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**Did anyone notice the transformation of adult social care? An analysis of  
Safeguarding Adult Board Annual Reports**

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## **ABSTRACT**

### **Purpose**

This article reports on a part of a study examining the interrelationships between personalisation and safeguarding practice. Specifically we aimed to examine how safeguarding practice is affected by the roll out of personalisation in adult social care, particularly when the adult at risk has a personal budget or is considering this.

**Design/methodology/approach** – A sample of annual reports from Adult Safeguarding Boards in England was accessed for content analysis covering the period 2009-11. A sample of local authorities was selected at random; the other authorities had been early adopters of personalisation. The reports were analysed using a pro forma to collect salient information on personalisation that was cross-referenced to identify common themes and differences.

**Findings** -- We found variable mentions of personalisation as part of the macro policy context reported in the annual reviews, some examples of system or process changes at mezzo level where opportunities to discuss the interface were emerging, and some small reports of training and case accounts relevant to personalisation. Overall these two policy priorities seemed to be more closely related than had been found in earlier research on the interface between adult safeguarding and personalisation.

**Research Limitations/implications** – There was wide variation in the annual reports in terms of detail, size and content, and reports for only one year were collected. Developments may have taken place but might not have been recorded in the annual reports so these should not be relied upon as complete accounts of organisational or practice developments.

**Practical implications** – Authors of Safeguarding Adults Board reports may benefit from learning that their reports may be read both immediately and potentially in the future. They may wish to ensure their comments on current matters will be intelligible to possible future readers and researchers.

**Originality/value** – There does not appear to have been any other previous study of Safeguarding Adult Boards' annual reports.

**Keywords:** adult safeguarding, annual reports, personalisation, social care.

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## **Introduction and Background**

The Care Bill 2014 puts Safeguarding Adults Boards on a statutory basis in England and Wales and requires each to produce an annual report. However, annual reports have been produced by many such Boards or Committees for several years despite not being mandatory or required by central government. Surprisingly, these reports have not been identified as potentially rich public documents that convey information about local safeguarding activities to their stakeholders or to the wider public. While the Care Bill implicitly considers annual reports to be important documents, their utility as sources of data and as reflections of local contexts and concerns has not been fully realised.

Two studies in England and Wales have considered the workings of Safeguarding Adult Boards more generally. The first investigated partnerships and regulation in adult protection (Penhale et al., 2007) and identified wide variation in the status and operations of Boards (also referred to as Committees). This study found that Boards were largely dependent on middle managers in local agencies to get adult protection systems working effectively (Manthorpe, Hussein, et al., 2010). Likewise, McCreadie et al.'s (2008) study of the implementation of the 'No Secrets' guidance reported different levels of commitment from local agencies to Board engagement and safeguarding practice.

More recently, a Department of Health commissioned study was conducted by Braye, Orr and Preston Shoot (2011) on adult safeguarding governance. This provided valuable insights into the work of Boards and their potential effectiveness. Braye et al. (2011) compiled a list of characteristics that had featured in audit, inspectorate and other similar reports which gave rise to commendations or a *'positive review on the safeguarding element of inspections'* (p14). What might be termed quality indicators included an *'informative annual report'* although this was last in the long list of the characteristics identified by Braye et al (2011). They noted that the annual report is often a means of giving an account of the Board's work and thus *'serving some of the functions of accountability arrangements'* (p14), describing the function of an annual report as being to provide details of the work undertaken and the number of adult safeguarding referrals received and investigated by partner agencies.

Under section 14a of the Children Act 2004 (as amended) Local Safeguarding Children's Boards (LSCBs) are required to produce and publish an annual report. Munro has suggested that the LSCB annual report should be seen by *'the people who have influence over the various services: Director of Children's Services; Lead Member; Chief Executive; and the Leader of the Council; and in future, and subject to the passage of legislation, the local police and Crime Commissioner, the Director of Public Health, and the Chair of the health and wellbeing boards'* (Munro 2011, para 4.13). A similar distribution list seems to have been adopted for the annual reports we scrutinised, given the multi-agency nature of the Boards. However, being public documents, these reports are also potentially useful resources for researchers.

### *Transformation of social care*

The metaphors of separate planets or parallel tracks were used to highlight the ways in which two government priorities in social care were experienced at a local level in the piloting of individual budgets (cash for care) (the IBSEN study; Glendinning et al., 2008) and developments in adult safeguarding (Manthorpe et al., 2009; Manthorpe et al., 2011). These differences were characterised by varying emphases on hazards, different approaches to regulation and monitoring, and multiple perceptions of vulnerability and human greed or malevolence. A later evaluation of the self-directed support demonstration sites in Scotland found similar differences of approach (Hunter et al., 2012). Both the IBSEN study and the Scottish evaluation undertook interviews with practitioners in adult social care, including adult safeguarding co-ordinators at different time points. These interviews were followed by a further study in which another sample of adult safeguarding co-ordinators or lead managers was interviewed about developments which have enabled people lacking decision making capacity (specifically people with severe dementia) to have proxy arrangements made for Direct Payments/personal budgets (the successors of individual budgets) (Manthorpe and Samsi, 2013). In this latter study, concerns were further expressed that vulnerabilities and risk factors would need to be communicated to all local dementia care practitioners and not just social workers, so that the intended positive outcomes from personal budgets could be realised.

More specifically, in relation to financial abuse, the Audit Commission (2011) found that £2.2m of personal budget fraud was reported in 2011 against a backcloth of public social care expenditure of £16bn and compared to public procurement fraud of £855m. The Audit Commission judged the risk of fraud from misuse of personal budgets to be '*significant*' but noted that where councils had focused on reducing fraud they were, not surprisingly, better at detecting and countering it, than where they did not. Such data does not clarify whether the person themselves has been the subject/victim or the perpetrator of fraud and only financial abuse was considered by the Audit Commission. A few local authorities have reported data relevant to this subject where the person for whom a safeguarding referral was made has been in receipt of a personal budget in the form of a direct payment (cash received by the individual or their proxy). One London local authority recently scrutinized 24 cases among the 433 safeguarding referrals it received during the year 2012, one of which involved financial abuse:

The concern that the personal budget model of service management and delivery would make service users more vulnerable to abuse is not borne out by the evidence collated thus far in Southwark. On data available in this reporting year there is a lower safeguarding referral rate for people in receipt of a personal budget with the lowest rate occurring where people have elected to take the cash budget. (London Borough of Southwark, 2013, p.3)

Policymakers and service development agencies have attempted to assure practitioners that the two goals of personalisation and safeguarding are not conflicting concepts or

practice imperatives (Social Care Institute for Excellence (SCIE) 2008; Lightfoot 2010; Richards and Ogilvie 2010; Department of Health 2010a; 2010b). Ellis and Preston-Shoot (2012) have produced checklists to assist practitioners to 'square the circle' of the two themes. In light of the continued interest in the interface of safeguarding and personalisation the present study aims to investigate if and how policy and practice in personalisation and safeguarding are converging (for details of the full study see footnote 1 – *to include following anonymous peer review*). Following a description of the methods of this analysis we report the themes that emerged and discuss their implications, we then debate the potential of annual reports to be resources for researchers.

## **Methods**

In order to provide background to the larger study in which interviews, observations and case record analysis are being undertaken, a sample of publicly available annual reports from 20 English Safeguarding Adults Boards was obtained from a sample of local authorities' websites in 2012. Using the web to collect documents is often undertaken by commercial companies to obtain data and is increasingly used as the preliminary to documentary analysis by researchers in the internet age (see Bowen 2009; Moriarty et al., 2013). The sample of authorities was purposefully selected to provide geographical and authority type variations (unitary, county, metropolitan and London borough) with random selection from each type of local authority, representing



15 per cent of the 152 local Councils with Social Services Responsibilities (CSSRs) in England. Local authorities that had taken part in the Individual Budget pilot programme were specifically included in the sample (see Glendenning et al 2009) (the IBSEN pilots). Their inclusion was warranted because these 13 local authorities were early adopters of personal budgets (then termed individual budgets) and might have been at the forefront of debating the interface of personal budgets and safeguarding. We used public access routes into the 13 local authorities, consulting websites as if we were a lay member of the public seeking to find out what the Board was presenting as a publicly available account of its work.

Using publicly accessible information was intentional since this is the route to information specifically for lay people but also for many professionals, particularly those working in services or sectors that cannot access internal local authority information. As there were no access permissions needed and no personal data were sought, ethical permissions were not necessary for this part of the study. However, the local authorities are anonymised as we returned to some to seek their engagement in the further phases of this study and identifying them could have compromised their anonymity.

Analysis of documents is often undertaken in social research (Prior, 2003) and in applied health services research (Bowling, 2014). Documentary accounts can be useful data sources, but, as all documents are based on social constructions and judgements, and reflect contextual influences, it is important to be alert for possible inaccuracies and biases throughout the analysis (Bowling, 2014). Annual reports from a range of local

authorities were sourced to minimise these limitations. A data extraction form was developed to record the information presented in each report, following which we undertook a content analysis of the information included. Summary details were entered onto a spreadsheet and read and discussed by the research team. We devised a coding frame for analysis and four researchers each reviewed the reports from five local authorities following which overall analysis was undertaken by another member of the team. The researchers were multi-disciplinary and multi-professional, with backgrounds in social care practice and management, local authority performance/policy, research in social care, voluntary sector work, and training on adult safeguarding and personalisation.

The focus of the review was broad and while we did not anticipate that the level of detail in the annual reports would be considerable we expected to find some mention of personalisation as it had been the trigger of 'transformation' of adult social care in England over the past decade. The data extraction form focused on:

- 1) Context (as relevant to personalisation)
- 2) Activity on personalisation covered by the report, such as training, governance & leadership, safeguarding referrals and types
- 3) Details of safeguarding case activity (related to use of personal budgets and direct payments)

In one of the selected sites, the Board had not produced an annual report giving as its reason that it was not required to do so to the researcher. The data reported below therefore relate to 19 sites and cover the years 2009-2011 since the Boards produced their annual reports at different times.

## **Findings**

### *Context (as relevant to personalisation)*

The 19 annual reports revealed a local context in which the personalisation of adult social care was variably recognised as important as a national as well as a local priority. Despite the fundamental shift of personalisation, only seven of these 19 annual reports conveyed a sense that this was important to acknowledge. In some, personalisation was discernible by a change of terminology, for example, on one Board the local authority representative was described as Assistant Director of Assessment and Personalisation but, other than this, there seemed no reference to the transformation of social care in this area (Site 20).

In contrast, in one particular local authority that had piloted individual budgets (Site 2), the Foreword to the annual report stated that the Board '*continues to support the principle of a personalised adult health and social care system which emphasises choice and control and fosters independence*'. This report later included data on the numbers of people receiving direct payments or self-directed support in its area.

Other annual reports presented overviews of current contexts among which personalisation was referred to, but with varying levels of detail. These contextual overviews were found embedded in the annual report or as an appendix (Site 4). In the most detailed of these, a local authority that had been part of the individual budget pilot programme (Site 3) had included the following in its annual report: *'A thorough review of all national policies relevant to safeguarding activity is offered in a section entitled 'overview of national context for Safeguarding Adults 2010-11'.* This section made reference to the Department of Health's (DH) *'Vision for Adult Social Care'* and specifically drew attention to the claim in this policy document that safeguarding is central to personalisation. This particular annual report stated *'It makes clear that services should protect people when they are unable to protect themselves, and that this should not be at the cost of people's right to make decisions about how they live their lives'* (p.7) Reference was also made to DH practice guidance *'Practical approaches to safeguarding and personalisation'* (Site 3).

In another area (Site 14 – not an individual budget pilot) the Board annual report contained details of strategic activity within the local authority such as closer working between the adult social care commissioning team and colleagues in workforce development to ensure that commissioning strategies described what a competent workforce would look like and what would be required to support people to achieve personalised support. It predicted that greater numbers of people eligible for adult social care would take up the opportunity to manage their own personal budget allocation.

This would result in new and different types of providers and so it considered it ‘essential’ that safeguarding remain a high priority. This Board reported that the local authority had collaborated with regional colleagues on joint learning events for practitioners to discuss the interface of personalisation and safeguarding.

Those annual reports that made no mention of personalisation, or very cursory mention, covered other local developments in more detail, such as enhanced work with children’s safeguarding colleagues or the pressures of austerity. One described its partnership relationships at local level; another concentrated on responses to a negative inspection.

### **Activity on personalisation covered by the reports**

Categories falling under the term ‘activity’ included mention of three particular forms of local routine or one-off activities that the Board considered worth reporting. These included training related to personalisation and safeguarding; governance & leadership around personalisation and safeguarding interfaces; and lastly data or trends related to the system of collecting of safeguarding referrals and types. Table 1 summarises these findings for the 10 annual reports that contained data on these activities; where the cells are blank there was no relevant information. Nine annual reports did not contain information on any of these subjects – six of these had been individual budget pilot local authorities.

### **Insert table 1 about here**

The training commissioned or provided was mostly described as being at the developmental stage. In most reports, it was not possible to tell if training on adult

safeguarding was available to directly employed staff such as personal assistants or not. There was no mention of any training being available to safeguarding staff about personalisation. A very small number of reports mentioned training and support for people using direct payments or personal budgets; none for carers. This was in the context of a great deal of information about numbers attending training, particularly awareness training, being contained in most reports. The one local authority that had commissioned a considerable amount of developmental work from an organisation to cover financial risk management related to personal budgets did not provide any details of how this was being rolled out or evaluated (we have not subsequently been able to find information about this via publicly accessible routes).

Two reports contained information suggesting that there was a strong link between safeguarding and personalisation at governance and leadership levels (both had been individual budget pilot areas). A further few reported a designated lead manager for personalisation. We did not find evidence of other strategic roles or initiatives more generally. There was no detail of the outcomes of the '*cross-regional safeguarding and personalisation network*', or the quarterly '*safeguarding and personalisation sub-group meetings*' mentioned in two reports. A tangential development in 2010 in Site 14 was the Board approval of the creation of a 'Risk Enablement Group' to formulate policy and procedures to assist practitioners who may be faced with difficult decisions where a high degree of risk is a factor. Two reports contained interesting brief accounts of user-led organisations having some responsibility to bring safeguarding and personalisation together; in one area one of these organisations was represented on the Board.

The development of risk assessment and management tools (through creation of a panel or procedures) was mentioned in three reports. One local authority (Site 17 – an individual budget pilot site) reported piloting personal budget debit cards for people *'choosing to take cash in lieu of local authority systems'*. The stated aim of this was to enable people to monitor patterns of expenditure and investigate anything unusual promptly. The pilot of such cards had been completed with *'partial success'*. The annual report noted that such payment cards would be offered to new direct payment holders as a payment method choice. However, where *'concerns'* had been highlighted, the payment card was to be offered as the *'only'* method to receive a direct payment. For such individuals there would be monthly monitoring of electronic bank statements to highlight any unusual or unexpected card use which would then be passed to local teams to follow up. This local authority was unusual in explaining its activity in providing information to personal budget holders and in outlining its activity in seeking to prevent abuse but it appeared that it envisioned abuse being related to fraud or mismanagement *by* personal budget holders rather than the possible abuse or exploitation *of* personal budget holders.

Another local authority (Site 2 - an individual budget pilot) was alone in reporting the development of substantial procedural documentation and collaborative working. The safeguarding manager was described as working with the personalisation lead officer to produce a *'Personalisation & Safeguarding Framework'* and a commitment to its review was made for the following year. The same authority had also produced a

Personalisation Risk Enablement Procedure to set out the approach that all members of staff were required to adopt when working to support vulnerable adults, including those people who paid for their own care and support. The aim of this was reported to be:

... to create a sound framework for decision making in relation to the management of risk, balancing the needs and aspirations of service users with the risks to themselves and others. The procedure builds on existing good practice and aspires to create a person-centred culture of positive awareness and responsibility for the assessment and management of risk.



**Table 1: Activity on personalisation covered by the 19 annual reports**

<b><i>Sites</i></b>	<b><i>Training</i></b>	<b><i>Governance &amp; Leadership arrangements</i></b>	<b><i>Safeguarding cases and activity</i></b>
Site 1 #		Local authority led a cross regional safeguarding and personalisation network to generate dialogue and encourage joint commissioning of services.	No specific data on personalisation. Since shift to personalisation and community settings, there had been a rise in financial abuse reported by 18-64 year olds, 63% in own homes suggesting that personal budget awareness may be growing, and embedding personalisation in safeguarding processes is critical.

<b>Sites</b>	<b>Training</b>	<b>Governance &amp; Leadership arrangements</b>	<b>Safeguarding cases and activity</b>
Site 2 <sup>#</sup>	Training arm of adult social services delivered safeguarding courses to various staff including 286 from independent sector (which includes people directing their own support and their Personal Assistants). No further details.		

<b>Sites</b>	<b>Training</b>	<b>Governance &amp; Leadership arrangements</b>	<b>Safeguarding cases and activity</b>
Site 3 <sup>#</sup>	Board has a Safeguarding and Personalisation sub-group which <i>inter-alia</i> has 'revised the safeguarding elements in the Personal Budgets Manual to ensure risk and empowerment are considered appropriately and throughout the process' (p,13)	Local authority's Assistant Director for Safeguarding and Personalisation chairs quarterly meetings of a Safeguarding and Personal Budgets sub-group (9 members).	

<b>Sites</b>	<b>Training</b>	<b>Governance &amp; Leadership arrangements</b>	<b>Safeguarding cases and activity</b>
Site 4	E-learning: The web portal has been updated to include key safeguarding messages to prevent abuse for those who are purchasing their own care through a personal budget.		
Site 5	Works with local post offices and banks – to encourage them to recognise the signs of financial abuse and raise an alert.		

<b>Sites</b>	<b>Training</b>	<b>Governance &amp; Leadership arrangements</b>	<b>Safeguarding cases and activity</b>
Site 6 #	A 'risk assessment and personalisation guidance risk assessment tool' was developed by the procedures subgroup members		
Site 7		'The Personalisation Agenda' was reported to be under the Chair's (Director of Adult Services) remit to discuss at a meeting but no further detail provided.	

<b>Sites</b>	<b>Training</b>	<b>Governance &amp; Leadership arrangements</b>	<b>Safeguarding cases and activity</b>
Site 8 #			Increase in referrals of which 131 out of 4370 referrals came from self directed support staff – this was a decrease in percentage terms.
Site 10		Panel to consider safeguarding and risk included personalisation	

<b>Sites</b>	<b>Training</b>	<b>Governance &amp; Leadership arrangements</b>	<b>Safeguarding cases and activity</b>
Site 12 #			<p>Development of an identification of risk tool; covering safeguarding risks, independence &amp; environment, health, relationships, finances, managing 'individual budgets' which flags up risks of abuse or neglect due to incompetence or exploitation and financial abuse. There is also a 'risk escalation grading matrix' describing 'catastrophic' 'major', 'moderate' and 'minor' risks to individuals.</p>

<b>Sites</b>	<b>Training</b>	<b>Governance &amp; Leadership arrangements</b>	<b>Safeguarding cases and activity</b>
Site 15 #	'All courses are being reviewed to ensure that they incorporate the personalisation agenda'		Sources of referral reported - 4 out of 807 were from self-directed support staff'.  It was reported that 12 of the 807 alleged perpetrators were self-directed care staff





<b>Sites</b>	<b>Training</b>	<b>Governance &amp; Leadership arrangements</b>	<b>Safeguarding cases and activity</b>
Site 18 #	Direct Payment Users get training run by and Independent Living Association to keep safe, this includes taking up Criminal Record Bureau (CRB) checks, reference checks, making emergency plans and maintaining boundaries with their Personal Assistant.	Independent Living Association (ILA) represented on the Board.	Over past years Independent Living Association (ILA) reported that 60% of the ILA safeguarding alerts concerned Personal Assistants (PA) and 40% related to family

Nothing was reported on training, governance and leadership arrangements and safeguarding cases and activity in the Annual Reports from sites: 9#; 10; 11# ; 13; 14#; 16#; and 20

# IBSEN sites (pilot local authorities for individual budgets)

## **Safeguarding cases related to personal budgets**

In this part of the analysis we report on the presence of data on the types of abuse, sources of alerts and referrals and any details of outcomes for alleged victim and perpetrator where personal budgets were a factor. In the main, no specific data were provided relating to personal budgets, direct payments or self-directed support. Most of the annual reports provided overall annual figures of referrals or alerts, categorised by age, gender, care group, location and type of abuse, reflecting data collection requirements at local and national levels. A small number noted possible trends or speculated whether trends were discernible. Data presented included information relating to alleged victims and alleged perpetrators. Three reports contained a small amount of information relevant to our enquiry.

One report noted that the source of one referral was from someone described as a 'self-directed care staff' member (Site 14); in another, SDS staff were the sources of alerts for 3 of the 427 alerts made in the year; but were also 3 of the 427 alleged perpetrators (Site 20). In a third authority, (Site 15) 131 out of 4,370 referrals came from self-directed support staff – this was reported to be a decrease in percentage terms. No data related to personalisation by type of abuse were recorded. Site 3's annual report commented that these data were collected but were not presented in the annual report. The reasons for this were not stated, but it further noted an increase in financial abuse referrals.

## **Ambitions**

Seven of the 19 reports made mentions of work that the Boards or member organisations envisaged undertaking in the following year that were germane to personalisation and safeguarding. Table 2 presents these disparate ambitions or plans. Some were not specific and referred, for example, to general '*developments*' but others were more focused and auditable in their plans, ranging from conferences for users and carers to data analysis and data capture. The tone of these ambitions also ranged from those that reflected a 'business plan' approach to those where general encouragement or exhortations were made that something must, or might, be done.

**Insert Table 2 about here**

The language of these aspirations ranged from objectives, priorities and targets to more 'soft' encouragements about support and developing activity or reflection. Interestingly, none of the ambitions appeared to reflect the multi-agency nature of the Boards and, instead, tended to focus on local authority (social care) activities. The Police service, trading standards departments, housing providers and financial bodies were not specifically included in this area of work in the reports. While this does not reflect what might be happening operationally at local level, this sole agency focus conveys a picture of personalisation as very much a local authority affair.

**Table 2 – Activity planned by Boards in relation to personalisation (8 out of 19 reports)**

Site 1 #	One future objective is the “Implementation of the Safeguarding & Personalisation Work Plan”
Site 2 #	A target for 2011-12 is to support an annual “Personalisation and Safeguarding” conference for service users and carers across the region
Site 3 #	10% of referrals were for service users in receipt of Direct Payments. A rise in the take-up of Direct Payments is anticipated and it would be useful for the Local Safeguarding Adults Board to analyse safeguarding direct payment cases that occur during 2011-12 to ascertain whether there are any trends in safeguarding activity; particularly whether there is an increase in financial abuse cases
Site 4	None described. Mention is made of a research study (this present study)
Site 5	An aim for 2012-13 is to target training and communications with the following individuals and organisations: service users and adults at risk, including unpaid carers, Black and Minority Ethnic (BME) community groups, those receiving direct payments, and people with a sensory impairment.
Site 9 #	Of 11 key priorities, one related to personalisation: develop an approach to personalisation in relation to adult safeguarding

	ensuring an analysis and mitigation of risk; to link more closely and effectively the developmental work being undertaken in the areas of safeguarding and personalisation.
Site 12 <sup>#</sup>	Board priorities for 2011-12 include ' <i>respond to the identified risk of abuse from family members, including financial abuse</i> ' (p.43) (data analysis suggests this may be a growing problem). Board challenges for 2011-12 include ' <i>reducing allegations of financial abuse whilst responding to the personalisation agenda</i> '.
Site 14 <sup>#</sup>	Targets for 2011/12 include ensuring that the increasing numbers of people on self-directed support are safeguarded. Priorities for 2011/12 include the implementation of the personalisation agenda will include safeguarding considerations (measured by the number of alerts from people receiving a personalised service); extending safeguarding training to Personal Assistants (measured by uptake of training); supporting Service Users to undertake their own risk management (measured by number of personal risk assessments).

<sup>#</sup>IBSEN site

## Discussion

This study is limited in only taking a sample of local authorities and in its scrutiny of one type of document. However, our decision to include the 'early adopters' of personalisation (individual budget pilots) meant that our sample included those local authorities where the Safeguarding Adults Board had some familiarity with personalisation and the local authorities had recognised the links, not least because the IBSEN research had interviewed the adult safeguarding co-ordinators twice. It is perhaps surprising that the content of Boards' annual reports have not been analysed for any purpose previously and this study reveals some of their potential value to researchers. This value may be enhanced since Boards will be required to submit annual reports under the Care Bill when it is implemented and so there will be full national coverage. They may, of course, remain varied in style and content to reflect local circumstances and priorities.

It is important to note that the annual reports we scrutinised varied in their coverage of different topics and format. Our analysis revealed the difficulty of comparing reports across local areas. There was no uniformity of format and in some reports different sections appeared to have been written by different authors with some overall editing. Level of detail varied hugely, with only some explaining terms used and agencies represented, and not all reports were easy to follow. This may explain the wide variations in whether they alluded to local and national contexts. The different structures of Boards were also reflected in the annual reports with reports of different sub-groups and working parties that were contributing to safeguarding work locally. Some annual

reports included separate reports from partner agencies that were members of the Board.

Personalisation was only a part of the local and national context and was very much a 'local authority affair' at the time of our study; many of the annual reports had more to say about the Deprivation of Liberty Safeguards under the Mental Capacity Act 2005 and the emerging data from national collections of the Abuse of Vulnerable Adults returns to the Government's Information Centre (now Health and Social Care Information Centre); others conveyed some examples of local cases to illustrate (mainly positively) inter-agency working, successful resolutions and prevention.

The reports contained information that suggested that personalisation was being considered in local safeguarding work in terms of the different types of risk it may illuminate. This would provide some evidence that the 'parallel tracks' are converging. Our analysis suggested that there seemed to be more engagement with policies and practices around personalisation where these had been part of the local authority's priorities for longer, such as the individual budget pilot local authorities. Here examples of engagement between safeguarding and personalisation were more likely to be mentioned, with specific groups or activities being described as involved in thinking through the changes consequent to personalisation. However, it is important to acknowledge that much relevant work carried out by Safeguarding Adults Boards, and its constituent local authorities and partner agencies, might not be included in Board annual reports, so any conclusions drawn need to be tentative.



## **Conclusion**

Documentary analysis may have much to offer researchers in adult safeguarding and the potential for this as a method may be worth considering in future studies. The content analysis undertaken here was a useful prelude to the full research study in requiring close reading of several local areas' overall activities in safeguarding and thus preparing interviewers prior to local contact with possible informants. The annual reports analysed provided some examples of safeguarding and personalisation activity indicating that this remains an area of mutual learning between safeguarding practice and the practice developments required with the implementation of personal budgets. While some reports provided examples of efforts seeking to ensure communication, procedural alignment and risk management, importantly some annual reports made no mention of such activities and so a picture of national variability remains.

## **Disclaimer and Acknowledgements**

To be inserted after review

### **Footnote 1 Details of full study**

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