University of Glamorgan

School of Care Sciences

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Abuse of people with learning disabilities: An examination of policy, practice and educational implications in Wales

Professor Ruth Northway
Dr Rachel Davies
Robert Jenkins
Ian Mansell
Professor Gavin Fairbairn

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EXECUTIVE SUMMARY

Background

Policy guidance issued by the National Assembly for Wales in 2000 provided the framework for the development of policies designed to protect vulnerable adults from abuse. Guidance does, however, require translation into local policies and their implementation into day-to-day service provision. People with learning disabilities are one group of adults who are identified as being at risk of abuse. Services for people with learning disabilities thus provide an example of how policy guidance is being translated into practice.

Aims and objectives

This study aimed to determine the extent to which best practice in preventing, identifying and responding to abuse is evident within services for people with learning disabilities within Wales. This was to be achieved via reviewing published evidence of abuse, the identification of best practice, gathering data concerning current policy and practice, exploring the perceptions of practitioners and making recommendations.

Methods

A three-stage approach was adopted. Stage 1 comprised a search of the literature. Stage 2 comprised a postal survey of providers of health and social care services for people with learning disabilities within Wales. Stage 3 comprised a series of focus groups with health, social care and police practitioners.

Key Findings

The survey revealed variations in terms of existing policies, and training provided for staff, both between agencies and between geographical areas. The majority of respondents within statutory services are signed up to a multi-agency policy but this was less noticeable amongst respondents from the independent sector. In addition approximately half of respondents across sectors supplement these policies with agency specific policies. Analysis of the focus group interviews revealed a number of key categories of response which relate to the context of abuse, roles and responsibilities, helps and hindrances in the adult protection role, training, awareness of policies and improving protection from abuse.

Conclusions

It is concluded that whilst areas of good practice are evident areas requiring further development are also apparent. Recommendations are thus made which relate to the need to develop greater clarity and awareness, greater consistency and enhanced justice for vulnerable adults.

1 Introduction

1.1 Background

The National Assembly of Wales (2000) has stated their commitment to ensuring that vulnerable adults are protected from abuse and where abuse occurs that appropriate action is taken. Abuse in this context may be physical, sexual, psychological or financial, material, neglect (National Assembly of Wales, 2000[1]). People with learning disabilities are identified as one group of adults who may be vulnerable to abuse and there is evidence to support this assertion, not least the numerous inquiry reports that have uncovered multiple abuses (e.g. Buckinghamshire County Council, 1998; DHSS, 1969; DHSS, 1978). However, providing clarity on the prevalence and incidence of abuse has proved difficult. Appendix 1 outlines evidence on why this is problematic and highlights some research studies that can be used as indicators.

Policies and procedures focus broadly on the protection of vulnerable adults rather than more narrowly on specific client groups (Department of Health, 2000; National Assembly for Wales, 2000). However, services tend to be offered on a specific client group basis (for example for people with learning disabilities). In addition, where data concerning abuse has been gathered according to specific client group (e.g. Linnett, 2001) it appears that the patterns of abuse experienced by people with learning disabilities might vary from that experienced by other vulnerable adults. It is also important to acknowledge that people with learning disabilities may experience mental ill health, physical impairments and will grow older.

Abuse is not always caused by a single 'bad apple' and the existence of cultures that serve to promote abuse has been acknowledged (Manthorpe, 1999; White *et al.* 2003). This compounds the difficulty in assessing the true extent of abuse and underreporting is recognised as a significant problem (Aylott, 1999). Even when abuse is known people with learning disabilities may face a range of policy, practice and attitudinal barriers which prevent or limit their access to justice (Williams, 1995).

The lack of a clear policy which specifies staff roles and relationships is viewed as a factor which contributes to cases of abuse going undetected or being mishandled (Churchill, 1997) since confusion and uncertainty can result (Bailey and Barr, 2000; Clough, 1999). Written policies are thus viewed as important, both to raise awareness and to provide a framework which clarifies the responsibilities of individuals and agencies that may be involved (Stein and Brown, 1995). However, the development of such policies has not been universal (Bailey and Barr, 2000).

The existence of policies alone, is not sufficient and careful thought needs to be given as to how they are developed. Cambridge (1999) highlights how poorly co-ordinated policies and fragmented responsibilities fail to protect people with learning disabilities from abuse and Bailey and Barr (2000) note the undesirability of individual agencies developing their own policies. The need for a co-ordinated, multi-agency, collaborative approach to policy and practice in relation to adult protection has thus been identified (National Assembly for Wales, 2000). It is also suggested that such

[1] Since commencement of this study the National Assembly of Wales have issued an insert to In Safe Hands expanding on financial abuse, role of CSIW and monitoring arrangements. However, the implications of this insert have not been considered in this study due to the early stage of their implementation.

co-ordination and collaboration should operate at variety of different levels with Adult Protection Committees meeting at the level of a local authority and Adult Protection Fora bringing agencies together across a number of local authorities. The latter have a role in overseeing policy implementation, monitoring, audit and training (National Assembly for Wales, 2000).

It is important to acknowledge, however, that governmental action has focused on the development of policy guidance (Department of Health, 2000; National Assembly for Wales, 2000) and whilst principles may be established their development and implementation is dependent upon action at a more local level. This is a particular challenge given that a range of conditions need to be in place if 'perfect' implementation of policy is to occur (Hogwood and Gunn, 1984). Commenting upon *No Secrets'* Hughes (2001:27) thus suggests that it will require '*…imagination and creativity on the part of key players to make sure that the intention of the government is realised in practice'*.

Within health and social care provision policy implementation is also dependent upon the extent to which practitioners are aware of, and understand, policy and specifically their responsibilities. Another factor, which may thus limit the effectiveness of any policy, is the training (or lack of training) that is provided for staff. It cannot be assumed that because a policy has been developed it will be appropriately disseminated to staff (Brown *et al*, 1994). Policies may thus be undermined by staff who are uncertain (Bailey, 1997) and it is suggested that a lack of training can lead to 'unquestioning acceptance' of abuse (Clough, 1999). Appropriate staff education is seen, therefore, as an important element of strategies that seek to protect people with learning disabilities from abuse (Cambridge, 2000; Stein and Brown, 1995; Sobsey, 1994). Once again the need for an inter-agency approach to training is noted (Bailey and Barr, 2000). However, a survey of learning disability services in England found that only 11 of 21 Local Authorities indicated that staff across agencies had received training in the implementation of abuse policies (Department of Health, 1999).

Effective adult protection requires policies to be in place, positively communicated, and coordinated between agencies. These principles both underpin recent policy development in Wales (National Assembly for Wales, 2000) and have shaped the development of this study.

1.2 Aims and objectives

The study seeks to address the question 'To what extent is best practice in relation to preventing, identifying and responding to the abuse of people with learning disabilities evident within Wales?' .To achieve this aim specific objectives were set:

1. To review existing published evidence of physical, sexual, psychological and financial/material abuse of people with learning disabilities as well as evidence of neglect.

2. To identify best practice in relation to preventing, identifying and responding to the abuse of people with learning disabilities (to include staff training / education).

3. To gather data concerning current policy, procedures and staff training / education amongst providers of health and social care to people with learning disabilities within Wales.

4. To explore the perceptions of practitioners working with people with learning disabilities regarding their training and support needs in relation to preventing, identifying and responding to abuse.

5. To make recommendations for the development of policy, practice and staff education/ training.

Determining what is meant by 'best practice' is not simple. In many ways this project seeks to create this initial benchmark. The specific challenges to defining and identifying 'best practice' are discussed in Appendix 2. However, it is worth noting here that the starting point for this project had to be the policy context in Wales (namely the In Safe Hands guidance). In Safe Hands provided a framework for what was recommended as good practice for policy makers and practitioners in Wales. IT was important that this was complemented by policy or practice suggestions that emerged from the literature. A summary of influential literature is included in Section 3.1.3 and the document 'Evidence for Best Practice: Abuse of People with Learning Disabilities' is included in Appendix 2.

2 Methodology

2.1 Study context

This study used a multi-phase, multi-method approach (see Figure 1). The literature review in Stage 1 influenced the development of the quantitative survey tool in Stage 2 and the outcomes from the survey contributed to the formation of the qualitative focus group schedule of Stage 3.

The study was managed by a research team within the School of Care Sciences, University of Glamorgan. In addition support was given by a Project Advisory Group which included representatives from social services, health, education**,** police, voluntary and independent sectors and families of people with learning disabilities.

The project advisory group met on regular occasions to provide advice and guidance to the project and to monitor progress towards objectives. This took many forms including commenting on the data collection tools, the final project report and dissemination plans. The multi-disciplinary nature of the group also created a further dissemination channel both about the existence of the project and in considering options for sharing findings.

2.2 Stage 1

A detailed search of the available literature has been undertaken using the following search strategy (Table 1)

Databases	CINAHL, MedLine, ASSIA, Embase, Nursing Collection, PsychInfo, Index to Theses
Search terms (all cross-referenced)	ABUSE (physical, sexual, psychological, financial, material, neglect, exploitation, emotional, verbal, mistreatment, institutional, chemical, medication, restraint, bullying, oppression, aggression, violence, discrimination, human rights) LEARNING DISABILITY (IES) (learning difficulty(ies), intellectual disability(ies), intellectual impairment, developmental disability(ies), developmental delay, cognitive disability(ies), cognitive impairment, mental handicap, mental retardation, mental subnormality) Plus supplementary terms such as rights, advocacy, empowerment, crime, offending, victims, survivors, witnesses, police, assault, protection, identification, prevention, response, management, law, policy, training, whistle blowing, inquiries.
Dates	The initial focus of the search has been on the years 1990 to the present although earlier material has been used to build the context of the review.
Location	Both European and International literature were of interest in understanding the context of adult protection research. However, the main focus was upon British literature due to its potential influence on the policy framework in the UK.

Table 1 – Stage 1 search strategy

2.3 Stage 2 (All Wales Survey)

2.3.1 Study sample

The scope of the study incorporated the four police authority areas in Wales and both independent and statutory services (Social Services, NHS, Local Education Authorities and Police). The NHS sample comprises the 15 NHS trusts in Wales in addition to 6 specialist providers of learning disability services. It was important that the views of all trusts were collected as they provide primary and secondary health care services and also that specialist services were surveyed in case they have any additional provisions. Two databases of voluntary and private service organisations for people with learning disabilities were used to generate a broad Independent sector[2] sample. Approaches were made by letter to a senior member of the organisation (e.g. Director of Social Services or NHS Chief Executive). The breakdown by agency type and region is illustrated in Tables 2 & 3.

	Area 1	Area 2	Area 3	Area 4
Sample size	180	272	89	171

Table 2 – Sample distribution by Police Authority area (n=712)

	Social Services	NHS	Education	Independent
Sample size	22	21	22	647

Table 3 – Sample distribution by agency (n=712)

2.3.2 Data collection

The survey tool (see Appendix 3) was developed from two main strategies. Firstly it was based on relevant policy guidance and literature identified in Stage 1. This was taken as reflecting 'best practice' (see Figure 1). Secondly the advice of the Project Advisory Group was taken due to their multi-agency representation. The survey was piloted across three areas outside of Wales. Minor amendments were subsequently made to the survey. Following approval from a senior member of the organisation attempts were made to seek out the most 'appropriate person' within each organisation who had a role in adult protection policy development / implementation. Where a single person could not be identified the respondent was asked to consult with others to ensure the survey was completed fully and accurately.

A postal survey pack was distributed to organisations in March 2003. This included a participant information sheet and letter of invitation (see Appendix 3). The survey consisted of mainly closed questions with space for participants to add additional comments as required. Response to the survey was followed up between April-August 2003.

2.3.3 Data analysis

Data analysis was undertaken using SPSS (version 11). Statistical analysis was limited mainly to descriptive statistics due to the relatively small number of returned surveys and missing information in several returned surveys. For clarity the total number of respondents to each question has been indicated in the survey results

[2] Independent covers voluntary and private sector organisations or other non-statutory organisations.

section. Chi squared cross-tabulation was used on a couple of occasions when between groups comparisons were of interest.

Analysis was undertaken both by police authority area (since these reflect the 4 Adult Protection Fora in Wales) and agency to identify how these variables may have influenced adult protection policy and practice. It was not possible to combine much of this analysis as the small numbers may have threatened the assurances of anonymity offered to participants.

Open questions and additional comments were thematically analysed using NVivo qualitative analysis software.

2.3.4 Police & Local Education Authority (LEA) involvement in Stage 2

A police survey was originally sent to the designated lead officers for adult protection in the four police authority areas that was similar in design to the main survey but with additional questions related to the police role. Follow-up communication unearthed the difficulty in answering detailed questions about the police response to adult protection on a regional basis. Despite this the four police authorities gave their support to their inclusion in the study and interviews were held with officers with designated adult protection roles across the four police authorities. The interviews were semi-structured to enable officers to emphasise issues they felt to be important but followed the themes of the survey.

All 22 LEAs in Wales were invited to participate in the survey stage of this study. Letters were sent to the Director of Education requesting that survey packs be distributed to an officer with post-16 responsibility. Only one LEA returned a completed survey and this was incomplete. A small sample of LEAs (n=5) were re-contacted with the option of a telephone interview. One further LEA agreed to participate in the study in this way.

2.4 Stage 3 (Focus Groups)

2.4.1 Sample

A stratified sample was approached regarding participation in Stage 3 that reflected both the diversity of organisations involved in provision of services for people with learning disabilities and the four police authority regions in Wales. There were 70 participants in the focus group stage of the study. In addition, a further 11 people who were unable to attend a focus group participated in a telephone interview giving a total sample size in Stage 3 of 81. Originally eight focus groups were planned to cover direct care staff working in different agency settings and regions across Wales. Two additional groups were added to cover staff with investigative responsibilities (predominantly from Social Service and the Police). See Table 4 for breakdown of focus group sample.

	Stage 3 sample
Social Services	**9**
NHS	**25**
Independent	**24**
Investigators	**12**

Table 4 – Stage 3 focus group participants by agency

2.4.2 Data collection

The schedule for the focus groups was developed from both the aims of the study and emergent issues from the survey stage (see Figure 1). Separate schedules were constructed for direct care staff and investigative staff groups (see Appendix 4). Focus groups were conducted by two experienced members of the research team in accordance with an agreed protocol (see Appendix 4). All focus groups were audio recorded and subsequently transcribed. Consent to audio recording was included on the participant consent form and all aspects of participation were detailed on the participant information sheet (see Appendix 4).

Telephone interviews of people unable to attend a focus group were conducted by members of the research team and followed a similar schedule to that used for the focus groups including the seeking of written consent (see Appendix 4).

2.4.3 Data analysis

An established qualitative data analysis technique, thematic analysis was undertaken using NVivo qualitative analysis software (Miles & Huberman, 1994). The aims of the study were used to shape the emergent themes and all transcripts were reviewed by members of the research team to identify key categories. Transcribed data was coded to these themes and categories. Members of the research team read the transcripts, allocated coding and cross-checked this coding. Inter-rater reliability checks produced a reliability rating of over 90% and ambiguous codes were revised or removed.

2.5 Ethical considerations

Ethical approval to undertake the study was obtained from the Multi-Centre Research Ethics Committee (MREC) prior to commencing data collection. No individual or organisation was obliged to take part in the study. All participants were given full information regarding the study and their involvement. Separate information sheets were produced for Stage 2 and 3. Consent to take part in the survey stage of the study was sought from Senior Managers and individual consent was presumed on the basis of a completed questionnaire. Consent to take part in the focus group was obtained before commencement of a focus group by completion of written consent form (Appendix 4). All participants were given the opportunity to seek clarification on any aspect of their involvement from members of the research team.

The sensitive nature of the subject matter of the study was acknowledged at the outset. Several steps were taken to minimise any potential for distress to the participants of the study and to ensure that the highest ethical standards were adhered to. First an emphasis on policy and its' implementation was maintained throughout the study and examination of individual cases was discouraged. Second clear ground rules for the focus group were established concerning confidentiality and support.

3. RESULTS

3.1 Stage 1

3.1.1 EndNote database

Adult protection sources were collated into a database that provides an ongoing resource of 800 fully searchable items (e.g. research literature and 'grey' literature). Each record holds bibliographic details and a short summary wherever possible. The search ability of the database is enhanced by the use of keywords. These cover main themes and issues within the adult protection field (Table 6).

Keyword	Frequency	Keyword	Frequency
Abuse	694	Medication abuse	12
Adult	638	Neglect	64
Advocacy	29	Offenders	95
Bullying	17	Physical abuse	113
Children	47	Police	84
Court	97	Policy	76
Elder abuse	46	Sexual abuse	312
Emotional abuse	35	Self injurious behaviour	38
Financial abuse	21	Staff support	20
Human rights abuse	59	Therapy	67
Inquiry	41	Verbal abuse	19
Institutional abuse	29	Whistle blowing	39
Law	98	Witness	92
Learning disability	654		

Table 6 – Frequency of keywords used in EndNote database

3.1.2 Evidence for best practice

While adult protection is a relatively new field, many aspects of health and social care practice impact on adult protection making any ring fencing of the area challenging. Yet, in order to identify evidence for best practice it is necessary to construct some limits on the search for sources. The search strategy has been detailed in Section 2.2. The document 'Evidence for Best Practice in Adult Protection' is presented in Appendix 2.

3.1.3 Summary of Influential Literature

Changing the prevention and response to abuse starts with developing and implementing policies that underpin practice. Much of the 'grey literature' comprises of documents that influence the development of these policies (e.g. Department of Health, 2000; Home Office, 2002; National Assembly of Wales, 2000). Given the fundamental nature of policies in determining practice development it is surprising that, with a few notable exceptions (e.g. Brown & Stein, 1998; Hughes, 2001; Manthorpe & Jones, 2002; Mathew *et al* 2002), literature has not dealt directly with this issue. In fact Rushton *et al* (2000) highlighted the need for research to evaluate policy outcome. A brief discussion on the integration of policy into practice is presented in the introduction to this report (Section 1.1).

The lack of substantial literature on policy should not imply that adult protection literature has not helped to shape the policy agenda. Indeed many of the themes in the

literature (e.g. abuse prevention, awareness and training, abuse cultures, conducting investigations, achieving justice) are reflected as common themes in adult protection policies. The diversity of backgrounds of authors and intended audiences also reflect the viewpoint that everyone has some form of adult protection responsibility (Westcott, 1993). Yet it is also this diversity that contributes to a lack of clarity on good practice within adult protection. Much of the literature consists of opinion pieces that, while informed, lack empirical backing or small case study type investigations which may not be generalisable. In the absence of large research studies at a national level (even from outside the UK) it is necessary to utilise what is available in order to identify influencing factors.

A useful place to start is with literature that attempts to provide definitions for the issue of abuse and adult protection and to explore its scope and prevalence. Accurately assessing the prevalence of abuse has proved challenging to researchers (White *et al* 2003). There appears to be a number of reasons for the absence of definitive studies on prevalence appearing in the UK literature: a lack of nationally collated statistics, under-reporting, problems of research methodology and a lack of consistency on data collected at regional levels.

Other contextual sources are useful in illustrating the diverse acts that can be considered as abuse (Conway, 1994), for example widening awareness of financial abuse (Manthorpe & Bradley, 1998) or institutional abuse (Stanley *et al* 1999), where they occur (e.g. institutions, small group homes, family homes) Emerson *et al* (2001), Sobsey (1994) and the many groups from which an abuser can come (e.g. family, staff member, other service user) Shamash, 1997; Ryan *et al* 2001. However, this body of literature does little to inform policy makers or practitioners on what constitutes 'good practice'.

Much of the adult protection literature relates to aspects of abuse prevention / protection. However, it is noted that the focus of adult protection practice has been towards the response to abuse when it has happened (Chenoweth, 1996). Literature with a prevention / protection slant tend to start from a perspective of identifying a concern that can contribute to the complex 'abusive culture'(Moore, 2001). The implication is that if the concern is eliminated the organisation and its clients will be safer from abuse. For example, Tsiantis *et al* (2000) refer to the problem of poor staffing levels and Griffin & Pritchard (2001) call for improved staffing levels as necessary to ensure appropriate supervision of clients. Many issues that pertain to staff or the organisation itself are considered as relevant to preventing abuse, from careful selection of staff, to accurate record keeping, improving staff attitudes and providing sufficient support for staff (Bailey & Simes, 1998; Bell & Espire, 2002; Conway, 1994; Grice, 2002; White *et al* 2003)

Increasing awareness about the problem and nature of adult abuse is widely viewed as being a key strategy to preventing abuse and protecting clients (Keilty & Connelly, 2001). Unfortunately, this is not a new or radical idea but rather the lack of widespread recognition of the problem has been acknowledged for many years (Pillemer, 1988). Several sources report examples of efforts to raise awareness with different groups or argue for the importance of this: older adults (Action on Elder Abuse, 1999), people with learning disabilities (Voice UK, Mencap and Respond, 2001), the police (Sharp, 2001; McAllister *et al* 2002; Whittell & Ramcharan, 2000), care staff (Hogg *et al* 2001; Zweig *et al* 1995).

Actions to raise awareness inevitably overlap with adult protection training initiatives. The lack of sufficient training is widely referred to (Mulholland, 2000; Tsiantis *et al* 2000) and specific training to address specific aspects of prevention is advocated (e.g. training in physical interventions to minimise risk of physical abuse, Baker & Allen, 2001). Positive reports of the impact of training cover both improved levels of confidence in roles (McDonnell, 1997) and knowledge and understanding of issues (Hames, 1996).

Training staff often covers their key role of recognising abuse and reporting suspicions or disclosures of abuse (Slater & Eastman, 1999). This is important as evidence suggests that staff often lack clarity on the exact nature of their role even if they have an awareness of the abuse issue (Brown *et al* 1994). Consistency in reporting procedures is essential for abuse management (Conway, 1994). Currently much abuse goes unreported (Baladerian, 1997; Sobsey, 1994). This means that however comprehensive policies are they are irrelevant to the many cases that do not even get to the 'adult protection system'. This issue is so important that it is worth giving consideration to literature on reporting that goes beyond a specific adult protection focus. Whistle blowing is the mechanism through which some abuse may come to light (Hunt, 1995). Literature on whistle blowing considers the importance of taking this step, the anxieties that staff may have in doing so and the role of managers in creating an open culture (Brown & Stein, 1998; Faugier & Woolnough, 2002).

The investigation of adult abuse cases has received little direct research attention. However, the minutiae of conducting investigations makes up the body of many adult protection policies and guidance documents (Department of Health, 2000; National Assembly for Wales, 2000). Literature that relates to investigation is supportive of the process of police and social services carrying out joint investigations (Stein, 1995). Problems cited include a lack of adult protection training for the police, (Bonniface & Bonniface, 1992; Sharp, 2001), lack of consistency in establishing consent (Joyce, 2003) and a lack of consistency in police procedures (Bailey & Barr, 2000).

Consistency or the lack of it is referred to in much of the literature. There is a sense that divisons (e.g. of abuse type, region of the country, service setting etc) result in different responses and this leads to an inconsistent approach to aspects of adult protection. The extent to which justice can be achieved for victims of abuse is one such aspect of inconsistency. Literature refers to the potential benefits of 'special measures' to improve the quality of evidence that can be collected from vulnerable adults (Cooke & Davies, 2001). Yet, other sources suggest that even getting a case to be reported to the police and reaching court is problematic (McNally, 2000; Sharp, 2001; Williams, 1995). Literature relating to the police involvement in these cases and the role of the CPS and court systems has mainly arisen since the late 1990s. With the recency of the 'Achieving Best Evidence' guidance it is likely that literature over the next few years will reflect changes in this area and hopefully improve consistency in achieving justice.

The scope of adult protection does not end with an attempt to seek justice through the courts. Several sources refer to monitoring and evaluation measures that can provide more detailed information on practice and the reality of the policy / practice interface. Again there is a call for consistency, with proposals for more unified monitoring arrangements (Collins, 2002). However, there is also an acknowledgement that the

multi-disciplinary, multi-agency approach to adult protection inevitably results in complexity albeit that it is one of its strengths (Churchill *et al* 1997).

The issue of how best to support people after abuse does not receive widespread coverage in the adult protection literature. However, the lack of evidence for types of therapeutic support is covered more extensively in the literature on mental health and therapy services for people with learning disabilities (Clare & Gudjonsson, 1993; Sequeira & Hollins, 2003).

In summary, it can be seen that a diversity of literature exists however the crucial interaction between policy initiatives and integration of policy into practice remains largely unaddressed. Similarly, the task of providing detailed evidence for best practice to inform policy makers and practitioners is hampered by the small number of original research studies. Mapping across the multiple sources that influence adult protection is not a linear process and the interplay between identified concerns and proposed recommendations is best illustrated in table format (see Appendix 2).

3.2 Stage 2

This section presents the main results of the all Wales survey. Area analysis is presented where appropriate. Analysis by agency type has also been used where it demonstrates differences in roles and perceptions.

The police contribution to Stage 2 was collected through interviews that followed the survey themes. However, the role of the police in adult protection is significantly different from that of services that exist to provide support and care to people with learning disabilities. Therefore the contribution of the police to this study is presented separately in Section 3.4

3.2.1 Response

67 surveys were returned between March – August 2003. Response rate varied between the four geographical areas (which equate to the four police authority areas in Wales) and between organisational type as set out in Tables 6 & 7.

	Surveys sent	Surveys returned	Percentage returned
Social Services	22	17	77
NHS	21	18	86
Independent[3]	647	31 (26 stated 'voluntary')	5
LEA	22	1	4.5
TOTAL	712	67	9.4

Table 6 - Sample distribution by agency type (n=67)

[3] Independent covers voluntary and private sector organisations or other non-statutory organisations. However, a high proportion (84%) of Independent responders were from the voluntary sector.

	Surveys sent	Surveys returned	Percentage returned
Area 1	180	23	13
Area 2	272	22	8
Area 3	89	5	6
Area 4	171	17	10

Table 7 - Sample distribution by Police Authority area (n=67)

The single LEA response was only partly completed and therefore was not included in the agency analysis presented in this section. The LEA response is discussed in conjunction with a response by telephone interview in Section 3.3.

Table 8 indicates the scope of services who took part in the survey.

	Frequency
To people with a learning disability and others	51
Only to people with a learning disability	12
Other	3

Table 8 – Scope of organisations in Stage 2 (n=66)

They were then asked the number of people with a learning disability who use their service (Table 9).

Number of people with learning disabilities	Frequency
500+	9
101-500	22
51-100	11
11-50	7
⊂ 10	9
Unsure	8

Table 9 - Number of people with learning disabilities supported by services (n=66)

The number of organisational staff working with people with learning disabilities is shown in Table 10.

Staff Numbers	Frequency
1-10	16
11-50	19
51-100	9
101-500	11
500+	4
Unsure	6

Table 10 - Staff working with people with learning disabilities (n=65)

Respondents were then asked to describe their main role (Table 11). The majority of respondents held a Senior Management position within their organisation (76% of respondents). 24% thus held other positions.

	Frequency	Percentage
Senior manager (service)	33	50
Senior manager (policy)	17	26
Total Senior manager response	50	76

Table 11 – Frequency of senior managers completing survey (n=50)

3.2.2 Context of adult protection policies

The link between individual organisations and the development of multi-agency policies is through the 4 adult protection fora (APFs) and multiple local adult protection committees (APCs) that exist in Wales. Questions were asked regarding agencies awareness of the existence and role of these groups (Table 12)

	Frequency	Percentage
Aware of APF	35	53
Aware of APC	40	61

Table 12 - Awareness of APF and APC (n=66)

There was wide diversity in the perceived roles of these groups, especially over which agency had a strategic overview and which performed a more day-to-day troubleshooting function.

Many of the organisations who responded to the survey were working to a multi-agency adult protection policy (75%, n=50). Of the total number of respondents 24% of organisations (n=16) are not currently working to a multi-agency policy. As might be expected some agency and regional variation occurred in participation in a multi-agency framework (Table 13).

	Percentage signed up		Percentage signed up
Social Services	94	**Area 1**	65
NHS	94	**Area 2**	90
Independent	55	**Area 3**	60
		Area 4	76.5

Table 13 - Sign up to multi-agency policies by agency and area (n=66)

45% (30) of organisations currently had their own adult protection documentation. Again some agency and regional variation was apparent (Table 14).

	Percentage within agency		Percentage within area
Social Services	53	**Area 1**	52
NHS	50	**Area 2**	38
Independent	42	**Area 3**	80
		Area 4	35

Table 14 - Existence of specific agency policy by agency and area (n=66)

Chi-squared analysis of organisations that follow a multi-agency policy by those who have their own agency policy showed no significant difference (chi square = 1.719, p = 0.190). This implies that there is no clear relationship between whether an

organisation is part of a multi-agency policy and whether they have their own agency policy.

Respondents were asked about other agency policies that they perceived to be relevant to adult protection (Table 15).

Policy and Procedures	Frequency
Complaints	44
Disciplinary	14
Whistle blowing	14
Challenging behaviour, physical interventions / violence	12
Confidentiality	5
Equal opportunities	5
Recruitment and selection	5
Grievance	5
Risk assessment / risk management	5
Health and safety	4
Consent	4
Code of conduct	3
Consent to police checks	3
Contracts with providers / Monitoring of contracts	3
Critical incidents	3
Staff supervision	3
Incident reporting	3
Advocacy	2
Data protection	2
Disclosures in public interest	2
Harassment / bullying	2
Reviews	2
Staff concerns	2
Investigation of financial irregularities	2
Human rights	2
Safe discharge planning	2
Cash handling / financial management	2
Active signposting, Alcohol and drug misuse, Anti-bullying, Conflict of interest, Employment, Lone working, Stress management, Manual handling, Medication, Community care assessments and reviews. Key holding, Capability , NHS & Community Care Act 1990, Patient and public involvement strategy, Training support, Disability Discrimination, Financial control, Secondary employment, Care guidance, Monitoring elements of supported living contracts, Customer satisfaction, Public information, Child protection, Residential homes, On call, Personal and sexual relationships, Personal care, Staff induction, Visiting, Wills, deeds and gifts, Staff training. Clinical governance, Minimum performance standards	1

Table 15 - Policies and procedures with relevance to adult protection (n=48)

3.2.3 Development of agency specific policies

The vast majority of agency specific policies relate to all vulnerable adults although there were a few exceptions (Table 16).

	Frequency
All vulnerable adults	21
People with learning disabilities specifically	5

Table 16– Focus of adult protection policy (n=26)

Organisations were asked the year in which these policies were first developed and how often they were reviewed. Many policies have origins that pre-date *In Safe Hands* (Table 17).

Date of development (n=30)	**Frequency**
Post 2000	14
1990-1999	13
Pre 1990	3 (earliest 1982)
Frequency of review (n=27)	
Annual	13
Bi-annual	5
Less often	9

Table 17 – Date of policy development and frequency of review

For those organisations that have their own adult protection policy they were asked the reasons for its development (Table 18).

	Frequency	**Percentage**
To comply with organisational strategy	21	78
To comply with changes in legislation	12	41
In response to In Safe Hands recommendations	18	62
Due to specific allegations arising	5	17
Other	3	11.5

Table 18 – Reasons given for agency specific policy development (n=29)

A wide range of individuals and organisations were involved in the development of policies either directly or indirectly. Table 19 lists the most frequently cited direct and indirect influences.

	DIRECT	(e.g. by participating in writing)	INDIRECT	(e.g. by providing examples of good practice)
	Frequency	**Percentage**	**Frequency**	**Percentage**
Senior managers	27	93	12	41
Direct care staff	21	75	9	31
Carers / Families	6	21	7	24
Service users	8	27.5	4	14
Local providers	9	31	9	31
APC	7	24	1	3
National providers	4	14	6	21
National legislation			16	55

Table 19 – Influences upon the development of polices (n=29)

Organisations with their own policies were asked about internal reviewing and / or evaluation arrangements. Agency variation is presented due to the lead role of Social Services that should be apparent here (Table 20).

	Percentage of Social Services	**Percentage of NHS**	**Percentage of Independent**
System for evaluating policy effectiveness (n=29)	89	37.5	58
Data collected for monitoring purposes (n=28)	100	50	64

Table 20 - Monitoring policy effectiveness

Table 21 indicates the type of data collected by agency type and shows inconsistencies in what data is saved for monitoring.

	Percentage of Social Services	Percentage of NHS	Percentage of Independent
Type of abuse	100	100	57
Source of referrer	100	100	43
Recorded as user group	100	100	43
Age of alleged victim	100	100	43
Gender of alleged victim	89	100	43
Location of abuse	100	75	57
Nature of relationship	89	100	43
Outcome of case conferences held	62	100	43
Recorded as known to Social Services	89	50	28.5
Number of case conferences held	78	75	14
Age of alleged perpetrator	56	50	28.5
Ethnicity of alleged victim	56	75	14
Gender of alleged perpetrator	44	50	14
Time taken to investigate	56	0	28.5
Ethnicity of alleged perpetrator	0	25	0

Table 21 - Percentage of organisations collecting elements of monitoring data (n=20)

3.2.4 Content of agency policies

Although many agency policies have their origin in *In Safe Hands* there is not total agreement on what types of abuse are covered (Table 22).

	Frequency	Percentage
Physical	23	96
Sexual	24	100
Verbal	1	4
Emotional	23	96
Bullying	1	4
Material / Financial	22	92
Medication	8	33
Institutional	12	50
Neglect	17	71

Table 22 - Types of abuse covered by agency policies (n=24)

Respondents were asked about the main objective of their adult protection policy. Most respondents selected the most inclusive option ('*to prevent, identify and manage abuse'*). The results are shown in Table 23.

	Frequency	Percentage
Prevent abuse	1	4
Prevent and identify abuse	3	12
Identify and manage abuse	3	12
Prevent, identify and manage abuse	13	52
Not stated	3	12
Other	2	8

Table 23 - Main objective of agency adult protection policy (n=25)

It was also important to ascertain what form of abuse would be covered by the policy (Table 24).

	Frequency	Percentage
Abuse by staff	22	88
Abuse by other service-user	20	80
Abuse by carer / family	17	68
Abuse by volunteer	16	64
Abuse by friend / associate	16	64
Self-abuse	2	8

Table 24 – Forms of abuse covered by policies (n=25)

Participants were asked whether their policies made specific recommendations on interviewing (Table 25). No definition was given of 'interview' in the survey and it is clear from the response that this was broadly interpreted and does not only cover the joint interviews covered by the police and social services.

	Frequency
Social Services	4
NHS	3
Independent	6

Table 25 – Policies that made specific recommendations for interviewing (n=24)

Table 26 indicates whether policies provide details on the role of staff in the detection, reporting and investigation of abuse.

	Frequency
Social Services	4
NHS	6
Independent	9

Table 26 – Policies providing detail on detection, reporting and investigation roles (n=19)

3.2.5 Adult protection awareness and training

It is not possible to give exact figures for the number of people trained due to both the diversity of training considered as relevant to adult protection and the continued roll-out of training programmes in many areas. The questions covered all aspects of adult protection from awareness raising to investigation (Table 27).

	Agency specific Frequency	Percentage	Multi-agency Frequency	Percentage
Awareness raising	30	47	32	50
Identifying signs	26	41	33	51.5
Reporting allegations	25	39	31	48
Understanding policies and procedures	24	37.5	27	42
Responding to allegations	19	30	30	47
Investigating allegations	13	20	23	36
Supporting colleagues	12	19	13	20
Supporting victims	11	17	13	20

Table 27 – Coverage of aspects of adult protection training (n=64)

Table 28 illustrates the distribution of organisations that do not offer certain aspects of adult protection training.

	Social Services	NHS	Independent
Awareness Raising	1	2	10
Identifying Signs & Symptoms of Abuse	1	3	11
Reporting of Abuse	3	3	11
Responding to Abuse	1	5	16
Investigating Abuse	1	8	22
Supporting Victims	11	10	22
Supporting Colleagues	11	11	20
Understanding Policies & Procedures	1	9	11

Table 28 – Agencies not covering aspects of adult protection training (n=64)

Table 29 shows the number of agencies offering multi-agency and agency specific training. Chi squared analysis of the relationship between the provision of multi-agency and internal training is not significant (chi square = 2.934, p = 0.087). Of the 8 agencies offering no adult protection training 6 were from the independent sector and 2 from the NHS.

	External training	No external training
Internal training	18	17
No internal training	21	8

Table 29 – Relationship between agencies offering multi-agency and agency specific training (n=64)

Respondents were asked about the frequency of their agency-specific and multi-agency training and the most popular responses are shown in Table 30.

	Most common response	Frequency	Percentage
Internal training	'at induction'	32	52
Multi-agency training	'at policy launch'	19	31

Table 30 – Frequency of adult protection training (n=62)

Other training also has relevance to adult protection and respondents were asked whether direct care staff received training (or other guidelines) in a range of additional areas (Table 31).

	Percentage
Challenging behaviour	82.5
Sexuality	52
Medication	66
Personal care	60
Handling money	49
Risk assessment / management	81
Record keeping	71

Table 31 - Organisations providing training with relevance to adult protection (n=63)

If an organisation is partly staffed by volunteers it is important that they have equivalent access to relevant training as paid staff (see Table 33) below. The figure for the independent sector, which contains a high proportion of voluntary sector organisations (84% of independent sector sample), is particularly surprising as it indicates that nearly a third of independent organisations surveyed are not offering training to their volunteers.

	Training provided	Training not provided	Not applicable as do not have volunteers
Social Services	10	4	3
NHS	3	10	3
Independent	15	9	6

Table 32 - Adult protection training provided to volunteers (n=63)

Respondents were asked whether direct care staff have access to personal support in coming to terms with their own feelings during abuse cases (Table 33).

	Provided	Percentage	Not provided	Percentage
Formal support	29	45	36	56
Informal support	35	55	30	47

Table 33 – Availability of support for staff during abuse cases (n=64)

Respondents were asked whether information was available to service-users and families/ carers on what the policy covers. The vast majority of organisations do not provide any information on their adult protection policies to service-users, families or carers (Table 34).

	Provided		Not provided	
Information for service users on policy	Social Services NHS Independent	10 2 6	Social Services NHS Independent	7 14 21
(n=60)	**Total**	**18 (30%)**	**Total**	**42 (70%)**
Information for families / carers on policy	Social Services NHS Independent	9 5 7	Social Services NHS Independent	7 11 20
(n=59)	**Total**	**21 (35.5%)**	**Total**	**38 (64%)**

Table 34 – Provision of policy information for service-users, families and carers

3.2.6 Policies in practice

Organisations who had experience of the use of their policies in practice were asked which aspects proved most useful, which worked less well, what amendments were made and whether the views of service-users on the impact of policy on practice were sought (Tables 35 & 36).

	Experience of policies in practice
Social Services	17
NHS	13
Independent	5
TOTAL	35
	Made amendments in light of experience
Social Services	10
NHS	2
Independent	1
TOTAL	13
	Sought the views of service-users
Social Services	6
NHS	1
Independent	1
TOTAL	9

Table 35 - Experience of using policies in practice and making amendments

	Theme	Examples
Useful aspects (n=33)	Multi agency	working together, joint procedures, strategy meetings, working with CSIW, health as full partner, joint ownership of policy
	Clarity and Consistency	guidelines, processes, investigation, timescales, reporting procedure, common definitions, information gathering not same as investigation, agenda for case conferences, records and data collection
	Awareness	signs and symptoms, training,
	New developments	in-house legal advice, setting up an APC
Less useful aspects (n=26)	Difficulties in translation to practice	timescales, whistleblowing, monthly statistics, keeping indirect parties involved, police liason, documentation / recording, ensuring equal commitment from all parties
	Aspects of policy	cumbersome document, confused in places
	Omissions	safe discharge planning, financial support for adult protection, lack of legislative back-up
Lessons learnt (n= 25)	Practice lessons	ability of staff to address issues, support needs for managers, importance of consolidating / reviewing / evaluating practice, refine interview techniques, monitor capacity building, need dedicated staff / teams, review recording processes
	Policy lessons	policy highlights extent of abuse problem, implementing policy not resource neutral, integrate with whistle blowing policy, encourages consistency and clarity
	Education lessons	Awareness raising needed for providers, expansion of awareness training, more adult protection training
Amendments made (n=14)	Record keeping	forms reviewed / rewritten, new forms adopted, changes to data collection
	Additions	Insert of possible civil remedies, insert on handling of finances
	Revisions	Regular reviews planned, reviews at level of APF

Table 36 - Summary of thematic analysis of experiences of using policies in practice

3.3 LEA perspective

The single survey returned stated that no adult protection or abuse policies were used by the LEA nor was any relevant training carried out. It was positive to note that having had their attention drawn to the issue of adult protection the LEA was to seek out training on this issue as part of their access to learning support programme.

The LEA that agreed to a telephone interview was aware of the adult protection policy of their Social Services department but had no involvement in its development or implementation. Staff receive no training in any aspect of adult protection. They felt that the issue was not of particular relevance to them as it was the remit of Social Services.

3.4 Police perspective

Interviews with 4 police officers from the four police authority areas followed the broad themes of the survey. Not all officers were able to answer all questions for their area due to both the diversity within areas and lack of data collation. The decision to conduct investigator focus groups and telephone interviews that involved police officers therefore enabled the views of 5 further police officers with an interest in adult protection give more detail to the police perspective.

3.4.1 How vulnerable adult work is structured by the police in Wales

Adult protection issues are managed through different structural arrangements within each authority (e.g. Public Protection Units or Family Support Units). This means that instead of designated officers there is joint responsibility for adult protection alongside child protection, domestic violence, family liaison and sometimes other CID business. In some areas designated officers have been appointed and specialist units are proposed. This would both enable certain officers to become highly skilled and focussed in the area and provide a consistency of approach across a police force. During the course of this study only one officer with an exclusive adult protection role was found.

> *"Yes and you have trained officers but they have got other roles as well, like they are CID officers who are trained to do vulnerable adult investigations, so they would have problems juggling their workload*"
> (Issue – Lack of dedicated officers, Source – Investigator 2)

The situation of a lack of dedicated officers and units presents some disadvantages and officers frequently raised the resource pressures as a reason why more Adult Protection trained officers were not being trained or specialised units dealing with Adult Protection being set up. Two of the four police authorities cited the difficulty of retaining officers who work in the vulnerable adult field. It is often felt to be a frustrating area to work in due to the difficulty with getting cases to court and even then in securing convictions.

All four police authorities have been involved in the development of multi-agency adult protection documents. These four documents have been developed in accordance with their own local timescales. Consequently each police authority is at a different stage in terms of signing up and abiding by a multi-agency policy

document. All police authorities have some involvement in the adult protection fora across Wales.

3.4.2 Training of officers in vulnerable adult work

Training of officers in Adult Protection (either internally or joint training) is being developed at different rates across Wales. In addition "*different interpretations"* of Special Measures exists across Wales. The focus of training in Wales has been on the specific investigator training on Achieving Best Evidence (2002) offered to police officers of Detective Inspector rank or above. Numbers of officers who have received joint investigator training varies between police authority areas with the lowest number 12 and the greatest 100. Several forces emphasised the importance of a rolling programme of joint investigator training to ensure that investigators do not become de-skilled and that more officers receive training. This is a particular concern in some areas of Wales where the use of joint investigations is less common. Some areas have addressed the concern about de-skilled staff directly by running refresher courses.

Even though the focus of training is upon investigating officers it is acknowledged by one police authority that all operational officers will come into contact with people who have learning disabilities.

3.4.3 Understanding of the needs of vulnerable adults

There was support amongst the police for collaboration with other agencies who have more specialist experience in working with vulnerable adults. In addition, officers were supportive of joint training that would enable different perspectives to be better understood. Joint investigator training is not improving awareness amongst all police officers and this can be problematic if officers are not aware of how to deal with vulnerable adults.

> *"I would say that a lot of the police officers in X (local city) are unaware of this whole system"* (Issue – Lack of awareness of vulnerable adult system, Source – Investigator 1)

> *"Every morning I pick up the incidents and I can pick up an incident that an officer has dealt with and should have informed the vulnerable adult procedures and hasn't and that is an attitude or lack of education certainly".* (Issue– Lack of awareness of vulnerable adult system, Source – Investigator 1)

There is some debate amongst the police regarding the use of officers trained in child interviewing transferring their skills to vulnerable adult interviewing:

> *"One case I was involved in I had a child protection police officer assigned to me and it was really strange because they didn't know what was happening either".* (Issue–Links with child protection, Source – Investigator 1)

> *"The argument is that the skills needed to speak to and video interview each group are different and it can be difficult for officers to do both. I personally don't believe this as I have over ten years experience video interviews for children and I believe this has helped me to*

perform my role". (Issue–Links with child protection, Source – Interview 1)

3.4.4 Legislative context of vulnerable adult work

Adult protection is not treated in isolation by the police and other policies and legislation are seen as relevant to this area (e.g. domestic violence). Several officers have suggested that it sometimes appears that adult protection comes a poor second to child protection in terms of both public attention and resources. The lack of a legislative framework for adult protection, the difficulty in getting prosecutions and lack of understanding by the judicial system were all cited as compounding the problems faced by police.

> *"Oh yes but unfortunately they are still policies and procedures they are not legislation. That is the big stumbling block, I mean once they become, run in line, maybe with child protection".* (Issue – Lack of legislative framework and lack of prosecutions, Source – Investigator 1)

> *"Conviction rates are still a major problem with cases not getting to court. A classic example was a case of financial abuse against a 90 year old lady, plenty of evidence such as bank statements but the lady could not give evidence. CPS decided it was 'not in the public interest' to pursue the case. Now OK they have to work within their guidelines but it sometimes feels that we all put a lot of effort into these cases and it is all for nothing"* (Issue – Lack of legislative framework and lack of prosecutions, Source – Interview 2)

> *"Well I just think the people working in the judicial system need an insight really"* (Issue – Lack of awareness by judicial system, Source – Investigator 2)

Officers felt it was too early to estimate the impact Achieving Best Evidence and Special Measures. However, Achieving Best Evidence was generally seen as a "*real opportunity" to* strive for justice in these cases.

3.4.5 Sharing good practice and striving for consistency

Different structural arrangements for dealing with adult protection across the four police authorities has meant that sharing of good practice can be problematic. Changes of personnel are common place and during the course of this study there have been several changes. All regional Adult Protection Fora have a police representative and police officers have served, and are currently serving, as chairs of some of these fora.

All Welsh police authorities report that relations with partner agencies have been improved since the development of multi-agency policies, in particular the relationship with Social Services. Several participants spoke of the strong relationships that exist locally between officers and social workers, although relationships with health were less strong and health were generally seen to be "*a step removed*". Understanding about roles and responsibilities of organisations that operate very differently from the police has been particularly useful. However,

greater awareness about the role of other agencies can lead to greatly heightened expectations that it is not always possible to meet.

Improved monitoring and shared documentation is seen as an important step towards achieving greater consistency in the police response. At the moment it is not possible to say how many people the police identify as being 'vulnerable witnesses' across Wales, nor the category of vulnerability of these witnesses (e.g. learning disabled), nor the outcome of cases that involve vulnerable witnesses. One of the difficulties cited by officers is that the Crime Recording Systems only recognise vulnerability factors if they apply to victims not all witnesses. Another difficulty is that all forces have their own IT systems. Until data on these issues is collected and collated a complete picture of the role of the police in adult protection across Wales cannot be given.

3.5 Stage 3

3.5.1 Introduction

The focus group stage was important in bringing a practitioner perspective to the 'official' policy context of organisations collected in Stage 2. Perceptions of staff about their adult protection role, their understanding of policy and the training they receive in this area is crucial to ensuring that protection from abuse is a priority in the daily lives of people working in learning disability services.

The direct care staff focus groups consisted of a broad cross section of staff from a range of organisations. The investigator groups consisted of staff with involvement in the investigation of abuse cases.

The focus groups aimed to build on the policy context demonstrated in Stage 2. In particular the aim was to examine the extent to which staff felt prepared and supported in their adult protection role. Understanding the perspective of staff is crucial in putting forward recommendations to improve their practice and education. Comparisons between the policy context in Stage 2 and the staff perspectives in Stage 3 demonstrate any policy / practice gaps.

Thematic analysis resulted in multiple themes that can be explored under broad 'key categories' (Table 37). These categories bring together common ideas and reflect the broad areas of questioning that appear in the focus group schedule (Appendix 4).

Key Categories	Themes
Context of abuse	Abusive systems, Capacity, Terminology, Thresholds, Who abuses, Who is abused, Child protection, Unfounded allegations, Client abusing another client
Roles and responsibilities	Police checks, Staff recruitment, Protection, Reporting abuse, Whistle blowing, Record keeping, Educating staff, Educating clients, Investigation, Positive value base, Regulation, Responsibilities, Recognising abuse, Informing on policies, Support and caring, Examining practice, Risk assessment, Add-on role, Ambivalence and uncertainty, Care management
What helps and hinders the adult protection role	Communication and openness, Support/mentoring and supervision, Clarity on roles, inter-agency working, Consistency, Knowing your client, When client is believed, Advocacy, Environmental factors, Hospital closure and placements, Negative past experiences, Staffing issues, Being in a position of power, Inappropriate initial response, Resource issues
Training	Types of training, Good training, Induction, NVQ, Involvement in training, Problems and gaps
Awareness of policies	Types of policies, Content /detail and knowledge, Where policies are kept, Number of policies, Relevance to role, Impact of training on awareness, Policy development, Implementation
Improving protection from abuse	Balancing safety and freedom, Raising awareness of all, Staff seek advice if concerned, Greater awareness of whistle blowing, No blame culture, Independent voice, Conflicts of interest, Feedback to Referrer, Counselling for people with learning disabilities

Table 37 –Thematic analysis for Stage 3

Individual themes are presented in ***bold italics*** in the discussion below. Two themes spanned across these categories, the ***perspective of the service-user*** and the ***perspective of families and carers***. Although these themes were not addressed by this study they appear in several places through the discussion indicating the importance of integrating these perspectives into any debate on adult protection.

3.5.2 Context of abuse

Many factors appear to impact upon the context of both adult protection policy and practice. This context is important to consider in suggesting improvements to policy and practice. Nothing occurs in isolation and the impact of the context of abuse must be acknowledged. Perhaps of greatest importance in terms of recognising the extent of the abuse problem is the acknowledgement of ***abusive systems***.

Comments on abusive systems tended to relate to the wider context of life in institutions that resulted in an environment that was either abusive or enabled abuse to pervade the system, expressed by one participant as a '*culture of tolerance' (INTERVIEW 6):*

> *"We don't notice those types of abuse do we, or if we do it is easy to turn a blind eye at that point, and then you just get that view of abuse, that institutionalised in that way of thinking and that is true of all of us within the service. It might be what goes on on the ward, or it might be what we do in the community, but we say oh there's no money for that I'm not going to challenge that, 'it's just tough' and you know, they don't get the service. But that is abusive in a sense that we just agree with that, we are going along with that system without challenging it".* (Category – Context of Abuse, Theme – Abusive systems, Source - Health & Social Services 1)

This quote demonstrates both a bravery in acknowledging that staff can 'turn a blind eye' and an awareness that abuse is not something done by other people or by other places. Recognising and facing the challenge of abusive systems means addressing the difficult reality that everyone contributes to abusive systems and that abuse can be enabled by a conspiracy of silence that serves to further the abusive system.

Facing the issue of staff abusing clients in their care is clearly very difficult and this is reflected in the lack of discussion on the extent and nature of this form of abuse. Where this did occur it tended to relate to the challenge in both recruiting appropriate staff or blowing the whistle on abuse rather than exploration of the nature of staff abuse itself. Discussion on ***who abuses*** did occur however that was largely in the context of abuse that occurred within the family home. Many staff were aware of the difficult circumstances families find themselves in but also the difficulties that face staff in finding out and then responding to abuse in this context.

> *"…a situation in the family that they've got no where to turn and they don't know how to turn, so then that sometimes results in physical abuse, or psychological abuse*". (Category – Context of Abuse, Theme – Who abuses, Source - Health & Social Services 1)

> *"It is the person who best knows the person might well be the person who abuses the person".* (Category – Context of Abuse, Theme – Abusive systems, Source - Health & Social Services 2)

The challenge for staff in detecting abuse was compounded when considering people who cannot communicate about abuse they may be suffering. Comments on ***who is abused*** tended to focus on the particular risks faced by people who either had severe learning disabilities and/or communication problems.

"...you know who they abuse really, you know if they are people, they are likely to be people who are less vocal, they can't tell us" (Category – Context of Abuse, Theme –Who is abused, Source – Independent 3)

"The people who aren't able to speak up for themselves, the individuals with severe disability you know at the end of the day they aren't able to say "look I have been hit today" or "so and so shouted at me" (Category – Context of Abuse, Theme –Who is abused, Source – Independent 2)

Another context in which staff report particular difficulty is when a ***client is abusing another client.*** If both clients are within the same service staff can feel conflict in maintaining a duty of care to both individuals while ensuring that the victim is safe from abuse. Several staff report that this type of abuse appears to be given less attention and nobody spoke about how the adult protection policies would be used in this context.

"The only thing that concerns me about protection in the community, particularly where one client is physically abusing another client and it is sometimes not given as much priority because its 'oh, well they're in care'" (Category – Context of Abuse, Theme –Client abusing another client, Source –Health and Social Services 3)

"I am sorry I am going back to the client situation with another client, if I had that situation in my house, that my husband was hitting me and, I would want him out of the house today, now this minute, I wouldn't want him out of the house in probably three to four months because it is expensive to re-home him" (Category – Context of Abuse, Theme –Client abusing another client, Source – Independent 2)

The issue of ***capacity*** which arose in several contexts (e.g. the capacity of a person with learning disabilities to know they were abusing another, lack of capacity to result to sexual activity, lack of capacity to give evidence contributing to the problems of achieving redress for victims of abuse with learning disabilities).

"Capacity, it is a good word isn't it, it is a persons capacity, regardless of the fact that the person has had their hair pulled out in chunks and that person who did it, didn't have the capacity to know what they would do, the other person who has had their hair pulled out in chunks is still there, ……. so capacity is a good thing to throw up" (Category – Context of Abuse, Theme – Capacity, Source – Independent 2).

The potential for ***unfounded allegations*** to arise from clients or from staff was mentioned by a few people and the associated problem of ensuring information was accurate before proceeding.

"...well I suppose perhaps from the person who it could be happening to or anyone supporting because you might not always get the truth from them unfortunately" (Category – Context of Abuse, Theme – Unfounded allegations, Source –Health and Social Services 4).

Within abuse of people with learning disabilities a continuum of severity appears to exist in the minds of staff. This comes down to the **thresholds** at which people decide to take action, which is not often in line with the broad definition of abuse that should be addressed through the adult protection system. The issue of thresholds illustrated a significant divide in staff attitudes. Some staff held a strong 'abuse is abuse' standpoint that equates to zero tolerance. Others distinguished physical and sexual abuse (and in some cases financial) from other abuse forms in terms of level of severity and associated level of necessary response. This clearly has implications for protection. Some staff members acknowledged the harmful effects of long-term psychological or verbal abuse but in doing so create a different threshold for action:

> *"I mean we'd know if we went and we really there was no question that somebody who had been sexually abused, we would, it would be there you'd have to say something immediately, whereas with the other situations you have got time to think about it and think about how you can improve that situation and work with the carer and the client or whoever to improve that"* (Category – Context of Abuse, Theme – Thresholds, Source –Health and Social Services 1)

> "*I think there are more subtle but more pernicious forms of abuse which can go on for years and years and years and be much more life defining, than just someone giving you a clip around the ear, which is in a sense, I am not condoning that at all, I think it is outrageous, but that long term subtle abuse that is dis-empowerment whatever you want to call it, whatever terms, in the long term that is much more"* (Category – Context of Abuse, Theme –Client abusing another client, Source –Health and Social Services 1)

The issue of ***terminology*** was raised by some participants in terms of acknowledging the power of language both in their own role and in influencing their interest and engagement with policies.

> *"You couldn't call somebody "Hiya Buddy" or something like because that is, they have got a name I mean that is abuse as well. "Hiya Buddy how are you today "* (Category – Context of Abuse, Theme – Terminology, Source –Health and Social Services 3)

> *"You use the first lines to work out if its interesting if you'll carry on reading it but if its long words, all wordy as well. If its got bloody long words, well none of our lot will. If it's a, b, c, then fine but if its got these long words then they will leave it all, they'll sign like they've read it but that's it"* (Category – Context of Abuse, Theme – Terminology, Source –Health and Social Services 3)

It is perhaps inevitable that the evolving policy and practice context of adult protection will look to ***child protection*** for evidence of good practice. Issues to emerge were the lack of a comparable legislative framework and that the structure and systems were more established in this area.

> *"Having worked in child protection I feel there is much more weight really with the child protection policies because they have the law behind them (section 47) and I think, it is more or less the same*

policies followed in more or less the same route, through strategies and so on. I still feel because you got the Children's Act and the Section 47 behind you, child protection does carry a bit more weight" (Category – Context of Abuse, Theme –Child protection, Source – Health and Social Services 3)

3.5.3 Adult protection roles and responsibilities

Staff recognise many wide ranging roles that have relevance to adult protection. Many of these are seen as components of a wider role and many staff acknowledge the complexity of delivering on this '***add-on' role***. It was suggested that this has implications in terms of performance, staff stress and resources.

"Yes and I think we are all masking it because we are all bolting it onto our role and it is, we do more training, raise more awareness, more referrals come in, investigate it more thoroughly, people get sort of confident in the fact that a conviction is upheld and then they will report more and it is just going to grow and grow and grow". (Category –Adult protection roles and responsibilities, Theme – Add on role, Source – Investigator 1)

"Yes I think you're constantly juggling and I don't know about you but I find it quite at times mentally fatiguing". (Category –Adult protection roles and responsibilities, Theme – Add on role, Source – Investigator 1)

Many staff acknowledge that the adult protection role starts from ***staff recruitment and police checks***. If you get the right people in the first place it can contribute to protection.

"I see it from the very beginning of interviewing people and Police Checks and appointing people from the very beginning really". (Category –Adult protection roles and responsibilities, Theme – Staff recruitment & police checks, Source – Independent 1)

The point is also made that the ***positive value base*** that needs to define services can be corrected at this stage. Upholding appropriate values was mentioned as both an explicit and implicit component of the adult protection role by many members of staff. The absence of these conditions was felt by some staff to be in itself a form of abuse. Others felt that the adult protection system itself did not always promote this positive value base

"We have to recruit on the basis of our value base" ". (Category – Adult protection roles and responsibilities, Theme –Positive value base, Source – Independent 1)

"I mean these strategy meetings I mean the client doesn't even know we are having them but there are all these professionals discussing where we go from here, future planning and the client isn't even aware that the vulnerable adult strategy meetings going on, then things are being taken forward and I think even though there is person centred

planning around this". (Category –Adult protection roles and responsibilities, Theme –Positive value base, Source – Independent 1)

Many of the stated roles and responsibilities were closely aligned to those required by polices: ***protection, recognising abuse, record-keeping, reporting abuse*** (including ***whistle blowing***) ***and investigating abuse.*** However the exact nature and purpose of these tasks was widely interpreted as was agreement as to where an individual's role ended and became somebody else's ***responsibility.***

"That each one of us, whether we are involved in the service provision or whether in a completely different role has a responsibility. That perhaps, and these people are aware of, they have an understanding that abuse is wrong, but don't necessarily see they have got a responsibility in saying I know something I should be telling you about". (Category –Adult protection roles and responsibilities, Theme – Responsibility, Source – Independent 4)

Sometimes a fine line exists between fulfilling a responsibility and compromising other areas of care. For example, at what point does a strong emphasis on protection constitute over-protection? Similar concerns exist with comments on the ***supporting and caring*** role. While this may appear straightforward the reality is that it can be challenged by the conflicting priorities that exist in adult protection. One participant expressed this by reflecting uncertainty about the very nature of being a carer.

"We all say caring but what does that mean, nobody ever says what that means, nobody ever says what caring is. Join the caring profession, you know, but I look sometimes and say "is that really caring" I mean I know the service says about empowering, how does that fit into the notion that people are carers". (Category –Adult protection roles and responsibilities, Theme –Supporting and caring , Source –Health & Social Services 1)

Certainly ***ambivalence & uncertainty*** was strongly evident in all focus groups. Staff were often unsure about exactly what was expected of them, what to do for the best in abuse situations, how to deal with multiple needs. Often they felt conflict between what they knew they should do and what they felt able to actually do. Ambivalence became even more disabling when it was coupled with frustrations in maximising the potential impact of their role.

"I think it can be frustrating because you get so far down the line of the abuse investigation and then you sort of hit against a brick wall somewhere along the way which we have come up against a number of times and we never seem to come to a conclusion and things are sort of left in the air and we are not quite sure of what we should be doing to take things forward". (Category –Adult protection roles and responsibilities, Theme – Ambivalence & uncertainty, Source –Health & Social Services 4)

Other roles and responsibilities were more dependent on level of seniority. More senior staff reported having overall ***responsibility*** or duties in ***examining practice*** in terms of the vulnerable adults system within organisations.

"Sort of training as well training staff to train clients". (Category – Adult protection roles and responsibilities, Theme – Staff education & Educate clients
Source –Health & Social Services 1)

"To inform people of procedures and practices of my organisation and Social Services". (Category –Adult protection roles and responsibilities, Theme – Staff education & Educate clients, Source – Health & Social Services 2)

"Making sure the risk assessments are in place so that people are as safe as we can make them". (Category –Adult protection roles and responsibilities, Theme – Risk assessment, Source – Independent 3)

"I think from, like care management perspectives you know we care manage clients and in doing that we might pick up on something that we would consider to be an abuse situation where as perhaps somebody else may not consider that to be an abuse situation". (Category –Adult protection roles and responsibilities, Theme – Care management, Source –Investigator 1)

"If it is a service that we regulate we would have expectations that there are procedures and policies in place". (Category –Adult protection roles and responsibilities, Theme – Regulation, Source – Investigator 1)

3.5.4 Helps and hindrances in performing adult protection role

There was much diversity in what people found helps and hinders Not surprisingly many positive things were said about what can be achieved by clear ***communication and openness.***

"It is our ability to communicate not necessarily the person with the learning disability, but the emphasis is on us because probably their communication, they are actually communicating but it is up to us to interpret that". (Category –Helps and hindrances in performing adult protection role, Theme –Communication and openness, Source – Health & Social Services 2)

Others mentioned very specific requirements such as ***support, mentoring and supervision.***

"I think it's missing and I don't know how it can be fitted in like regular supervision sessions, hands on support staff can discuss with registered staff how things are going, helping out, I think that is the bit that is lacking". (Category –Helps and hindrances in performing adult protection role, Theme – Mentoring, support and supervision, Source – Health & Social Services 3)

Clarity on roles in terms of the different requirements of what is expected was mentioned by others.

"I think for me it's really important that there is clarity of roles and different roles and tasks and responsibilities". (Category –Helps and hindrances in performing adult protection role, Theme – Clarity on roles, Source –Investigator 2)

Inter-agency working is a necessity in adult protection. This has resulted in it becoming one of its strengths as many people reported positive experiences of working together.

"Well we work very closely with the Social Services Department ....because of their official role with vulnerable adults". (Category – Helps and hindrances in performing adult protection role, Theme – Inter-agency working, Source – Health & Social Services 1)

"We've got a very good relationship with the police at the moment". (Category –Helps and hindrances in performing adult protection role, Theme – Inter-agency working, Source – Health & Social Services 2)

Striving for a consistent approach to adult protection came through strongly as a key to success. This is true at all levels from ***consistency*** in how an individual client is dealt with right through to consistent working across multi-agency, multi-disciplinary and working across regions. Conversely, inconsistency left staff feeling frustrated, anxious and dis-empowered, systems in disarray and injustice for clients.

"You have to go by it and ¾ of the staff go by it and then there is that couple that don't and the client doesn't know whether they are coming or going. To me that happens a lot because people, whether they don't read it properly or whether they think they know best, I will do it my way this way works" (Category –Helps and hindrances in performing adult protection role, Theme – Consistency, Source – Health & Social Services 3)

"I have had this dilemma, argument with myself, with the Police because the way I see it is gathering information and evidence but the perception of the police is very different" (Category –Helps and hindrances in performing adult protection role, Theme – Consistency, Source – Health & Social Services 3)

"Lots of concerns do not go down the full adult protection process if people have gone into a situation, say a district nurse they get a small snapshot of a situation and could then raise concerns when actually the situation is being managed or is more complex" (Category –Helps and hindrances in performing adult protection role, Theme – Consistency, Source –Interview 3)

Several staff felt that ***knowing your client*** was important in protecting them from abuse.

"It is knowing them…The change in their behaviour". (Category – Helps and hindrances in performing adult protection role, Theme – Knowing your client, Source – Independent 1)

Other staff suggested that ***when client is believed*** it is easier for the process to progress.

> *"It actually helps when the person is believed. That helps enormously".* (Category –Helps and hindrances in performing adult protection role, Theme – When client is believed, Source –Health & Social Services 2)

The benefits of ***advocacy*** in several aspects of adult protection was also cited.

> *"Another thing for improvement will be more citizen advocates".* (Category –Helps and hindrances in performing adult protection role, Theme –Advocacy, Source – Independent 2)

> *"You know this is really important and people ring me all the time for 'We want an advocate'".* (Category –Helps and hindrances in performing adult protection role, Theme –Advocacy, Source – Independent 3)

Many of the obstacles to successfully protecting people from abuse appear to be related to ***environmental factors*** such as ***negative past experiences***, ***problems around hospital closure and placements***, ***staffing issues*** and ***being in a position of power*** over other people.

> *"Again I think this is a community hospital difference here the hospital people are not really involved, its more of a closed world".* (Category –Helps and hindrances in performing adult protection role, Theme – Environmental factors, Source –Health & Social Services 1)

> *"We are caring for men that are coming from an institutionalised setting and what has gone on in the past has an obvious effect on what happens today".* (Category –Helps and hindrances in performing adult protection role, Theme – Negative past experiences, Source –Health & Social Services 2)

> *"That could have a negative affect because they wouldn't know the clients so well they might not pick up things".* (Category –Helps and hindrances in performing adult protection role, Theme – Problems around hospital closure and placements and Staffing issues, Source – Health & Social services 3)

> *"I suppose it is like the food chain or the kind of holding power over somebody. Like having power over children and adults with learning disabilities because they are so childlike and kept very childlike by society, by the Government, by politics"* (Category –Helps and hindrances in performing adult protection role, Theme – Being in a position of power over other people, Source – Health & Social Services 2)

A particular problem that arises from the multiple stakeholders with a role in adult protection is that an ***inappropriate initial response*** can be made through uncertainty or ignorance. Ultimately this can have far reaching consequences in the ability of an

abuse investigation to proceed to trial or even to be investigated by the appropriate individuals under the vulnerable adults procedure.

> *"Social Services are supposed to be leading yet health are actually doing their own investigations and we now know that there are so many problems you know, for health and referrals they are not coming to us, so where are they ending up?"* (Category –Helps and hindrances in performing adult protection role, Theme – Inappropriate initial response, Source – Health & Social Services 2)

> *"I sometimes feel that some front-line staff have a problem and find it difficult to know the balance of how much investigation that should actually be doing before taking it further because I have heard a lot lately working closely in a multi-agency, the police often say do not go and investigate".* (Category –Helps and hindrances in performing adult protection role, Theme – Inappropriate initial response, Source – Health & Social Services 3)

Not surprisingly, ***resource issues*** figured strongly with the lack of finance attached to adult protection being seen as a factor that hinders protection.

> *"Centrally we have a procedure and we don't have an idea about the amount of resources it needs to implement that procedure fully".* (Category –Helps and hindrances in performing adult protection role, Theme – Resource issues, Source – Investigator 1)

> *"Unless it's the top end of abuse you know the physical, sexual then unfortunately there is no resources there where they are flagged up, nothing ever changes"* Category –Helps and hindrances in performing adult protection role, Theme – Resource issues, Source – Investigator 3)

3.5. 5 Awareness of adult protection policies

There was a general awareness of the existence of policies that related to adult protection and comments related to the different ***types of policies***.

> *"There are two policies running, we have a trust policy and we have also got a learning disability policy*". (Category – Awareness of adult protection policies, Theme –Types of policies, Source – Investigator 2)

However, the extent to which this went beyond just knowing that a policy existed and views on ***content, detail and knowledge*** varied greatly.

> *"I'm not sure if people, staff in general would know, even if they know that there is a policy and a procedure from that, whether they would know what was in it".* (Category – Awareness of adult protection policies, Theme – Content, Source – Health & Social Services 1)

> *"I have a good understanding of it".* (Category – Awareness of adult protection policies, Theme – Detail and knowledge, Source – Health & Social Services 1)

Where policies are kept seemed to be related to the visibility of the policy in day-to-day practice and therefore took on a greater significance than might be expected.

> *"They are on the shelf collecting dust".* (Category – Awareness of adult protection policies, Theme – Where policies are kept, Source – Health & Social Services 1)

> *"Certainly every team has got a copy of them".* (Category – Awareness of adult protection policies, Theme – Where policies are kept, Source – Investigator 2)

Some staff were concerned about the sheer ***number of policies*** that could be off-putting to attempts to have a working knowledge of them all.

> *"I am sure those policies and procedures are so many because of what can we do to improve, we make another policy on that, that and that".* (Category – Awareness of adult protection policies, Theme – Number of policies, Source – Independent 1)

The amount of access to policies and extent of knowledge was not surprisingly related to role. Investigators and managers were more likely to cite the policy as having ***relevance to role*** but direct care staff did not do this. Even staff who had a policy noted that that was a result of a particular adult protection role they held.

> *"I have got a copy of that because it has been given to me because of my role but nobody else has got one*". (Category – Awareness of adult protection policies, Theme – Relevance of role, Source – Investigator 2)

Debate about awareness of policies invariably became a debate on adult protection training. The ***impact of training on awareness*** was widespread and was the most commonly cited method of awareness raising.

> "*I have been to a number of information days which are hosted by Social Services in X (local town) which have been an outline of policies and procedures*". (Category – Awareness of adult protection policies, Theme – Impact of training on awareness, Source – Independent 4).

Very few people were made aware at an early stage by involvement in ***policy development*** and consultation exercises were rarely mentioned.

> *"I'm not sure how effective that process is anyway, consultation, like you say people don't read, consultation documents they're coming across your desk five times a day".* (Category – Awareness of adult protection policies, Theme – Policy development, Source – Health & Social Services 1)

People demonstrated problems with ***implementation*** by acknowledging few problems with the policies themselves but many problems with the translation between the written policy and practice on the ground.

"There are some times when there is a gap between practice and the policy that is what you are saying. There is nothing wrong with the policy as such, it is just how it maybe implemented in practice". (Category – Awareness of adult protection policies, Theme – Implementation Source – Health & Social Services 3)

"Policies don't protect people it's how they are implemented, isn't it". (Category – Awareness of adult protection policies, Theme – Implementation, Source – Investigator 2)

3.5.6 Adult protection training

Participants had a lot to say about their experiences of many different ***types of training.*** Many people report ***good training*** experiences especially where the training has a multi-agency component. Joint training for police and social service investigators received particularly high praise.

> *"I was just going to say the quality of the training as I that I received on the joint interviewing in X (local town) was excellent and a very steep learning curve very much a different world from the usual sort of social care role".* (Category –Adult protection training, Theme – Good training & Types of training, Source – Investigator 1)

> *"The vulnerable adults training that we do is part of sort of a package that we've got. I find it very good, one of the best actually that I've been on and all the staff get that".* (Category –Adult protection training, Theme – Good training & Types of training, Source – Independent 2

Several people refer to adult protection components of ***induction*** and modules in ***NVQ*** schemes.

> *"I was lucky I went on an Induction to the new unit at X (hospital) in January and we touched a bit on it then and it was good, it made you more aware".* (Category –Adult protection training, Theme – Induction, Source – Investigator 1)

> *"I know with the support workers now they are becoming more aware of these things because they are now doing their NVQ so it is very good*". (Category –Adult protection training, Theme – NVQ, Source – Investigator 1)

Levels of ***involvement in training*** were varied with some staff receiving regular training and other staff having little or no training in adult protection. In some areas this appears to be related to role but in other areas it appears more arbitrary with some agencies training all staff, others where few staff have received training and others where the content of training is assumed to informally cascade down.

> *"I don't know if it is just the X (local authority area) but I mean everybody has to do it, right through from, you know maintenance people, admin, right the way through".* (Category –Adult protection training, Theme –Involvement in training, Source – Health & Social Services 2

"I find sometimes that there is tendency to forget perhaps the front line staff and sort of training the Managers and so on and perhaps that the information isn't being cascaded down to front-line staff". (Category – Adult protection training, Theme –Involvement in training, Source – Health & Social Services 3)

Inevitably with the newness of adult protection ***problems and gaps in training*** were identified mainly these related to access to training and shortfalls in the content of training rather than methods of delivery. Interesting no-one felt that the training was too detailed but several staff felt they wanted more depth.

"I think it is a bit of a tokenistic, it is just touching on it, we need to go further into it". (Category –Adult protection training, Theme – Problems and gaps in training, Source – Health & Social Services 2)

"I think it was very good as a foundation and I think with our group it raised a lot of
questions and left you wanting more, how would you do this, how would you do that you know and we would go if it went that way". (Category –Adult protection training, Theme –Involvement in training, Source – Investigator 2)

3.5.7 Improving protection from abuse

Staff have strong views on what is needed in order to improve the protection of people with learning disabilities from abuse. Suggested improvements can be broadly summarised here as those relating to prevention, improving the likelihood of abuse coming to light and the aftermath of abuse.

The main suggestions related to prevention refer to ***balancing support and freedom*** for people with learning disabilities, and ***raising awareness of all.*** What is interesting is that they require global effort they cannot be achieved by committed individuals just doing there own jobs better. They require widespread commitment and associated resources.

"These people, the people we work for are vulnerable but they also have rights to freedom". (Category – Improving protection from abuse, Theme – Balancing support and freedom, Source – Independent 3)

"But there are literally hundreds if not thousands of people, just the one's,…not the public… just the people we know are in face to face contact with people, when you look at all the home carers, all the residential nursing staff. All the people in health you know, that's apart from the general public". (Category – Improving protection from abuse, Theme –Raising awareness of all, Source – Investigator 2)

Improving the likelihood of abuse coming to light was more focussed on the contributions individual staff could make. However, this can be facilitated within services by staff feeling appropriately supported. Of particular importance was that

staff seek advice if concerned, have a ***greater awareness of whistle blowing*** and that ***no blame culture*** inhibits disclosures.

> *"But you need people in authority just so you can have a talk to someone, if there is abuse on the ward and if you want to take it forward*". (Category – Improving protection from abuse, Theme –Staff seek advice if concerned, Source – Health & Social Care 1).

> *"What I am trying to say is although we all know that we should be disclosing any sort of abuse that we come across there is a duty there for us to disclose, but I do think that some abuse is being held back because of staff unsure how they are going to be treated, so I do feel that they need protecting as well, members of staff".* (Category – Improving protection from abuse, Theme –Greater awareness of whistle blowing, Source – Health & Social Care 3)

> *"I think we really need to try and move away from this blame culture so that people do feel a lot more free. It is a risk to yourself and your profession. It feels like that, it is a big risk*". (Category – Improving protection from abuse, Theme – No blame culture, Source – Health & Social Care 3)

Improvements after abuse takes place relate to both the investigation process and the support needs of the person who has been abused. Several people called for an ***independent voice*** within the investigation process due to perceived ***conflicts of interest*** within Social Services. People who had reported abuse often wanted follow-up and requested some ***feedback to referrer*** mechanism from Social Services (Table 77).

> *"That it needs to be an independent body set up for it and they be the lead, they liase with the police, they liase with the social services because I think there is a conflict on interests with Social services*"(Category – Improving protection from abuse, Theme – Independent voice & conflicts of interest, Source – Independent 2)

> *"You may be lucky and have a good relationship with that department and you may be kept up-to-date with what is happening and you might not and you may never know what has happened*" (Category – Improving protection from abuse, Theme –Feedback to referrer, Source – Independent 2)

There was very little evidence of positive support mechanisms for victims after abuse and there were several calls for appropriate ***counselling for people with learning disabilities.***

> *"We haven't got any Counsellors out there for people with Learning Disabilities".* (Category – Improving protection from abuse, Theme – Counselling for people with learning disabilities, Source – Health & Social Services 3)

> *"We need real funding to train good quality counsellors and to provide the services for people with learning disabilities that are out*

there for anyone else". (Category – Improving protection from abuse, Theme – Counselling for people with learning disabilities, Source – Independent 3)

4 DISCUSSION

4.1 Limitations of the study

The response rate from Social Services (77%) and NHS (88%) were positive and represent the attention paid to adult protection in these areas. The overall response rate for the survey (9.4%) was, however, disappointing and reflects the very low response rate (5%) from the independent sector. A decision was taken to approach a broad sample of independent sector organisations (n = 647) in order to reflect the breadth of agencies who support people with learning disabilities. Some organisations choosing not to take part did contact the research team giving reasons for their decision. These tended to centre on three key areas namely the belief that social services 'deal' with such matters, the belief that, as an organisation, they did not have anything useful to contribute and a lack of staff time to complete the questionnaire. Whilst it is not perhaps surprising that organisations with a leisure or occupational slant, as opposed to health or social care, would have been less interested in a survey into abuse they still have an important role to play in adult protection. Their non participation (along with that of LEAs) needs, therefore, to be acknowledged as a limitation of this study and noted as an area for future research. It should also be noted that those who did participate are likely to be those with most interest in this area. This being the case some findings relating to adult protection policies and procedures within this sector give cause for concern.

The frenetic pace of adult protection developments in Wales meant that several police authority areas and local authorities were engaged in either in auditing their own policy and practice, or in policy revisions and rewrites. This inevitably resulted in a sense of overload as the areas with least returns reflect those thus engaged. The pace of change further limited the study in terms of trying to demonstrate in a static document an evolving phenomenon.

Many areas of Wales are reviewing and adapting their policies in line with *In Safe Hands* and to mirror and build on policies in other areas of Wales and beyond. In addition, activity in staff training is increasing as agencies embark on rolling programmes. Therefore, the results of Stage 2 represent a snapshot of policy context by mid-2003 and attempts have been made to share any agencies' plans for future development that were unearthed during the study. The views expressed in Stage 3 have more longevity as they represent attitudes and opinions shaped over several years. Attitudes tend to endure and it is likely that it will take many years of development in terms of policy and practice for the outcomes of Stage 3 to lose resonance.

4.2 The adult protection policy context in Wales

This study has sought to consider the extent to which best practice is evident in Wales. Certainly, much attention is being paid to the development and re-development of adult protection policies. The relatively small size of the Principality has allowed high levels of commitment to collaborative multi-agency policies. All four adult protection fora are at different stages of implementation of multi-agency

policies, reviewing or rewriting current policies. Although a formal structure for policy development between these fora does not exist an All Wales Advisory Group (currently facilitated by the Welsh Assembly Government) meets occasionally with representatives of the four fora. In reality the mechanisms for sharing good practice in policy development and implementation are in their infancy and a study such as this presents a unique all Wales perspective.

The continued existence of many specific agency policies as demonstrated by this study raises several questions. First does the development of multi-agency policies correlate with a decline in specific agency policy? This does not appear to be the case, while some agency policies were superseded others continue to co-exist side by side. Second, do agency specific policies supplement multi-agency policies by giving an agency specific interpretation of general guidance? In some cases this seems to be the case. There is no apparent tension between these policies and they are clearly each servicing functions. Certainly, in light of concerns expressed by staff in focus groups about the exact nature of their adult protection role, the supplementing of local guidance may prove a viable way of providing this detail without overloading the multi-agency policy. Finally, does the reliance on specific agency policies indicate significant shortfalls in multi-agency policies? This is more difficult to answer, as this study did not seek to explore the perceived interplay between these two policy types. What was noted, however, was that the policy /practice gap apparent in comparing the analysis of Stage 2 and Stage 3 did not seem dependent on policy type. It is not that multi-agency policies are failing and that staff look to their internal policies for the solutions, rather that the existence and implementation of adult protection policies sometimes fails to deliver dramatic impacts upon practice.

One other area which requires comment is the lack of influence which people with a learning disability and their families/ carers appear to have upon the development of agency specific policies as reported in Stage 2. This would appear to be contrary to best practice as identified in Appendix 2.

4.3 The realities of adult protection practice

The objective of identifying best practice is compounded by the reality of adult protection practice pervading every aspect of the care and support of vulnerable adults (See Appendix 2). This is incredibly positive as it means that much good practice exists even if it is not immediately associated with the 'adult protection' label. In general, people are able to engage with the wider debate on how to protect people from abuse at an individual, service, community and societal level.

The holistic nature of adult protection in health and social care practice, while positive also brings with it complications. It is sometimes difficult to keep all individuals and agencies on board in such a complex and multi-faceted machine, as can be illustrated by the lack of participation from LEAs. Some participants of focus groups felt that they were outside the adult protection loop and were unable to see their contribution. They held worrying attitudes without challenge. For example, the belief that knowing your clients well would enable you to always know that abuse was occurring. When staff groups were isolated complacency, paternalistic attitudes, and apathy towards the culture of care could go unchallenged. If people do not perceive their role as vital they will not be actively be seeking out the educational opportunities which would enable them to maximise the potential of their role. Similarly, if managers are unaware of negative attitudes amongst staff they can contribute to an organisation's complacency that adult protection has been dealt with. Churchill's (1998) publication

'*It doesn't happen here'* is an apt title given the danger of not reflecting on everyday practice. This is not a new challenge, as far back as 1989 Hilary Brown's publication challenged people to start "*Thinking the Unthinkable*" that people with learning disabilities can be victims of sexual abuse. However, the publication of *In Safe Hands* and the development of multi-agency policies have created a more explicit policy context. If successfully implemented this can ensure that protection from abuse is a mainstay of all health and social care activity.

One reality of practice which some participants in Stage 3 felt was not adequately addressed by current policies is the management of client on client abuse. This is, of course, an aspect of abuse which is covered by the policy framework but it appears that other factors such as difficulties with obtaining alternative placements can militate against this.

4.4 Raising awareness, education and training

Two main points need to be made in relation to adult protection education. Firstly, the focus groups indicate that awareness raising has been very successful with the vast majority of participants having some understanding that vulnerable adults are at particular risk of abuse. Unfortunately, this awareness does not always translate into clarity on what to do about abuse and specifically what adult protection roles and responsibilities are held by which individuals. This suggests that efforts to roll out awareness raising training have left gaps in more detailed training relating to recognising signs and symptoms and reporting. Unless people are closely involved in conducting investigations they are unlikely to have much understanding of the investigation process. While this may not be seen as a priority it has implications if direct care staff are attempting to support a vulnerable adult through a process that they themselves do not properly understand. This is of particular concern given that almost half the respondents in Stage 2 indicated that training was not provided for their staff in relation to the investigation of abuse. Adult protection training is largely generic and rolled out through organisations. The pressure to get large numbers of staff through such programmes has not allowed for more role specific training to be developed and for staff confidence to be increased.

The second point relates to the need to consider awareness raising beyond health and social care staff. Staff training has understandably been the priority due to its impact on practice (Hames, 1996). However, during the course of this study it became apparent that successful protection of vulnerable adults requires heightened awareness amongst many other people (Williams, 1995). Anyone who comes into contact with vulnerable people needs to have a basic understanding of abuse. This includes providing suitably pitched material for parents and carers and people with learning disabilities themselves. Some small pockets of good practice exist and some areas forwarded copies of adult protection documentation that had been developed into an accessible format. Others expressed how important it was to involve parents, carers and service-users and yet the findings of Stage 2 indicate that most organisations were not currently providing information for these groups. This area of work does demand suitable resources and some agencies may feel this makes it unrealistic. However, this is an area where the strength of multi-agency working can be utilised in taking on board the need to widen awareness to parents and carers and to seriously consider the issue of self-protection.

The abuse of people with learning disabilities is not recognised by society in the way that child abuse now is (Pring, 2003). Awareness raising needs to go further to raise

the profile of the issue amongst the general public. Many people expressed their difficulty in dealing with adult protection responsibilities as an addition to their main role. However the challenges appear more sizeable than 'add on' roles allow. The gaps between the quality of life many people take for granted and that available to people with learning disabilities was apparent in several accounts given during this study. Unless these inequalities are addressed, and the risks that people with learning disabilities face are acknowledged, it will continue to be difficult to attract the resources or changes to the justice system that adult protection requires.

4.5 Justice for people with learning disabilities who have been abused

Many participants were aware that the abuse of people with learning disabilities rarely leads to prosecutions and even more rarely to convictions (Joyce, 2003). Many participants were aware of this and it came up as an important issue in several focus groups (not only in the investigator groups as might be expected). It is clearly a source of frustration for all those involved in investigations given the time and effort that is invested in interviewing and building a case. Yet, it also may be in the minds of staff in deciding how to respond to abuse. In discussions on the fears of whistle blowing several staff acknowledged the pressure of a burden of proof, the concern of jeopardising relationships with clients or putting them through the trauma of investigation. Resolving ambivalence is so much more difficult if the investigation process has such an uncertain outcome. One of the problems with achieving justice is that the legislation does not exist to support the broad definitions of abuse used in policies.

It was interesting to note that the theme of justice was not mentioned in relation to the perspective of people with learning disabilities. No one explicitly stated that achieving justice through the courts was an issue of major importance for vulnerable adults themselves. However, the importance that the abuse stops, that people feel safe and are not still residing with the abuser was emphasised.

4.6 Striving for consistency in adult protection policy, practice and education

This study emphasises much that is positive in adult protection, especially given the relative recency of policy attention in this area. However, it has also illustrated many of the problems that exist in policy, practice and education that enable the abuse of people with learning disabilities to continue. What these contrasts demonstrate most strongly is the necessity of greater consistency in all areas of adult protection. Without consistency examples of best practice are not maximised and lessons are not learnt. A lack of consistency between regions and between agencies results in an inconsistency in protection. This is clearly not acceptable, it should not matter where in Wales you live or which agency you are involved with. The level of protection from, and the response to, abuse needs to be both uniform and reliable.

This is not to suggest that the adult protection role of all individuals or agencies is, or should be, the same. Clearly, many different roles and responsibilities exist as demonstrated by the 20+ roles mentioned by participants in focus groups. Responsibilities exist at all levels from the ability to recognise signs of abuse that should be a basic requirement of all care staff up to expertise in the special skills required to interview vulnerable adults. What is important is that different roles are clearly defined and widely understood. Vagueness on important issues such as 'When exactly do we inform the police?' cannot be allowed to continue.

Policy implementation is the key to achieving greater clarity on these issues. Stage 2 and Stage 3 of this study enabled contrasts to be drawn between the official position of organisations as demonstrated by their adult protection and abuse policies and the realities of their practice. Many policies are very clear and specific on the intricacies of vulnerable adult work and are increasingly modelled on the *In Safe Hands* guidance. Indeed they have received criticism by some focus group participants of being too detailed and therefore too long. Where the system appears to fall down is in the translation of policy guidance into changes to practice. This process is, however, a complex one and it has been suggested that 'perfect' implementation requires that there is a single agency which is not dependent upon others for success and that perfect communication and coordination exist (Hogwood and Gunn, 1984). Clearly in this policy context effective implementation is dependent on a range of agencies and also upon a range of people working at different levels in these organisations making these preconditions difficult to achieve. Nonetheless attempts are currently underway to encourage all areas of Wales to use agreed monitoring forms that aim to identify both consistency and inconsistencies. Yet, monitoring without follow-up will not lead to moves to greater consistency.

Striving for consistency does not have to mean control nor does it have to be top-down. It can occur at the informal local level such as the 'Learning the Lessons' get-togethers held in the Vale of Glamorgan. These are multi-agency, multi-disciplinary opportunities to review current experiences and ensure improved and consistent practice. A Practitioner Alliance for Vulnerable Adults (PAVA) group has recently been established in Wales, aimed at providing a forum for staff working in the area to meet and discuss their work and to learn from each other. Apart from encouraging consistency PAVA has the potential to reduce the isolation that individuals can feel when working in difficult circumstances and in a relatively new area.

Consistency in adult protection will not be achieved through a single forum or through enforcement from government (although these both could contribute). Consistency in protection and response requires open dialogues, improved multi-agency working, clear lines of responsibility, widespread awareness and a commitment to the merits of consistency at all levels.

5 Conclusions and recommendations

This study has illustrated strengths and challenges in the adult protection context in Wales. The remit of investigating policy, practice and education has enabled these aspects of adult protection to be evaluated and the important interplay between them to be highlighted. Some areas of best practice have been noted but other areas requiring further development have also been identified.

The recommendations are thus made in the context of three key sources of information:

- The findings of this study.
- The evidence of best practice as detailed in Appendix 2
- In Safe Hands and the policy context which has evolved over the period covered by the study

It was felt important that the recommendations encompass actions aimed at primary, secondary and tertiary prevention and also that they address the responsibilities of individuals, services and government. The aim is to make recommendations practical and viable while acknowledging that cultural change is a more complex and ongoing process. In making these recommendations it is acknowledged that research in this area is still in its infancy and research contributions should be central to furthering understanding of best practice in adult protection.

1. **Clarity is required in the exact nature of the adult protection responsibilities for individuals and agencies in order to reduce role ambiguity and to promote awareness.** Proposed actions:

- Serious consideration should be given to the development of dedicated vulnerable adult officers and units within the police.
- Local authorities should consider giving increasing prominence to the role of the Adult Protection Coordinator and consider making this a dedicated role.
- The adult protection role of inspectors and regulators needs to be clarified and publicised
- Social Services need to give consideration to the interface between adult protection and care management and to ensure that sufficient support is given if dual roles are required
- The role of the Adult Protection Coordinators in raising awareness amongst all agencies and the general public is recognised in some areas and needs to be mirrored throughout Wales.
- Engaging LEAs with the issue of adult protection should be addressed as a priority.
- Engaging the voluntary and private sectors with the issue of adult protection should be addressed as a priority and viewed as an area for further research.
- Improving awareness raising and training for vulnerable adults and their families should be given greater priority by services and training coordinators.

2. **Consistency in prevention and response to adult protection should be addressed as a matter of priority**. Proposed actions:

- Adult Protection Fora and Adult Protection Committees across Wales should clarify their role and function and ensure this information is shared with all relevant agencies.
- Adult Protection Fora in Wales need to develop mechanisms to share good practice and learn lessons on an all Wales basis
- Adult Protection Fora (or Adult Protection Committees) need to consider marketing their multi-agency policies to agencies in their area who are not currently signed up, particularly to voluntary and private sector organisations
- Consideration should be given to an all Wales adult protection policy
- Future research should be undertaken into the function of internal agency policies and how this relates to agencies signing-up to multi-agency policies
- Diverse perceptions on thresholds of abuse need to be explored in order to provide staff guidance regarding a hierarchy of abuse versus zero tolerance of abuse
- Consideration is needed on how abuse of vulnerable adults by other vulnerable adults is addressed through adult protection policies and practice
- The existence of the Practitioner Alliance for Vulnerable Adults (PAVA) should be promoted across Wales and more groups developed if required.
- More informal local networks to learn lessons should be developed
- Future research should be undertaken to evaluate the quantity and quality of adult protection training to ensure it best meets the training and support needs of staff

3. **Future policy development needs to give considerable attention to facilitating implementation and to monitor impact on practice**. Proposed actions:

- Whistle blowing needs to be promoted as part of adult protection responsibility.
- Staff should be made aware of whistle blowing policies and support mechanisms.
- Services should strive to create a safe and receptive environment for people to disclose abuse or raise concerns.
- Collaborative research is needed with services regarding bridging the policy-practice gap and evaluating policy impact.

4. **Justice in cases of vulnerable adult abuse must become a real possibility.** Proposed actions:

- The impact of 'Achieving Best Evidence' and the use of Special Measures upon prosecutions in adult abuse cases should be evaluated
- Police authorities should ensure services understand what actions could contaminate future investigations and advise on appropriate initial responses.
- The viability of a legislative framework for adult protection should be given serious attention
- Joint investigator training between police and social services should be expanded to ensure that sufficiently trained personnel are available

- Strong relationships between the police and other agencies in some areas of Wales should be emulated
- Every police officer should be aware of the need for appropriate interviewing of vulnerable adults and should know who is trained to conduct this interviewing within their area
- Consideration should be given to educating the judiciary in the needs of vulnerable adult witnesses and victims
- Research should be undertaken with vulnerable adults regarding their perceptions of justice and redress.

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