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Safeguarding and personal budgets: the experiences of adults at risk

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Safeguarding and personal budgets: the experiences of adults at risk

Abstract

Purpose: This paper presents findings from one element of a study exploring the relationship between personalisation, in the form of personal budgets for publicly funded social care, and safeguarding.

Design/methodology/approach: Semi-structured interviews were conducted with 12 people receiving personal budgets who had recently been the focus of a safeguarding investigation. Participants were recruited from two English local authority areas and data were subject to thematic analysis.

Findings: The analysis identified three main themes: levels of information and awareness; safeguarding concerns and processes; and choice and control. Many of the participants in this small study described having experienced multiple forms of abuse or neglect concurrently or repeatedly over time.

Research limitations/implications: This was a small-scale, qualitative study, taking place in two local authorities. The small number of participants may have had strong opinions which may or may not have been typical. However, the study provides some rich data on people's experiences.

Practical implications: The findings suggest that adults receiving personal budgets may need information on an ongoing and repeated basis together with advice on how to identify and address poor quality care that they are arranging for themselves. Practitioners need to be aware of the influence of the level of information received and the interaction of organisational or legal requirements when responding to safeguarding concerns when care being supplied tries to reflect the benefits of choice and control.

Originality/value: This article reports original research asking adults with care and support needs about the interaction between two key policies of safeguarding and personalisation.

Keywords

Safeguarding, personalisation, personal budgets, direct payments, cash-for-care, abuse.

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Safeguarding and personal budgets: service user experiences

Background

Personalisation and safeguarding policies have led to major changes in social care practice in England over the last twenty years. Personalisation aims to enhance independence, choice and control by tailoring support to individual needs (SCIE, 2012) and providing individuals with more choice about the type and timing of help they receive and about who provides it. These policy developments were equally driven by a desire to reduce state involvement, minimise public expenditure, and to increase marketisation of the social care sector (Stevens *et al*., 2011; Daly, 2012). This drive to reduce the welfare state was accompanied by a transfer of some risks from the government to individual adults and their families (Whitfield, 2014).

Adult safeguarding is the term used in England to describe the principles and procedures through which 'adults at risk of harm' (terminology introduced with the Care Act 2014) have their rights protected and risks of harm addressed. While local councils with social services responsibilities (hereafter referred to as local authorities) have lead responsibility for safeguarding, this is shared across statutory organisations such as the NHS and police services.

Personalisation and safeguarding

Local authorities are responsible for providing support to eligible (on the grounds of need and means testing) people needing very substantial help with everyday activities, such as personal care, keeping safe and avoiding harm. In the past, a fairly standard set of services was offered leaving little room for service users to shape their support (SCIE, 2012). Personal budgets, introduced in 2007 (HM Government, 2007), are the main mechanism used to promote personalisation in England (Manthorpe *et al*., 2011). They are one form of cash-for-care schemes, a development in social care provision happening internationally (Schwartz, 2013). Such schemes involve allocating money to people eligible for publicly-funded social care that they use to plan and purchase their own care and support.

A personal budget (PB) is a notional allocation of money to meet an eligible person's care and support needs that can either be taken as a cash payment – a Direct Payment (DP) – to enable the person or their representative to purchase the care to meet agreed needs. The amount of the PB is determined by an assessment undertaken by a social worker or care manager and is intended to be sufficient to meet assessed and eligible social care needs. Using a Direct Payment (DP), eligible individuals or a family member (proxy budget-holder) are able to buy services, equipment or directly employ their own care workers or personal assistants (PAs) (HM Government, 2014). Alternatively, people can choose to have a

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'managed' PB whereby the local authority commissions (arranges and pays from the allocation) services on their behalf. A combination of these is also possible (Gheera, 2012).

Some evidence suggests that approaches like PBs and DPs have promoted more personalised services and enable some people to achieve greater choice and control over the support they receive (Glendinning *et al*., 2008). However, there is no clear research evidence of benefits for older people as a group (Glendinning *et al*., 2008; Woolham & Benton, 2012; Rabiee *et al*., 2013; Woolham *et al.,* 2018; Rodrigues, 2019).

There is continuing debate about whether PBs/DPs put people more (Adams and Godwin, 2008) or less at risk of harm (Tyson, 2010). Some social care staff, for example, have expressed concerns that employing unregulated care workers or relatives might lead to poor quality care and increase the risk of neglect and abuse or exploitation (Manthorpe *et al*., 2009; 2011). However, there is little strong research evidence to support either case.

This article reports findings from interviews conducted as part of a wider study that explored the relationship between safeguarding and the use of PBs (Stevens *et al*., 2014) . In the wider study, national datasets about safeguarding and social care use (Ismail *et al*., 2017) and relevant local documents (Manthorpe *et al*., 2015) were analysed and local authority safeguarding staff were interviewed (see Stevens *et al*., 2016).

The research was funded by the NIHR School for Social Care Research. It received ethical approval from the Dyfed and Powys Research Ethics Committee (July 2012) (Ref: 12/WA/0191) and research governance approval by the relevant local authorities.

Methods

We focused the research in three local authorities in different geographical areas of England. Each of the areas selected had different types of administrative structures, safeguarding structures and processes, and numbers of safeguarding referrals (see Table 1). In selecting these sites, we aimed to compare and contrast experiences in different organisational contexts and, where findings were consistent across the three local authorities, to provide generalisable data (Yin, 2003).

We conducted in-depth, semi-structured interviews, guided by a topic guide. This approach ensured that we addressed relevant topics but allowed flexibility to explore in-depth participants' experiences, perceptions and any additional topics emerging during the interview (DiCicco-Bloom and Crabtree, 2006). This approach particularly suited this research, where we wanted to explore three questions: What were people's experience of personalisation, especially those in receipt of PBs? What were their experiences of responses to safeguarding concerns that had arisen; and what were, from their perspectives, the processes through which these safeguarding concerns had been resolved?

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We also wanted to understand how the distinct policies of personalisation and safeguarding came together in practice from the participants' perspectives.

Identifying and recruiting the sample

We aimed to recruit up to 10 DP-holders and 7 proxy budget holders in each area. We had planned to focus our research on DP-holders because we were particularly interested in hearing the views of those managing their own support since this was one of the key concerns raised by practitioners in local authorities. However, after initial difficulties in recruiting the required sample, we revised our eligibility criteria based on advice from local authority safeguarding staff (see Box 1).

INSERT BOX 1 HERE

Using these revised eligibility criteria, we sent all eligible individuals a recruitment pack via their local authority and asked them to respond directly to the research team. All participants gave informed consent prior to interview. The research team took the perspective that informed consent is an ongoing process and, as such, monitored this throughout. Table 1 shows the eligible sample and the numbers of people responding and participating.

INSERT TABLE 1 ABOUT HERE

All those responding in Site One initially agreed to take part in the study. However, one interview had to be abandoned when, despite initial consent, it became clear the individual did not want to participate, and thus no interview was undertaken. Due to organisational process issues in Site Two, we were not able to recruit any participants from this site. In Site Three, one person's response form indicated that they were 'not interested' in taking part; another agreed to participate once their personal circumstances changed. They agreed to contact the research team when their circumstances changed, but we heard no further from them.

We were therefore unable to recruit the number of people initially planned. In total, we recruited 11 PB holders and one proxy budget holder. Despite the small numbers, the people we interviewed reflected different age groups, genders and support needs, as shown in Table 2.

INSERT TABLE 2 ABOUT HERE.

Conducting the interviews

All participants were interviewed in their own home. Some requested that a member of their family or their PA be with them during the interview so that they could clarify matters,

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timescales and processes as needed. The opt-in nature of recruitment may have assisted in making most interviews feasible as only those who wanted to take part would be doing so. All participants agreed to their interview being audio-recorded. Data collection took place between May and October 2013. Although we have published from this study already, it has not been possible to present the data covered in this present article until some time after data were collected.

In the interviews, we asked about the type of support required, what support they received and how this was provided. We also sought details about funding and the degree to which participants directed or arranged their support themselves. Finally, we asked about the safeguarding concerns that had been raised, how these were dealt with and by whom, and what, if anything, had changed as a result of the safeguarding intervention. Interviews lasted between 30 and 90 minutes, and we encouraged participants to talk in as much detail as they wished.

Analysis

Interviews were analysed thematically. Thematic analysis provides a flexible, detailed approach to summarising qualitative data and enables the complexity and richness of data to be retained (Braun and Clarke, 2006). The thematic analysis followed standard processes (e.g. Miles and Huberman, 1994); a thematic framework was developed and data were summarised into the themes. We were not able to compare findings between sites as we had originally intended because we recruited fewer people per locality than anticipated, and none in one site. Instead, we analysed the data as a whole, identifying key themes across the sample.

Given how small the sample proved to be and likelihoods of running the risk of being able to link data to a given respondent - especially where cases had been publicised in local newspapers - we decided not to use direct quotations from respondents and to avoid in-depth description of the reported abuse/neglect. Instead, we followed Taylor's (2012) suggestion to summarise the data without illustrative quotations (see also Corden and Sainsbury, 2005) and have used collective pronouns to further minimise the risk of breaching participant anonymity.

Findings

The interviews identified three main themes about personalisation and safeguarding, and how these interact in practice: level of information and awareness; safeguarding concerns and processes; and choice and control.

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Level of information and awareness

Interview participants had varying levels of awareness of how their support was funded, the risks they faced, and the safeguarding concern and resulting investigation they had recently experienced.

Information and awareness about funding

Most participants had 'managed' PBs. Of the 12 participants, one was a proxy budget-holder (a family carer), one received a DP and seven had a managed PB. Three participants did not know how their care was funded, but from their other answers, it is likely that they had a managed personal budget.

Only three people were very clear about the mechanisms through which their care was funded: the proxy budget-holder; the DP-holder; and a parent who, after previous bad experiences with DPs, actively decided to take a managed PB for her child instead. Nonetheless, these three participants remained uncertain about some aspects of their care funding, particularly about making financial contributions towards their support. For example, the DP-holder said that no-one had told him about recent increases to his personal contributions towards his support package. Consequently, he did not know why this change had occurred or how this had been calculated and felt unsupported in arranging processes for increasing his payments.

The three people who were receiving or had received a DP in the past felt that they had not been given enough information before deciding to have this kind of budget. This was particularly related to the implications of their status moving from recipient of care to manager of their care, especially as regards to their change of status to employer of personal assistants (PAs). They suggested that this lack of information and support was partly responsible for subsequent difficulties or safeguarding problems they had gone on to experience with PAs. Although participants acknowledged that voluntary sector organisations in their area helped with some aspects of employing PAs (e.g. with payroll and recruitment) they were uncertain whether these organisations were able to help with, or advise on, discipline or dismissal processes if PAs proved to be unreliable or abusive.

Information and awareness about risks

None of the participants reported receiving any information or advice about the things that could go wrong when arranging care and support or how to address any problems. Reflecting back after the safeguarding referral (the concern raised with the local authority that they might be at risk of harm), they felt that this had left them unprepared to acknowledge, or even recognise, potential abuse and were ignorant of the processes for dealing with problems, including safeguarding concerns, if they arose.

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Those who currently or previously received DPs explained that they had not been (or did not recall being) advised or warned about the possible risks that might arise by employing PAs, the processes that could help them to counter problems before they arose (such as criminal record checks/disclosure and barring checks), or the processes to follow if problems did arise. This was seen as particularly problematic because the DP-holders reported safeguarding concerns that directly related to the PAs they employed. For example, one participant described how one of their PAs regularly withdrew higher amounts of cash than agreed from the DP-holder's bank account and keeping the difference for themselves.

Information and awareness about the safeguarding concern and process

Not everyone we interviewed was aware that there had been a safeguarding investigation concerning them in the past 12 months. This might seem surprising given that only those people for whom there had been a full safeguarding investigation had been invited to take part in the study. However, some participants acknowledged they had a poor memory, while others seemed not to think about their experiences in safeguarding terms. For example, several participants described repeated problems or difficulties they had experienced with poor care or family support, attitudes and behaviour but failed to link this to safety, abuse or neglect.

Participants who recalled the safeguarding concern and investigation felt that they would be able to recognise and know how to deal with a similar problem in the future; some would follow similar procedures because these had resolved the problem before, while others maintained that they had learnt from mistakes and would act differently, such as reporting concerns earlier. Most of these participants said that they would speak, in the first instance, to one of their PAs/care workers or the employing care agency. However, people whose safeguarding concern had related to care agency staff were not certain of the right course of action to take. Should they report it to the agency first (which, for one participant, had increased difficulties) or should they report it directly to someone at the local authority? Participants were also concerned that reporting any problems to the local authority might lead to support workers with whom they had built a relationship, and often cared for, being investigated and 'getting into trouble'.

Thus, despite mechanisms in place to inform people about funding choices and safeguarding policies in the local authorities involved in this research, participants generally did not remember being advised about the different ways in which they could receive their PB, how to identify safeguarding risks, or what to do if they encountered any difficulties. This does not necessarily mean that they were not given the information. However, it does perhaps indicate that practitioners might need to re-think their approach to information giving, a point we elaborate later.

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Safeguarding concerns and processes

We asked participants to tell us about any safeguarding problems that they experienced in the previous 12 months. Table 3 shows the different types of problems participants reported, although it was not certain that their reports remained within this research's timeframe or were accurately recalled.

INSERT TABLE 3 ABOUT HERE

Eight participants reported multiple incidents of abuse occurring over the same time period. For example, one participant reported concurrently experiencing an inappropriate (sexually motivated) advance from a care worker, poor quality care and bullying from other support staff, while another concurrently experienced neglect, financial abuse, intimidation and violence.

Those who experienced abuse within the study timescale (previous 12 months) had also experienced some form of abuse before this time and in these cases had also experienced different forms of abuse occurring at the same time.

Care/support workers and personal assistants

The most commonly reported safeguarding concerns were associated with care workers, support staff and PAs, and these typically related to quality of care and attitudes.

Poor quality of care described by participants included unreliability and poor timekeeping problems, poor knowledge of the person's health condition, lack of attention to needs and support required, and poor attitudes. Participants described situations where poor staff attitudes extended beyond poor quality care into incidents of neglect and/or verbal abuse. Two participants described their experiences of PAs stealing their money.

In cases where the care worker was employed by an agency, participants described being able to change worker or change care agency. However, dealing with such incidents when perpetrated by directly employed PAs was more problematic. Participants did not understand how to deal with these problems when they were both a 'victim' of abuse and also the perpetrator's employer, nor did they know whom they could approach for support and guidance in these situations. Furthermore, participants described the emotional distress they encountered when reporting a support worker to their agency or starting dismissal procedures for a PA because the boundary between the worker and employer had often blurred into a friend-like relationship over time.

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Safeguarding processes

Most of the participants who were aware of the safeguarding referral had identified the problem themselves, although it often had taken them some time to acknowledge and report it. Some participants, however, only realised that their treatment was abusive or neglectful once family members, neighbours or friends had become aware of it and had expressed their worries. None of the participants in this study reported any safeguarding concern being first identified by local authority practitioners who were monitoring or reviewing their PB arrangements.

Once identified, reporting the safeguarding concern often took a 'staged' approach. The individual would initially speak to a trusted friend, family member or one of their PAs/support workers to establish the severity of the matter and to consider if and how it should be taken forward. From this point, participants decided whether they would deal with the matter themselves or report it. Where the problem related to care workers provided through an agency, most participants chose to deal directly with the care agency to try to remedy the problem themselves. Only if this did not achieve the desired results did participants contact their local authority to seek their assistance.

Some participants asked their PAs/support workers to report the problems to the appropriate organisations. In one case of suspected financial abuse, the participant did not feel the problem was being dealt with quickly enough by their support workers and decided to ask the police to investigate. In another, the participant's senior PA guided and supported them through a difficult safeguarding and employee disciplinary procedure against another PA.

Despite some of the local authority practitioners reporting that they formally involve adults at risk in all stages of the safeguarding investigation, most participants said they were unaware of the formal safeguarding process their case had undergone at the local authority level. Participants did not necessarily see this as a problem; they were more concerned that an adequate resolution had been achieved, rather than how it had been achieved.

Outcomes of safeguarding interventions

All participants reported some changes to their care plans, support workers or living arrangements following a safeguarding referral. Given that the safeguarding concerns in this study mainly involved PAs/support workers, it is not surprising that most of the participants reported they made changes to their support worker arrangements, including replacing staff and/or changing their staff-providing agency. For example, one participant described being guided by the voluntary organisation that provided advice on their status as an 'employer' and their senior PA to institute a new employment process to ensure applicants knew exactly what was involved in being their PA. This support was instrumental in him developing and implementing new employment policies to reduce the risk of similar abuse

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happening again. Another described waiting several weeks until their next local authority review visit to report their concerns about the safeguarding problems that were arising with several current agency support workers. The local authority practitioner in this case resolved this problem by arranging for another agency to provide the support and instituting a review of the current care agency.

Choice, control and independence

As outlined above, advocates of personalisation claim that it promotes individuals' choice and control. We asked all participants whether they had a choice about the way their care was funded, the support they received and who provided the support. Some participants described improved choice because of PBs and DPs, while others felt that decisions were still being made about them rather than with them.

Choice of funding arrangement

Only three participants remembered being given a choice about funding arrangements for their support. Two participants chose to receive DPs (one as a proxy) and the other chose that their adult child should receive a managed PB rather than becoming a proxy budget holder for their child. Most of those who received a managed PB had no recollection of being offered any other funding option. While this may reflect the sample and possible problems with recalling specific conversations about funding options, it might be that participants who had experienced financial loss or mismanagement or abuse in the past may not have been offered other options because their care managers felt this was inappropriate due to a clear risk analysis or perhaps a paternalistic approach. We do not know how such arrangements were discussed.

Choice of care package and support providers

Some participants, whether receiving a DP or a managed PB, described being actively involved in making decisions about their support, the activities they engaged in and the people who supported them. Indeed, one person felt they and their adult child had greater choice and control over decisions since they had switched from DPs to a managed PB.

However, most of the other participants felt that practitioners made all the decisions about what support they received and who provided it. Seven participants received care from workers employed by care agencies. None reported choosing the care agency themselves. Participants said that they had little say about which agencies provided their support as the local authority made the decision.

Only one of the people who accessed support from a care agency had been able to choose their support worker. The remainder, including two participants who lived in supported housing, did not have any choice about their individual care or support workers. However,

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they commented that if they had any problems with a particular worker, they could contact the agency and request an alternative.

Choice in response to safeguarding concerns

When safeguarding concerns arose with the care agency and/or individual staff, the participants said local care managers had involved them in decisions about their support. However, only the participant receiving a DP felt they had been actively involved in all stages of the safeguarding investigation. The other participants described being actively involved only at particular stages of the process. For example, some participants reported the problem to the local authority or care agency but, once reported, they felt that they had no control over the process including, for example, not being able to request that the problem *not* be investigated, and no choice over the changes made to their support. This was particularly the case when concerns related to the conduct of agency staff. For example, one participant described how, when they expressed their reluctance that a case be taken forward, their care manager advised that they had to investigate because the agency workers also supported other people, and this might raise legal (in terms of protecting others) or contractual concerns.

Some participants reported that their support had moved to another care agency following the safeguarding investigation. However, none recalled being invited to express a preference about the new care agency. When concerns were related to the conduct of individual support workers, participants were often instrumental in ensuring that this person no longer provided their support. However, other than those who directly employed their support workers, only two participants reported being actively involved in choosing their new support workers. Thus, despite local safeguarding policies emphasising the importance of involving adults at risk, not all participants felt they had been involved throughout the safeguarding investigation or in determining their revised support plans.

Discussion

The Care Act 2014, which was implemented after our interviews took place, emphasises the importance of local authorities providing comprehensive information about available services and support, accessing care and support, funding and/or signposting to financial advice and raising safeguarding concerns. Although undertaken prior to this Act, the findings of this study indicate that not all participants supported by PBs felt equipped to address safeguarding concerns. Participants felt they had not received enough or timely information or reported that the information they were given was confusing, particularly in relation to funding choices and awareness of risk and duties as an employer; a finding that has been reported elsewhere (Harkes *et al.,* 2014; Willis *et al*., 2015). This finding supports the requirement to provide information to service users in a timely and accessible way: for the people in this study, this might have meant being given information at the start of their PB

and at regular intervals. Practitioners need to check that the information has been understood and ensure that people know how to seek support if they need it.

Some of the participants in our study were not necessarily able to recognise when they were starting to become at risk of abuse and neglect or when an incident had taken place. Instead, they depended on family, friends or PAs to bring the risks or harm to their attention. Providing information about navigating the social care system, including safeguarding processes, in and of itself is therefore unlikely to bring about positive care outcomes, particularly where there is an absence of professional advice on how to recognise poor quality care, abuse and/or neglect. Without this, a system where people are expected to be able to identify these concerns themselves is likely to leave some at particular risk, especially those new to using support services or people with impaired capacity. In addition, if people are unable to identify, and therefore report, safeguarding concerns, it is likely that local and national systems for recording incidents will under-represent the extent of these problems and minimise the opportunity for organisational and professional learning.

Those participants who were aware that a safeguarding investigation had taken place outlined the emotional distress they were experiencing at the time, particularly when their complaint was about their care workers. Lines between friendship and employee had often become blurred, particularly where support was provided in social situations. Consequently, participants suggested that emotional support from elsewhere during the safeguarding process would improve their confidence in dealing with similar situations in the future should they arise and in choosing care workers. Without this, building trust in new staff could be difficult and add strain to the relationship. It is important, therefore, that staff involved in safeguarding ensure emotional support is available to enable people to rebuild confidence in their existing and new care workers and to sustain good relationships with social workers (Mackay *et al*., 2011).

The participants in this study had experienced poor care, abuse/neglect in the previous 12 months, but revealed that they had experienced this previously and that different types of abuse had often occurred concurrently. This is a reminder that all parties – adults at risk, practitioners and family members – might need to address the risks that abuse can reoccur and that people can be re-victimised. Furthermore, if any of these become aware that one form of abuse is taking place, then they may need to be alert to the possibility that other types of abuse are also occurring. The degree to which previous abuse, or one type of abuse, can indicate the likelihood of later or concurrent abuse needs further research so that its utility as a mechanism for organisational and professional learning, system change or a preventative tool can be understood. Indeed, findings from the practitioner interviews in this study (see Stevens et al., 2016) stressed the importance of monitoring for financial irregularities as indicators of both financial and other forms of abuse; which may have to be borne in mind when highlighting the potential for choice and control.

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Our study highlighted incidents where a participant's preferences were apparently overridden to enable wider public safety, organisational and legal requirements to be met. Thus, despite the rhetoric that personalisation necessarily improves choice and control, our research (in line with that of Barnes, 2011) indicates that involvement and choice in the safeguarding process were constrained by wider organisational imperatives and responsibilities, such as the need to ensure the safety of others at risk of harm. This suggests that promises of choice and control should not be over-stated. This study took place before the widespread roll-out of Making Safeguarding Personal (MSP) in England (an initiative that promotes a greater emphasis on achieving the outcomes that the person wants) (see Briggs and Cooper, 2018). New research would be helpful in understanding how MSP approaches are potentially changing such conversations.

Limitations of the study

This aspect of the research was small scale. This meant that we were not able to draw comparisons between the experiences of participants in different types of local authorities as originally planned. Nonetheless, our findings are supported by the wider safeguarding literature. Although the two sites through which participants were recruited were very different geographic areas and types of local authority, as well as different user groups, a larger sample of sites might have identified additional themes and enabled cross-site comparisons. We are not able to explain why there were no participants from one site. The small-scale precluded comparison of experiences between different types of care funding or reported abuse. Furthermore, participants' memories of safeguarding events may have been incomplete or hazy, given that up to 12 months had elapsed between the safeguarding investigation and our interviews. Our study design did not include seeking access to documentary records from the local authorities and this would enrich further studies by enabling some form of triangulation or comparison of accounts. Nonetheless, this study's findings point to potentially important themes that organisations and professionals need to consider as well as avenues for further research. In particular, as noted, the findings may be helpful in relation to current refinements of personalised approaches within safeguarding (Cooper *et al*. 2015; Cooper *et al.* 2018) and the emphasis on promoting wellbeing in social care as set out clearly in the Care Act 2014.

Conclusion

This research identified several aspects related to safeguarding that practitioners could reflect upon when trying to implement safeguarding and personalisation policies, including information giving, supportive practice throughout the safeguarding investigation, and offering some assistance with monitoring quality of care and risks of abuse and/or neglect. Information giving is not new for local authorities but it is more clearly explained as a duty in the Care Act 2014 (Part 1, section 4).

Participants' accounts illustrated that when safeguarding concerns arise, their choice and control in relation to funding, support provision and safeguarding processes might be overshadowed by wider considerations related to other adults at risk. This may be highly appropriate. Indeed, for most participants, confidentiality and privacy were naturally compromised once safeguarding processes were underway. This may be inevitable, but efforts should still be made to help people realise the outcomes they want.

Thus, achieving the aims of safeguarding and personalisation simultaneously is difficult and raises challenges for practitioners, care users and policy makers. Framing care and protection in opposition to choice and control within policy and practice debates is unhelpful and this research suggests that a more nuanced understanding of protection and autonomy, which can encompass the merits of each for promoting choice and control whilst minimising risk of harm, needs to be part of conversations and practice.

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Tables to be inserted

Table 1: Service user sample, responses and participation

Local council	Number			
	Identified sample	**Responses received**	**Budget holders interviewed**	**Proxy budget holders interviewed**
Metropolitan authority (1)	50	7	5	1
Shire county (2)	0*			
Unitary (3)	50	8	7	0

*prior to assessing current 'crisis' status.

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Table 2: Participant demographics, support needs and safeguarding concerns

Demographic*		**Number**	***Total***
Gender	Male	6**	
	Female	6	*12*
Age range	25-40	3	
	41-50	2	
	51-60	1	
	61+	6**	*12*
Disability	Physically disabled	5	
	Learning disabled	2	
	Physically & learning disabled	2	
	Physically disabled & mental health problems	1	*10****
Ethnicity	White British	11**	
	White & Black African	1	*12*

*only the categories participants selected are reported

**includes proxy budget holder

***proxy budget holder not disabled & one participant declined to answer

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Table 3: Types of safeguarding concern reported

Safeguarding category	**Number of people reporting this type of abuse***
Financial abuse	6
Physical abuse and intimidation	5
Quality of care related	9
Sexual abuse	1
Participant putting self & others at risk	1
Not aware of any safeguarding issues	1

*Some participants reported experiencing more than one type of abuse

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Box 1: Revised eligibility criteria

1. The PB holder was over 18 years of age
2. The case was recorded as an AVA referral (now termed a Safeguarding Adult Return (SAR) referral) (not just an AVA alert)
3. The person received a PB and/or a DP or was a proxy budget holder
4. The safeguarding issue commenced and was resolved in the last year*
5. The person had the capacity (based on local council staff's judgement) to give consent and take part in an interview about the safeguarding issue and its resolution
6. The person was not currently in 'crisis'

****NOTE: A year was selected to account for the length of time needed to resolve and/or ensure management of an ongoing safeguarding risk whilst also trying to maximise recall of the safeguarding incident and their journey through the whole safeguarding process.***

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