a representative sample of adults affected by ASP procedures. Rather, they were people who access the services of one group of organisations with an explicitly participatory ethos, who found it helpful

to engage with research in this type of way. Older people and black and minority ethnic groups were also not represented. Second, we did not ask people about their personal experiences of ASP, if any, but about a fictional scenario. However, we consulted with ASP practitioners and managers to ensure we depicted practice that was believable in all significant respects. Moreover, participants' broader insights into the experience of being supported gave the data great validity, as we demonstrate below. Third, we depicted a scenario involving a person in a particular context, namely a supported living context, and affected by particular types of potential harm, namely financial and physical harm within a relationship he values. The extent to which our findings are transferable to other types and contexts of harm is an open question. However, we chose to depict a valued and ongoing relationship because we know that ASP in this type of situation raises particular challenges for practitioners, on the basis of our consultations and previous research (colleagues and authors, 2009; author, 2012).

Ethical considerations

One reason for using a fictional scenario as our primary research tool was to avoid asking people to recount their personal experiences of harm and/or abuse. Different ethical procedures would have been required for a study of this kind. Nevertheless, we recognised that the research might raise difficult issues for some people. We informed potential participants and researchers of the subject matter via information events and accessible materials, and encouraged them to discuss the implications of their participation with support workers or other trusted people. We then sought informed consent via an easy-read consent form. Everyone was free to opt in or out of the research at any time. We had close links with participants' own support organisations as well as employing our own staff member with a primary focus on support. There were robust procedures in place should a current protection concern have been disclosed, and all team members were trained and supported to practise as ethical researchers.

Complete anonymity could not be guaranteed because of the intention to use some of the DVD footage in training materials and dissemination. This was made clear when informed consent was sought and at the outset of the research. However, we undertook to make only edited selections of the data more widely available, to present the findings as general themes rather than attributing views to individuals, and to remove or change identifying details of participants themselves. For instance, a pseudonym is used in the quotation below, where a participant refers to himself by name.

The study was approved by [name] University's Research Ethics Committee, which is compliant with the ESRC Research Ethics Framework (Economic and Social Research Council, 2010).

Findings

The complete findings of our study are presented in a report and a suite of tools for use by practitioners, other supporters and adults at risk themselves. These draw together messages which participants wished to give to all those involved in ASP (authors, 2011). One of the key messages for practitioners was that ASP work *itself* might support or undermine an adult's strengths, skills and sense of self, depending on the way it is performed. Three inter-locking themes are presented here to consolidate this message.

1. Being connected

"It's a big thing knowing you're not on your own in that kind of situation. It's a horrible feeling to think you're singled out, and different, and – weird, in some way."

Many participants thought that ASP processes might be experienced as “singling them out”, and that this would be unhelpful. Rather, they wanted to be a part of relationships, and to be understood in the context of those relationships. For instance, when considering how ASP professionals should approach assessments, from initial inquiries into a person’s situation right through to formal assessments of capacity, participants urged consideration of the person’s existing supports, including the workers, friends and family they usually have around them. Advice like this was often accompanied by a sense of wariness about the introduction of somebody new:

“I think that the family and James should work together with the social worker before getting other services involved.”

“I would trust my family before I would trust the social worker.”

Hence the groundwork that ASP professionals might need to undertake is potentially quite complex, if existing coping strategies and sources of support are not to be undermined.

The need to build new relationships as part of ASP processes was also acknowledged by participants. It was felt that some of these relationships might be important to sustain beyond the conclusion of formal procedures, for instance where an independent advocate has begun to get involved. Even where contacts with certain professionals are required to be short-term, participants emphasised the importance of their displaying some features of a real relationship. For instance, social workers in ASP should be prepared to learn along with the person, to be honest and to admit when they are wrong. They should focus on the person and not just on the problem, and they should handle the conclusion of their involvement with sensitivity to the fact that a relationship is ending.

In the scenario we explored, this emphasis on valuing relationships extended to James' relationship with Kate. There was a range of perspectives on what James and his supporters should do in response to the concerns about Kate's behaviour; however, James' need and right to have relationships was one of the dominant themes. Acknowledgement of the things James values in this relationship was thought to be central to the problem-solving process and its aftermath, whatever the outcome might be. Moreover, participants indicated that support to articulate both what is harmful and what is valued can help a person retain a sense of value and develop different ways to seek out what they value. This has important implications for their sense of self and sense of trust within relationships.

Participants offered a range of considered advice for the character of James himself, and many had great empathy with him. There was a strong consensus that learning from each others' stories would be helpful if one of them should face a situation of this kind. Moreover, participants suggested that offering support to others could powerfully lift the sense of self of a person who had experienced harm. This suggests that existing ASP services should be supplemented with more facilities for providing peer support.

2. Feeling judged

"From my – the previous meetings, it was like, oh – Simon cannae do this. He cannae do that; he cannae do that and he cannae do that. So the meeting I had there, saying what Simon can do that's good."

Many participants saw the need for ASP as a judgement on the person and their problem-solving skills. In particular, they found the distinction between assessments of the need for ASP proceedings and

assessments of capacity a difficult one to grasp, and characterised both as assessments one can “pass” or “fail”. Feelings of being under scrutiny, and the acute anxiety to which this gives rise, were a strikingly recurrent theme. Participants referred to “being investigated” as if they were a suspect, and “being put on the register”. It was thought quite likely that a person in James’ situation would be blamed for not keeping himself safe, and/or that he would feel to blame.

A particularly poignant example of this arose in an improvised scene between the Research Fellow, playing the social worker, and a Participant Researcher, playing James. The scene was situated at the conclusion of the ASP process, when concerns about Kate had been proven and begun to be addressed. “James” began to speak about the “ordeal” that he had been through, and his reluctance to have it recorded and retained in his file for other professionals to see. Central to this position was a sense of having been found wanting:

“It’s difficult to bounce back from that kind of situation. The, the fact that she [*sister*] was right; that she couldn’t... That she didn’t... she found that she didn’t want to trust me.”

This echoed other discussions on the theme of trust, which for participants and participant researchers often turned on the question of whether the individual *themselves* would be judged to be trustworthy by family members and ASP professionals.

Given these perceptions, participants were much concerned with whether processes were “fair”. They stressed that a person should know if they are being assessed, for instance, have choices in how this is done, and have all of their circumstances considered in any assessment, including existing supportive relationships, as noted above. Participants had a strong sense that things were kept on file about them, which might be

inaccurate and could be misused. They were also concerned that judgements about the need for ASP proceedings or about incapacity might end up being “points of no return”. The right to a review should circumstances change was therefore considered to be very important, as was access to independent advocacy.

Alongside the perception that ASP is about passing judgement, these recommendations point to perceptions that the stakes in such judgements are extremely high. Indeed, the potential outcomes of an ASP process like the one involving James and Kate were thought to include losing your home and/or having professionals “take away” your friend. Given these possibilities, and given the broader predicted impact on a person’s sense of self, a desire to “save face” was thought likely to characterise the ASP process. So too was a willingness to settle for solutions which were not really wanted in order to be seen as co-operative or competent.

As a counter to this, participants envisaged a safe environment for the development of problem-solving skills, and a way of working that celebrated strengths and achievements. For instance, we designed a set of visual tools for adults at risk and their supporters to chart the progress of ASP proceedings and plan for the future, and incorporated into these places for acknowledging learning and growth (authors, 2011; see also Figures 1 & 2).

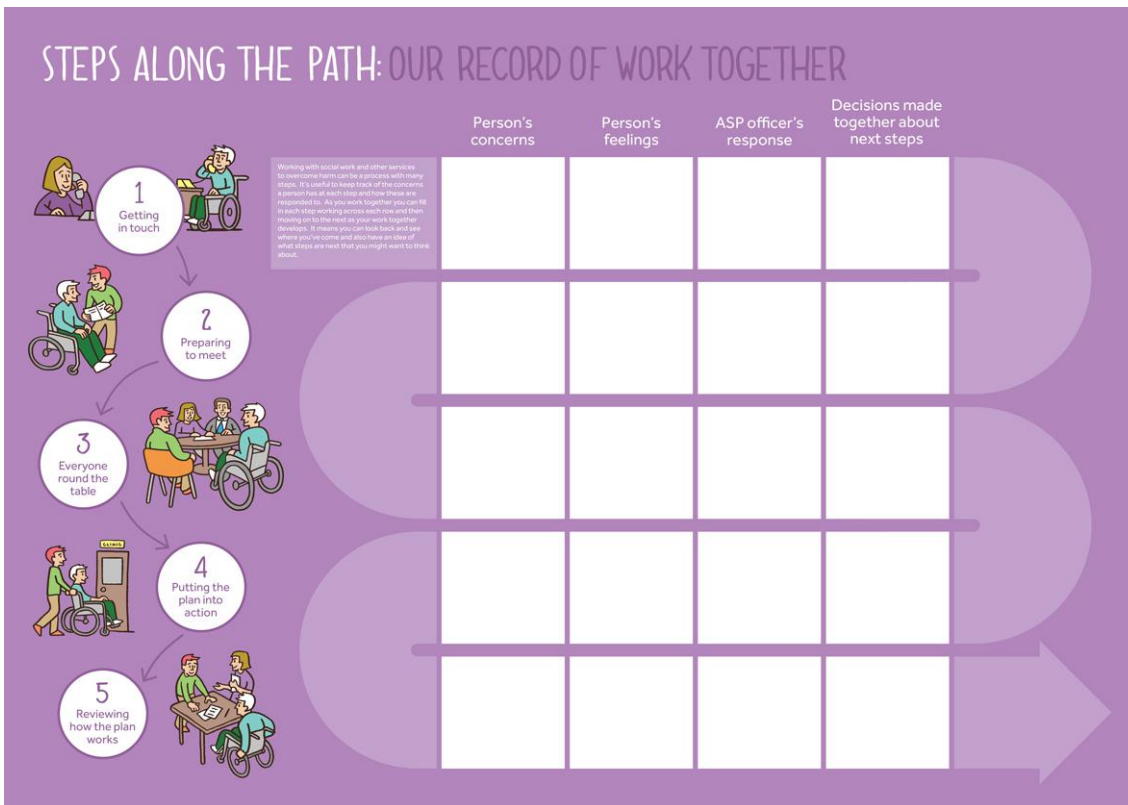


Figure 1

3. Being heard

“Talk to him about how he sees it.”

Underpinning all of the recommendations made by participants was the need for professionals to *hear* the person; to “just really listen.” It follows from this that the person should be involved in meetings and other discussions about their situation. Indeed, the Participant Researcher playing James portrayed him as more worried in the early stages of the ASP process “that they [*professionals*] have been ringing around each other” than about Kate’s behaviour, because “I’m supposed to be in control of my support”. The micro-skills of good listening were also emphasised by a large number of participants throughout the research project.

Hearing the insights held by the person about their situation can clearly help to formulate a more informed and effective support and protection plan. However, the persistence and strength of the themes of inclusion and listening suggest that participants were concerned with more than the simple conveying and receipt of information. Rather, a sense emerges that they were also talking about being present in the process *as a person*: not just as a case file; not just as a problem. “We are not just a number,” insisted one participant researcher.

Participants did not all come to the research with the same views, and they did not think all people would have the same needs or preferences for their support and protection. Being heard, then, is about flexible working that fits in with the person. For example, in an exercise about problem-solving, some participants thought the person themselves should solve their problems, whilst others thought there should be a team approach. Being properly included, to some participants, meant their problem-solving skills were central. Being properly included, to others, meant their wishes were central, though others may help to problem-solve. In part this reflects the different support needs and services that participants came to the project with. It also demonstrates the danger of making assumptions about the ways that people want to work.

The potential for various tools and structures to exclude a person, on the one hand, or to help them to be involved and heard, on the other, was a recurrent observation (authors, 2011). For instance, participants looked at a sample of ASP risk assessment forms as part of one activity. They found it hard to see how they would recognise themselves in such a form, which they experienced as positioning the person as an “object”. The forms were in the third person, there weren’t many sections that directly asked for a person’s views and strengths, and those that there were, were not very prominent. As a consequence, participants thought

professionals who are designing forms or filling forms in with people should “put [*themselves*] in their shoes”. Some of the things they could think about are listed in Box 2.

Box 2: Things to think about when designing or filling in a form

If this assessment was about you, particularly if events sudden or prolonged had given quite a knock to your sense of self:

- How would you want it to look?
- How would you want sections worded?
- What would you want it to ask?
- What priorities would you like to be indicated in the way it was laid out and worded?

Participants drew on a range of good and bad experiences, as well as on their empathy with James’ experiences, to suggest more inclusive ways of working and recording information. For instance, in respect of meetings or case conferences, participants thought that thorough support to prepare beforehand could help the person to contribute as much as possible and feel more in control. They thought some of the tools used in the research could be useful in the ASP process too:

“Social workers should use big paper and colourful pens more.”

One group also thought that James may like to bring biscuits, or arrange for someone else to do so. This is not as trivial as it may sound: it does several things. It is a way the person can introduce something positive about who they are before getting to more difficult subjects. It is a tangible contribution that makes the meeting more friendly. It also sets the stage for other ways the person can go on to have their say.

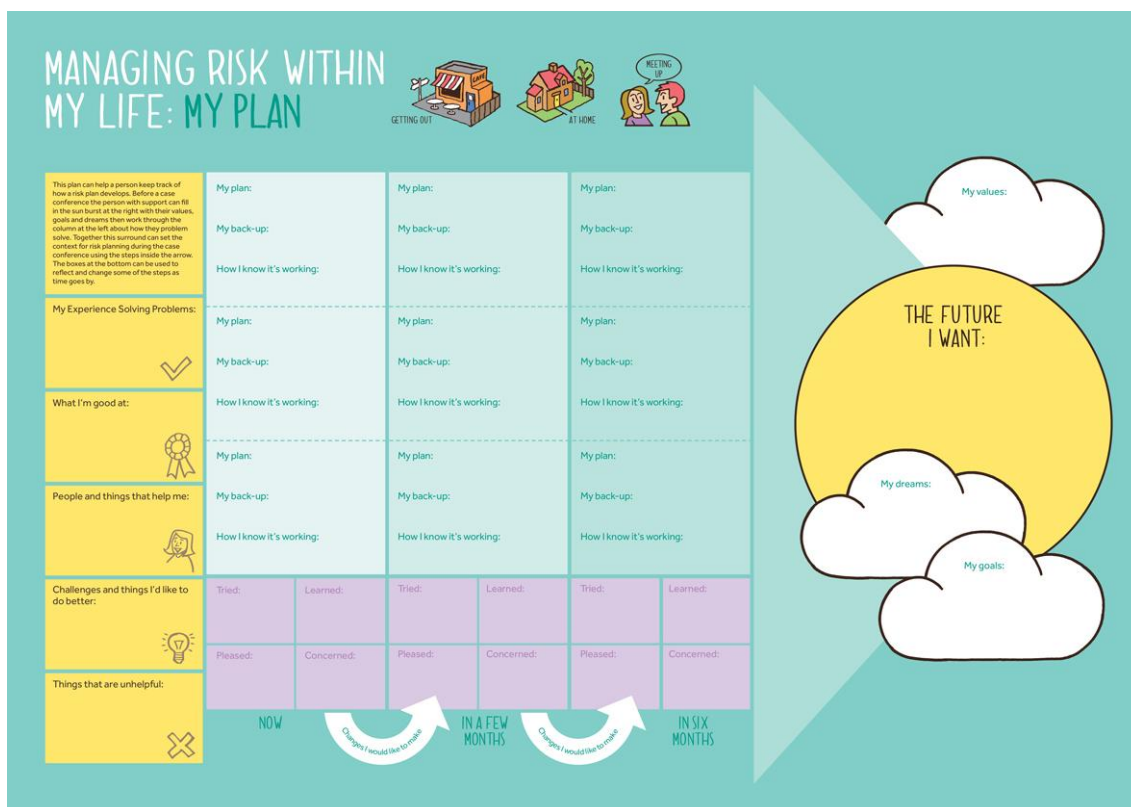


Figure 2

Some participants spoke about their life plans as a better template for risk assessments and protection plans than others they had seen. Life plans are in the first person and they use images alongside words. They start with and are structured by the person's goals, their values and their dreams. We developed a risk planning tool that follows these broad guidelines (authors, 2011; see also Figure 2). Participants also thought there should be clear connections between the life plans they might already have, and any plans made in the

context of ASP proceedings. This is important for being able to situate what has been happening and what may have changed in the context of the person's life as a whole, their recovery, development and pursuit of goals and dreams.

Discussion

This paper has developed three themes that are important to consider, if ASP work is to support a person's strengths, skills and sense of self. Otherwise the potential exists for these to be damaged or further damaged by ASP proceedings. First, the ASP process should approach each person as a relational being: that is, as someone who needs relationships and as someone who contributes to relationships. The ASP process should explore and nurture what (s)he values in relationships, remembering that the connection between the person and the professional is *itself* a relationship. Second, the person is likely to be feeling under scrutiny, with the stakes in this perceived to be very high. Fairness and transparency are therefore of great importance. Third, people flourish when they are really *heard*. This means being acknowledged, listened to and understood as a person with strengths, preferences and dreams. The use of tools as a barrier or a support to this kind of listening was of particular concern to many participants.

These findings are both new and not new. The Adult Support and Protection (Scotland) Act 2007 (the ASPSA) has regard for the wishes and feelings, abilities, background and characteristics of adults at risk amongst its underpinning principles (ASPSA s.2). Valuing people, challenging injustice and "treating each person as a whole" are basic to social work values (BASW, 2012). Social work and related disciplines have also long acknowledged the power of relationships (Biestek, 1961), whilst the continued importance of relationships to these professions in the context of encroaching managerialism, marketisation and bureaucratisation has been re-confirmed a number of times and in a number of contexts (Barnes, 2011; Beresford *et al.*, 2008; Pithouse and Rees, 2011; Ruch *et al.*, 2010). Nonetheless, some of the direct experiences on which these

participants drew suggest these basic principles are not always implemented well. Moreover, the research fleshed out the principles, exploring how they look in practice, as well as some of the human costs of a lack of attention to them.

Perhaps the least expected of the findings is the precariousness with which participants regarded the most basic of their freedoms, in the face of powerful others including professionals themselves. Nevertheless, there are clear historical precedents for these types of fears (Atkinson *et al.*, 1997; Campbell and Oliver, 1996), as well as personal ones for at least some of these participants. To preserve a sense of self and confidence in this context, ASP practitioners need to be aware of such legacies and to challenge them in an active way. They need to make extremely clear the reasons for their involvement and the nature and limits of their power. They need to take time to hear individuals' expectations and past experiences of social work, and to dispel any misconceptions, particularly any which relate to failure or blame. Participants' recommendations about fairness and due process are important, but if professionals are to move beyond preserving a person's sense of self to actively supporting it, they need to go beyond this. They need to keep a focus on the person's choices and their rights, and to help them to see that these are central to the ASP process. The explicit and implicit connections that participants drew with person-centred techniques and approaches (e.g. O'Brien and O'Brien, 2002) offer one way forward for ensuring this is done.

ASP interventions, by their nature, take place in the context of difficult circumstances for adults at risk. Investigations and interventions that are experienced negatively by an individual can arguably still result in net benefit to them. Indeed, this is their justification (ASPSA s.1). Moreover, pressures of time and resources (Ash, 2011; Wilson, 2002), difficulties in interagency working (authors and colleagues, 2009; Penhale *et al.*, 2007), and the unhelpful and/or conflicting attitudes of some organisations to risk (Alaszewski and Alaszewski, 2002; Titterton, 2006), can weigh heavily on practitioners as they approach this difficult work.

Nonetheless, this research suggests that attention to the experience of ASP processes themselves be recognised as integral to meeting the objectives of ASP policy overall. A protection plan will usually work better if put together in a way that makes sense to the person and includes them. People will be safer and happier in the longer term, if opportunities have been taken to nurture their sense of self, strengths and problem-solving skills.

None of this is to assume that deficiencies in the adult's sense of self, strengths and problem-solving skills were at the root of the problem in the first place. Care must be taken to place responsibility for harm and abuse where it's due. Nonetheless, the voices of participants in this study eloquently supported theories of socially-created vulnerabilities (Hollomotz, 2011; Sobsey, 1994), and eloquently argued that practitioners must approach their work in ways that acknowledge this context: that is, all the ways that adults at risk may well have been undermined, disregarded and disempowered in the past. The ASP process has the potential to redress some small part of this context, or else to compound it.

There are striking parallels between these elements of an empowering ASP practice and the "building blocks of resilience" (Gilligan, 1997, p.15), which have been discussed most frequently in respect of child care, but which make sense for everyone and across the life span. First, people are likely to be resilient – more able to cope and recover – if they have a sense of belonging to a network of secure relationships (Gilligan, 1997). Indeed, Bloom (1996) has argued that resilience resides in these networks, rather than in individuals as such. Second, people are more likely to be resilient if they have a sense of self-esteem. Third, people are more likely to be resilient if they have a sense of self-efficacy, meaning a sense of control and competence to influence their situation (Gilligan, 1997). Resilience theories offer a particularly helpful contribution to thinking about ASP practice, given the evidence from these findings and others that:

- there are social barriers to the development of these “building blocks”, and a number of potentials for them to be undermined, in the context of service provision and particularly in the context of ASP; but
- there is always scope for the development of more adaptive qualities and/or more empowering support.

Conclusion

The perspectives of adults at risk on ASP have been under-researched. This study adds substantially to the available evidence. Nonetheless, it is not representative of all adults who may find themselves at risk, nor of all types and contexts of harm. The study asked participants to imagine how ASP might feel, an approach that tapped into vast reserves of experience of using services, including some direct experiences of ASP proceedings. However, not all participants had experienced ASP directly. There is a need for much more research, including more research with older people and black and minority ethnic people, more exploration of people’s reactions to ASP proceedings they have personally experienced, and the development of prospective work to follow people through proceedings. This will help to build up a fuller evidence base of the ways that people who use services make sense of ASP.

For practitioners and agencies, the key message of this paper is the importance of attending to each individual’s personal ways of making sense of ASP as they go through the process, and making sure that the experience is as empowering as possible for them. Some particular points to consider in working towards this goal are listed in Box 3. These points, and these findings, underline the need for practitioner sensitivity and creativity in ASP work, on the one hand, and for responsiveness and flexibility at organisational level, on the other. This includes the provision of adequate resources, time and support for practitioners to practise in empowering ways.

Box 3: Questions for reflection throughout the ASP process

What are the strengths in the situation? How do these help shape the work?

- What support is available from existing networks? Who does the person want to be involved?
- What are the person's own strengths and capabilities?
- How are we drawing on existing personal and inter-personal strengths? How are we demonstrating to the person that these strengths are valued?
- How will strengths, sense of self and problem-solving skills be supported in the longer-term?
- Are we supporting the person and their networks to find their own solutions wherever this is possible?

How much power does the person really have? How powerful do they really feel?

- Are aspects of the process being shaped by procedures, agency norms or time/resource constraints, when a different way of doing things might be more inclusive? E.g. –
 - Could more time be taken to develop the relationship between the person and the practitioner?
 - Could meetings be designed around the person's own communication and accessibility needs?
 - Could recording be more of a shared process?
- Does the person understand their options? Do they have access to independent advocacy?
- Is the person feeling judged or undermined by the ASP process? And if so:
 - Is this because past experiences have set up negative expectations of services? How can trust be established in this context? How can we begin to counter damage done to strengths and self-esteem?
 - Is this linked to the way we are working now? How can we work differently?

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