

Exploring the changes and challenges of COVID-19 in adult safeguarding practice: qualitative findings from a mixed-methods project

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Abstract

Purpose – The purpose of this paper is to present findings from a mixed-methods study on the impact that COVID-19 has had on adult safeguarding. The research sought to explore the challenges and opportunities presented by COVID-19 to both frontline and non-frontline professionals working in adult safeguarding.

Design/methodology/approach – A mixed-methods project was undertaken comprising a literature review, survey, semi-structured interviews and a small number of freedom of information requests. This paper presents the findings predominantly from the survey and interviews.

Findings – Unsurprisingly, COVID-19 has presented a variety of challenges for professionals working in adult safeguarding. The themes that occurred most often were the day-to-day changes and challenges, relationships across sectors, information and navigating the ethical questions in safeguarding.

Originality/value – To the best of the authors' knowledge, the findings represent the first focused qualitative mixed-method study aimed at understanding more about the impact the pandemic has had on adult safeguarding through the eyes of those professionals working in that field.

Keywords Safeguarding, Practice, Nursing, Social work, COVID-19, Pandemic

Paper type Research paper

(Information about the authors can be found at the end of this article.)

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Introduction

COVID-19, and the domestic response to the pandemic, has prompted unprecedented changes, and this includes to the field of adult safeguarding. Evidence from the first Local Government Association COVID-19 Adult Safeguarding Insight Project Report (LGA, 2020), for example, suggested that not only was there a large dip in safeguarding concerns between March and May 2020, but this was also followed a sharp increase in June 2020. The evidence also suggests that, initially, there was a particular cause for concern about specific types of "hidden harms", such as domestic violence, financial abuse, self-neglect and abuse or neglect in care homes (Cross, 2020; LGA, 2020, 2021a, 2021b). Moreover, it has presented new challenges for adult safeguarding and adult social care more broadly to grapple with. For example, thinking about the ways in which advance decisions to refuse treatment or the discharge of untested patients into care homes can be seen as safeguarding issues (Amnesty International, 2020; Lyne and Parker, 2020), an increase in people trying to remove their relatives from care homes [Hill and Taylor, 2020; *BP v Surrey County Council* (2020) EWCOP 17], and concerns for people with disabilities who might have been unable to understand social distancing or face coverings (Alzheimer's Society, 2020).

Furthermore, the pandemic has posed challenges in relation to how effective responses to abuse and neglect have been, the way in which practitioners felt able to respond, and the challenges they faced in doing so. Initial evidence on this front suggests that one of the main challenges, particularly among frontline practitioners, has been the shift to more widespread use of remote means of working (Anka *et al.*, 2020; Creutzfeldt and Sechi, 2021). Remote technologies offer positive opportunities for efficiency in working arrangements, as well as continued contact with family, friends and professionals during an unprecedented public health crisis. However, they also bring concerns regarding the extent to which adult safeguarding enquiries, or the assessments that might be done as part of an enquiry (for example, under the Care Act 2014 or Mental Capacity Act 2005), can be robust enough in an area of practice that depends as much on what practitioners are *seeing* around the person potentially being abused or neglected, as on the conversations they have with that person.

This paper presents findings from a recent 12-month research project investigating the impact of the pandemic on adult safeguarding. The aim of the project was to explore, in more detail, the impact COVID-19 has had on adult safeguarding law, policy and practice from the perspective of practitioners working in this field. The findings from this research demonstrate that, unsurprisingly, COVID-19 has presented many challenges – but also opportunities – for practitioners.

Research background

The existing research literature on changes and challenges to adult safeguarding during the pandemic has primarily focused on two areas; concerns regarding the numbers and types of abuse and neglect, and the use of remote ways of working to respond to abuse and neglect.

Numbers and types of abuse

Emergent research shows the significance of the impact of COVID-19 and the response to the pandemic on abuse, neglect and adult safeguarding activity. It became apparent early in the pandemic that biggest challenges would be identifying abuse and neglect in the first place given the various and extensive lockdowns imposed, and the lack of access to care homes. Perhaps unsurprisingly, the earliest concerns reported during the pandemic were, therefore, particularly around the prevalence and identification of domestic violence (Cooper, 2020: 404), other forms of hidden harms such as financial abuse (Cross, 2020), concerns about unidentified abuse and neglect in care homes, and the process of discharging untested patients from hospital back into care homes as being a potential safeguarding concern and violation of rights (Amnesty International, 2020; Williams, 2020). This was particularly pronounced given the suspension of visits by the care home regulator, the Care Quality Commission, which prompted questions as to whether the routine suspension of all visits itself was a form of abuse, and a violation of rights (Amnesty International, 2020). These concerns are mirrored in wider research. The Insight project (LGA, 2020, 2021a, 2021b), for example, found that there was a marked decrease in adult safeguarding referrals and enquiries during first lockdown, as well as a significant decrease in abuse or neglect reported in care homes, together with a marked increase in abuse or neglect identified in a person's own home. While there was some increase in self-neglect and domestic violence, this was not across all local authorities that participated in the Insight research. The latest Safeguarding Adults Collection (SAC) statistics for 2020–2021 show an overall decrease of 6% in numbers of safeguarding enquiries under section 42 of the Care Act 2014 but an overall increase in safeguarding concerns reported of 5%.

The wider data also suggests concerns regarding particular types of abuse, such as domestic violence, financial abuse and abuse or neglect in care homes may be well

founded. In ADASS's Coronavirus Survey, for example, it was found that 42% of respondents had seen an increase in needs related to domestic abuse and safeguarding (ADASS, 2020: 2.1). In November 2020, the Office for National Statistics highlighted that the police recorded 259,324 offences flagged as domestic abuse related in the period March to June 2020 (ONS, 2020). This was a 7% increase from 242,413 in the period March to June 2019 and, furthermore, a 18% increase from 218,968 in the same period in 2018. The domestic abuse related offences increased each month from April to June 2020, with the biggest increase between April and May (9%). It is apparent that this increase coincides with lockdown restrictions easing from 13th May 2020, when perhaps it would have been safer to contact the police. However, they do also note that the number of domestic abuse related offences have been increasing in recent years, so it is not possible to establish what impact the pandemic may have had on the increases in 2020. A similar trend is also visible in the SAC data for April 2020–March 2021 (NHS Digital, 2021). This reports 13,880 section 42 enquiries in relation to domestic abuse during 2020–2021, an increase on the 10,825 reported during the 2019–2020 reporting cycle. However, the SAC also shows that domestic abuse enquiries have also been increasing since 2017–2018, so the current statistics may not be entirely attributable to COVID.

Likewise, Cross (2020) highlights that fraud and victimization has always been a challenge, but the COVID-19 pandemic brought it to the forefront of public consciousness, perhaps because of the increased possibility for these offences to occur online. While there is a dearth of reliable data in relation to fraud during the COVID-19 pandemic, there does exist anecdotal evidence to suggest that COVID-19 was seen as an opportunity for these scams to proliferate. For example, in March 2021, the BBC reported that there had been over £34.5m stolen in pandemic scams since 1st March 2020, with over 6,000 cases recorded by the UK's police forces (Simmons and Quinton, 2021). More recently, there has been an increase in vaccination-related scams; offering non-existent COVID-19 vaccinations to get adults to hand over card details or even cash (BBC, 2021). Cross suggests that one of the main causes of the increase of fraud in older people occurring may have been the mandatory self-isolation restrictions (Cross, 2020, p. 7). The lack of contact from family members, friends and carers for the older person may also have contributed to loneliness and potentially their vulnerability to fraud.

Remote technology

Throughout the pandemic, the ability to adapt to and use technology has become crucial, a feature that was particularly pronounced for the care sector more generally, as well as adult safeguarding practice. The use of video calling platforms, together with more traditional remote means such as the telephone, were often the only source of contact with the outside world for those living in care, nursing or residential homes. More specifically, remote technologies allowed for assessments that would ordinarily have been carried out face to face – such as needs assessments or mental capacity assessments – to continue virtually. Emerging research suggests the widespread shift to remote means of working and working from home does have some benefits, including greater efficiencies for staff, particularly when it comes to administrative duties (Anka *et al.*, 2020, p. 2), and this is likely to generate financial savings for local authorities. There is also emergent evidence that for some individuals, remote contact is also preferential. In relation to domestic violence, Caridade *et al.* (2021) identify that remote means of communication can aid victims of domestic violence in dealing with isolation, reducing their inhibition, fear and shame in discussing the violence they are experiencing, and therefore allows for their empowerment.

With this, however, there are also recurrent practical and operational challenges for the use of digital technologies in adult safeguarding practice. From a practice perspective, there are issues regarding technological ability and digital literacy. Safe Lives' survey of frontline domestic abuse services, for example, found that 86% of respondents had IT and

technology challenges (SafeLives, 2020), and difficulties adapting to the use of remote technologies. Perhaps more fundamentally, there are also concerns that remote technologies as being the *only* source of contact with individuals potentially experiencing abuse and neglect raise challenges for practitioners being able to identify abuse and neglect in the first place (Anka *et al.*, 2020). This is not the only way in which remote technologies present challenges to gathering information, though. Creutzfeldt and Sechi's (2021) concerns focus on the ability to provide sufficient information around social welfare advice using remote means, as well as being able to signpost people to the correct services effectively. There is a further pragmatic concern regarding the extent to which it is possible to navigate the more bureaucratic aspects of social welfare, such as completing paperwork and obtaining documents with a widespread shift to remote technologies, as well as concerns regarding "digital abandonment" (Creutzfeldt and Sechi: 18) or exclusion for service users or clients who are less able to access and use remote ways of communicating (Healthwatch, 2021). For example, individuals with complex needs or poor literacy, hearing impairment or language barriers or for those who live in rural areas with less telephone or internet connectivity. Finally, remote technologies also, as Cross (2020) indicates and as discussed above, present new opportunities for abuse and neglect, such as fraud, financial victimisation and online scams.

While the existing literature clearly points towards positive and negative impacts of a widespread shift to digital means of communicating, there remains little systematic evidence of adult safeguarding practitioners' thoughts on the extent to which remote technologies have impacted their professional practice and their ability to safeguard adults at risk of abuse or neglect. This is of particular salience for frontline practitioners who will have much of the day-to-day responsibility for safeguarding enquiries or assessments undertaken as part of an enquiry. This research, therefore, also adds much-needed detail and further evidence to the existing body of literature, and seeks to better understanding the role that technology has, and can, play in adult safeguarding practice and policy moving forward in the pandemic and beyond.

Methods

This paper presents findings from a mixed-methods study undertaken over 12 months between November 2020 and November 2021. In addition to reviewing the existing and emergent literature in this area, the project consisted of a survey of frontline practitioners working in adult safeguarding and in-depth semi-structured interviews with both frontline and non-frontline professionals across a range of sectors (such as social work, health and the private or not-for-profit care sector), and a small number of freedom of information requests. The project was open to participants from both England and Wales given the similarities in adult safeguarding law and practice across both regions. Scotland and Northern Ireland were excluded for the purposes of the present study as their legal and practice frameworks for the adult safeguarding are considerably different. The aim of the project was to explore in more detail the impact COVID-19 has had on adult safeguarding. More specifically, the project sought to investigate:

- The impact of COVID-19 on the law in adult social care and safeguarding, including the Mental Capacity Act 2005, and the Care Act 2014/Social Services and Well-being (Wales) Act 2014.
- The impact of COVID-19 on putting the law into practice to safeguard adults at risk of abuse and/or neglect.
- The impact of COVID-19 on broader adult safeguarding practice and policy.
- Strengths and strategies practitioners drew upon in responding to these changes.

- The levels of preparedness and how this affected the impact COVID-19 had on practitioners' safeguarding practice and strategy.

This paper presents the findings from the survey and interview data. The methods and content of the surveys and interviews were developed together with a steering committee including members from national bodies, local authorities, Safeguarding Adults Boards and academia. The survey was aimed at frontline practitioners with any responsibility for adult safeguarding as part of their professional role (see [Table 1](#)). Survey participants were asked questions about the type of organisation they worked in (e.g. local authority or NHS trust), as well as asked questions as to whether they had responsibility for adult safeguarding enquiries, mental capacity assessments, as best interests assessors, or needs/carers' assessments, to ensure those completing it were frontline. The survey also consisted of questions on areas such as the challenges professionals had encountered, how it has impacted their role, how it has changed the way they conducted assessments, how abuse and neglect has changed, if lockdown has presented any particular difficulties, what kind of support they have had during the pandemic and how professionals have tried to promote relationship-based and personalised approaches to adult safeguarding. Survey questions were a mix of both multiple-choice, for example, "have you noticed any changes to the type of adult safeguarding concerns you have encountered during the pandemic?" with the available responses being "yes" or "no", as well as open-ended questions which allowed for free-text responses, e.g. "What sort of challenges to safeguarding adults from abuse and neglect have you faced during the COVID-19 pandemic?" This allowed the survey to capture the broadest range of responses from participants and allow for comparisons to be drawn across both methods of data collection.

In addition to the survey, a number of in-depth semi-structured interviews ($n = 28$) were also conducted virtually with a range of frontline and non-frontline/hybrid professionals (see [Table 2](#)). To acknowledge the fact that adult safeguarding is everybody's responsibility ([LGA, 2019](#)), criteria for participation was inclusive, and the research was open to anyone with any aspect of adult safeguarding activity as part of their professional role. In this context, frontline practitioners ($n = 13$) included, for example, social workers, adult safeguarding nurses or other support workers. Those from predominantly non-frontline or

Table 1 Survey responses

<i>Survey participant organisations</i>	<i>Number of responses</i>
Local Authority	31
NHS Trusts	4
Private Sector Organisations	1
Charitable Organisations	1
Other	1
	Total: 38

Table 2 Interview participants

<i>Frontline</i>	<i>No.</i>	<i>Non-frontline or hybrid</i>	<i>No.</i>
Social worker	8	SAB chair	2
Adult safeguarding nurse	2	SAB manager	2
Other support worker	3	Adult safeguarding lead	5
		Management role in adult safeguarding or social care	5
		Other non-frontline adult safeguarding role	1
Total	13		15

hybrid professional backgrounds ($n = 15$) included those with leadership or strategic responsibility for adult safeguarding, such as those in management positions (the term hybrid reflects the fact that some of those in these positions also noted that they still retained a degree of frontline work as part of their role) and Safeguarding Adults Boards Chairs or Managers. The interviews took place from March to November 2021, which provided a better opportunity to understand the longer-term impact of the pandemic and how adult safeguarding priorities and practice had shifted since the announcement of the first lockdown in March 2020. Being semi-structured in nature, these interviews enabled the research team to collect qualitative, open-ended data and explore participant thoughts about the impact the pandemic had on safeguarding adults and their practice in more detail than the surveys alone. The fact that the interview participants came from different professional backgrounds also presented opportunities to triangulate the findings, as well as identifying where certain themes emerged in relation to particular kinds of respondents, for example, by comparing and contrasting between frontline or non-frontline/hybrid professionals.

Ethical approval was granted by the Keele University Faculty of Humanities and Social Sciences Ethics Committee, and the anonymity of all participants and their organisations or the regions in which they work is preserved throughout. Interviews were audio-recorded using a dictaphone, transcribed, and – together with the surveys – were read several times to identify themes. Given the wide-ranging of the research and breadth of the study and the amount of detail from the interviews, which ranged from 1 h to 2.5 h in length, to assist with analysis, the data was coded into three macro themes that broadly reflect the range and types of questions practitioners were asked about across both the survey and the interviews, as well as the responses:

- The changes and challenges that COVID-19 had prompted to adult safeguarding.
- The impacts that these changes, and COVID-19 itself, had on adult safeguarding.
- The adaptations and good practices that practitioners had put in place to contend with these challenges and any impacts they identified.

Subthemes within each of these areas were identified through a process of inductive coding (Braun and Clarke, 2006) by the principal investigator and the research assistant. This paper reports on the findings of the first of these areas; changes and challenges. Impact, including impact on the legal framework around adult safeguarding, as well as adaptation and areas of good practice, will be reported elsewhere.

Findings

Day-to-day changes and challenges

The most frequently reported day to day changes practitioners had to navigate were working from home, the use of technology and less face-to-face contact with clients and other staff or colleagues. Unsurprisingly these changes – particularly the use of technology to replace face to face contact – appeared frequently throughout the responses to both the survey and interviews. Twenty-two survey responses noted that the biggest change they had seen during the pandemic had been less face to face contact, 10 noted that working from home had been the biggest change and 15 reported that the use of technology had been the biggest change to their day-to-day practice. Alongside these changes, however, were other reported changes such as the use of personal protective equipment (PPE) where previously this had not been required. This was reported by six survey responses.

The use of technology as a key change brought both positive and negative aspects. Many survey respondents ($n = 13$) suggested this had been beneficial in certain ways, such as for large multi-agency meetings, as well as efficiency in travelling costs and time. However, a larger number of survey responses ($n = 17$) identified many negatives to the widespread

use of technology in adult safeguarding practice, particularly centred on difficulties engaging with some clients or being able to identify abuse and neglect through remote or virtual assessments and involvement. Given that the survey was completed by frontline professionals working in adult safeguarding, it could be argued that these concerns were, therefore, more pronounced among frontline professionals, which also mirrors wider research on the use of technology in social work (Jeyasingham, 2020) and adult safeguarding (Anka et al., 2020). The semi-structured interviews, which involved both frontline and non-frontline practitioners, provided greater opportunities to explore evolving hypotheses such as this, and the findings indicate some interesting differences in the experiences across the two types of interview participants (see Table 3).

Across the interviews, the same day-to-day challenges arose in the findings as had come through from the survey responses; however, there was a distinction between frontline and non-frontline staff in the way in which home working, and the use of technology was perceived. As in the surveys, frontline professionals were more likely to express dissatisfaction with working from home and the use of technology for working with clients, although many frontline practitioners also acknowledged the benefits of both. Home working, in particular, was seen to be beneficial when it came to administrative tasks, but likewise, many practitioners reported that in a line of work which deals with abuse and neglect and can often be very difficult and upsetting, home working had many downsides. In particular, the concern identified by Felstead and Henseke (2017: 208), that remote working makes it more “difficult to redraw the line between home and work”:

I don't like working from home because I find the job stressful. And I find the headspace of being able to leave my work at work and have my home free of abuse is very important. Whether I should have done or not, I'm frankly just quite happy to say if I can possibly come in and work from the office, I will, because I needed to be able to have that separation (Interview Participant 17, Social Worker).

One of the particular challenges felt by practitioners in this regard was the loss of contact with colleagues, who were often seen as a source of resilience, advice and support – both emotional and professional – for frontline practitioners working in adult safeguarding. Frontline professionals also found this loss of contact with colleagues brought lost opportunities to gather “informal” or “soft” information about the safeguarding concerns or

Table 3 Differences between frontline and non-frontline practitioners

Theme	Frontline practitioners	Non-frontline practitioners
Day-to-day challenges	More likely to report dissatisfaction with remote means of working with clients	More likely to report being satisfied with remote means of working and emphasise the benefits of remote technologies to their work, such as convening large multi-agency meetings
	More likely to report dissatisfaction with working from home, including that it provides less opportunity for separation between home and work	More likely to report being happy with home working, and less likely to report that this has had a negative impact on them and their work
Relationships across sectors	More likely to report increased challenges in inter or multi-agency working due to changes instigated in response to COVID. For example, establishing contact with colleagues in other sectors such as police, or health	More likely to report better relationships across sectors as a result of the pandemic, and the way in which virtual ways of working had promoted better inter-agency working
Information	More likely to report increased challenges to gathering information during the pandemic, and more limited opportunities to do so	More likely to report increased opportunities for gathering information, linked to better opportunities for multi-agency working that have arisen from moving aspects of practice online (e.g. virtual multi-agency meetings)
Navigating ethical questions	No significant differences were reported between frontline or non-frontline practitioners; however, frontline practitioners were more likely to discuss this theme	

enquiries they were involved with; this was seen to be an integral part of social work, in particular. There was a real concern, however, among frontline professionals, as to the wider use of virtual technologies in being able to effectively investigate and respond to possible abuse and neglect. The most common concerns were worries and anxieties around “missing” something and lacking the visual and sensory awareness that comes with face-to-face contact. A further concern around the use of technology in working with adults at risk of abuse and neglect was the possibility of not being able to have proper or “open” conversations with clients, and a tendency for conversations to be more closed when done virtually, mirroring concerns reported elsewhere (Anka *et al.*, 2020). Similar concerns were raised in relation to adjusting to the use of PPE as a further day to day change to adult safeguarding practice for many frontline practitioners when conducting face-to-face visits. While understood as being a necessary safety precaution during the pandemic, some frontline practitioners expressed concern at the ability to build relationships and connections with adults – particularly adults with, for example, dementia – when wearing PPE such as masks, and the consequent impact this has on their ability to gather information around potential safeguarding concerns.

There were benefits reported to the increased use of technology that the pandemic had driven. It was welcomed when it came to multi-agency working; particularly for the ease and speed with which large multi-agency safeguarding meetings could be arranged and attended. For non-frontline professionals, the advantages of working from home and of using technology were more pronounced than for frontline practitioners. Many non-frontline or hybrid professionals may have responsibility for coordinating large multi-agency meetings, such as Safeguarding Adults Boards, and shifting to virtual means of working provided greater opportunities for attendance for those engaged in those meetings. Moreover, working from home was often seen in a highly positive way, with potential for efficiency savings for their employing organisations. This is particularly the case for large local authorities which could be characterised as predominantly rural, for example. As one participant from such an authority noted:

I am really selfishly not prepared for things to change back to how they were because when you looked at the week there was so much unproductive time which in the main is travel. There is absolutely no need for it now. It's better for the authority now because I have not made a mileage claim since something like May 2020 (Interview Participant 1, Non-Frontline Professional)

Relationships across sectors

Creating and maintaining strong multi-agency partnerships to protect against and respond to abuse and neglect is a core feature of effective adult safeguarding intervention, as outlined in the Care and Support Statutory Guidance itself (DHSC, 2021a: 14.12), as well as being integral to professional skills needed to effectively respond to abuse and neglect, such as professional curiosity (Thacker *et al.*, 2020). However, one of the biggest areas of change identified in the survey responses and interviews was the maintenance and development of relationships between different sectors, such as between local authorities, health and police. This theme was not discrete but also linked to changes in working patterns such as working from home and the move to technological and virtual ways of conducting meetings, as explored shortly below. For professionals working in adult safeguarding, the pandemic has provided both challenges to the maintenance and development of strong working relationships between agencies, but also opportunities for closer collaboration and improvement to multi-agency working. The findings demonstrate, however, that there was generally a different perspective between frontline and non-frontline participants as to how relationships across and between sectors had been impacted by the pandemic.

One of the drivers reported for improvement in relationships had been the shift towards greater use of virtual inter-agency working, which – as highlighted in the previous section – had provided much greater opportunities for different sectors to work together more closely than pre-pandemic. It was perceived by many that relationships between individuals and different agencies were stronger in many ways as a result of the shift towards virtual meetings because it provided more people with the opportunity to attend meetings than might have done previously, and the consequent ability to better “put faces to names” and build better relationships on both a strategic and individual level. Interestingly, however, the greatest reports of the pandemic as having driven closer inter-agency working and better relationships across sectors were among those participants who reported that they already had strong relationships with other sectors either on an organizational level – for example, through co-location – or on an individual level with particular staff members in other agencies, e.g. particular GP practices or individual GPs. For many – particularly those participants with roles whose function is precisely to bring different organisations together, such as Safeguarding Adults Boards – COVID had been seen as a unifying issue, which had driven closer and better working relationships, findings which are also replicated elsewhere (Lloyd-Smith *et al.*, 2021):

And some of the issues that we previously had [...] seem to have evaporated as everybody's come together to work on COVID. My perception is that actually, having this unifying issue, has helped organisations (Interview Participant 25, Safeguarding Adults Board Manager).

However, the pandemic as a driver of improved relationship-based working was much stronger among those participants in a non-frontline role, compared to frontline practitioners. Frontline practitioners were more often likely to report that the pandemic had posed increased challenges to the maintenance and development of relationships with other agencies. This was often seen as being as a result of different approaches to in-person or face-to-face visits across and within different agencies, for example. The most often reported of these was the challenges of obtaining in-person visits by GPs to care homes or being able to contact colleagues from the police. This “disjointed” working was seen as a source of frustration and antithetical to effective safeguarding practice:

We're not keeping those relationships in the forefront, and everybody seems to be working slightly disjointedly, because everyone seems to be doing something different, which is [...] I thought that's what we were trying to move away from with the personalisation and holistic approach and everything. It just seems to have deteriorated (Interview Participant 26, Safeguarding Lead).

Information

Navigating information relevant to adult safeguarding during the pandemic, including, for example, guidance regarding face-to-face visits, assessments and PPE, arose in three ways for participants across both surveys and interviews: discussions regarding the issuance of national and local guidance, opportunities for gathering information, and quality of information. There was a strong feeling – particularly among frontline practitioners, but also to some extent among non-frontline professionals – that guidance on a national level was unhelpful, rapidly changing, “relentless”, and did not allow for sufficient flexibility or use of professional common sense. This was often raised in relation to different interpretations of guidance across sectors and especially whether – and when – face to face visits should occur. One of the most oft-reported challenges in this regard had been being able to undertake face to face visits in care homes. It was often felt that there were different interpretations of the guidance on visiting between care homes, which made professional practice in adult safeguarding more challenging:

I think the guidance is, you know, it's like everything. It's like, the chair I'm sitting on currently is what the local authority provide because it's supposed to be a chair that fits everyone. And, by

definition, it fits no-one [. . .] Which is why there's been this kick back and push back from some care homes and not others. Some have followed it more rigorously than others, some – have taken parts of it away and then left other parts out, and vice versa (Interview Participant 19, Social Worker).

Beyond the challenges of navigating and implementing guidance from both national and regional levels among non-frontline staff, the shift to remote working had precipitated more opportunities for information gathering across agencies – as outlined above. Among frontline practitioners, however, there had been increased challenges in this respect. Professional curiosity is a core component of effective adult safeguarding and is a product of personal characteristics and skills within practitioners, together with structures and a wider organizational environment around them that supports and enables them to pursue this curiosity (Thacker *et al.*, 2020). As such, professional curiosity is not simply about individual practitioners asking questions but is also about reliance on other skillsets such as gleaning information from other sources, legal literacy and effective partnership working, for example. Notwithstanding its importance, it is often reported as an area for improvement in national analyses of Safeguarding Adults Reviews (Preston-Shoot *et al.*, 2020), and hindered by a variety of factors such as case dynamics, professional and organisational issues (Thacker *et al.*, 2019).

Yet findings from this research indicate that frontline practitioners also often felt that their opportunities for gathering information when dealing with substantive safeguarding concerns or enquiries had been compromised by the pandemic, thus impacting their ability to be professionally curious. This was largely as a result of the widespread shift to virtual ways of working, concerns about the quality of information obtained through virtual means, “doorstep” or garden visits, and in reflections from participants about wider factors that feed into professional curiosity such as supportive organizational environments. There appeared to be a genuine anxiety among practitioners that they might “miss” something that resulted in increased harm or abuse, a concern also hypothesized elsewhere (Anka *et al.*, 2020: 419). In addition to this, some frontline participants also felt that when raising concerns about situations, these concerns were being dismissed by their managers or they were encouraged to take an arms-length approach to safeguarding concerns – barriers which Thacker *et al.* (2020) have previously identified:

And my manager wasn't happy for me to go out and do those things [as part of a mental capacity assessment], and she was saying utilise the care home because they are delivering their care there, and they know him, utilise them, and they can report back on his skills (Interview participant 28, Social Worker).

I feel like we're letting people down. I don't feel that we're promoting independence. I keep getting told by managers, “you can only do what you can do”, and it feels like a cop out (Interview participant 2, Social Worker).

In addition to workplace barriers to professional curiosity, there were also felt to be lost opportunities for using wider skills to gather information, such as the “physical” or “tactile” side of adult safeguarding, particularly through the lack of face-to-face visits and the requirement for PPE and restrictions on social distancing in place when face-to-face visits were undertaken:

The professional curiosity isn't at a level it was with face-to-face visits, because you'd pick up on things just even scanning a room, looking at their clothes, because you're not getting any of the odours that you would do with some of the self-neglect cases, either. And if somebody tells you over the phone, yes, everything's okay, and sounds reassuring, that's very much often left at that, with the virtual world. Whereas, before, it'd be like, well, I'll come out again in a couple of weeks, see how you're doing. That's gone. (Interview Participant 26, Safeguarding Lead)

That the widespread shift to virtual ways of contacting people has removed some of the wider non-verbal information used by professionals in adult safeguarding is reported

anecdotally elsewhere (Housman, 2020), and the findings from this research emphasise the importance of such non-verbal and other sources of information for practitioners working in this area. For example, one practitioner discussed how, prior to COVID-19, they could have used soft information gathered from, for example, taking their coat off in a person's house to gather information:

[...] as a social worker, one of the things I've always liked to do if I go into somebody's home is take my coat off, to find out whether I'm too hot or too cold. Because it's often a way of telling whether they're budgeting like mad. Or if you're sat in somebody's cold home in the middle of winter and you think, crikey, I'm cold after half an hour, what are you like after a day? You need to use a lot of your senses, I think. We use more senses than we're aware of when we go and actually visit somebody (Interview Participant 17, Social Worker).

Finally, the pandemic had also precipitated changes not only to the sources of information but also to the perceived *quality* of information gathered during activity connected with adult safeguarding and resulted in a feeling of a lack of confidence in practitioners working in that sector. Given the large-scale changes to face-to-face visits, there was an increased reliance on second-hand information. For example, because of restrictions on visiting in care homes and hospitals, professionals often reported having to rely to a greater extent on information from hospital staff or care home staff. Given differential levels of record keeping and information supply, there were often reported concerns about missing or delayed information coming through, which potentially compromised adult safeguarding activity, particularly among frontline practitioners. Frontline professionals also often reported lacking confidence in their own information they had gathered, and the extent to which they could reliably draw conclusions based on information they had gathered virtually or without the same level of access to individuals that they might have had pre-pandemic. This lack of confidence was particularly pronounced in discussions around mental capacity assessments. For example, a lack of confidence in understanding how to maximise a person's participation in a virtual capacity assessment or a lack of confidence in knowing when to push for an in-person capacity assessment:

[...] obviously, you can't replicate a face-to-face assessment online. So, that's the bit where I felt very unprepared and almost deskilled in that way because when you think about completing a mental capacity assessment, I just wasn't happy about completing that online [...] so, I'm almost not happy to put my name to an assessment that I don't feel is following the [...] law (Interview Participant 28, Frontline Social Worker).

Navigating ethical questions

Adult safeguarding, and the delivery of adult social care more broadly, often involves a consideration of some acute ethical questions. The tension between promoting a person's autonomy while also ensuring they are sufficiently protected against abuse and neglect is, for example, a common one encountered by professionals in adult safeguarding (Braye *et al.*, 2017). As His Honour Judge Mackie QC noted in *Davis v West Sussex County Council* (2012) EWHC 2152 (QB), “[t]hose working in this area face criticism for allegedly interfering when they intervene and for alleged neglect or worse when they do not” (at paragraph 101). It is, therefore, unsurprising that early in the pandemic, the Department of Health and Social Care acknowledged the impact COVID might have on navigating some of these questions, and issued guidance on the ethical framework for adult social care in light of COVID-19 (DHSC, 2021b). The aim of this guidance was to support practitioners and those with strategic responsibility to navigate some of the ethical tensions that might arise when making decisions during the outbreak, and emphasise the importance of eight principles: respect, reasonableness, minimising harm, inclusiveness, accountability, flexibility, proportionality and community. The findings from this research indicate that the pandemic had thrown some of these ethical tensions and questions into sharp relief,

although interestingly, navigating the line between autonomy and protection was not an explicitly distinct theme that arose in the findings. It *did*, however, emerge as underpinning some of the existing findings already outlined above. For example, questions around the effectiveness of information gathering led participants to question whether they could trust their assumptions as to whether the extent of their intervention in the abuse and neglect was too little or too great, framed within the public health backdrop of COVID-19. As one participant reflected in discussing a case of financial abuse that emerged during the pandemic but which could potentially have been prevented by an in-person capacity assessment:

So, as a social worker, you question, and you reflect all the time and that was one I'm reflecting on a lot. And could I have been more assertive and pushed more to go and do that aspect of the mental capacity session myself, could we have prevented that [...] abuse from happening?
(Interview Participant 28, Social Worker)

Such reflections also raise fundamental questions about the balance of risk during the pandemic, and the extent to which COVID-19 altered perceptions of risk in adult safeguarding. While traditionally risk has been framed around the risk of *abuse or neglect*, for participants in this research, COVID-19 had thrown a “new” element of risk into play, particularly when engaged in frontline adult safeguarding practice; the risk of transmission of and infection with COVID. Understandably conscious of the widespread concerns around COVID-19 – particularly for many of the clients they were supporting who may have health conditions or needs which might make them particularly susceptible or vulnerable to the effects of the virus – many frontline practitioners were concerned that adult safeguarding practice had become too risk-averse against the risk of catching or transmitting COVID-19, with – on occasions – perhaps too little emphasis on the risks posed by suspected abuse or neglect. This mirrors wider debates about “COVID exceptionalism”; the disproportionate focus on COVID-19 at the expense of other concerns (Galea, 2021):

Interviewer: “To what extent do you think there’s been a shift in terms of risk and the weight given to certain risks?”

Interviewee: “[...] it feels as though we’re brushing off or devaluing abuse as an experience, as a lived experience. In the great scheme of things, at the moment, it doesn’t really matter, the greater risk is COVID [...] (Interview Participant 2, Social Worker).”

While adult safeguarding has often been discussed from the perspective of the tension between autonomy and protection – as outlined briefly above – interestingly, survey respondents and participants in the interviews also drew on a wider frame of ethical reference points in discussing the impact that COVID had on safeguarding practice. It is well established in medicine and medical ethics that trust is an important principle (O’Neill, 2002; Foster, 2014), but such in-depth discussions about the role of trust in adult safeguarding or more broadly in social care, are yet to emerge in the wider literature. Yet interestingly, it was a common principle emerging in discussions during the research; particularly in the context of the way in which COVID-19 had – in many ways – compromised the possibility of building trust in relationships with clients and service users largely through the day-to-day shifts as outlined earlier. As one survey respondent identified, “there’s very little opportunity to build trust or to pick up on clues from body language and environment” (Survey Participant 5, Local Authority Employee). This impact – the ability to develop trusting relationships – was explored further in the interviews and was a dominant idea for both frontline and, as the quote below demonstrates, non-frontline practitioners:

I can only support people and we can only support people, as an authority, if we’ve got a good relationship with them, if we know what’s going on [...] I can’t just expect somebody to trust me, and particularly, during COVID when I couldn’t even meet them, if I’m picking up the phone, what am I expecting somebody to answer when I’m saying, “[...] I’m calling from the local authority. I’m the safeguarding lead. I’m going to ask a few questions about concerns we’ve

got?" You have to understand the difficulty there, don't you? (Interview Participant 20, Safeguarding Manager)

Likewise, compassion, described as sympathy with another's distress combined with a desire to do something about it' (Eldergill, 2015, p. 270) was an important principle for a number of participants, particularly given the nature of abuse and neglect. As one lead adult safeguarding nurse reflected:

[...] I was really worried we lost some sense of compassion, but interestingly COVID's driven compassion [...] We put compassion at the front. That's what we tried to do, and it was incredibly difficult. It took its toll on staff and families and patients, but I think what I will remember from this time is the compassionate staff, the understanding. I suppose we try to mirror that in safeguarding. We still tried to deal with cases with compassion, even though they were difficult. That never went away (Interview Participant 18, Nurse).

It is clear that the pandemic has, therefore, not only brought with it day-to-day changes, but it is these changes that have often impacted the way professionals are able to navigate the ethical challenges in this area of practice.

Discussion

This research is based on a relatively small non-random sample of surveys and interviews. However, with only 12 months' funding, the research did not set out to be an extensive project. The project did manage to gather a significant amount of data during the limited time available. Not only were many of the survey responses detailed, but the interviews also generated a wealth of data about experiences of working in adult safeguarding during the pandemic. Many of the interviews lasted over 2h, partly because participants clearly felt they had a lot to say about their professional experiences during COVID. It was apparent that they valued the opportunity to do so in an informal and neutral environment and feed their experiences into research of this nature; many interview participants stated how they found participation in the research had been cathartic or a much-needed opportunity to reflect on the tumultuous 12–18 months that had gone before.

The findings demonstrate a real sense of concern as to the impact of COVID-19 on abuse, neglect and their professional practice, and a need to consider the long-term impact of the pandemic and the responses to it. This mirrors other – largely statistical – research done into abuse, neglect and adult safeguarding during the pandemic (LGA, 2020, 2021a, 2021b). Some of these concerns were particularly prevalent among many frontline practitioners who participated in the surveys and interviews, suggesting that there have been differences in experiences between those staff involved predominantly in frontline work compared to those working in adult safeguarding in a non-frontline or strategic capacity. Many of these concerns centred on the reduction in face-to-face contact with the clients and service users they worked with. The past two years has clearly demonstrated the convenience and ease that comes with shifting many aspects of professional practice to remote technologies; the evidence from the testimonies of non-frontline staff in this research, as well as elsewhere (Anka *et al.*, 2020; Caridade *et al.*, 2021), is testament to that. In addition to this, remote ways of working clearly benefit inter-agency working and has facilitated some stronger relationships across different sectors during the pandemic, and which has been a perennial challenge for effective adult safeguarding practice (Perkins *et al.*, 2007).

However, in recognizing the efficiencies that such developments can bring, it is also clear that these shifts in ways of working also raise fundamental questions for the future of frontline adult safeguarding work and the extent to which remote or virtual ways of working could – and should – be embedded in practice. As we move to a situation where COVID-19

becomes endemic, and with the protection of vaccines, it is important to ensure that the risk of COVID-19 is placed in context, taking into consideration the equally weighty risk that abuse or neglect brings with it and the way in which risks from COVID-19 – or any infectious disease – can be mitigated, while also responding most effectively to concerns about abuse and neglect. It is also important to consider the extent to which *adult safeguarding* as a specific area of practice – one that may have particularly grave consequences where there is a lack of professional curiosity (Thacker *et al.*, 2019) – can be done effectively in a virtual way. Frontline practitioners often felt that while such a shift to remote ways of working may well have been necessary from a public health perspective, this shift challenged many of their core values, as well as posing a fundamental – and often insurmountable – challenge to markers of good adult safeguarding such as professional curiosity. This, in turn, gives rise to genuine concerns for individuals who may experience abuse and neglect, and the extent to which such abuse and neglect might be identified, as well as whether more permanent moves to virtual ways of working might be a backward step in terms of professional curiosity.

Unsurprisingly the themes that emerged on the challenges faced by practitioners working in this area were not confined solely to the impact that the pandemic itself had on abuse, neglect and adult safeguarding, but evidence also emerged as to how COVID-19 had precipitated discussions and reflection on adult safeguarding law and practice more generally. For many participants, the pandemic has provided opportunities to reflect on adult safeguarding more generally, as well as exacerbating issues and challenges that already existed. As one interview participant explained,

It's been hard. It was hard anyway before all of this. I wouldn't say this is purely because of the pandemic, but it has been hard to implement some of those things [...] I think it's probably exacerbated a lot of issues. I think people are scared. Whether it's family, whether it's provider, whatever, they don't want to be challenging people because not only are we all going through this on a personal level, it's then what they've done as organisations or as families [...]"
(Interview Participant 4, Social Worker)

Conclusion

This paper adds a further and much-needed dimension to the state of knowledge around abuse, neglect and adult safeguarding work during the pandemic; that of the professional working in adult safeguarding either on a frontline or non-frontline/hybrid level. The findings from this research presented here show that it is unarguable that COVID-19 has profoundly changed – and challenged – many aspects of work for professionals involved in adult safeguarding; however, this research found that there were clear variations between frontline and non-frontline professionals as to the type and extent of these challenges. The most obvious of these changes is the wider shift to remote working and working from home that the pandemic has precipitated, which frontline practitioners were more likely to report as being a negative experience compared to non-frontline professionals. Perhaps more importantly, the findings also suggest that questions must be prompted as to what the future of adult safeguarding and adult social care should look like in light of these changes. In particular, this research suggests that a closer look should be taken at the extent to which virtual ways of working might be embedded in a way that supports practitioners to have the space to complete administrative tasks efficiently without detracting from the aim of fully and effectively investigating suspected abuse and neglect of adults at risk, and in a way that supports – not hinders – professional curiosity, and some of the key ethical questions that arise in responding to abuse and neglect. More widely, there are also questions as to how practitioners can be supported to investigate and respond to abuse on an organizational level and in a way that promoted stronger inter-agency working rather than detracts from it. While the findings from this research are clear that there *is* scope for changes to some ways of working in adult safeguarding, the findings also strongly indicate that reliance on these should be necessary, proportionate and tailored to each set of circumstances. In essence,

decisions about embedding these changes on a longer-term basis should be predicated on exactly the same principles that effective adult safeguarding practice rests on.

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