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What is an "adult protection" issue? Victims, perpetrators and the professional construction of adult protection issues

Abstract

Drawing on data from a Scottish research study, this paper explores the relationship of professionals' perceptions about specific perpetrators and victims to their constructions of "adult protection" issues in practice. It finds that professionals' perceptions of victim distress did not consistently coincide with the construction of adult protection issues, whilst the connection to any assessment of victims' heightened vulnerability in specific cases was not clear. With respect to perpetrators, implicit practice rules were evidenced which differed from explicit policy criteria. In particular, there were different rules for relatives, staff and service user perpetrators, whilst harms attributed to institutions were de-emphasised. Explanations of the findings are advanced based on the complex power relations underpinning practice but unacknowledged in policies. More research is recommended to deepen this analysis in a changing policy context, to foreground service user perspectives, and to contextualise harms potentially resolvable through adult support and protection/safeguarding routes with respect to harms better addressed in other ways.

Keywords

Abuse; power; safeguarding; vulnerability

Introduction

For some years now, the support and protection of adults thought to be at heightened risk of mistreatment has prompted increasing UK policy attention, debate and research (Cambridge & Parkes, 2004; Fyson & Kitson, 2007; Manthorpe et al., 2010; Penhale & Parker, 2008; Pritchard, 2008). "Adult protection" or "adult safeguarding" has become a recognised field of social work and inter-agency activity with co-ordinating committees and specialised teams in many UK local authorities, formalised procedures for referral and response to concerns in all local authorities, and an Act of parliament in Scotland to underpin these functions (Adult Support and Protection (Scotland) Act 2007; Department of Health, 2000; Department of Health Social Services and Public Safety, 2006; National Assembly for Wales, 2000). However, some commentators have challenged the premises of such policy developments, particularly the association of heightened risk or vulnerability with disability, illness or old age, and not solely with impaired capacity to make one's own decisions (Disability Agenda Scotland, 2006; Enable Scotland, 2006). Meanwhile, some research has questioned the relationship between adult protection policies and practice on the ground (Brown & Stein, 1998; McCreadie et al., 2008; Northway et al., 2007; Taylor & Dodd, 2003). After outlining relevant elements of these studies, this paper draws on data from Scottish research into adult support and protection practice prior to 2008 to explore what professionals considered to constitute an adult protection issue. The analysis focuses on the relationship of the perceived characteristics and perspectives of

victims and the perceived identities and intentions of perpetrators to professionals' constructions of adult protection issues.

This paper does not set out to evaluate practice at the expense of critiquing policy: that is, it does not consider adult protection issues to constitute a category of events and circumstances which are self-evidently distinctive, and which practitioners either identify correctly or else fail to identify. Instead it views adult protection issues as constructions in the context of power relations (Fairclough, 1995; Foucault, 1980). It considers adult protection policies to be engaging in construction, in the sense that they interpret certain kinds of events or circumstances to represent certain kinds of problem, when alternative interpretations would be possible and have been reached in other national and historical contexts (Bacchi, 1999; Clarke, 2001). These policy interpretations constrain the interpretative frameworks available to practitioners; however practitioners also engage in construction, in the sense that they attach meaning to events and circumstances, interpreting some to be adult protection issues and others to be something else (Holstein & Miller, 2003). Where practitioners draw these boundaries determines where the burgeoning structures and guidelines designed to improve UK adult protection/safeguarding practice are deemed to be applicable. These processes of construction, therefore, have real consequences for people who come into contact with services.

Adult protection: from policy and practice

"Adult protection" was first conceptualised in UK policy as a response to the abuse of certain adults. It drew together a number of previously separate concerns,

including sexual exploitation of learning disabled adults (Brown & Turk, 1992); harm to older adults inflicted by their families at home (Eastman, 1984); and harm to adults with health problems inflicted in and/or by institutional “care” (Martin, 1984). As policies grew more inclusive, so definitions of “abuse” grew more inclusive too (Brammer & Biggs, 1998). For instance, early UK “elder protection” policies focused near-exclusively on the abusive potential of relatives (Biggs, 1996; Department of Health, 1993), whilst early UK policies concerning sexual abuse and learning disability often overlooked or explicitly excluded circumstances where perpetrator and victim were similarly intellectually impaired (Brown & Turk, 1992). By contrast *No Secrets* (Department of Health, 2000), the seminal “protection of vulnerable adults” policy guidance to English local authorities, considers that abuse might be perpetrated by “any other person or persons” (s.2.5) whether or not they intended harm (ss.2.7; 2.9) and whether or not they held a position of power in relation to the victim, though “particular concern” will be raised if they did so (s.2.11). Policies in other UK countries were also developing in similar ways at around this time.

Many factors influence the transmission of adult protection policies to practice, however. Several interview and focus group studies with practitioners have found varying degrees of policy knowledge, for instance, and in particular, varying working definitions of “abuse” (Northway et al., 2007; Parley, 2010; Taylor & Dodd, 2003). Where practitioners’ definitions have not matched policy definitions this has tended to be because practitioners’ definitions were narrower, for example excluding harm perpetrated by service users and/or perpetrated without intent from the category of “abuse” (Parley, 2010; Taylor & Dodd, 2003). Such studies have

raised concerns that adult protection policies are being implemented incompletely and in inconsistent ways (however see Johnson, forthcoming).

Additionally, different practitioners may have different expectations of what an adult protection *intervention* might involve. Brown and Stein (1998) found significant differences between levels of reporting of “adult abuse” in two English counties, and suggest that practitioners adjusted their thresholds for reporting concerns through adult protection channels based on their perceptions of the options this might open up or close down in terms of effective interventions. Variations from county to county could thus be accounted for by the more or less rigid procedures perceived by practitioners to be triggered in their county once a formal concern had been raised.

Different practitioners also operate in the context of different professional and agency cultures (Hogg et al., 2009; Manthorpe et al., 2010; McCreadie et al., 2008; Penhale et al., 2007). McCreadie et al. (2008: 15) relate agencies’ “perviousness” to the extent of their commitment to and compliance with adult protection policies, where “perviousness” is defined as the compatibility of existing cultures and remits with the requirements of adult protection. Where a health organisation has a culture of addressing poor practice in non-punitive ways, for example, its employees may not construct certain instances of poor practice as adult protection issues, despite the inclusion of such issues in multi-agency policies. These suggestions by McCreadie et al. (2008) and Brown and Stein (1998) fit with Lipsky’s (1980) theory of the “street-level bureaucrat”, adapting policies in conscious ways to fit with practice ends.

Notwithstanding these findings and models of factors affecting the construction of adult protection issues at practice level, there remains a paucity of empirical research examining these processes in practice. The Scottish Adult Support and Protection (ASP) study makes a contribution towards filling this gap.

The ASP study

The ASP study employed case study methodology to examine interagency adult protection practice in relation to 23 “at risk” or “vulnerable” adults across four local authority areas in Scotland. Each adult, together with the network of supports surrounding her or him, represented a single case. Data were collected between May 2007 and October 2008, following the identification of cases and obtaining of consent by participating social work departments. The cases included adults living alone, in staffed and in family settings, and spanned situations involving older age, mental health problems, physical health problems, physical disabilities and learning disabilities.. Given variations in the terminology in use at the time and the exploratory nature of the ASP study, the criteria for cases eligible for inclusion in the study were relatively non-specific. Thus cases were not required to have followed particular formal procedures, to have involved multi-agency work necessarily nor to have involved only proven allegations. The research team requested only that cases had involved some form of “adult abuse” or “adult protection” or “vulnerable adult” concern according to the social worker or social work manager who identified the case for the study.

In the first phase of data collection, detailed chronologies of events, interventions and inter-agency communications in respect of each case were extracted from social work files and other local authority documentation, such as some day centre records. Interviews were then conducted with all involved professionals as far as was possible. This included social work, police, health, housing and independent sector staff. Interviewees were invited to refer to their own agency records and some supplied further documentation about the cases at this stage. Each interview aimed to fill gaps and/or clarify ambiguities in the research team's developing chronology of the relevant case, to explore interviewees' explanations for decisions and actions, and to examine perspectives on the process of intervention as a whole. Full details of the study and findings, particularly in relation to interagency collaboration, are published elsewhere (Hogg et al., 2009).

Given the timing of data collection, the ASP study cases all relate to practice prior to the implementation of the Adult Support and Protection (Scotland) Act 2007. The discussion section contextualises the findings with respect to subsequent legislative developments. It also contextualises the findings with respect to current terminology. However, this paper uses the term "adult protection" throughout because this term was current in Scotland at the time of the research.

The analysis reported here

At first glance a sample of 23 cases identified by social work as adult protection cases might appear to offer limited potential to explore the grounds for practitioners' application of this category. This is because of an apparent lack of scope for comparison with cases not so categorised. However, in practice the

situation was considerably and intriguingly more complex. First, most cases comprised multiple concerns and adverse circumstances, some of which were separated out and constructed as adult protection issues by some or all of the professionals involved, and some of which were not. For instance, a learning disabled man might have been subjected to alleged poor care/support, financial exploitation and violence at the hands of his family. These might have been constructed as adult protection issues for the purposes of professional response and for the purposes of the ASP study. However, a further incident in which the same man reported being hit by a fellow user of his day centre might not have been constructed in this way; nor might the alleged failure of the centre to meet his personal care needs. Second, practitioners sometimes offered explicit justifications either for classifying or not classifying a particular circumstance as an adult protection issue. Such justifications were interesting for their commonalities as well as for their points of conflict with other professionals' implicit or explicit understandings, within or between cases.

The analysis reported here therefore began by breaking down each case into one or (usually) more "concerns". A "concern" was defined as:

- any circumstance raised by respondents in their documentation or research interviews, or reported to have been raised by another person such as the adult themselves;
- which was alleged to have been caused by a person or group of people including institutions, and;
- which was alleged to have harmed the "victim" and/or to have fallen below perceived norms of acceptability within existing social and institutional arrangements.

Importantly, this definition was literally applied, with no attempt made to filter out concerns against further criteria, such as “common sense” understandings of what policies were or were not intended to cover. The concerns were inserted into the left-hand column of a matrix intended to reduce and display the data in new and analytically elucidating ways (Miles & Huberman, 1994). Further columns were added to the matrix to describe the features of each concern: for instance, who the perceived perpetrator was and what their intentions were perceived to be, including any differences of view amongst the individuals whose views were represented in the dataset. Another column indicated whether each concern was constructed as an adult protection issue by the professionals involved, again including any differences of view and the known reasons for these. Concerns which could be coded unequivocally as adult protection issues for professionals were those which they described as adult protection issues (or as “protection of vulnerable adults” issues, “vulnerable adults” issues, POVA issues etc.); professionals might have used these terms in documentation or in interviews with the research team, and/or they might have filled in an adult protection recording form or called an adult protection meeting. Alternatively, a professional might have identified the case for the research on the basis of a given concern: for instance one case of sexual abuse of a learning disabled adult whose position within contemporary adult protection discourse was undisputed by research participants though the case itself pre-dated the rise of adult protection terminology and the existence of adult protection recording forms. To summarise, the focus of this analysis was not the use of specific terms *per se*, but the way a specific field of professional activity was constructed and understood to be demarcated from other fields of activity and, moreover, how this was done by professionals *at the time of the research*. If there were insufficient data to gauge professional views about a concern in this respect,

the concern was excluded from this analysis. In total 159 concerns were identified , an average of seven per case, of which 16 were excluded on these grounds.

The findings section below is a narrative account of the content of those sections of the matrix which describe the perceived identities and intentions of perpetrators and the perceived characteristics and perspectives of victims. The section investigates whether there were connections evidenced between the way(s) these aspects of concerns were constructed, and whether concerns were constructed as adult protection issues by professionals at each stage of the case. It notes differences as well as commonalities in professionals' constructions. However because of its size and nature, the dataset could not support comprehensive comparisons, for example between professions. Further comments on this follow.

Given the criteria outlined above, it is also important to note that non-identification of a concern as an adult protection issue did not necessarily mean it received no response. Nor were responses to identified adult protection issues necessarily comparable in extent and type. This analysis did not focus on the nature of interventions but on the way(s) a field of work termed "adult protection" was constructed by demarcating it from other types of work. However, implications of the non-identification of adult protection issues for intervention in certain concerns are included in the findings section. This provides the foundation for some observations in the discussion section about the broader implications which flow from these demarcations.

Findings

61 of the concerns included in this analysis had been constructed as adult protection issues in the sense defined above, in the majority view of interviewees, whilst 82 had not been constructed as adult protection issues. These categorisations were generally undisputed within the cases in this broad sense at the time of the research. This might have been because many professionals did not consider it within their remit to challenge social workers' categorisations, so that many consensuses were social work-led; because numbers of concerns received no multi-agency input; because professionals had had time to reach consensus in retrospect, and in a culture of increased awareness of adult protection, on the status of concerns which were formerly disputed; and/or because the focus of the research as a whole, as opposed to this analysis, was interventions and not definitions *per se*. However the present analysis identified a minority (12) of concerns characterised by historical differences of opinion over whether and in what sense they constituted adult protection issues, for instance whether the instigation of procedures was appropriate. Meanwhile, more common findings were: a)apparent differences in the implicit rules of construction of adult protection issues *between* cases; and b)apparent *commonalities* in these rules, within and between cases.

More details of these findings are explored under two subsections below. The first discusses victims and the second perpetrators. It should be noted that the different types of findings identified above are distributed unevenly across these subsections. For instance, much of the within- and across-case differences are concentrated in the part of the first subsection concerning the nature of

vulnerability, and the part of the second subsection concerning intent with respect to individual perpetrators. These are sites of ambiguity between professionals familiar from other studies too (Brown & Turk, 1992; Taylor & Dodd, 2003). Meanwhile, broader commonalities were evidenced in the distinctions drawn between different types of perpetrator, and in particular between institutional and other perpetrators. The second subsection maps these out.

As a preface to the detail of the findings, two further points should be noted here. First, identifying details have been removed or changed from all examples. Second, the term "victim" is used throughout to refer to individuals considered to be subject to harm or abuse. This is not a fixed status, however, nor might the individuals themselves have accepted this status in the context of the circumstances of professional concern.

Victims' perceived characteristics and perspectives

In the ASP study cases, the nature of the suspected circumstances of concern was invariably documented by the professionals who identified them as adult protection issues. For instance, the nature of irregularities in an older person's financial records or the date and location of a suspected assault were written down by these professionals and also described in their interviews with the research team. However, the nature of heightened "vulnerability" on the part of the victim which was perceived to qualify this concern as an adult protection issue tended not to be documented; nor were there formalised systems to require such documentation across any of the research sites. As an example of the significance of this, one

concern involved a learning disabled woman who alleged she had been raped by a stranger in a park. This concern was constructed as an adult protection issue by a social worker who was alerted to it by police. However, it was unclear whether any alleged rape of any disabled person would have been constructed in this way by this social worker, or if specific additional factors were considered to render this woman in these circumstances a "vulnerable adult" in addition to being the victim of a crime. Equally, a number of alleged crimes against other service users, in this local authority and others, were not constructed as adult protection issues by any involved professional, and it was unclear whether this was due to a perceived absence of heightened "vulnerability" affecting these adults in these situations, in comparison with the general population, or if this disparity was best accounted for in another way.

There were two clear exceptions to the prevailing silence about the specific nature of "vulnerability" with respect to potential adult protection issues. Both arose because particular professionals challenged the existence or nature of "vulnerability" in relation to a given individual or circumstance. The first exception involved a woman stated, though not diagnosed, to have "mild learning disabilities" who was considered "vulnerable" by social workers because she frequently got drunk and had sex with strangers. However, one therapist questioned plans for intervention because she considered her former patient to be "no more vulnerable than any other young woman". This woman later married a man who restricted her freedom and was suspected of assaulting her. Again, social workers considered this an adult protection issue. Others, including the police, saw no remit for involvement, given the woman's capacity and her refusal of support. The second exception involved a more implicit challenge to the existence of "vulnerability" in

respect of a disabled man who alleged that his father regularly hit him. Because social workers perceived a “tit-for-tat” relationship, they did not consider this an adult protection issue. There are parallels here with models of the “ideal”, passive victim seen in constructions of domestic and sexual violence, and argued to perpetuate oppression. This is because such models treat victim (i.e. female) passivity as a pre-condition of full support, of legal redress and of the apportionment of blame to men (Burman, 2010).

The dataset does not allow direct access to victims’ perspectives on whether they shared others’ concerns or considered their own concerns to constitute adult protection issues. However, professionals’ reports of victims’ distress or non-distress in the face of each concern offer some limited means to gauge convergences and divergences of view. The victim was reported to have been distressed by many of the concerns constructed as adult protection issues by professionals. However, victim distress did not appear definitively to impact on professional constructions. There were cases in which individuals reportedly showed no distress and/or actively sought out situations which professionals constructed as adult protection issues. For instance, one man chose to go out drinking with his cousin above all other activities, though his cousin treated him in seemingly humiliating ways and regularly stole from him. Conversely, there were concerns which reportedly distressed the individual but which were not conceptualised as adult protection issues: for instance the man understood to have a “tit-for-tat” relationship with his father. Additionally, some issues of concern and/or distress raised by the case study subjects related to professionals’ adult protection practices themselves: for instance inefficiency in responses to initial complaints or monitoring which was experienced as excessive and intrusive.

Certain professionals working with these individuals sometimes shared such concerns; the situation was not consistently one of a unified professional perspective over-ruling service user views. Nor did several of the affected adults have the capacity and/or the opportunity to express any view at all at the time when concerns for them arose. However, the point stands, qualified as it is in its implications, that professional perceptions of victim distress and professional construction of adult protection issues did not correlate in any straightforward way.

To summarise, the relationships between victims' perspectives and professionals' constructions of adult protection issues could not be shown to follow clear patterns by this particular dataset. That professional assessments of harm or risk held greater weight overall than victims' experiences of distress is all that could be established here. There was also a lack of clarity about how (and if) professional constructions of adult protection issues were influenced by specific deliberations on each individual's situated "vulnerability" (or non-"vulnerability"), as opposed to the equation of "vulnerability" with impairment, old age and/or service use *per se*.

Perpetrators' perceived identities and intentions

In contrast to the perceived characteristics and perspectives of victims, clear patterns were discernible in professional constructions of adult protection issues relative to perpetrators' perceived identities and intentions. These patterns are discussed under three subheadings below: a) concerns in which the perceived perpetrator was an institution; b) concerns in which the perceived perpetrator was a third party individual or small group of individuals; and c) concerns in which the

perceived perpetrator was the "adult at risk" themselves and/or the adult's own behaviour was the focus of concern.

a) Perceived perpetrator was an institution

Just under a third of the concerns analysed were understood by those who raised them to have been perpetrated by an institution. Examples include:

- Placement by housing in an unsuitable facility e.g. a young woman with mental health difficulties in a hostel used mainly by men, some with sexually predatory behaviour;
- Failure of police to investigate an alleged assault;
- Alleged insensitivity of social work services to diversity e.g. cultural differences and/or lifestyle choices;
- Failure of a care/support facility to meet basic needs e.g. food, medication and help with personal hygiene.

These concerns were roughly evenly distributed between those which were "stand-alone" and those which might be viewed as substandard responses to prior concerns, for instance failure to investigate an alleged assault.

The vast majority of concerns understood to have been perpetrated by institutions were not constructed by professionals as adult protection issues. Indeed, concerns about some institutions' actions and omissions seemed all but excluded from consideration in this light: key examples being the NHS and the police. Similarly,

the construction of councils' own actions and omissions as adult protection issues by professionals who were often council employees themselves was clearly counter-intuitive and pragmatically fraught. However, in one case a social worker did convene a "vulnerable adult" meeting to address concerns arising from the "unavailability of [a] care package either in-house or external", effectively constructing the council commissioning department as a "perpetrator" of an adult protection issue.

Several alleged failures by provider organisations to meet service users' needs were not constructed as adult protection issues by the majority of involved professionals. One example was the consistent failure of a care home to provide a woman with dementia with adequate continence support, assistance with medication and a reliable means to summon assistance in an emergency. However, the research team was informed that neglect of other residents by this facility *was* subsequently constructed as an adult protection issue by the council and its partners, breaking with the trend observed in the ASP study cases themselves. The neglect at this stage had become so severe that lives were put at risk.

A sizeable minority of the concerns understood to have been perpetrated by institutions, and not constructed as adult protection issues by involved professionals, were evidenced to have been addressed in other ways. For instance, the care home described above was the subject of some inspection and regulatory action before the concerns came to be constructed unanimously as adult protection issues for the purposes of intervention, whilst the case study resident herself was moved to another home through care management processes

instigated by her family. Where concerns involved unsuitable housing or unsuitable care/support services, mainstream re-housing and/or care management processes were again drawn upon by professionals, though securing change through these routes was generally slow.

The remainder of the concerns understood to have been perpetrated by institutions were not known by the research team to have been addressed. Examples include several alleged harmful effects of inefficiency and/or under-resourcing of social work and provider services. There were differences of opinion about the existence of a problem between the allegation-maker and more powerful stakeholders in respect of others of these unaddressed concerns. For example, one older woman complained that the scheduling of her home support meant she was required to get ready for bed at 6pm. The complaint was not constructed by the professionals who received it as a valid expression of view, however. Instead, because concerns already existed that the woman's carer was overbearing and hostile to essential services, the complaint was constructed as evidence of his negative influence. Also into the category of power struggles over the existence of a problem fell criticism by the care/support service regulator of police practices, by a housing department of alleged failings in NHS support, and by provider organisations, individual social workers, service users and/or relatives of the damaging risk aversion (or less often the dangerous under-intervention) of social work departments.

b) Perceived perpetrator was an individual

Overall, concerns understood to have been perpetrated by individuals were much more likely to be constructed as adult protection issues than concerns understood to have been perpetrated by institutions. However, there clearly operated different thresholds in professionals' constructions of adult protection issues for different categories of individual, with respect to intent, level, type and duration of harm. For instance, assaults or taunts by members of the public unknown to the victim or by one service user against another were not consistently constructed as adult protection issues. One day centre manager explained that, in his view, verbal or physical aggression by a service user would require assessment in terms of its history and intensity before being designated an adult protection issue, whereas sexual assault would constitute an adult protection issue if it happened even once. The clearest evidence of higher thresholds of harm with respect to service user perpetrators was this professional's description of a specific physical assault by one user of his service against another as "not serious enough" to constitute an adult protection issue, though the injuries sustained required outpatient treatment. Evidence of other interventions in these kinds of circumstance varied from concern to concern, and ranged from no known intervention to extensive social and health supports and/or police interventions which were not, however, conceptualised as adult protection interventions.

Where care/support staff perpetrators were involved, by contrast, any suspected physical or verbal assault was near-unanimously constructed as an adult protection issue regardless of the injuries or lack of injuries sustained, whilst a number of inadequate attempts at manual handling or behavioural management were also constructed in this way by some or all of the professionals involved. The issues might have been ongoing for some time at the point they were discovered and/or

constructed to be a source of concern. However, for care/support staff, a single incident of acknowledged concern was sufficient to be constructed as an adult protection issue, whether verbal, financial, physical or sexual, by social workers at the least if not always by some others, such as care home managers. Continuing the theme of power relations in the construction of adult protection issues, it is worth contrasting this with the (admittedly much smaller) number of concerns raised in the dataset about more senior staff members, none of which were constructed as adult protection issues. These concerns were: the disrespectful and dismissive attitudes of two police officers as alleged by other professionals; the repeated contacts of two care managers and one advocacy worker which were alleged by relatives of the adults contacted to constitute harassment; and the discharge from hospital of a man with dementia by one consultant, into an environment suspected to have become critically unsafe.

Where family member perpetrators were involved, professionals' thresholds for constructing an action or omission as an adult protection issue were different again, and also varied particularly greatly from professional to professional. A perceived absence of intent to harm on the part of a relative, as well as other apparently "mitigating" factors, such as perceived stress of the caring role, militated particularly strongly against the construction of adult protection issues by some professionals in family-based settings. Indeed, some professionals who adopted this perspective insisted that concerns were "family support" issues and not "adult protection" issues in respect of adults whose basic needs were barely met and/or who repeatedly alleged rough handling, verbal and/or physical assaults by relatives to whom they were known or presumed to be attached. By contrast, other professionals perceived adult protection issues even in cases where their approach

to the family perpetrator(s) was unreservedly sympathetic: for instance one case of a learning disabled woman whose mother and sole carer was developing dementia. Nonetheless, even where the latter view was taken, specific actions or omissions by family perpetrators were rarely sufficient to qualify as adult protection issues for professionals unless preceded by a build-up of concern over several previous months or even years. This contrasted starkly with the construction of adult protection issues relating to care/support staff perpetrators in particular.

Sometimes it was not self-evident, at least to the researchers, which individual held responsibility for perpetrating a concern. This highlighted particularly clearly the potential for adult protection issues to be constructed in alternative ways. For instance, the opportunities and lifestyle of one disabled woman who lived with her adoptive parents were felt by professionals to be severely restricted within this environment. The woman had been cared for predominantly by her adoptive mother since she was a child. The adult protection issues present in the situation were referred to by professionals seemingly interchangeably as relating either to the parents' or to the mother's "over-protective" attitudes, including their/her alleged denial of the daughter's rights to access various services and to make even the smallest of choices. Sometimes the reason reported to have been given by the mother for refusing certain services was that her husband "would get angry", and that support for her daughter in the home in particular would "upset [her husband's] routine". Moreover, it was suggested by more than one professional that the mother may herself be "afraid of" and/or "abused by" her husband. However these speculations were constructed very much as side issues to the professional concern with the daughter's welfare, lessening the potential to explore an

alternative construction of the adult protection issues present here as stemming from the oppression of both women by the male in this household.

Similarly, grounds for the construction of individuals rather than institutions as the perpetrators of some concerns were particularly questionable. For instance, in one of the cases mentioned above a family carer was losing capacity herself and struggling to meet her learning disabled daughter's needs. This was constructed as an adult protection issue and an agency was contracted to provide support. However, when a succession of agency workers failed to complete their designated tasks and/or consistently to turn up at all, this was not constructed as an adult protection issue; nor was the council's failure over several months to ensure compliance with this contract. Instead the case as a whole continued to be conceptualised as one in which the failing capacities of the family carer lay at the root of adult protection concern. Likewise, some instances of dangerous manual handling or behavioural management practices were constructed unanimously or near-unanimously by professionals as adult protection issues perpetrated by individual staff members, despite an acknowledged absence of training and/or supervision of these individuals. There are important issues here not only about different rules and procedures for individuals versus institutions when they are responsible for comparable harms, but about how the status of "perpetrator" is allocated when a number of individuals and institutions might be argued to have responsibility for the *same* harm.

c) Perceived perpetrator was the adult themselves

Several of the concerns raised were apparently perpetrated by the “adult at risk” themselves and/or centred on this adult’s perceived “vulnerability” in diffuse and general terms. Instances of self harm or suicidal behaviour in the dataset were not constructed as adult protection issues, though they were addressed by mental health and other interventions. However, perceptions of generic “vulnerability” were sometimes constructed as adult protection issues. For instance, one man with mental health problems became the target of repeated verbal and physical attacks by strangers who experienced his behaviour as disturbing and bizarre. The first times this happened the attacks were not conceptualised as adult protection issues. However, over time the man’s support service as a whole, rather than any one attack, became labelled as involving “vulnerable adult” issues by some professionals, with a focus on the need to explore the man’s behaviour and to build up more positive community connections. Similarly, a learning disabled woman who had previously been sexually abused by her uncle was described as a “vulnerable adult” on an ongoing basis, because her current sexual behaviour with other men and women was perceived by professionals as “risky” and by one as “promiscuous”. There was no current perpetrator of harm/abuse in respect of this adult protection issue, however, illustrating particularly clearly the shift from contemporaneous policy stipulations that adult protection was about “abuse” to practice use of this category based on future risk.

Discussion

In summing up these findings, it is important first to note the high number of concerns raised by and about the case study individuals. Adult protection issues

were commonly multiple in relation to a single individual, simultaneously and/or over time (Hogg et al., 2009). Moreover, large numbers of concerns were not constructed as adult protection issues. This is not in itself an indictment of practice or policies, which were always bounded in their scope. However, it does cast doubt on any assumption that adult protection issues as professionals define them represent the primary complaints of poor treatment that affected individuals might raise in evaluating their service experiences and social lives.

Professionals determined what constituted an adult protection issue in practice; policies characterised this as a matter of establishing a fact. However, adult protection issues might be characterised rather as constructions negotiated in the context of unequal power relations, both between stakeholders and between competing discourses (Fairclough, 1995; Foucault, 1980; Miller, 2003). This is one way to theorise the level of dissension seen here, whether: a)between professionals; or b)between explicit policy intentions and implicit, apparently shared practice rules. These sites of dissension are discussed below in turn.

First, adult protection was evidenced to interact with other powerful interests and discourses at practice level. That is, professionals adapted and altered adult protection policy criteria in light of other established ways of thinking and of working. Moreover, they did so in inconsistent ways, in the absence of policy guidance addressing tensions between discourses. For instance, social work and other welfare agencies have pre-existing, multi-layered relationships with some but not other categories of perpetrator: in particular they have separate interests in the welfare of service user and some family member perpetrators as well as significant investments in maintaining the caring activities of families without which community

care policy would crumble (McCreadie et al., 2008). The presence of these multi-layered relationships decreased the likelihood that some professionals would identify adult protection issues, particularly where adult protection was itself interpreted to have punitive overtones. Similarly, the increasing centrality of risk to practice decisions (Kemshall et al., 1997), and the tradition of individualised working with those most amenable to influence within problematic situations (Gordon, 1988, pp. 117, 292, cited in Bacchi, 1999: 167), prompted extension of the discourse of adult protection from individuals subject to *abuse* to those subject to *risk* from a range of sources, by some but not all professionals.

These more or less conscious adaptations of policy criteria to serve particular, more nuanced practice ends recall Brown and Stein's (1998) suggestion, echoing Lipsky (1980), that the identification of adult protection issues is a strategic judgement influenced by local contextual factors. The ends intended to be served by such strategic judgements were generally service users' best interests. However it was, crucially, always professionals defining these best interests. Moreover, some discourses impinged less consciously onto professionals' identification of adult protection issues, increasing the potential for unintentionally oppressive effects. Specifically, certain expectations about the family, appropriate victim behaviour and appropriately gendered behaviour were evidenced in the ASP study dataset, as described above. Furthermore, no conclusive evidence was offered by these data to assuage fears that "vulnerability" may be equated by professionals with disability, old age and/or service use *per se* (Disability Agenda Scotland, 2006; Enable Scotland, 2006), leading to misuses of "protective" powers.

Second, the findings evidence practice rules which were not written down, but which were presumably implicit to policies as well. One such rule, well-evidenced by this dataset, was the exclusion from adult protection discourse of many types of concern attributed to institutions. "Common sense" explanations for these exclusions abound. It might be suggested, for example, that institutionally-perpetrated failures to investigate an alleged assault, or to implement a protection plan fully in response to familial neglect, are different in kind from the concerns which first prompted intervention and which were generally perpetrated by individuals. However, this risks downplaying potential commonalities with respect to the roots of both types of concern, for instance the low value placed by society on certain groups of people. Furthermore, the suggestion raises questions of proportionality if the professionally-mediated state focus remains the failings of individual carers and staff, whilst broader institutional failings receive no response in at least some cases. As a further example, "common sense" might suggest that institutionally-perpetrated concerns were considered different from other concerns because they involved only unintentional harms, generally of lesser "severity" and usually acts of omission. Violent assault, it might be argued, cannot be placed on the same plane as imperfect care environments. However, the dataset does not bear out neat divisions along these lines. When the concept of "intent" is understood to encompass recklessness as to the consequences of actions or omissions, it encompasses many of the harms attributed to institutions. Moreover, harms perpetrated by individuals which *were* constructed as adult protection issues varied greatly in the level of intent and harm, and spanned acts both of commission and omission. Indeed, policies required this.

A more adequate account for the lack of emphasis on institutionally-perpetrated concerns, then, relates to the powerful policy assumptions that: a)services set agendas/define problems, not service users and/or unpaid carers; and b)services are the source of solutions, not problems, aside from exceptional lapses often attributable to individual staff. Or, from another angle, professionals' constructions of adult protection issues might be interpreted as patterned according to these professionals' perceptions of their own power or powerlessness to tackle the roots of each concern. Hence familial neglect is an adult protection issue because the family carer is “present and influenceable” (Gordon, 1988, pp. 117, 292, cited in Bacchi, 1999: 167), whereas the discharge policy of the NHS is not. From this perspective, and despite the absence of such exclusions from stated policies, it can be seen that policy-makers supported the exclusion of many institutional issues from the adult protection discourse, by constructing adult protection itself as an issue amenable to intervention by social workers and social work-led teams.

Conclusion

Multiple concerns about poor treatment were raised in respect of the ASP study individuals, many of which were not constructed as adult protection issues. Moreover, the principles and criteria implicit in professionals' constructions of adult protection issues differed from the principles and criteria stated in policies. This paper has argued that professionals were negotiating practice realities in the context of complex power relations which policies did not explicitly acknowledge, and that this accounts for many of these discrepancies.

These conclusions would benefit from elaboration and debate through wider-scale research. The need for more research is pressing for two reasons in particular. First, this field of policy is rapidly developing. For instance, the Adult Support and Protection (Scotland) Act 2007 has been implemented since the ASP study, broadening the focus of policy from "abuse" to "harm", and replacing the concept of "adult protection" with "adult support and protection". Like the policy and terminological shifts from "adult protection" to "adult safeguarding" in England, these shifts in Scotland reflect intentions to encompass both crisis interventions and more holistic, particularly pre-emptive support. It is therefore possible that more of the concerns discussed above would be constructed as "adult support and protection" issues by Scottish practitioners today. Similarly, the legislation's re-emphasis of the distinction between "adults at risk" and service users as a wider group may have tightened corresponding practice judgements. Nonetheless, the existence and nature of practice change remains an empirical question, given "adult support and protection" issues continue to be constructed in the context of power relations similar to those examined here. Moreover, the extent of the harms potentially resolvable by adult support and protection, versus the extent of the harms resolvable only by broader service and social change, need realistic re-evaluation in the light of the assumptions shown here to underpin the former discourse.

Second and closely related, therefore, the perspectives of those deemed to be "adults at risk" require further, more direct exploration. This was a significant omission of the ASP study. Armed with such findings, the cumulative effects of professional constructions might then be interrogated. Namely, is the balance of

professionally-mediated state concern a good match for the concerns of adults deemed to be “at risk”? Can an adult protection issue helpfully be constructed as an aberration from the norm of disabled, ill and older people’s generally satisfactory experiences with services and society? Or, as these findings might begin to indicate, is a focus on individually-perpetrated harms through the adult protection discourse eclipsing structural harms and some structural explanations for harm? If disabled, ill and older people are suffering a range of harms with their roots at every nested, ecological level (Sobsey, 1994), but state attention is disproportionately focused on the failings of low-paid care staff and unpaid, predominantly female carers, some re-adjustments might well be deemed necessary. This is not and never would be to deny that such individuals might abuse, nor that such abuse must be taken seriously. However, it is an argument for examining the other reasons adult protection/safeguarding is developing as it is at present, and the options there might be to construct the discourse in different, potentially more helpful ways.

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