

Identifying and Applying Early Indicators of Concern in Care Services for People with Learning Disabilities and Older People



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People with Learning Disabilities and Older People**

The Abuse in Care Project

Dundee 2010 - 13

Final Report December 2013

The Centre for Applied Research and Evaluation

Identifying and Applying Early Indicators of Concern in Care Services for People with Learning Disabilities and Older People

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Executive Summary

Aim

The aim of this project was to develop an information-led process that might help health and social care practitioners to examine and clarify their early concerns about care services. Such a process, it is envisaged, could enable practitioners to intervene at an earlier stage to prevent the significant deterioration in service quality that is associated with abuse and neglect.

Objectives of the Project

The project focused on two service user groups in particular; people with learning disabilities and older people with significant care needs. Two central questions were explored in the course of the project:

- First, what are the *early indicators of concern* or warning signs that health and social care practitioners notice when they visit service users in staffed settings such as care homes and group homes?
- Secondly, how can information and knowledge of such early indicators be used to enable practitioners to share their concerns about a service more effectively?

In respect of people with learning disabilities, the project aimed to build on existing research which had suggested that practitioners are able to identify early warning signs or early indicators of concern about services at an early stage (Marsland et al 2006).

Specific project objectives were:

- Validating the original research findings in the context of Dundee and to construct a process or guidance tool that is appropriate to the needs of local health and social care practitioners.
- To begin to analyse and evaluate the implementation of the newly adapted process in the local context

In respect of older people the project aimed to establish whether similar early indicators of concern could be identified and applied for residential care services (including nursing care) for this second client group.

Specific project objectives were:

- To replicate some aspects of the original research to identify early indicators of abuse and harm in staffed services for older people.
- To use these indicators as the basis for a practitioners guide or toolkit that is appropriate to the needs of local health and social care practitioners.
- To begin to analyse and evaluate the implementation of the newly adapted process in the local context.

Outcomes

Services for People with Learning Disabilities

The project found that the early indicators identified by staff in Dundee could indeed be grouped under the six areas of concern identified in earlier research:

- Concerns about management and leadership
- Concerns about staff skills, knowledge and practice
- Concerns about residents' behaviours and wellbeing
- Concerns about the service resisting the involvement of external people and isolating individuals
- Concerns about the way services are planned and delivered
- Concerns about the quality of basic care and the environment

Where abuse and or harm was known to have occurred, practitioners reported that they had observed or noticed a number of different indicators across a number of the six areas of concern, prior to the actual discovery of abuse. This suggests that concerns or problems do not occur in isolation and therefore practitioners should be most concerned when they find a service exhibiting a range or pattern of concerns.

The project group used these indicators and six areas of concern to construct a one page matrix of examples and a recording sheet for practitioners (see page 9, 10). In addition, a simple process for recording and sharing concerns, in a multi-disciplinary context was created. Training was delivered in respect of the information and recording process, to a range of health and social care practitioners in Dundee.

Older People's Services

Analysis of the research interviews and focus groups in Dundee produced sets of indicators that were remarkably consistent with the findings for people with learning disabilities. These indicators were found to correspond with each of the original six areas of concern described above. There was some variation or difference in the kind of individual indicators of concern identified, but the areas or domains were found to be the same (see page 15).

The project group again used these early indicators to construct a one page matrix of examples and an accompanying recording sheet for practitioners. Training was delivered in respect of the information and recording process to a number of health and social care teams across Dundee.

In addition, the local authority developed a computer based information gathering system to accompany the information and process that had been developed. This system enabled practitioners to record their concerns (early indicators) about whole services which had not previously been possible for most of the teams concerned.

Implementation of the Process or Early Indicators tool

Six teams across the two service user groups took part in a trial or pilot of the information and process, following on from the training by the project team. During this trial period individual staff reported that they found the information and process to be helpful and

further stated that the six areas of concern identified, resonated powerfully with their practice experience.

However, the trial period or pilot also identified two main barriers to the successful implementation of any process based on the early indicators. First, across joint health and social care teams there was discovered to be significant ICT compatibility problems which prevented many staff from being able to share any information collected electronically with colleagues. Contemporary practitioners need information recording, sharing and collating systems to be computer based, user friendly and readily accessible to all.

Secondly, it became apparent that any wide scale implementation of the early indicators tool or process would not be possible without the development of robust procedures, guidance and training. Such procedures, guidance, and training are currently being developed by Dundee City Council in partnership with other relevant agencies.

Introduction

This report will outline the findings of a small research and development initiative undertaken in Dundee by a project group led by the Centre for Applied Research and Evaluation from the University of Hull. This project group work has been supported by a number of different agencies working in partnership, in particular Dundee City Council and NHS Tayside.

The aim of this initiative was to develop an information-led process that might help health and social care practitioners to examine and clarify their early concerns about care services. Such a process, it is envisaged, could enable practitioners to intervene at an earlier stage to prevent the significant deterioration in service quality that is associated with abuse and neglect.

The project focused on two central questions in respect of services for older people and people with learning disabilities:

- First, what are the *early indicators of concern* or warning signs that health and social care practitioners notice when they visit service users in staffed settings such as care homes and group homes?
- Secondly, how can information and knowledge of such early indicators be used to enable practitioners to share their concerns about a service more effectively?

The majority of the work undertaken will be presented and discussed in respect of the client groups concerned. Subsequent observations and the overall conclusions of the project will address learning and insight gained from both client groups.

Acknowledgements

This project was funded by the Scottish Government and I would therefore like to thank those concerned for the opportunity to take part in this exciting and important project. I would also like to acknowledge the support and inspiration I received from members of the project group within Dundee City Council and NHS Tayside. This project would not have been possible without their dedication and commitment to adult protection.

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The Dundee Project 2010-13

The project work in Dundee focused on two sets of parallel objectives. One set of objectives focused on the consideration of staffed residential services for adults with learning disabilities and one focused on older people's care services. Each of the two strands of work comprised a research stage and an application stage. The research stage for older people's services was more extensive since it was necessary to undertake a number of face to face interviews as well as focus group and other documentary lines of enquiry (please see page 12).

At the application stage of the overall project the two strands of the initiative were brought together by the project team since the tool or process to be produced was based on the same set of six dimensions for both client groups. This application stage refers to objectives ii, iii and iv for learning disability services and objectives v, vi and vii for older people's services (please see below).

a) Services for People with Learning Disabilities

For information purposes the original project objectives are listed in full in the box below:

People with learning disabilities – staffed services

With regard to people with learning disabilities (adults) the objectives are to validate the original Abuse in Care research findings in the context of Dundee and to construct a process or guidance tool that is appropriate to the needs of local health and social care practitioners. An additional objective will be to begin to analyse and evaluate the implementation of the newly adapted process in the local context.

- i) The project group will undertake 2/3 focus groups with local health and social care practitioners to compare local observations in respect of "early indicators" of abuse with the original data collected in England. Similarities and local differences will be noted and assimilated into the overall data set where appropriate.
- ii) The project group will work with local health and social practitioners to produce a process or tool(s) that will complement existing service monitoring and safeguarding systems.
- iii) The project group will design and deliver appropriate training to the relevant health and social care practitioners, including providers of services.
- iv) The project group will begin to monitor the application of the newly constructed and implemented Abuse in Care process in Dundee. In essence, this stage is about finding out how staff are beginning to use the process that has been developed.

Research Undertaken – Focus Groups

- The project group undertook 2 focus groups with local health and social care practitioners to compare local observations in respect of “early indicators” of abuse with the original data collected in England.

These focus groups were attended by a variety of health and social care professionals including care managers and various allied health therapists. The two focus groups were conducted using the same basic method. Participants were asked to reflect on a service that they were involved with where they know that harm or abuse was proven to have occurred. Participants were then asked to reflect on the points of concern or „things that they noticed“ about such services before the actual abusive (or criminal) acts were discovered. Responses were noted and recorded.

Secondly, in the last quarter of the focus group, participants were presented with the findings from the original research, in the form of the six groupings given above. They were asked to comment on whether or not these groupings represented a „good fit“ with their experiences and / or whether or not there were important areas omitted. Participants were finally asked to rank the six groupings in terms of the perceived significance. In other words, participants were asked to consider and identify the relative importance of the original indicator groups, in light of their own experience and the discussion which had taken place in the focus group.

Research Findings

- The examples provided by participants, in both focus groups, were consistent with the original research in England. Although one or two groups were represented more heavily than others e.g. indicators related to the actions or inactions of managers, the participants identified examples corresponding to each of the original groupings.
- The participants did not identify examples which could not be appropriately included within one of the original groupings. In other words, though the discussion was extensive and the level of knowledge and experience was great, the participants did not identify „new“ groups of indicators.
- Participants agreed that the original six headings did reflect the content of the focus group discussions in Dundee and their observations of underlying (or pre-existing) concerns. There were some helpful comments concerning the wording of these headings and people did request some clarification, but overall the groupings were recognised and welcomed.

Ranking of Significance

- Participants provided a great variety of perspectives in respect of the ranking of the groupings or headings. No single indicator was identified as being more important than the others. In fact, participants responded to the task by pointing out (without prompting) that they found it difficult to separate the six indicators or

groupings and felt they were often inextricably related. This suggests that the indicators (and in effect the types of observable problem) are not occurring in isolation, but represent a more fluid combination of several indicators. This, in turn, suggests that professionals can become aware of (and can therefore seek to explore) patterns of problems developing in particular services. This finding is of particular significance in respect of the potential application of the evidence gathered.

Applying the Research Findings – Developing a Process or Tool Based on the Early Indicators

The project team, including both health and social care practitioners from Dundee, examined different approaches to the presentation of the research findings (for both older people and people with learning disabilities).

It was agreed firstly, that it would be beneficial to shift the focus of the terminology slightly from *Abuse in Care?* (as a title) to *Early Indicators of Concern*. Such a change, it was agreed, would reflect the fact that any evidence or observations gathered by the tool or process does not prove the existence of abuse or neglect but does suggest that there are evident concerns that need to be addressed. It was therefore envisaged that the term *Early Indicators of Concern* would prove less controversial and perhaps more accurate.

Secondly, it was agreed that the process or tool should be based on a framework constructed using the six areas or dimensions of concern. The tool that evolved was made up of two parts. One part was a portable memory aid or set of examples that practitioners could use for reference when considering services they were visiting (Fig. 1). The second part was a blank recording form for the practitioner to write down, in their own words, what it was they had seen or noticed that had given them cause for concern (Fig. 2).

Fig 1. Early Indicators of Concern – Services for People with a Learning Disability

Examples from the Research		
<p>1. Concerns about management and leadership</p> <ul style="list-style-type: none"> • The Manager can't or won't make decisions or take responsibility for the service • The Manager doesn't ensure that staff are doing their job properly • The Manager is often not available • There is a high turnover of staff or staff shortage • The Manager does not inform Social Services that they are unable to meet the needs of specific service users 	<p>2. Concerns about staff skills, knowledge and practice</p> <ul style="list-style-type: none"> • Staff appear to lack knowledge of the needs of the people they are supporting e.g. behaviours • Members of staff appear to lack skills in communicating with individuals and interpreting their interactions • Members of staff use judgemental language about the people they support • Members of staff are controlling and offer few choices • Communication across the staff team is poor • Abusive behaviours between residents are not acknowledged or addressed 	<p>3. Concerns about residents' behaviours and wellbeing</p> <ul style="list-style-type: none"> • Residents behaviours change – perhaps putting themselves or others at risk • Residents communications and interactions change – increasing or stopping for example • Residents needs appear to change • Residents skills change – self care or continence management for example • Residents behave very differently with different staff or in different environments e.g. day centre
<p>4. Concerns about the service resisting the involvement of external people and isolating individuals</p> <ul style="list-style-type: none"> • There is little input from outsiders / professionals • Individuals have little contact with family or other people who are not staff • Appointments are repeatedly cancelled • Members of staff do not maintain links between individuals and people outside of the service e.g. family, friends, • Management and/or staff demonstrate hostile or negative attitudes to visitors, questions and criticisms • It is difficult to meet residents privately 	<p>5. Concerns about the way services are planned and delivered</p> <ul style="list-style-type: none"> • Residents needs are not being met as agreed and identified in care plans • Agreed staffing levels are not being provided • Staff do not carry out actions recommended by external professionals • The service is „unsuitable“ but no better option is available • The resident group appears to be incompatible • The diversity of support needs of the group is very great 	<p>6. Concerns about the quality of basic care and the environment</p> <ul style="list-style-type: none"> • There is a lack of care of personal possessions • Support for residents to maintain personal hygiene is poor • Essential records are not kept effectively • The environment is dirty / smelly • There are few activities or things to do • Residents dignity is not being promoted and supported

Fig 2. Early Indicators of Concern – Services for People with a Learning Disability

Name of service		
Concerns about management and leadership	Concerns about staff skills, knowledge and practice	Concerns about residents' behaviours and wellbeing
Concerns about the service resisting the involvement of external people and isolating individuals	Concerns about the way services are planned and delivered	Concerns about the quality of basic care and the environment

An information and training session was developed by the project group and delivered to a multi-disciplinary team of practitioners from the relevant health and social care agencies.

b) Older People's Services – Care Homes (Residential and Nursing)

The objective in this second component of the project was to replicate some aspects of the original research conducted in respect of people with learning disabilities. Subsequently, as above, the objective was to construct a process or guidance tool that is appropriate to the needs of local health and social care practitioners. As above, the original project objectives are listed in full below:

Older people – staffed services (residential and nursing care and sheltered housing support)

With regard to older people, the objectives will be to replicate some aspects of the original research and to construct a process or guidance tool that is appropriate to the needs of local health and social care practitioners. In other words, to identify early indicators of abuse and harm in staffed services for older people and to use these indicators as the basis for a practitioners guide or toolkit. As above, an additional objective will be to begin to analyse and evaluate the implementation of the process in the local context:.

- i) The researcher(s) will undertake semi-structured interviews (5-10) with health and social care practitioners who have experience of supporting a person who was (subsequently) proven to have been harmed or abused. These interviews would seek to identify early indicators of abuse in staffed services for older people in Dundee.
- ii) The project group will undertake 2 focus groups with local health and social care practitioners (not those interviewed above) to identify local observations in respect of “early indicators” of abuse and/or harm in staffed services for older people.
- iii) The researcher will review any existing documentation and/or study evidence in respect of early indicators of harm or abuse in staffed services for older people. For example, this might include locally held “files of concern” for specific services and published research evidence.
- iv) The researcher (and associate researchers) will analyse the evidence gathered and establish the emerging indicators of potential abuse, for older people’s services.
- v) The project group will work with local health and social practitioners to produce a process or tool(s) that will complement existing service monitoring and safeguarding systems, using the evidence gathered. The basic format or structure to this process is likely to mirror the comparable process developed in respect of people with learning disabilities (above).
- vi) The project group will design and deliver appropriate training to the relevant health and social care practitioners, including providers of services.
- vii) The project group will begin to monitor the application of the newly constructed and implemented Abuse in Care process in Dundee. In essence, this stage is about finding out how staff are beginning to use the process that has been developed.

Research Undertaken – Older People’s Services

- Semi-structured interviews were undertaken with Care Managers from Dundee within social services. These Care Managers have experience of supporting a person in residential or nursing care who was (subsequently) proven to have been harmed or abused. The interviews were open in that the findings from the original research were not used as a basis for the interview schedule. Evidence from the Dundee interviews has been combined with interviews from a parallel (simultaneous) research project being undertaken in England. This second project was conducted using the same research methodology and targeted health and social care participants with comparable roles.
- The project group undertook a focus group with local health and social care practitioners (not those interviewed above) to identify local observations in respect of “early indicators” of abuse and /or harm in staffed services for older people. Though these practitioners were employed as Care Managers by the local authority they were either nursing or social work qualified.
- Locally held, “*files of concern*”, for specific services were identified and reviewed in respect of early indicators of harm or abuse in staffed services for older people.
- Thematic analysis of the evidence gathered was undertaken and the indicators of concern for older peoples” services have been compared with the existing (original) research findings for people with learning disabilities.
- Contemporary research literature was examined and compared with the *Early Indicators of Concern* that have been identified in Dundee. For example, we examined the themes identified in the recent research project undertaken by Professor Dawn Brooker within the PANIOCOA research initiative. Findings from the Brooke study and other studies in Germany (Goergen 2004) and Norway, (Juklestadt 2003) and an inquiry report in Ireland (O’Neill 2006) indicate findings which are broadly consistent with the six groupings identified within the Abuse in Care research (Marsland et al 2006).

Research Findings - Older People’s Services

- The examples provided by both the interviews and the focus group suggest that the early indicators for older people in staffed settings are remarkably consistent with the original research findings for people with learning disabilities. As with (a) above, examples were provided that corresponded with each of the original six groupings and „new“ groups of indicators were not forthcoming.
- There was some difference revealed in what might be termed the manifestation of such indicators in older peoples” services. For example, across the three sources of evidence it is clear that one emerging indicator has been the fact that services do not update care plans and therefore care staff do not take the appropriate measures for individuals. Whilst this inaction on behalf of senior staff can clearly be positioned within the original grouping of *Concerns about management and leadership* it appears that this kind of specific problem is more commonly reported in older peoples” services than it was in learning disability

services. It may be that since older people's services are, on average, larger than learning disability services it may be more time consuming for senior staff to ensure that care plans are up to date.

- As in (a), above, participants in the focus group agreed that the original six headings did reflect their discussions in Dundee and their observations of underlying (or pre-existing) concerns. In respect of indicator significance, it was again clear that it is not possible to identify one clear primary indicator, or group of indicators. This again suggests that the indicators of concern may not occur in isolation but be evident as combinations of difficulties.

Applying the Research Findings – Developing a Process or Tool Based on the Early Indicators for Older People's Services

As with the parallel learning disability strand, described above, the early indicators were used to construct a two part framework. Again, one part was a memory aid and one part was a recording form. The six areas of concern were the same as for people with learning disabilities but some of the individual indicators were different, for older people's services (see Fig 3 below).

An information and training session was designed based on this two part framework and a member of the project group delivered sessions to a number of local authority and / or joint health and social care teams in Dundee.

Developing a Computer Based Recording System

In addition to this training, the project team developed a computer based data gathering system that was accessible to local authority staff. This system enabled practitioners to directly input the early indicators of concern that they had seen or noticed in services that they visited. The system also enabled staff to view the concerns identified by other practitioners, perhaps from other teams or visiting different service users.

Fig 3. Early Indicators of Concern – Older People’s Services

Examples from the Research		
<p>Concerns about management and leadership There is a lack of leadership by managers, for example managers do not make decisions or set priorities The service/home is not being managed in a planned way, but reacts to problems or crises Managers appear unaware of serious problems in the service The manager is new and doesn't appear to understand what the service is set up to do A responsible manager is not apparent or available within the service.</p>	<p>Concerns about staff skills, knowledge and practice Staff appear to lack the information, skills and knowledge to support older people/people with dementia Staff appear challenged by some residents' behaviours and do not know how to support them effectively Members of staff are controlling of residents Members of staff use negative or judgemental language when talking about residents Record keeping by staff is poor</p>	<p>Concerns about residents' behaviours and wellbeing One or more of the residents Show signs of injury through lack of care or attention Appear frightened or show signs of fear Behaviours have changed Moods or psychological presentation have changed</p>
<p>Concerns about the service resisting the involvement of external people and isolating individuals Managers/staff do not respond to advice or guidance from practitioners and families who visit the service The service is not reporting concerns or serious incidents to families, external practitioners or agencies Staff or managers appear defensive or hostile when questions or problems are raised by external professionals or families</p>	<p>Concerns about the way services are planned and delivered There is a lack of clarity about the purpose and nature of the service The service is accepting residents whose needs they appear unable to meet Residents' needs as identified in assessments, care plans or risk assessments are not being met The layout of the building does not easily allow residents to socialise and be with other people</p>	<p>Concerns about the quality of basic care and the environment The service is not providing a safe environment There are a lack of activities or social opportunities for residents Residents do not have as much money as would be expected Equipment is not being used or is not being used correctly The home is dirty and shows signs of poor hygiene</p>

Monitoring the Application of the Findings

Observations on the Pilot of the Early Indicators Across Both Service User Groups

Following the training and information sessions in the summer of 2012 six teams were asked to try out the early indicator tool and process:

- Dundee Older People Review Team
- 2 Older People Community Mental Health Teams (NHS)
- 2 Older People Care Management Teams (Local authority)
- Dundee Adult Learning Disability Team (NHS and Local authority)

The teams interpreted the process or application in slightly different ways in accordance with their own situations and existing practices. The aim was to encourage flexible and creative approaches rather than to prescribe a set procedure that should be followed by each team. It was hoped that such flexibility would enable the project team to learn more about how best to apply the information identified in the research.

The local authority teams involved did begin to use the computer based recording system that had been constructed. For one team in particular this helped them to manage information that was being gathered in respect of whole services, as opposed to individual service users. Therefore this enabled a database of services (rather than individual service users) to be constructed which potentially could be accessed and added to by practitioners and team managers. For this Older People Review team it did become common practice for practitioners to record their concerns (Early Indicators) on this database and for staff to consult this database when reflecting on a whole service.

It is interesting to note that the Older People Review team did report that this „whole service“ focus had existed prior to any involvement in the early indicators initiative and therefore did not necessitate any significant shift in thinking.

In the other teams the application of the tool and information was much more mixed. Individual practitioners did report that they had recorded their concerns and made sure that this information was added to the database of services. However, a more common picture was that practitioners were inconsistent in their recording and sharing of information with regard to concerns that they identify. This does not mean that they did not take appropriate action when necessary, but that they did not use the early indicators process to record and share these concerns.

Two main barriers to implementation became apparent during the trial or pilot period. First, it is apparent that without agreed organisational procedures, guidance and training, the use of any such system for recording and sharing will be inconsistently followed and therefore may be less helpful. Responses from the teams concerned suggest that for priority to be given to such a „new role“, the identification and discussion of early indicators must become a recognised part of wider, protection or other care monitoring, procedures.

Secondly, across joint health and social care teams there was discovered to be significant ICT compatibility problems which prevented many staff from being able to share any information collected electronically with colleagues. It appears to be essential to ensure that appropriate and effective data sharing systems are available to all practitioners.

Conclusions and Questions Arising

- It is apparent from this project and from research undertaken elsewhere, that health and social care practitioners readily notice aspects of services that give them cause for concern. These *Early Indicators of Concern* appear to present in commonly occurring themes or areas which are easily recognisable to experienced practitioners. Evidence of such *Early Indicators of Concern* do not tell us that abuse and harm is taking place but do suggest that some form of intervention may be important to prevent further deterioration in service quality.
- The information about *Early Indicators of Concern*, generated in this project, has been warmly welcomed and found to reflect the observations and experiences of health and social care practitioners. This suggests that the information should be made available to all practitioners in Scotland, in some form or another. Findings from the project were presented to a national adult protection conference in May 2013. Numerous conference attendees expressed an interest in the work and the *Early Indicator* information and reported that the areas identified reflected their own individual observations as practitioners.
- Observations emerging from the ongoing pilot suggest that teams that have an existing focus on „whole services“ as well as on individual service users, can make much better use of information and processes such as these. For example, the Older People Review Team in Dundee have assimilated the information and made use of the process to a greater extent than any of the other teams concerned. This suggests that it may be helpful to consider the role and function of such teams when considering approaches to „whole service“ monitoring and development.
- Experiences thus far in Dundee suggest that successful organisation-wide take up of the *Early Indicators of Concern* is not likely without the development and implementation of specific policies, procedures and guidance. Practitioners may, individually, find creative ways of using research findings without such procedures. However, most will not give priority to perceived roles and tasks that do not form part of the explicitly directed „core business“ of their employing organisation, particularly when staff resources are stretched.
- Work in Dundee City Council is currently underway to develop such procedures and guidance. This guidance, for example, highlights the distinct roles that are required of individual practitioners, team managers and service managers. In addition, the Adult Support and Protection team, in partnership with other agencies, are leading a follow on project to develop multi-agency practice guidance which is focused on early intervention and prevention.

This multi agency project is also aiming to develop training materials to help to raise general awareness of the early indicators. In order to meet this objective a range of stakeholders will be involved including service users, family members, advocacy services and service providers. An important *next step* that has also been identified is to consider how the early indicators information might be used by people who receive services and their families. It is vital to re-examine each of

these development strands to seek to establish whether or not early indicator information is indeed being gathered and shared about „whole services“.

- An important question to arise from the project as a whole, concerns the positioning or situating of any work such as this, which is related to early intervention and lower level concerns about a whole service. Should „whole service“ concerns, which have the potential to result in harm, be addressed via an Adult Support and Protection Act route? Or, alternatively, is it more helpful to consider such concerns under the heading of care management, contractual compliance and regulatory processes. Such processes are underpinned by other pieces of community care legislation such as the Adults with Incapacity Act 2000 and the Regulation of Care Act 2001. Different agencies and authorities will take different views and there are advantages and limitations to each approach.

It is apparent from the Dundee work that despite the existence of robust legislation, there is much still unclear in respect of „whole service“ analysis. Perhaps, this lack of clarity is connected, at least in part, to the fact that the Adult Support and Protection Act 2007 is focused primarily on individuals and therefore offers less guidance in situations where deterioration in the overall quality of the service, is at the root of protection concerns?

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