‘Inherently Risky?’: Personal Budgets for People with Dementia and the Risks of Financial Abuse: Findings from an Interview-Based Study with Adult Safeguarding Coordinators

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Abstract

The shift within publicly funded social care towards personal budgets and Direct Payments may present some risks as well as advantages to people with dementia. Fifteen Adult Safeguarding Coordinators were interviewed in 2011, building on earlier interviews. Thematic analysis was used to identify three main consistencies in response. Most participants saw personal budgets as potentially risky, but outlined ways in which these risks could be minimised and felt that the principles of risk empowerment could be used by practitioners to support people with dementia, carers and care staff and enable greater protection against financial abuse. Principles of the Mental Capacity Act were seen as offering some safeguards for when an individual lacks capacity, but not when they are vulnerable, mildly confused and less vigilant. Alongside a need for social work practitioners to be more alert to signs and risks of financial abuse, safeguarding practitioners urged regular reviews and monitoring that flag up inconsistencies in spending patterns. If not, system neglect may add to individual cases of abuse.

Keywords: Personal budgets, Direct Payments, financial abuse, dementia, mental capacity, safeguarding

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Introduction

Protagonists of personalisation have argued that people using social care services benefit from choice and control over the support they receive to meet their needs (Duffy, 2010). There are many terms used to describe this system of care in which people spend allocated sums to meet their own needs and international interest in this phenomenon is growing (Ungerson and Yeandle, 2007; Timonen et al., 2006; Tilly and Rees, 2007). Acknowledged risks have been portrayed as manageable if discussions about them become an ‘inherent feature of shared assessments and support planning with older people and their families’ (Department of Health, 2010c, p. 60) especially because the new approach of personal budgets will replace care systems that are themselves described as ‘inherently risky’ (Department of Health, 2010c, p. 53). As personalisation evolves, English local authorities are now obliged to offer personal budgets to those eligible for social care support (Department of Health, 2010a). This article addresses one facet of this area of practice in England, the adoption of this new system of publicly funded social care in which personal budgets are the term used to describe the monetary calculation and transfer. The focus is on people with dementia, not only those who do not have the capacity to consent to the main form of personal budgets, Direct Payments, and who may use proxies to access them, but also people for whom early symptoms are leading to problems managing money (see Alzheimer’s Society, 2011b). Recent legal changes to Regulations now enable people supporting individuals who cannot consent to Direct Payments to receive them on their behalf (Department of Health, 2009b). This has been welcomed as removing discrimination (Lightfoot, 2010)—but guardedly by some. Such moves build on the English legal framework for decision making in respect of adults whose capacity to make decisions is impaired. The 2005 Mental Capacity Act (MCA) confirmed and extended rights of people to appoint proxy decision makers and set out the legal principles and authorities underpinning best-interests decision making (see Code of Practice (Office of the Public Guardian, 2007)).

Nonetheless, a sustained chorus of concern about the neglect or minimisation of risks of harm in the move to personal budgets is evident, particularly in the form of Direct Payments where people with dementia are concerned (Department of Health, 2009b). This mirrors the cautions expressed in respect of implementing systems of personal budgets and Direct Payments for older people entitled to publicly funded social care (Age Concern London, 2010) and overall (Ferguson, 2007). Research and service development initiatives have pointed to the extra input that may be necessary to deliver positive outcomes for older people from these new systems and the difficulties for social work practitioners of delivering
such support (Netten et al., 2011; Newbronner et al., 2011) within straitened resources. Carers of older people with personal budgets have reported being less positive about their impact than other groups of carers (Hatton and Waters, 2011), although it is not clear whether this self-report study included carers of people with dementia. Policy and service development agencies have made several attempts to assure practitioners that personalisation and safeguarding should not be seen as conflicting (Social Care Institute for Excellence, 2008; Richards and Ogilvie, 2010; Lightfoot, 2010; Department of Health, 2010a, 2010b).

This article focuses on the risks of financial abuse that may arise with the transformation of social care in England to a system with personal budgets at its heart (Department of Health, 2010c; Audit Commission, 2010). Financial abuse of people with dementia is a commonly reported, but insufficiently researched, phenomenon (Manthorpe et al., in press; Alzheimer’s Society, 2011b). Financial abuse may include a number of actions, such as exploitation, theft and deception, and can affect people’s savings, income, property and contractual obligations. In residential and home care services, managers and care workers are legally obliged to safeguard the financial interests of people who use their services (Commission for Social Care Inspection, 2007); however, such obligations do not extend to those working for people directly. The aim of this article is to describe what Adult Safeguarding Coordinators (ASCs) anticipate from the expansion of personal budgets and Direct Payments to people with dementia and to identify what they consider to be the issues arising around financial abuse and safeguarding on the basis of their pivotal positions in local authorities. We present the findings of an interview-based study that focused on the provisions of the MCA 2005 through which financial proxies, amongst others, are legitimated. These provisions were extended by powers to appoint proxies to consent to receiving Direct Payments. A person holding a Lasting Power of Attorney (LPA) is given as an illustration of the type of person who might be considered a ‘suitable person’ to be such a proxy under new Regulations (Department of Health, 2009b, see below). The interviews with ASCs were undertaken as part of a wider research programme (see Acknowledgements and Disclaimer) exploring experiences and expectations of the MCA. This article draws attention to the need for social work professionals to be alert to the risks of financial abuse of people with dementia in the new contexts of personal budgets in order to minimise opportunities and harmful outcomes. The underlying thesis is that this is necessary in order to maximise the potential for personal budgets and Direct Payments to enhance the well-being of people with dementia and their carers. Part of practitioners’ skills may be grounded in knowledge of and familiarity with the MCA and confidence in ensuring that these underpin both support and protection planning. Practitioners will also need to be familiar with dementia syndromes and their symptoms.
Fears of financial exploitation and deprivation of assets have given rise to concern about the risks of elder abuse if personal budgets are to replace conventional services. While definitional variations plague the subject of elder abuse and adult abuse generally (Dixon et al., 2009), there is evidence that, like other forms of abuse, financial abuse may result in serious adverse consequences for older people among whom those with cognitive impairment are at greater risk than others (Choi et al., 1999; Alzheimer’s Society, 2011b). Prompt interventions are reported to lessen further harm (Reeves and Wysong, 2010). Price et al. (2011) observed that some authors have described financial abuse as a form of financial violence in order to emphasise the harm and forcefulness involved.

The links between forms of social care delivery where personal budgets are mainstream or experimental forms of delivery and the financial abuse of older people have been raised in various studies. Most of the evidence is that personal budgets or their equivalent (where a sum of money to meet social care needs is calculated on the basis of need and then the sum is passed directly to the user or their proxy) do not enhance risks of financial abuse. For example, the US experiments with consumer-directed care noted that ‘Very few consumers or workers reported being exploited, and counselors reported that fraudulent use of the allowance was extremely rare’ (Schore et al., 2007, p. 461).

It is not surprising therefore that the National Dementia Strategy (Department of Health, 2009a, p. 46) envisaged self-directed support (a term frequently used for personal budgets) for people with dementia to be an important element of increasing their well-being.

As noted above, the architecture of the 2005 MCA provides a framework relevant to financial decisions. Its provisions also underline the rights of people anticipating decision-making problems, such as might occur with a dementia, to draw up a LPA covering financial and welfare decision making. For people who are no longer able to make their own decisions, the concept of best-interests decision making covers day-to-day decisions and major transactions. The Act sets out legal processes in the event that LPAs have not been drawn up, as well as the checks and balances surrounding decision making. The MCA may therefore assist in the prevention of financial abuse as well as its detection and has been widely welcomed by professionals and dementia advocacy groups (Manthorpe et al., 2012a,b), although family carers continue to report that making proxy decisions for their relatives with dementia is not easy and can be stressful (Livingston et al., 2010).

Personal budgets were an area of concern in the 2010 interviews (Time 2) with ASCs undertaken as part of this study (Manthorpe et al., in press). However, because the amendments to the Regulations were recently
passed (Department of Health, 2009b), the relevance of the MCA to personal budgets and Direct Payments is only just emerging (Alzheimer’s Society, 2011a). In the first two rounds of interviews (Time 1 2008; Time 2 2010) in this study, ASCs considered that there had been insufficient attention to the potential for abuse of vulnerable people. Their concerns related to those service users with emerging problems, such as early dementia, whose trust could be abused as judgements were beginning to be impaired. Time 2 ASCs additionally pointed to the vulnerability of directly employed care workers (sometimes termed personal assistants), working in isolation under new personal budget arrangements, around allegations that might arise from misunderstandings or confusion. Many of those interviewed at Time 2 were hopeful of government guidance. It is in this context that this article is set: the interrelation of the MCA and its safeguarding provisions with the expansion of personal budgets and Direct Payments for people entitled to publicly funded social care who have dementia.

Methods

The interviews discussed in this article were follow-ups to two earlier surveys of ASCs: Time 1, asking about their expectations of the MCA 2005 when it was newly implemented (2007–08), and Time 2, emerging experiences of the MCA in practice (2009–10). A third round of interviews took place in spring 2011 (Time 3) with a group of ASCs who had agreed to be interviewed, all with assurances of confidentiality. Like the earlier interviews, the interviews were conducted by telephone. Some of those interviewed had not participated in Time 1 and Time 2 because they were new in post (spring 2011 was a time of some turnover among social work staff) or the local authority was new to the overall study (generally replacing one in which a participant was unable to take part owing to lack of time or similar). Table 1 indicates the sites involved and participants interviewed for this study. Personal details of participants are not provided, in order to respect assurances of anonymity.

New questions were introduced at Time 3 to reflect the legislative and policy changes around the moves to personal budgets and change of Regulations for Direct Payments (Department of Health, 2009b) as described above. These questions included:

1. How do you think the move to personal budgets/self-directed support will affect the likelihood of financial abuse amongst people with memory problems, cognitive impairment or dementia?

2. What might be the greater risk of harm?

3. What might be the improved level of safeguarding?
The interviews addressed these questions and were asked whether they had further observations about the usage of the MCA as well as asking about financial abuse indicators and patterns more generally (see Manthorpe et al., in press). For ease of reading, the terms ‘personal budgets’ and ‘Direct Payments’ are used in this article, although, in some areas, the term ‘self-directed support’ was being used on occasion. These terms reflect the policy context (Department of Health, 2010a) where Direct Payments are the Department of Health’s preferred form of personal budgets and the legal terminology in England (in Wales, there is less emphasis on personal budgets; James, 2008). All interviews were recorded, transcribed and checked by the interviewer. Data were subjected to thematic analysis, drawing on the pragmatic principles of framework analysis (Ritchie and Spencer, 1994). Qualitative analysis is an iterative process and sees data collection as integral to the process of data analysis. In these interviews, it was significant that the interviewer was the same as at the other time points. Not only did this facilitate rapport, but it also enabled the researcher to probe when appropriate for further elaboration and to identify points of importance during the interview itself. The formal process of data analysis used the interview topic guide as a starting point and answers to questions were repeatedly read until researchers felt familiar with the data. Significant themes within the text were identified and notes made in the margin. These notes were collated on a separate sheet of paper, consistencies were identified and a meaningful word or theme label given that described each consistency. A coding framework was developed according

<table>
<thead>
<tr>
<th>Site</th>
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to the strength of each theme, how frequently it was mentioned and how it
related to the research topic.

Findings

We report significant similarities and differences in the views expressed
across all three rounds of interviews and we make observations where rele-
vant with the findings with the data from another study that undertook two
rounds of interviews with other ASCs who participated in the Individual
Budgets Evaluation (the thirteen local authority pilots of the forerunners
to personal budgets in England) (Glendinning et al., 2008; Manthorpe
et al., 2011). Together, this represents an important and unique body of evi-
dence about an area that has been the subject of widespread concern in
social work practice and public policy.

Potential for risks of personal budgets and Direct Payments

Most participants said that the introduction of personal budgets and Direct
Payments for people with dementia evoked feelings of anxiety through the
potential of enhancing risks of harm and abuse among people whom they
felt were particularly vulnerable:

The risks are all there and how those are managed. It seems to me it’s been
rushed in without a lot of thought. The government didn’t wait for the pilots
to complete their work. There seems to be a view that safeguarding is the
antithesis to personalisation instead of part of it. It’s a one-size-fits-all
approach the government has taken—that it’s great for everybody, but
it’s not great for everybody (#4).

Many participants expressed concern that personal budgets and Direct Pay-
ments may result in abuse among people with dementia, particularly those
who had control over their finances but whose abilities to make fine judg-
ments were declining. These centred round possible lack of understanding
of the possible risks of paying unregulated people (working casually or self-
employed) to provide care. The ASCs also made reference to the risks of
people ‘befriending’ people with dementia that they indicated were
common, generally in respect of people who were not their care workers
or their relatives, but those who encountered or targeted people who
appeared vulnerable in the community. They further pointed to the vulner-
ability of people with dementia and others who might have problems under-
standing that they were at risk of fraud and scams. Financial abuse amongst
people with dementia was reported to be high among the referrals received
by the ASCs, although they did not keep specific data by disability group.
Such risks were not necessarily linked to Direct Payments in themselves
but were discussed in the context of people receiving less oversight from
social workers or those acting on their behalf, such as a home care worker working for a registered agency commissioned by the local authority, once personal budgets were in place.

However, three participants said that, despite raised anxiety and ‘moral panic’ (#7), there did not appear to be an increased number of safeguarding referrals attributable to the increasing use of Direct Payments by people generally (#6). One noted that all systems involved some element of risk (#2) and that personal budgets in whatever form might not necessarily give rise to any greater or any fewer risks. In their experiences, Direct Payments were only permitted after some scrutiny by social workers of support plans and, importantly, they prompted ‘an open conversation about risks’ (#2). For another participant, existing safeguards were working well—with the police, the Court of Protection and, occasionally, with the Benefits Agency, who could block unsuitable people from having access to the benefits or pensions of vulnerable people (#7). If the person managing the personal budget on behalf of the person with dementia was ‘suitable’ (as the Regulations amending Direct Payments specified) and if there were sufficient checks to ensure support was being arranged or delivered by family member(s), then this was considered no more hazardous than conventional services. However, the same participant was alert to the potential for risk when a person had capacity to make decisions but could seem to act unwisely (#7); somehow, the local authority had to think about what was in their best interests.

Four participants questioned the level of involvement and responsibility local authorities could sustain once Direct Payments were in place:

That’s the theory—if you empower someone, give them information and more control there’s more protection. However, the big however is, if you are dealing with someone who has deteriorating capacity or dementia and handing over responsibility to someone else to manage their finances they are open to exploitation … I do think where someone lacks capacity there needs to be a consistent approach as to who is looking after their finances. It’s an impression—I don’t think there’s a lot of take up through the Court of Protection (#10).

Minimising risks

Three viewed it as important for local authority colleagues working with Direct Payments to develop strong safeguarding protocols with clear codes of financial conduct. Others saw a need to offer some extra support round money management if there were concerns. Ways in which safeguarding staff could stay involved with the new systems were discussed. While one participant recommended ‘risk-assessing’ all the support a person funded from their personal budget, another suggested ways of preventing deliberate mismanagement. This might involve requiring a weekly financial breakdown and making it evident to the person or their proxy that
this could be questioned. However, in addition to official proxies, concerns were further raised about the vulnerability of people with dementia to so-called ‘friends’ and confidence tricksters (con people) (#4) who might become proxies or deprive their person of cash that should be used for their support. One noted that professionals were more likely to be suspicious of care workers than family members (#14), which might not necessarily be fair to the former. ‘Opportunists’ were everywhere (#1), as another participant observed:

People becoming more confused—out and about—people who talk to you in the bank—laying themselves open to being abused—seeking friendship—abusers will target them...—people who are lonely and isolated and seeking companionship (#7).

Some ASCs saw their role as working with social work colleagues to ‘make sure we’re not signing off support plans that are not safe’ (#8):

The bottom line is if someone lacks capacity to make a decision about their support plan and how their care is arranged, and someone else is going to act on their behalf in their best interests, the local authority has a duty of care to ensure the person is acting on behalf of that person and is suitable (#3).

Monitoring was important to see where the money was going, with one ASC mentioning, on the basis of experiences, that ‘poorly intentioned people would spend it on the greenhouse or the car’ instead of their relative who needed care (#13). Another participant (#4) commented that social work practitioners working under new systems needed greater familiarisation with how to minimise the risks of financial abuse but, overall, there were ‘bound to be’ risks from unregulated care.

Risk empowerment

Four participants felt that providing information directly to people with dementia and carers would be empowering; this should cover information about the risks and benefits of personal budgets, what to look for during interviews with potential care workers, how to obtain honest references and encouraging them to undertake Criminal Record Bureau (CRB) checks on people whom they intended to employ. Overall, the provisions of the MCA were widely welcomed as being congruent with personal budgets in that they highlighted the importance of assuming capacity but ensuring a legal framework to make decisions if necessary in a person’s best interests if or when the need arose. However, ASCs accepted that not all local authorities would pay for CRB checks, especially in light of current financial austerity:

I don’t think the government has given a steer about where the local authority responsibility ends and the suitability of the people. Can we ask them to do the CRB checks? My view is we should tell them [that] they should do them, but we can’t (#10).
‘Theoretically’, Direct Payments could be empowering, because giving people information and choice would facilitate greater safety (#10). Ultimately, all participants were concerned about where the money (Direct Payment) would be going and whether it would be used to benefit people with dementia (and others) as it was intended. Despite this, most participants welcomed personal budgets, seeing them as empowering people by giving them choice and enabling them to state their preferences. In the optimal situation, ‘if you have someone you can trust and have your interests at heart—it might be really good—and (they can) purchase services tailored for you and (that are) outside the box’ (#11). Denying people with dementia without capacity the opportunity to make these choices was deemed by most as unethical.

**Discussion**

This study is limited in that interviews were conducted with a small sample of ASCs whose views may not be typical of their peers. To minimise this risk, they were compared with the earlier rounds of interviews (see Table 1) and to current debates in professional domains. Findings were shared with the Alzheimer’s Society to ascertain whether they appeared to resonate with debates in the wider social and dementia care sectors (see Alzheimer’s Society, 2011). Clearly, the interviews reflect the opinions of this group of ASCs and these professionals may be far more likely to encounter abuse than other practitioners by virtue of their roles. They may be particularly interested in regulation as a means of providing some assurance of safeguarding rather than seeing other possible routes to resolution.

Perhaps no professional knows better than ASCs of the risks of inflexible, poor-quality, unreliable social care support in which people with dementia and their carers have little choice and control over quality and outcomes. They have witnessed the ‘inherent risks’ of such services that do not always meet people’s needs and sometimes are abusive and neglectful. Such views were conveyed to government in consultations leading to the review of English policy and professional guidance (Department of Health et al., 2009). In practice, they also encounter family carers where there is neglect and abuse; and, outside the care arena, they are aware of the targeting of people with dementia by criminals and those with criminal intent. One key finding of this study is that a polarised view of standard services as ‘inherently risky’ and of personal budgets as their antithesis has not assuaged concern among ASCs that the interactions of the two have been thought about sufficiently. If their concerns are not assuaged, this may exacerbate their feelings that protection is naively associated with pessimism about personal budgets.
The interviews suggest that financial abuse will remain an important subject for social workers and others working under the new systems of personal budgets. Rather than embarking on searches for errant or abusive carers and care workers, more efforts might be given to assuring that reviews and monitoring will be alert to dangers and can set in process amendments to support plans that will minimise risks of harm. This requires some acceptance that choice and control are not unfettered and that anxieties over financial abuse are often founded on a commitment to enhance the quality of life of people with dementia. If protection and personalisation are placed in opposition, then there may be losses of confidence in both areas.

The Time 3 interviews in 2011 took place in a slightly different context from that of the earlier interviews in that the new Coalition government had reiterated its support for personalisation (as Needham (2011) noted, this is so ‘highly mutable’ that almost no one can gainsay it) but had emphasised that Direct Payments are to be the major form of delivery (Department of Health, 2010a). Concerns about local authority resources and thus the capacity of social workers to provide sufficient review appeared more explicit in light of the reductions in local authority resources. Interestingly, few participants were expecting the imminent report on adult social care law (later published as Law Commission, 2011) to square this circle.

Needham (2011, p. 65) observed that ‘Personalization advocates have weaved together a range of supportive discourses, encompassing the dignity and autonomy of the individual, the power of consumer choice and the failure of bureau-professional welfare states’. There is no sustained alternative debate discernable from these interviews with ASCs or the general literature on the subject of safeguarding and personalisation. Instead, the findings point to underlying problems of close and distant individuals (carers, ‘friends’ and criminals) accessing control over the finances and assets of people with dementia and thus important parts of their lives. There was particular concern about so-called friends and this may be worth further exploration when thinking about the social networks of people with dementia. As other studies have commented (Livingston et al., 2010), there are problems also from the perspectives of carers of people with dementia when taking on decision-making roles around legal, financial and social support. Some take these on reluctantly and there is no reason to think that personal budgets and Direct Payments will be eagerly embraced by all. Research will be needed to investigate whether personal budgets add further to onerous duties, what support is most welcome and how realistic offers of help are when things go wrong. Practitioners may need room in their caseloads to undertake the reviews that are required by the Regulations (Regulation 16), not just to assure themselves that all is well from the viewpoint of the public purse or the well-being of the person with dementia, but in order to offer support to carers.

The provisions of the MCA offer some safeguards in terms of regulating proxies and requiring behaviour to be in the best interests of the person
lacking capacity, but these do not apply when a person with dementia is able to make decisions but is less wary of being exploited or defrauded than they may have been previously. People with dementia and local authority personal budget systems rely, to a great extent, on the kindness and honour of both strangers and carers.

Conclusions

This article confirms the need for all dementia practitioners to be abuse aware and to set this in the context of overall risk management for people with dementia (Manthorpe and Moriarty, 2010). Social workers undertaking management and reviewing processes need to be alert to emerging risks of abuse when working with people whose abilities are declining. Training in new systems therefore needs to cover ‘old issues’ of abuse and safeguarding, as the interviews with ASCs in the Individual Budget pilots predicted (Manthorpe et al., 2011). The findings reported here confirm the potential for the provisions of the MCA to offer some safeguards in respect of financial decision making and reveal that these are envisioned by the safeguarding community to fit well with personal budgets and Direct Payments. Safeguarding practitioners highlight, however, the fundamental need for reviews and monitoring, especially where people with dementia are concerned and the requirements of Regulations in this respect may need to be audited to ensure that there is capacity to do this and to establish whether this is given sufficient priority (National Audit Office, 2011), otherwise individual abuse may be replaced by system neglect. Finally, research and practice enquiry might usefully consider ways in which to safeguard the interests of people with dementia who are possibly more vulnerable than others to undue influence and fraud while not infantilising them and, second, might consider how to enhance the ability to people with dementia and those in contact with them to be more alert to the risks presented by false friends.

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References


