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Abstract

Purpose:

Should social workers in England have a power of entry in cases where individuals seem to be hindering safeguarding enquiries for community-dwelling adults? This paper describes a re-examination of relevant sections of the 2012 Government Safeguarding Power of Entry Consultation. This re-examination was carried out as part of a policy review commissioned by the Department of Health (DH) in 2015.

Methodology

Analysis of responses to the Government's Safeguarding Power of Entry Consultation was undertaken in late 2015-early 2016. Using NVivo qualitative data analysis software, evidence from consultation submissions was searched for information on the prevalence of the 'hindering scenario' and views of circumstances where a new power of entry might be considered appropriate.

Findings:

The majority of respondents to the Consultation generally reported that situations when a new power of entry would be required were not encountered regularly; however a minority of respondents stated they were more frequent occurrences. Examples of situations where third parties appeared to be hindering access were given across the different categories of adults at risk and types of abuse and current practices were described. Respondents

observed that the risks of excessive or inappropriate use of any new powers needed to be considered carefully.

Originality/value:

This re-analysis sheds light on the prevalence and circumstances of the 'hinder scenario' which is of interest to policy makers, researchers and practitioners.

Research Paper

Key words: power of entry, right of access, hindering, adult safeguarding, adult protection, adults at risk, vulnerable adults, government consultation, public participation

Title: The potential uses and abuses of a power of entry for social workers in England: A re-analysis of a government consultation

Background

Government consultations have a long history in policy making and governance in the UK and internationally (Pestoff, 2012). In health and social care policy making, governments are increasingly encouraged to use participatory processes and undertake consultations with relevant stakeholders such as the public, professionals and third sector organisations. This approach is associated with increased questioning of market solutions, the need to gain greater legitimacy for the implementation of policies, and aims to widen the democratic process (Bach, 2015). In England this trend is associated with the narratives of 'modernisation' of public services through public participation which were particularly mobilised under the New Labour government (Martin, 2011).

Lack of guidance and differences in the approach on how consultations should be conducted mean they may run the risk of being undermined for reasons of poor design, costliness, or they may be criticised by interested parties for being tokenistic, poorly conducted or producing contestable findings (Abelson *et al.*, 2007). Mitton *et al.* (2009) commented that in UK healthcare, public consultations are often carried out using a variety of approaches, but they observed that there is little consensus about when public engagement should be sought and how it should be incorporated by decision-makers into priority setting and resource allocation processes. In line with the current policy of fiscal austerity and commitment to reducing unnecessary burdens, the UK Government recently produced

overarching consultation guidelines in 2016 outlining principles such as, '*do not consult for the sake of it; take consultation responses into account when taking policy forward; do not ask questions about issues on which you already have a final answer; consultations should last for a proportionate amount of time; consultations should be targeted*' (Gov.UK, 2016).

In the area of adult safeguarding in England two specific recent consultations have occurred. First the consultation (Department of Health (DH), 2009), as part of the review of 'No Secrets' (DH and Home Office, 2000), the guidance on the use of multi-agency policy and procedures on adult protection/safeguarding, and second a consultation solely on the question of power of entry (DH, 2012).

The DH in England commissioned the (authors) to carry out a policy review of evidence on whether, and in which circumstances, social workers should be given a legal power of entry to access adults at risk living in the community (own homes but not care homes) where a third party seems to be 'hindering' this contact (the 'hinder scenario'). This policy review has three phases: i) a background report, of which this present re-examination of the government consultation on this question is part; ii) an online survey of 152 English Local Authority (LA) adult safeguarding managers/leads that is underway at the time of writing; and iii) an examination of the practice responses to hindering in three English case study LAs.

The 2009 consultation received 500 written replies (DH, 2009: p101). The relevant consultation question asked: '*should there be a power to enter premises where it is suspected that a vulnerable adult is being abused*?' A small majority, 60% (n=127), of respondents agreed that there should be such a power, over a quarter 27% (n=58) did not support this view, and 13% (n=27) expressed other/maybe opinions (DH, 2009).

The 2012 consultation, focusing on the question of a power of entry, asked '*whether Local Authorities have sufficient power to gain access to a person who may be at risk of abuse where this is appropriate and not already provided for in existing legislation'*. This consultation attracted 212 respondents (DH, 2013). It was reported that 49% of respondents were in favour but 40% of respondents were against the proposal to introduce a power of entry (for confidential interview). Closer analysis reported professionals working in LAs (72%) and health services (90%) agreed with such a power, although only 18% of members of the public were in favour (DH, 2012: p6).

This 2012 consultation report was itself later the subject of question about the quality of the consultation and analysis. The pressure group Action on Elder Abuse specifically queried the quality of analysis and weighting given to some responses, arguing that the majority of respondents opposed to the proposal were lay people, some of whose responses demonstrated their confusion about what was being proposed and /or had extreme views (Action on Elder Abuse, 2012).

Nonetheless, the DH, concluded that, based on the consultation, '*there* [was] *no conclusive proof that a power of entry would not cause more harm than good overall, even though in a very few individual cases it may be beneficial*' (DH, 2013: para 32). While the Joint Committee on the Draft Care and Support Bill recommended a power of entry on 19 March 2013 (House of Lords and House of Commons Joint Committee on the Draft Care and Support Bill, 2013), such a power was formally rejected in May 2013 (Secretary of State for Health, 2013) on the basis of the evidence taken from the consultation (DH, 2013).

Methods

Responses to the 2009 consultation on the Review of the 'No Secrets' Guidance (DH, 2008) and the consultation on a new adult safeguarding power (DH, 2012) are in the public domain. From late 2015 to early 2016 we examined them to see if they contained information germane to our research. We elected to focus on analysing data collected in response to Question Three from the consultation on a new adult safeguarding power (DH, 2012) because it was most relevant to our research question, focusing on prevalence and examples of hindering scenarios. This offered a different approach to the original more general analysis which focused on whether respondents agreed with the proposal or not (DH, 2013b). In its consultation invitation, the DH stated its wish to explore '*whether LAs have sufficient power to gain access to a person who may be at risk of abuse where this is appropriate and not already provided for in existing legislation'*.

Question Three (Q3) asked: ***How many times in the last 12 months, have you been aware of a situation where, had this power existed, it would have been appropriate to use it? What were the circumstances?*** It is important to note that this question was addressed *to care and support professionals working in adult safeguarding* and referred to the proposal that a new power of entry would enable the LA to speak to someone *with* mental capacity who could be at risk of abuse and neglect, if a third party seemed to be preventing them from doing so. Some respondents, however, also included in their responses people lacking capacity and the question of how to gain entry to assess *whether* someone has capacity was also raised (see Mencap, 2012: 2).

We imported responses to Q3 into NVivo qualitative data analysis package and undertook thematic analysis (Silverman, 2010). In addition to noting the respondent's organisation, if any, we estimated prevalence of possible cases from the comments made, although respondents answered this in different ways, making estimation difficult. Three overarching themes were identified from the written responses to question three: circumstances of cases; current practice responses; and comments about the risks versus benefits of a new power of entry.

Findings

i) The sample

Analysis was undertaken of 97 responses to Q3 about the specific numbers estimated and circumstances of cases (replies by non-affiliated individuals were excluded since they were unlikely to possess the evidence required here although these responses were clearly important in other areas of the consultation). Box 1 details organisational respondents by type and sector.

Box 1: Organisational responses to Q3 (n=97)

Organisation	**Number of respondents to Q3 (n= 97)**
Local Authority (LA)	65
Health (NHS)	9
Health and social care	3

Legal/lawyers	7
Third sector	13

ii) Estimates of prevalence

The first part of Q3 asked: ***how many times in the last 12 months, have you been aware of a situation where, had this power existed, it would have been appropriate to use it?*** Respondents approached this question in different ways. Some answered authoritatively on behalf of their whole organisation, e.g. the Safeguarding Adults Board (SAB), others replied on behalf of specific groups such as immediate colleagues, for example, *'Four examples were immediately given by those present'* (LA), or as individuals from an organisation. Some responses stressed the difficulties of giving accurate figures, as figures were not collected locally and gave a general indication of prevalence, or used non-numerical terms (e.g. 'regularly'). However others did provide estimates, or indicated possible ranges.

The wording of responses about prevalence meant decisions about quantifying had to be taken depending on any context supplied, for example, where respondents used phrases such as 'fewer than', the number stated was used; where respondents used seldom they were categorised as 1-3; where respondents used 'between', the median number was used; and the words 'significant' or 'many' were categorised together as 10+. Box 2 reports estimates of the usage of a possible power of entry by organisations and by individuals.

Box 2: Estimates of usage of a power of entry by organisations and by individuals

	Number of times the new power	Number of times the new power

	would have been used as reported on behalf of organisations in a year	would have been used as reported by individuals in a year
None	12	3
1	13	2
2	11	1
3-4	15	7
5-6	7	1
7-8	1	0
9-10	0	0
10+	4	0

A wide variety of answers was identified: some individual respondents stated they personally encountered several of these cases a year, while others, including some LAs, stated they did not come across any in the whole year. The following response illustrates this situation that among larger organisations certain staff would encounter such cases and not others:

> *Some staff would not have used it at all, others would have used it in 2 or 3 cases in a year. The staff who do safeguarding as their full-time role, and who are passed the most complex cases to deal with, were the ones most likely to have found such a power useful.* (Leeds SAB)

iii) Types of cases – categories of adults at risk and types of abuse

'Hindering' scenarios were encountered across the categories of adults at risk and the possible types of abuse. Responses to the second part of Q3 which asked about the '*circumstances where it would have been appropriate to use a new power'* were coded using the following categories of suspected abuse (the number of cases coded in each also given): financial abuse (22), neglect and acts of omission (13), domestic abuse (11), psychological and emotional abuse (9), physical abuse (3) sexual abuse (1), self-neglect (1), hoarding (1). (Some cases were coded under several headings; many LAs gave several examples of cases and many LAs did not give specific examples, but instead answered generally.)

Financial abuse (n=22) was the most commonly given example of a hindering scenario as this example illustrated:

> *Referral from the fraud team at (named) Bank that Z may be at risk of financial abuse. Daughter in law has refused to allow the social work team and Police to enter the property to discuss to matter with Z. A power to exclude the daughter in law would have assisted.* (Hertfordshire SAB)

Neglect and acts of omission (n=13) formed the second most commonly cited 'hinder' situation, typically in relation to access to medical treatment. As an example, one respondent summarised, *'the features in these cases have generally involve(d) family carers providing care and refusing services….[] placing the individual at considerable risk'* (North Somerset Safeguarding Adults Partnership Board). Another responding SAB provided the following example, stating it was typical:

> *A reclusive household where contact with the "outside world" has always been very limited and circumstances arise where the health of one person breaks down and the*

> *other person, often the spouse, cannot accept the need for assessment or intervention leading to a risk of neglect….* (Hillingdon Safeguarding Adult Partnership Board)

iv) Circumstances where it would have been appropriate to use a new power

Respondents offered two main examples of the types of cases where they wanted to gain access to carry out a private interview: i) to carry out an assessment for example to ascertain mental capacity or assess service needs; and ii) to assess levels of risk. Respondents reported cases where they had failed to gain access and matters were unresolved.

Gaining entry to make an assessment

Some respondents argued that gaining access to make an assessment to ascertain a person's mental capacity would be the main underlying reason behind their wish to have the power to gain entry. One LA illustrated this with a case example:

> '*Alleged abuse of an older person by their son. Capacity of the victim was unknown. The son refused access to the property for capacity to be determined* (Newcastle City Council).

Respondents also gave examples of cases where entry had been attempted with the objective of carrying out assessments or reviews of care packages or medication. The following account demonstrates this, in a context where abuse (in the form of restricting freedom of movement) was suspected:

> *A man (…) who has a (mental health problem), but was deemed to have capacity. His parents were his designated carers for which they received an allowance. It was suggested that this man never left the house, was kept in his room and supplied with drugs, [] video games and […] fast food. A review of his care package was arranged but each time social workers attended they were prevented from seeing the man by the father.* (Shropshire Council) (details redacted by authors to help preserve anonymity)

Gaining entry to assess level of risk

Respondents reported cases where they had wanted to ascertain the level of risk of harm presented to an individual, but were prevented by a third party. The following example was provided by one responding SAB as a 'typical' circumstance where the right of access could be appropriate:

> *Grown up children, usually sons, who have not left home and/or developed an independent life separate from their parents. There is an inability to recognise their parents' needs and the requirement to change the home circumstances to reflect this. Often this is associated with mental health problems or other disabling personality characteristics. Entry is either refused or continually frustrated and it becomes difficult to know whether the parents or parent is at risk.* (Hillingdon Safeguarding Adult Partnership Board)

The relevance to people experiencing domestic violence (which was identified by 11 respondents) was also addressed. In the following example social workers had found it difficult to find out the degree of risk of domestic violence and neglect possibly being faced by a disabled woman:

> *A lady with physical disabilities lives at home with a live-in carer. She met a male online who subsequently moved into her home very quickly. He was a drug and alcohol abuser. Their relationship quickly became volatile and loud arguments were witnessed by the live in carer. There was also suspicion that domestic abuse was taking place. The male manually lifts the lady, rather than using equipment. Since he has moved in, the lady has been refusing personal care from the live-in carer. The male has also taken control of her money and bank card. She has been assessed as having mental capacity to make decisions about relationships, finances and her care needs. The man is reluctant to let people see her on her own and will always remain in the room, pacing and agitated. The proposed new power would enable professionals to see her on her own, without it having to be her idea that he has to leave, which could leave her at higher risk once the professional has gone.* (Surrey Adult Social Care)

Unresolved cases

Respondents reported cases which had not been resolved because professionals had not been able to gain access where the adult at risk did not appear to lack capacity, nor was there enough evidence that a crime had been committed. Two examples illustrate the risks of firstly neglect and secondly sexual abuse:

> *The case was closed to social workers following repeated insistence by the husband that social work involvement was not required. There was no evidence that either husband or wife lacked capacity, and no grounds for the Council to gain access to the lady under any existing legislation. The lady died within a few months of natural causes after admission to hospital, but with a catalogue of health conditions arising*

from neglect and lack of medical attention which could have been easily treated. (North Tyneside Council)

A mother and daughter were admitted to hospital; they reported sexual abuse of themselves and their sister by their brother in law (sister's husband). They did not want to make a complaint. The sister was unable to leave the house as she had MS (multiple sclerosis). There was no way to gain access to help their sister. (The College of Social Work)

While most responses stemmed from organisational and service perspectives, a different perspective was introduced by the small number of solicitors' firms/practices (n=7) who responded to the consultation. Some of these firms' experiences appeared to have been derived as part of their legal advisory role for local authorities:

I was recently consulted about a case [..] The LA carried out some enquiries but were constantly told by the son that his father was ill or asleep. When the police visited the premises his father did come to the door and said that he wanted no help or assistance (his answers to police questions were clearly scripted and rehearsed and unconvincing). The clear motive was for the son to inherit the property by survivorship once his father had died, contrary to all the wishes and plans of his father to distribute his estate, upon death, amongst his wider family. (Ringrose Law Group, Lincolnshire).

v) Current responses to hindering scenarios

Working with GPs and/or health visitors or using multi-agency procedures were identified and described by some respondents as good initial strategies. However, sometimes court orders were required if such approaches were ineffective. Obtaining these was reported to be very time consuming and costly (as noted by FitzGerald and Ruck Keene, 2014), as the following example illustrated:

> *Elderly lady believed to have capacity who lived in poor, unsafe circumstances with son. He obstructed contact with the lady's daughters who expressed concern as to their mother's welfare. This lady was subject to Multi Agency Safeguarding Adults procedures, however as the route needed to go via the courts it took months to secure access to her. (Newcastle Hospitals Foundation Trust)*

Some respondents reported working with the police around gaining access, although there was only one mention of the use of section 17 of the Police and Criminal Evidence Act 1984 (PACE), to gain entry in the situation of a welfare concern which is seen as a risk to 'life or limb'. There appeared to a belief that having a power of entry that could be used before 'life or limb' crises might prevent such extreme situations developing, as the following respondent *noted:*

> *Merseyside Police colleagues working in Wirral confirmed that they receive a significant number of calls from Adult Social Services, requesting that the Police gain entry due to safeguarding concerns but where no criminal activity is alleged or suspected. They said that they have used their powers under Section 17 PACE to gain*

> *entry and see no issue with this if they have concerns for the safety/welfare of those inside and this is a last resort. [] this is likely to be in a crisis situation and our local Detective Inspector commented that she perceives a gap and believes Social Services should have more powers as they may want to gain entry earlier on, before the situation gets to that crisis stage, for example in order to conduct an assessment or to speak in private to an individual whom they believe to be under duress.* (Wirral Safeguarding Adults Partnership Board)

Comments provided by respondents about legal options in the face of hindering behaviour tended to focus on use of the MCA or inherent jurisdiction, although since the consultation took place other legal options in respect of domestic violence have come into law (Home Office, 2015). Respondents identified a gap in the legislation, for people who have capacity and who are not referred for Mental Health Act assessment but are living in challenging social and interpersonal situations, as argued by this respondent:

> *The issue that clouds judgement and assessment is the socially situated nature of decision making that the Mental Capacity Act fails to take account of. This leaves practitioners feeling disempowered to act for the needs of the adult at risk because there is no comparative authority to act in the best interests of a mentally capacitated but socially/ inter-personally compromised person, other than High Court inherent jurisdiction, which many practitioners are unaware of and feel is likely to be rejected by the agency on the grounds of cost.* (Kent County Council)

Respondents also mentioned indirect approaches to gaining access to adults at risk. For example, work with housing officials and gas supply representatives, who possess powers of entry for reasons of public nuisance or for safety:

An older lady was living with her son who had alcohol problems. The case was referred to the housing provider as domestic abuse and nuisance to neighbours from arguments. Her family where very concerned as she was helping her son up the stairs when he was drunk, (she weighed about 8 stone, he weighed about 20 stone), and the son had fallen on her on a number of occasions. Given the nuisance the housing provider was able to use powers of entry under the tenancy, but getting access took a number of months. (Hertfordshire SAB)

Example given of concern for tenant who was allegedly living in squalor and neighbours reported concerns, despite son saying that she was fine. Having failed to gain access voluntarily, the Housing Association used the Gas Safety Check powers to gain access and then intervene to support the tenant. (Dudley Council)

vi.) Risks versus benefits of a new power of entry

Many respondents commented on perceived risks versus benefits of a new power, partly in supporting views for or against its introduction and partly pointing out points for consideration in implementing such a power. One important theme arising from respondents' comments was the importance of proportionality in their response to the hindering situation. Different attitudes were expressed about whether the introduction of a new power was proportionate to the prevalence and dangers of hindering scenarios. These two comments illustrate both sides of this argument:

> *We feel that the benefit to even at least one individual in making a safe resolution for that person and preventing harm justifies a new power.* (2gether NHS Foundation Trust)

> *There is not sufficient evidence that such a power is proportionate to the level of cases arising.* (Kingston-Upon-Thames Safeguarding Adults Partnership Board)

Frequently questioned by respondents was whether the power would fulfil its objectives, with some suggesting that a power of entry could exacerbate risk of harm. For example, this respondent identified this possibility, but urged a considered approach, rather than arguing against the introduction of a new power:

> *… time needs to be spent with regards to considering the consequences of such action and what contingency can be planned should the risks increase as a cause of such an action (what are the risks? How much do they increase? Can this be monitored and managed in a safe way for the person at potential risk?)* (Newcastle City Council)

The difficulty of demonstrating evidence that an adult at risk was under constraint or subject to coercion or undue influence was acknowledged. The following response also introduces the question of whether additional powers would be needed to minimise the possibility of increasing risk:

> *History of safeguarding concerns for a service user with cerebral palsy assessed as having mental capacity, 'befriended' by two males who consistently refused to agree for the service user to be assessed alone. The service user was prompted about what*

to say to social workers and it was difficult to provide evidence of coercion or abuse. The service user 'chose' to live with these 'friends'. In this case a right of entry would have been effective in enabling a comprehensive risk assessment - however it's unlikely the outcome would have been effective in reducing risk to service user without powers to remove the individual from the potential abuser in the home.

(London Borough of Newham)

However, the potential for the introduction of the power to be a deterrent was also suggested, perhaps countering the potential for increased risk identified in some of the responses quoted above:

It is also our view that in many cases the introduction of this power, together with the ability to exclude third parties from living with the adult at risk for longer periods, may be sufficient in itself to gain their co-operation without the necessity to use it.

(Bath and North East Somerset Council)

Some respondents argued that a new power of entry could disrupt established relationships between social workers and adults at risk. The following response stressed the importance of perseverance and creativity in social work practice and highlighted concerns that a power of entry might discourage such skilled approaches to relationship building:

Perseverance is used and in the end the required result in the individual being spoken to and more often than not away from the 3rd party person. Methods include use of 3rd party venues etc. Social workers and other LA workers become very inventive – would

they stop being so if this was introduced and would the use of warrant and this power become the default position? (Oldham Adult Safeguarding Partnership Board)

However other respondents argued that a power of entry could short-circuit the need for such intensive approaches, which could be very time-consuming or take too long. A new power of entry might mean that social workers could gain access and undertake assessments, which would be of benefit to adults at risk, as illustrated by the following comment:

It took nearly six months to negotiate entry into the house and a private conversation with the man. After a couple of attempts it should have been possible to obtain a warrant to speak with the man and assess his situation. For the man's benefit. (Shropshire Council)

Discussion

There are limitations to this analysis. Firstly, use of the 2012 consultation to ascertain the prevalence and circumstances of 'hindering' scenarios may be less immediately relevant as part of the legal framework has changed. The consultation was undertaken prior to the introduction of the Care Act 2014, since then there has been an increase in safeguarding alerts (possibly due to greater need or a wider threshold for qualifying for support) (McNicoll and Carter, 2016). Secondly, analysis was undertaken of answers to Q3 only,

which meant these were decontextualized from the responses as a whole. However, this analysis has synthesised responses and in particular presents estimates of prevalence.

Bach (2015) described various approaches and scales that have been used to rate the effectiveness of public participation processes, the most famous of which being Arnstein's (1969) ladder of citizen participation involving an eight rung ladder grouped into three categories: i) manipulation and therapy (non-participation); ii) informing, consultation and placation (tokenism); iii) citizens partnership, delegated power and citizen control (authentic). It is interesting to consider the Consultation on a New Safeguarding Power against this benchmark overall, and note that the decision not to introduce the new power of entry was justified in great part on the basis of the public's responses rather than the views of professionals.

Both consultations may be seen as an example of a 'successful' consultation process since it attracted a reasonable number of responses including from relevant actors and a policy decision was taken as a result of it. In this way it may be considered as illustrative of the '*network governance'* era of policy making and public service delivery (Osborne *et al.* 2013). This term is used to denote inclusive approaches to governance through the use of public and professional participation (assisted by online techniques) to produce 'joined-up' solutions delivering more 'user-friendly' public services. Alternatively, it could be viewed more critically (see Abelson *et al.*, 2007), as an example where the evidence collected was contested and did not provide an unequivocal answer to the policy question.

It is evident that quantifying the 'hindering' scenario is not easy, as illustrated by the wide range of opinions expressed in this consultation, from those who report this is not an everyday, commonly encountered situation, to those who say they are encountering it

regularly. The evidence from the consultation is not at odds with the most robust evidence collected on the prevalence of the 'hindering' scenario which was collected through a Freedom of Information (FOI) request made by Action on Elder Abuse which found of the 84 out of 152 local authorities responding, 29 reported at least once in the past 12 months being unable to gain entry because a third party had denied them access. In 21 of those cases, they had never gained access (Samuel, 2014). This FOI request was to local authorities alone, rather than the general, professional and practice responses sought by the Consultation on a New Safeguarding Power.

The variation in estimates of prevalence is unsurprising given the different organisational models of adult safeguarding in LAs in England and partner agencies. Even within local authorities, models of adult safeguarding in England range from highly specialist teams (sometimes within multi-agency safeguarding hubs or multi-professional data-sharing specialist units) carrying out all safeguarding work to more generic models where work is integrated within all social workers' caseloads (authors 2016). This obviously has implications for professionals' experiences of safeguarding work (and therefore 'hinder situations') and this situation is replicated within other agencies such as police (White and Lawry, 2009).

The examples of circumstances provided in which the new power could be used highlight possible common contexts for hinder scenarios. Firstly, instances were given of financial abuse especially by family members; secondly examples of longstanding family carers not accepting the need for the involvement of social care or health services and refusing access.

Many respondents observed the potential usefulness of a new power would have to be weighed against the dangers of its inappropriate or excessive use and the risk of it being used as a 'shortcut' by social workers. Several highlighted that simply introducing the power of entry might not improve social workers' ability to deal with these difficult cases and it could instead increase the chances of an adult at risk being harmed.

Conclusions

Re-analysis of the government consultation on whether social workers should have a power of entry if a third party is hindering access to an adult at risk found varied opinions on the prevalence of the scenario. The circumstances in which 'hindering' occurred were reported across the categories of service user and types of abuse. Responses to 'hinder' scenarios were described, and views on the value of a power of entry explored. This is likely to be of interest to multi-agency professionals and politicians making decisions on this subject as well as those interested in government consultations in general.

Acknowledgements and disclaimer

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