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Service and client outcomes of cases reported under a joint vulnerable adults policy

Abstract
This paper reports on a prospective study of 44 cases of alleged abuse of vulnerable adults referred under a joint vulnerable adults policy. The authors examine attitudes to policy, special training and joint working, re-abuse, continuing risk and the outcome of legal proceedings. The implications of the findings are discussed and recommendations made.

Key words
abuse
vulnerable adults
outcomes
policy evaluation
joint working
social policy
police

Introduction
In November 1995 the London borough of Southwark and the Metropolitan Police jointly launched a vulnerable adults policy. It was a response to the growing concern and awareness nationally of the abusive experiences of vulnerable adults, and reflected the recognition that police and social services needed to work together. The policy adopted the broad definition of a vulnerable adult suggested by the Law Commission (1995) and used in the most recent Department of Health guidance (DoH, 1999).

Southwark’s policy was intended to cover all types of abuse or criminal activity affecting vulnerable adults as follows:

‘Abuse can be defined as an actual or threatened physical or verbal assault and includes neglect or exploitation. A physical assault is an actual or threatened touching which the recipient has not consented to and which causes hurt to that person. This includes sexual assault. Neglect is a failure to properly care for the physical and emotional needs of the person and to protect them from harm. Exploitation includes both physical and sexual exploitation and could mean financial exploitation’ (Southwark Social Services, 1995).
Other authorities have introduced similar initiatives (Ambache, 1997), but at the time this policy was launched, it was unique in being jointly developed, written and agreed with the police. It carries the expectation that when an incident has been reported to social services the police should always be notified. It could be argued that any social services department would have a vested interest in hiding abuse in their own residential homes or in any others they commissioned. However, a joint police and social services policy brings an openness between the agencies in order to assist in the process of investigating abuse. Establishing a climate of openness is important, as abuse is more likely to occur in institutional settings that are closed and collusive – for example, Ashworth Hospital (Secretary of State, 1991) and Nye Bevan Lodge (Gibbs, 1987).

To confirm this transparency, a vulnerable adults review committee was set up to oversee the policy. The model is borrowed from child protection procedures and is similar to an area protection committee. The vulnerable adults review committee is chaired by the assistant director of social services and comprises senior representatives from police, social services and the voluntary sector. The committee provides an opportunity to discuss inter-agency difficulties, influence training and the effective implementation of the joint policy. It is also a forum for monitoring outcomes and evaluating practice.

The aims of the policy are:

- to stop abusive behaviour
- to support victims and promote confidence in disclosing allegations of abuse
- to carry out investigations with understanding and integrity and if prosecutions are brought, they are effective and successful
- to ensure good inter-agency working between police and social services.

Research background

Much of the research on the abuse of vulnerable adults has taken place outside the UK and only a limited amount of work has focused on intervention. The Wolf and Pillemer study of elderly victims in the US (1989) contained an evaluative component and showed that in the three model intervention projects they investigated, in one third of cases, intervention led to resolution of the abuse and neglect, and abuse was reduced in another third of cases when they compared baseline and re-assessment information. Also in the US, Shiferaw et al (1994) conducted a study into elder abuse referrals (n=123) each of which was followed by an immediate assessment by specially trained social workers. However, only two allegations out of 10 were substantiated. They concluded that this was more likely to be the result of discrepancies in defining abuse between reporters and investigators, rather than failure to establish the evidence.

Kurrle (1993), in an Australian study, followed up 54 cases of elder abuse and found after a year that 20 of the victims needed to be in residential care and 34 remained at home. Fifteen of the latter group were then placed in homes and hostels by the time of the next two-year follow up. The authors point out that placement away from home was frequently used to protect against abuse but if the abuser was a carer this could then lead to institutionalisation of the victim.

One of the first studies to investigate policy implementation in the UK has been research comparing the reporting of abuse of vulnerable adults in two social services departments in the south of England (Brown and Stein, 1998). They investigated patterns in the types of abuse and vulnerability in both residential and domiciliary settings and aimed to establish norms by which other authorities could evaluate their practice. However, our
current study concentrates on outcomes rather than policy implementation.

No large scale studies have been conducted in the UK into the efficacy of policies to protect adults at risk, especially when more than one agency is involved. Inter-agency policies and procedures are currently being developed around the country, and research can provide valuable feedback on the nature and effect of multi-agency intervention in every day practice.

**Aims of the research study**

The aims were:

- to collect data on a consecutive sample of cases of vulnerable adults alleged to have been abused
- to document the nature of the abuse
- to record and examine the assessment and investigation process by both social workers and police
- to establish service and client outcomes
- to examine factors associated with different outcomes
- to document the views of police and social workers concerning the policy, special training and inter-agency collaboration.

**Method**

Data for the study were obtained from interviews with social workers and police officers. No direct contact was made with the victims or alleged perpetrators, and outcome was addressed through interviews with professionals. Although desirable to obtain the consumers’ views of the service provided (McIver, 1991), it was acknowledged that this group of clients might be difficult to interview, partly due to incapacity but also because, unlike therapeutic intervention, a research interview could be inappropriately intrusive and revive unresolved memories.

In cases where the alleged perpetrator is a staff member but the police are unable to pursue a criminal investigation, the policy allows for the usual staff discipline route to be pursued. However, this can be a lengthy procedure and the timescale of the research project was too short to allow for those cases to be followed up.

**Respondents**

The relevant social workers and police officers were approached in each case to arrange face-to-face research interviews at their place of work. There were about 70 social workers employed by social services in specific services: elderly, learning disabilities, physical disability and mental health. The police responsible for responding to the policy were organised into community support teams, with about 20 officers dealing with vulnerable adults. In some instances criminal investigation detectives (CID) were also involved in investigations.

**The social workers**

Twenty-six separate social work respondents reported cases during the study period and a third gave information on more than one case. The majority (55%) worked in the learning disability team. Information was provided mostly by qualified social workers and senior practitioners. Apart from these, two social workers were unqualified, four were locum staff and two were service managers from provider services. Their experience varied widely (from one to 36 years; mean 12 years, sd 9.5). Just over a third (37%) had received training on the vulnerable adults policy. Training courses were facilitated and organised by the two main authors of the policy – a police inspector and social services team manager.
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The police
Initial interviews were conducted with 20 police officers based in Southwark, Peckham and Walworth police stations. These officers were involved in investigations for 33 (75%) of the vulnerable adults in this study. There were 10 police constables from the community support team or the CID (five PCs, five WPCs), one home beat officer, eight detective constables and one sergeant. They had a similar range of experience (from one to 27 years; mean 10 years, sd 6.5). Only three (15%) had received vulnerable adults policy training.

Social workers tended to have spent longer in their current job than the police officers. For the social workers this amounted to a mean of three years and five months (range: one month to 32 years, sd 77 months), whereas the police officers had been in their present post on average for only 18 months (range: two months to 10 years, sd 23 months).

Initial interviews
Initial interviews were conducted following receipt of notification forms. (The notification forms are not part of the investigation process but are completed and sent to the assistant director for information collection.) The face-to-face interviews with social workers and police recorded the demographic characteristics of victims and their vulnerability, types of abuse, level of seriousness, the setting in which the abuse took place, and information on the alleged perpetrator and his/her relationship to the victim. The frequency of case conferences and referral for counselling and support for victims were also recorded. Further questions covered the views of staff on inter-agency working and their views on the policy.

Follow-up interviews
All cases were followed up by telephone calls to the relevant professionals at an average of six months after the initial interview. The services that had been provided, progress concerning police investigations and case outcomes were recorded.

Since the implementation of the vulnerable adults policy in January 1995, there have been about 60 notifications of alleged abuse annually. We are not aware of any systematic monitoring occurring before its introduction. For the purposes of the research study, cases were collected from March 1998 for a period of eight months, by which time a reasonably sized sample had been obtained. The research sample consists of the total number of cases notified by social workers during this period (n=44).

Findings
Origin of the abuse allegation
By far the greatest number of alerts about possible abuse originated from professionals, mostly field or residential and day-care workers, followed by the clients themselves and then relatives (Figure 1).

The referred cases
The true prevalence of abuse in the borough is likely to be far higher than the sample of cases that have come to light because much abuse is hidden or not reported. It is therefore not possible to calculate what proportion is represented by the cases in the research sample. Other factors influencing referral concern the level of staff training and
Characteristics of the cases

Table 1 shows the characteristics of the sample at the time of the alleged abuse. Roughly half of the sample fell above and half below the mean age of 53 years. The main vulnerability was recorded for each case and learning disabled and frail elderly were the largest categories. However, 15 cases had more than one vulnerability, often an additional physical disability such as a hearing problem.

Of the younger group in the sample, the majority had a learning disability, while at the upper end of the age scale, not surprisingly, the majority were vulnerable by virtue of their age or frailty (Figure 2). There were slightly more women than men in the sample (57%), but twice as many women in the upper age range. Table 1 gives the detailed breakdown of ethnic origin but a broad grouping of ethnicity shows that a quarter of the sample were black or from another ethnic minority and three-quarters were white. This reflected almost exactly the ethnic mix of the local population (Southwark Council Health Profile, 1997).

The type and severity of abuse

Of all the alleged abuse, half was physical, a quarter sexual, 11% was financial and the remainder combinations of more than one type of abuse. In 60% of cases this was not the first time that abuse had been reported, and of these cases 58% involved long-standing problems including domestic difficulties or alcohol and drug abuse. It has proved difficult, in practice and research, to define the severity of abuse (McCreadie, 1996), but it is important to attempt this in order to demonstrate that the sample does not simply consist of trivial incidents. The social workers, when asked for their judgements on the severity of abuse, considered only a
minority of cases (14%) could be described as of a mild nature.

**Allegations of physical abuse**

Only three of the cases (12%) of physical abuse were categorised by social workers as ‘mild’ – for example, an incident of slapping round the face on a single occasion. The ‘serious’ category (56%) included more aggressive and long-standing physical assaults like being pushed to the floor causing bruising and black eyes. The ‘severe and very severe’ category (32%) included those where the assault involved frequent thumping or kicking, and led to broken bones, fear for their safety and hospitalisation. Physical abuse largely took place in the client’s own home (66%) and on five occasions in residential care or day centres. A few incidents took place in the home of relatives or in public places.

**Allegations of sexual abuse**

There were nine allegations of sexual assault (including three of rape, three of constant sexual harassment and three of unwanted fondling). All the cases of sexual assault happened to people with a learning disability, with no more risk to women than men. Two incidents occurred in private residential care and the remainder in the homes of the victims.

**Allegations of emotional abuse**

There were no reports of emotional abuse in isolation, but three cases of alleged emotional abuse were associated with physical abuse, intimidation and threats.

**Allegations of financial abuse**

There were nine cases of alleged financial abuse: six of them considered to be severe in that they involved large sums of money. Examples of financial abuse were direct theft or extortion of cash with menaces, appropriating benefits and pension money, forging cheques and bullying and cajoling vulnerable people into handing over property. The alleged perpetrators included acquaintances and other vulnerable adults.

**Allegation of neglect**

One case of neglect was reported due to lack of supervision, when a person apparently fell while in residential care.

**Reaction to abuse**

In the social workers’ opinion half the clients were distressed or very distressed by the abuse while for others it was hard to establish their emotional response, sometimes because their demeanour was reported as unchangingly flat. Confusion and memory loss contributed to the difficulty in assessing their reaction. Only one individual was said to be angry.

**Information on the perpetrator**

The alleged perpetrators of the abuse fell mainly into four groups: family members and relatives (44%), professional agency and residential staff (24%) other vulnerable adults (15%) and strangers, neighbours, acquaintances and unknown perpetrators (17%). The majority (68%) of the alleged perpetrators were male but of the nine agency and residential staff, most (n=6) were female. Having excluded family relationships because they shared the same ethnicity, the remaining cases were of white perpetrators and white clients. No other patterns regarding ethnicity were revealed.

There were 18 cases of abuse within families. The victims were mostly women (12 out of 18) and of these, just over half were over 54 (seven out of 12). In the cases of physical assault the abusers included husbands, sons, daughters and other relatives. With regard to sexual abuse, there were three cases of assault by a relative.
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The initial service response

The social work service
The social worker making the notification, having consulted with a manager, has the responsibility of discussing the case with the police with a view to deciding whether a crime has been committed. The majority of the sample cases were referred (30 out of 44; 68%) and it was therefore interesting to discover what influenced the social workers in the 32% of cases not referred. Neither the severity of the abuse, nor the type of maltreatment nor the type of vulnerability was found to be associated with referral to the police. However, it was found that, of those abused in residential care, just under half the cases (seven out of 16) were referred to the police, whereas referrals were made for most of those living in the community (23 out of 28), a significant difference ($\chi^2=6.9$, df=1, p<0.008).

It was not possible to discover with greater certainty why this discrepancy existed but it raises questions about the complexity involved in referring other staff members to the police, and the problems for social services in intervening in residential care homes they do not manage.

Social workers were allocated at this stage in all but three cases. In over half of all cases (58%) social workers made a professional judgement that the client was not able to co-operate competently in an investigation. We do not know how social workers reached this decision, but in any subsequent study it would be valuable to explore the way agencies decide if a person has capacity.

It was encouraging to discover that in most cases social workers became involved with the client within a week of being informed of the alleged abuse, but there were three cases where long delays resulted.

Action to secure the safety of the victim
In order to ensure the safety of the victim following an alleged incident of abuse, one possible response is to move either the victim or the alleged abuser. The victim was moved in nine cases, the abuser in nine, and in one example both victim and perpetrator were moved. The circumstances surrounding these decisions were complex and based on an assessment of the needs and safety of the individuals.

Case conferences
The vulnerable adults policy stipulates that a planning meeting or case conference should be arranged following the allegation. This provides an opportunity for police and social services to discuss the situation, plan strategies and make appropriate arrangements for the safety of the victim. Conferences were arranged in half of all the cases. Most case conferences took three or more days to arrange but a minority (10%) took place within a day or two of the incident because of the seriousness of the situation. As the swift removal of victims tended not to be followed by a conference (because the view of social services was that action had overtaken events), these cases were dropped from the sample.

Factors influencing the calling of a case conference were examined in the remainder. There was no evidence that gender, or abuse within the family, or severity of abuse was associated with calling a conference. However, clients who were young and had a learning disability and where sexual abuse was alleged to have taken place were more likely to have a conference called (Fisher's Exact Test: p=0.06). By contrast, those not conferenced tended to be elderly and physically abused.

The police response
The initial research interview was concerned mainly with obtaining information about the abuse, attempts to gather forensic evidence and the police officers' characteristics and training. Of the cases where police were informed, they visited once or twice in 48%
of cases, and three or more times in 21% of cases. In 31% no visit was made. In carrying out their role of trying to establish if there was evidence for a prosecution or grounds to pursue the case further, the police decided in half of the cases that the victim did not have the capacity to pursue this route.

Follow-up of service response after six months

The second set of interviews aimed to discover what had happened to the notified cases, whether the victims had been adequately protected and what services had subsequently been provided. The follow-up consisted of brief telephone interviews that took place on average six months after the initial interview (conducted between June 1998 and July 1999). The information collected was thought to be reliable because respondents were able to consult their records during the telephone calls. This length of follow-up proved to be a reasonable choice as most of the activity in response to the allegation took place in the period immediately afterwards.

Re-occurrence of abuse

At the time of follow up, one person had died in circumstances not connected with the abuse. There were nine per cent with whom the social workers had no further contact and so it was unknown whether there had been any subsequent abuse. However, it was gratifying to find that there were no examples of serious re-abuse in the sample at the level of the original trauma.

The social workers provided seven examples of re-abuse. One incident concerned a woman who misused alcohol and was frequently at risk. Other cases included robbery and financial abuse. There were two incidents of further minor physical harm and cases of continuing lack of care and protection in residential settings.

Among the group where no further abuse was recorded, 25% of the clients (eight out of 32) were no longer in the environment where the abuse had taken place. Some had moved from a risky home environment to residential or hospital care, while others moved from residential care where they had been mistreated to their own homes or other residential homes.

Continuing risk

A key question was not simply whether there was re-abuse, but whether the victims remained at risk after the original allegation. The assessment of case outcome is based here on the response of the social workers as the police had no continuing or recent involvement with the case, and were therefore unable to judge whether the client was now safe. This group is likely to remain vulnerable and therefore at risk of abuse, but in fact no more than 20% of cases were regarded as giving rise to continuing concern about safety. A few clients were considered to be at risk because they were still in touch with the abuser or because they continued to live in adverse circumstances through choice.

In some cases social workers were not able to be categorical about how well a client was now protected because of the difficulty of making such an assessment. The victims could be unpredictable, or had lack of speech, or, despite no longer being subject to major abuse, concerns remained about potentially dangerous living situations. All the cases thought to be at continuing risk had a social worker allocated to them, although one of the clients was refusing a service as he was in dispute with service providers.

In relation to the 31 cases on which there was information at follow up, social workers were asked to rate the degree of recovery
since the abuse. Of these, 22 (71%) were thought to have made a good recovery, 3 (13%) adequate and 5 (16%) poor. There was a non-significant trend for those with cognitive difficulties to be less likely to recover.

**Associations with outcome**

The cases of ‘at risk’ and ‘re-abused’ were then combined with those thought to be ‘at risk but not re-abused’. This amounts to 28% (11 out of 39) who were still at risk and could be said to have a negative outcome at the follow-up. There was no relation between being at risk and where the abuse took place, the age of the victim or whether the abuse involved family members. However, of those regarded as still at risk, most had a learning disability (7/11) and most were living at home (9/11). Nearly half of the ‘at risk’ cases (5/11) had both a learning disability and were living in the community.

**The social work service at follow-up**

At the point of follow-up, 16 cases (37%) were no longer receiving a social work service, either because they were dealt with on a duty basis and the assessment resulted in no further action, or because there was a single subsequent visit and the case was closed. The majority, (27 out of 43, 63%) were still receiving a service at the point of follow-up but, as Table 2 shows, this was not provided evenly across the vulnerability groups. A significant difference was shown with learning disabled people much more likely to be receiving continuing support ($\chi^2=11.7$, df 3, $p<0.008$).

Follow-up research interviews were conducted with 17 social workers. They were asked to describe the needs assessments and care planning that had been undertaken as required by the NHS & Community Care Act (1990). The most commonly identified need was for more supported accommodation (44%) but legal and welfare rights advice were needed, as was occupational and speech therapy and referrals to the voluntary sector where assertiveness training and advocacy services were available. Care plans were said to be in place for the majority (89%), although in a few cases crisis management alone was described as the plan.

**The police response at follow-up**

The police were contacted by telephone or in person (if an officer had more than one vulnerable adult case). In contrast to the social workers, the police officers were more likely to have changed by the time the follow-up interview took place. The main focus was on the response of the police following the alleged incident and whether the case was to be taken further. Only 18% (8/44) of clients were willing to pursue a prosecution according to police. Victims, where the perpetrators were family members, were significantly less willing to pursue a prosecution (Fisher’s Exact Test: $p=0.01$) than those where the perpetrator was not a family member. None of the 18 intra-family abuse victims were willing to prosecute whereas eight out of 26 (31%) of the victims

<table>
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<th>Table 2</th>
<th>Continuing social work service and vulnerability group</th>
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</thead>
<tbody>
<tr>
<td><strong>Main vulnerability</strong></td>
<td>Mental disorder</td>
</tr>
<tr>
<td>Still in contact</td>
<td>4</td>
</tr>
<tr>
<td>No longer in contact</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>8</td>
</tr>
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of abuse by non-relatives were willing. In the event, criminal investigations were begun in only eight cases (18%) but only two victims agreed to go to court. In the first case the victim was too frightened to testify in court against a sex offender. The second case concerned theft of a large amount of money where the victim and suspect were living together, but once the suspect moved, the victim felt safe and decided not to pursue a prosecution. None, therefore, had reached court by the follow-up.

Inter-agency working between police and social services

A number of questions were asked regarding inter-agency work. In the majority of cases there was immediate consultation between the two (in 87% of cases according to the police and in 77% according to social workers). There was also liaison and consultation with other services in 19 cases: these were GPs (two cases), hospitals (one), day centres (three), home help (two), housing (three), residential homes (four), CPN (one), advocate (one), speech therapy (one) and the Crown Prosecution Service (one).

Social work and police judgements compared

In the cases where both police and social workers were involved, they were asked to describe the alleged abuse and to make a judgement about its severity on a scale from 'mild' through 'serious' to 'very severe'. A significant correlation was found between police and social work judgements (rank order correlation = 0.38, p<0.045). However, there was disagreement over five cases where the police thought the abuse 'mild' but the social workers ranked it as 'serious' (four) or 'very severe' (one). The numbers were too small to explore differences, but it is possible that the police use lower ratings of severity because they are exposed to higher levels of criminal activity in their regular work compared with social workers.

Social workers, when asked whether clients had the capacity to consent to criminal proceedings, said that 60% were able to consent, a slightly higher proportion than the police (50%). The variation may be accounted for by the fact that social workers have specialist knowledge, their clients are usually already known to them and they are more confident about their client's decision-making ability. The largest discrepancy was over the willingness of clients to co-operate with criminal justice proceedings. Social workers reported that 44% were willing compared to police officers saying that only 28% were willing.

Issues raised by social workers and police

Social workers

On the whole social workers were satisfied with the policy, because they considered the abuse of vulnerable people of serious concern and the policy helped to identify needs and protect the client. However, changes to the policy were suggested. The main request was that the policy should be linked more clearly to procedures. They also wanted to see a more unified approach within the police so that community support officers followed through with each case rather than passing cases to CID officers who were more difficult to contact. Social workers wanted to see a commitment to the policy from all statutory agencies, voluntary agencies and provider services. Another suggestion was that there should be local agreements with the police and Crown Prosecution Service for the use of video facilities in order to gain evidence from vulnerable victims. More training in the use of the policy and greater use of advocates was also recommended.
The police
Concern was expressed that social workers sometimes became too involved in investigating allegations rather than leaving this to the police. This, they thought, hindered police action and could affect the outcome of the investigation. More training was also recommended, particularly concerning the different roles and responsibilities of each agency. The police also stated that provider services – for example, residential care homes and day centres – could be obstructive to police investigations and were often late in reporting to social services and police. They wanted early reporting and documentation of injury from service providers. Some officers said they felt frustrated with the Crown Prosecution Service who could appear reluctant to pursue prosecutions.

Conclusions and recommendations
In No Secrets (DoH, 2000) government policy is currently focusing on guidance to protect vulnerable people rather than pursuing legislative change. In this respect, therefore, the timing of this research is apt because Southwark’s vulnerable adults policy bears a strong resemblance to the framework set out in the guidance. Progress is likely to rest upon the promotion of local good practice, effective inter-agency working and the ability of front line workers, supported by management, to implement policy. Evaluation of the policies is therefore essential and accords with the National Service Framework for Mental Health (DoH, 1999) that emphasises the need for evidence-based practice.

Although this study is relatively small and local, it offers a view of the working of a joint police and social services policy, and in this respect it is unusual. Very few studies have directly addressed policy outcome. The findings of such studies can help in monitoring and reviewing the clarity and effectiveness of local procedures, feed back the operation of the policy to police and social services staff, and place vulnerable adults training on a surer footing.

There are important points to be made concerning the sample in the study. The fact that abuse takes place at all is of enormous concern, particularly where allegations concern people in residential and day-care settings. However, it is encouraging that social workers and police were following up allegations and making serious efforts to ensure the future safety of victims. There is evidence of repeated abuse, but an important finding was that when it was reported, it was not at the same level as the initial notification. Bearing in mind the vulnerability of this group it was not surprising that some would continue to be at risk, particularly those who remained, by choice, with family members who had abused them. Without following through outcomes of cases in matched areas with different types of procedure, it is not possible to conclude that protection from harm was a direct result of this policy itself. However, it is likely that the notification process led to concern and activity to reduce the risk of further abuse. This is a relatively short-term study, and it would take a staged follow-up to establish whether victims remained safe over a longer period of time.

It was striking that the police were less likely to be involved when abuse was alleged in residential settings. If allegations in residential settings are not addressed, there are clearly implications concerning the safety of other vulnerable people. Many factors could be involved here, but the difference may well signify practice that goes against the spirit of openness advocated by the policy. Furthermore, once cases were notified, it was found that there were variations in how the policy was being implemented by different teams in social services. The learning disabilities team was more likely to follow the policy by organising conferences to co-ordinate
action and by having continuing contact with users considered to be still at risk. This may simply reflect a local phenomenon but it may also represent practice nationally. For example, the response may be less thorough because elderly services have to respond to needs assessments for a larger group of people and have more of a commissioning role and therefore less direct client contact. If this is the case nationally, there are wider implications because it may prove more of a challenge to support elderly people subject to abuse.

In terms of young people with a mental illness, few were reported through the vulnerable adults policy. One explanation is that this group may not be seen as vulnerable in the same way as elderly or learning disabled people, because their vulnerability fluctuates. Another factor is that despite campaigns to highlight the discrimination experienced by mentally ill people (for example, The Respect Campaign – Time to End Discrimination organised by MIND), there still appears to be greater concern about violence from mentally ill people rather than towards them.

The research highlights the difficulty of following through with criminal investigations. This is because of a reluctance by some victims, while others did not have the capacity to pursue an investigation. Victims of abuse where perpetrators were family members were significantly less willing to pursue the criminal justice route. This corresponds with recent research into domestic violence (Hoyle, 1998) where women wanted the violence to end but the reasons given for not involving the police were anxiety about breaking up the family unit, fear of retaliatory violence, and the belief that the outcome of any police or court decision would not be worth the worry incurred by the process. In terms of vulnerable victims, wherever possible those willing and able to pursue a criminal justice route should be supported to do so. However, there is a need for further investigation as to how those who exclude themselves can be helped to feel confident with the criminal justice system. Alternatively the criminal justice system may need to change to accommodate these factors.

Half the social workers and police in the study judged that their clients did not have the capacity to pursue an investigation. Although this may eventually be addressed through legislation following on from Making Decisions, it is extremely difficult for vulnerable, incapacitated victims to gain access to the criminal justice system. However, the judgements made about capacity, or ways in which capacity can be increased, are developing, and are therefore training issues for police and social services. The need for training about the policy was raised by both police and social workers. A greater awareness of the role of each agency was also considered a high training priority.

The joint police and social services approach has demonstrated the importance of both agencies working together immediately following an allegation. There was good will on both sides in terms of appreciating the involvement of each agency, and in wanting the policy to work. The suggestion that practice guidelines needed to be included with the policy coincides with recommendations in No Secrets and will be helpful, particularly to new staff. While prompt and effective liaison was found during the study period, good relations can wax and wane and are easily disrupted by re-organisations and changes of personnel. The disruption was an issue with police officers where there was a greater turnover because they are not allowed to remain
in specialist posts for any length of time.

A key question is how to sustain good relations beyond such changes, particularly when social services’ responsibility for the policy is fragmented across adult services. A way of resolving this would be to appoint a vulnerable adults co-ordinator reporting to a senior manager within social services who could oversee the policy through the Vulnerable Adults Review Committee, organise training, maintain statistics and work closely with the police, and develop links with other agencies. The co-ordinator would be able to maintain a reliable flow of information on the policy to inform the committee to enable it to carry out its role of monitoring the effectiveness of the policy.

The practical lessons that have been learned from this research, which may be helpful at a national level, concern how the desirable goal of continuous monitoring of the policy can be achieved. Some indicators, like the incidence of re-abuse, are essential markers of how the policy is working and should be relatively easy to collect. Other outcome measures, like the assessment of the level of continuing risk to victims, or client satisfaction with the policy, are more time-consuming to gather, particularly as social services staff are located in numerous geographically spread, small teams.

This attempt to examine the outcomes of a sample of cases shows the importance of assessing outcomes. Following on from No Secrets, all local authorities will need to initiate something similar locally. The routine monitoring of adult protection work and comparison of progress across agencies should contribute to improving levels of agreement on targets and satisfactory outcome.

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