

USER *VIEWS*

Consultation on POVA and SOVA

Report of a Research Project conducted by *UserViews*

for Bedfordshire County Council



September 2008

CONTENTS

<u>SECTION</u>	<u>TITLE</u>	<u>PAGE(S)</u>
1.0	Executive Summary	1 – 2
2.0	Background and Methodology	3 – 6
2.1	Background	3
2.2	Aims of the project	3 – 4
2.3	Methodology	4 – 6
3.0	Findings - Interviews.....	7 – 17
3.1	Introduction	7
Q1	Did you feel believed?	7 – 8
Q2	Did you feel judged?	8
Q3	Did you feel supported?	8 – 9
Q4	How did you feel going through the process?	9 – 12
Q5	Did you feel that your case was handled sensitively?	13 – 14
Q6	How could your case have been handled better?	14 – 15
Q7	If it happened again, would you do anything differently?	15 – 16
Q8	Is there anything else you'd like to tell us?	16 – 17
4.0	Findings – Discussion groups	18 – 33
4.1	Introduction	18
4.2	Warm-up exercise – forms of abuse	18 – 21
4.3	Awareness of SOVA	21 – 22
4.4	Reporting suspected abuse	22 – 27
4.5	SOVA leaflet and SOVA in the community	27 – 33
5.0	Observations	34 – 36
5.1	Observations on findings	34 – 35
5.2	General observations	35 – 36
6.0	Suggestions from findings	37 – 38
6.1	The SOVA process	37
6.2	The SOVA leaflet and SOVA in the community	38
7.0	Appendices	39 – 52
i)	Example of an invitation poster	40
ii)	Interview questions	41
iii)	Discussion group outline	42 – 43
iv)	Example of an invitation letter	44 – 47
v)	Example of an invitation letter in easy-read format	48 – 52

SECTION 1.0 EXECUTIVE SUMMARY

In 2001 Bedfordshire County Council (BCC) established a Multi-Agency Protocol for the Protection of Vulnerable Adults (POVA). The protocol aimed to provide a collaborative approach in protecting vulnerable adults from abuse. By 2007, the protocol had been updated twice with the most recent revision placing more of an emphasis on the early intervention and prevention of abuse. This is reflected in the change of name from POVA to SOVA - the *Safeguarding of Vulnerable Adults from Abuse*.

In order to explore the effectiveness of POVA/SOVA, BCC commissioned UserViews in June 2008 to gather the views and experiences of people who had been through the process of reporting (suspected) abuse and also to consult with service users on the new SOVA protocol.

UserViews conducted seven face-to-face with nine individuals who had had direct experience of reporting abuse. A total of 52 people attended six discussion groups which were specifically aimed at client groups such as mental health service users, people with learning disabilities and family carers. In the first instance, engagement with the community proved to be difficult, but this was resolved later, with the help of advocacy groups.

The interviews revealed that on the whole, most people had felt 'believed' and not 'judged' by investigating staff when they had reported a case of abuse. The single biggest issue raised by interviewees was the lack of feedback during the whole POVA/SOVA process. Many felt that they had not been involved throughout the process. This was especially felt by parents of (adult) children with learning disabilities. Parents believed that they had an important advocacy role to play but were neither consulted nor informed. Interviewees also reported feeling unsupported throughout the process, indeed there was a view that support might continue after an investigation is completed, given that the process was felt to be stressful. One of the most poignant findings from the interviews was the emotional consequences of abuse which seemed to stay with the person or the families long after the investigation was completed.

Suggestions on how the POVA/SOVA process could be improved included having literature available to the client which clearly explains how the POVA/SOVA process works at each stage and what to expect. People were in favour of speaking face to face with a designated person who could be assigned to their case for its duration. It was felt that this would build up trust and confidence, even if a case was not able to be resolved.

The discussion groups revealed that there was reasonable awareness of the different types of abuse, especially the more known types such as physical and verbal abuse. There was less awareness though around such types as financial abuse and neglect. Institutional abuse was not mentioned by any participants. Interestingly, each client group had a slightly different

perspective on which types of abuse were the most specific to them. For example, participants who had used the mental health services talked about abuse within a professional care environment whereas people with learning disabilities were more concerned with abuse within the community.

Awareness of SOVA was low with only 9 out of the 52 people who attended having any knowledge that BCC had a procedure in which people could report abuse. 34 out of the 52 participants felt they did not know where to go for help if they were concerned about abuse. 18 out of the 52 participants felt they did know where to go for help but when questioned further, there was a wide array of answers ranging from social services, the local library, the local MP and the police.

When asked what were the barriers to reporting abuse, common to each discussion group was the fear of reprisal and the fear of not being believed. Worries about making false accusations were also mentioned. Those with direct experience of going through the POVA/SOVA process commented that there appeared to be no choice other than a formal investigation which would, in some cases, make them reluctant to report an incident. Suggestions on what would make it easier to report abuse resulted in two main themes; provide better feedback and involve parents and families. The adoption of one single freephone telephone number to report abuse was also felt by many to be preferable.

People, in the main, liked the new SOVA leaflet but had plenty of suggestions on how it might be improved. These included making the phone number clear and also making it obvious in the leaflet that reporting could be confidential. Participants suggested having posters and leaflets in differing formats and various sizes to appeal to a wider population. People felt that SOVA literature would be best placed in community spaces that are accessed as part of daily living such as the post office or the doctor's surgery. There was a unanimous view that SOVA leaflets should not be mailed to each household as it would be treated as junk mail. The question of how could BCC raise awareness of SOVA in the community provoked a multitude of suggestions such as have awareness days and run an advertising campaign. Information could be shared through various media including radio adverts or ads in the local newspapers. Although it was recognised that advertising could be expensive, it was felt that promoting SOVA would be a good use of public money.

SECTION 2.0 BACKGROUND AND METHODOLOGY

2.1 BACKGROUND

Abuse is defined as a ‘violation of an individual’s human and civil rights by any other person or persons’¹ It is recognised that abuse can take place in any context – it may occur in nursing, residential or day care environments, or within the context of people receiving care in their homes, either professionally or from family carers.

In March 2000 the Government issued a guidance document, ‘No Secrets’, which gave Social Services departments a co-ordinating role in developing local policies and procedures for protecting vulnerable adults from abuse. It also required all agencies, i.e. police, probation services, social services and health services, to work collaboratively to protect vulnerable adults. Social Services departments were required to develop and implement these codes of practice by October 2001.

As a result of the above, Bedfordshire County Council (BCC) established a Multi-Agency Protocol for the Protection of Vulnerable Adults (POVA) in 2001. POVA’s remit was to provide help and support to adults experiencing abuse, investigate cases where appropriate, and protect people from further abuse. This protocol was updated in April 2004 and again in August 2007.

The 2007 protocol placed more of an emphasis on early intervention and prevention, reflected in a change of name to *Safeguarding* of Vulnerable Adults from Abuse (SOVA).

BCC were keen to explore the effectiveness of POVA/SOVA and in June 2008 commissioned UserViews (a small independent research organisation specialising in public services) to gather the views and experiences of users and potential users of the service.

2.2 AIMS OF THE PROJECT

Following initial discussions with BCC’s Community Engagement Team, it was decided to divide the project into two parts.

Part 1:

To explore the perceptions and experiences of people who had reported cases of abuse or suspected abuse to POVA (or latterly SOVA). It was agreed that due to the sensitive nature of the topic, the most appropriate methodology for this part of the project would be to conduct in-depth face-to-face interviews with researchers from UserViews.

¹ European Convention of Human Rights

Part 2:

To obtain feedback on the new 'Multi Agency Protocol for the Safeguarding of Vulnerable Adults' (SOVA), focussing on the subjects of awareness of the service, perceived barriers to using the service, and feedback on the new SOVA leaflet itself.

For this part of the project it was decided that a series of discussion groups (focus groups) would be the most effective methodology to generate discussion, ideas and feedback more generally around the SOVA subject.

2.3 METHODOLOGY

At the beginning of the project, UserViews was invited to facilitate two pre-arranged discussion groups with service users and carers. These proved very useful and were used as pilots by UserViews to further develop discussion group content.

BCC currently keeps confidential records of those people who have been through the POVA/SOVA process for reporting and statistical purposes. In order to recruit participants for further discussion groups and interviews, it was felt that the people on this database might be the ideal candidates to take part, having had direct experience of the POVA/SOVA process. However, in order to protect their anonymity, it was agreed that initial communication to these potential participants should come directly from BCC rather than from UserViews.

UserViews supplied BCC with an introductory letter explaining the project and inviting people to participate in a one-to-one interview and/or discussion group. The letter was adapted by BCC and sent out to approximately 80 contacts on BCC's letterhead with a freepost envelope for responses. BCC made it clear in the letter that any responses would be forwarded, unopened, to UserViews for further action. This ensured that client anonymity was maintained. The only requirement for participation in the discussion groups was a general interest in the subject of safeguarding adults from abuse. Direct experience was not essential. However, it was felt necessary to have had some experience of the POVA/SOVA process to contribute to a face-to-face interview.

Five additional discussion groups were then arranged by UserViews to take place over a two-month period, on different days of the week and in different parts of the county, in order to increase accessibility. The discussion groups were particularly aimed at older people, people with mental health issues, and physical and learning disabilities in order to be representative of the client groups who had used the POVA/SOVA service. Posters were designed and distributed via BCC to other agencies (see appendix 1 for an example of poster). Discussion group content and interview questions were devised in consultation with members of Bedfordshire County Council's Community

Engagement Team and further developed from the pilot discussion group (see appendices 2 & 3).

This initial attempt yielded a disappointing response, with only four people expressing interest in attending the discussion groups. It was therefore decided to cancel four of the five planned discussion groups, and to re-think the strategy for generating interest.

UserViews has found from previous experience that engaging the support of local community groups and agencies has proved a successful strategy for accessing hard-to-reach groups. Talking directly in person with such agencies builds excellent working relationships and trust and often results in enthusiastic involvement from them and their clients. With this strategy in mind, UserViews set up meetings with three Bedfordshire-based advocacy groups²) who were willing to send out invitations to their clients (see appendices 4 & 5). Although this added considerable time to the length of the project, this approach proved to be more successful than the first, and a second round of discussion groups (four separate sessions) were able to go ahead. Those who had expressed an interest in the first round of discussion groups were re-contacted and invited to attend the re-scheduled sessions.

In total, including the two pilot sessions, six client groups were consulted between mid July to August. These were:

- People with learning disabilities
- People with mental health issues
- People with physical and sensory disabilities
- Carers of people with learning disabilities
- Other family carers
- Other service users

Recruitment for an older people's discussion group proved to be unsuccessful as the agencies approached were not able to help within the timeframe.

In accordance with Bedfordshire County Council policy, travelling expenses were offered and paid for by UserViews (public transport, car parking and mileage at £0.40/mile). Where appropriate, a buffet lunch was provided to enable social networking.

Interviews

It was originally intended to hold in-depth interviews with 12-15 people who had been through the POVA/SOVA process. Once again, of the 80 people initially contacted through the SOVA database by BCC, only three were willing to take part in interviews. UserViews decided therefore to recruit interviewees directly through the local community agencies. This approach proved more successful and provided a further six interviewees.

² these have not be named in order to protect the anonymity of the participants

Appointments were made by telephone for interviews to take place at the interviewees' homes at a date and time convenient to them.

Questions had been pre-prepared to assist with a semi-structured approach to the interviews.

On the day, interviews were audio-recorded (following consent from interviewees) and later transcribed in full. All participants were assured that their views and comments would remain anonymous when reported to Bedfordshire County Council.

SECTION 3.0 FINDINGS - INTERVIEWS

3.1 Introduction

This section explores the perceptions and experiences of people who have reported cases of abuse or suspected abuse to POVA (or latterly SOVA).

A total of nine people were interviewed in seven separate interviews³. (For the purposes of reporting, these are referred to hereon as interviewees a, b c etc). Seven of the nine were parents of adults receiving varying degrees of care in residential settings, supported living and day care centres. All of these parents had been through the POVA/SOVA process in some form. The remaining two interviewees had reported cases of abuse directed at themselves.

The types of abuse reported covered a wide range, including:

- neglect by professional carers
- physical abuse (in the form of man-handling) by professional carers
- sexual abuse
- verbal abuse
- financial abuse
- physical abuse by fellow residents

Those who had suffered abuse represented a range of client groups, including people with physical and learning disabilities, and older people.

At the outset of the interview, participants were asked to tell the researchers, in their own words, what had happened. Then, following the prepared semi-structures questions, researchers asked interviewees to reflect on their feelings and perceptions about the POVA/SOVA process.

Question 1: Did you feel believed?

Interviewees were asked whether they had felt believed when reporting cases of abuse to POVA/SOVA. Most felt overall that on reporting cases of abuse they had been believed.

Interviewee c, who had been physically, verbally and financially abused by professional carers in her home, said:

Yes, I reported them to social services. ... A lovely young woman. I cried like a baby to her on the phone, and she's been here and she's heard my complaints and stories on the phone.

³ two of these were couples

However interviewee e, whose daughter had been physically abused and bullied by another resident, felt differently:

They treat parents as though they are thick. ...If you make a fuss you're labelled as a 'troublesome parent'.

Interviewee f, whose daughter had been sexually abused by a fellow resident, felt the same:

Well I did [feel believed] until my daughter and I got confronted in the street [by a carer from the residential home] and it was suggested how it couldn't have been the person she said it was ... I felt the hostility from her ...

Question 2: Did you feel judged?

Interviewees were asked whether they had felt judged throughout the process. There was no overall indication that people had felt judged by investigating professionals, although one interviewee (a family carer) had felt judged for not reporting sooner.

Interviewee f said:

I felt judged by the social worker. It felt like well, here's a vulnerable adult – you've left it a long time [to say anything] I suppose. And then there was a kind of 'well, how come you didn't mention it?', I thought the social worker was saying 'why have you not mentioned it before?'

Question 3: Did you feel supported?

They were then asked whether they had felt supported? There were mixed responses to this question. Interviewee c was complimentary, saying:

Yes, I think the new social worker was supportive. She listened to what I had to say.

Interviewee f, however, felt differently. She said:

I wouldn't really say so. It was a process they had to go through. I feel you need somebody not involved in the process to support you.

Interviewee b, whose daughter had been sexually abused, supported this view, saying:

You know, we didn't have any support afterwards. ... The social worker and the manager came out, but only to listen to our criticisms, not to offer any support.

Interviewee a, who's son had suffered from serious neglect in a residential home, talked about a sense of isolation and lack of support, particularly in meetings with professionals. She said:

... we felt very alone. When you go to these meetings, it's OK for them, they're used to all these meetings but you feel like they're up there and you're down here. You walk in these meetings and it's like really disturbing. They throw these questions at you that are a little bit complicated.

Question 4: How did you feel going through the POVA/SOVA process?

Interviewees were then asked to reflect on how they had felt going through the POVA/SOVA process.

Interviewee c was positive about the process and spoke highly about the investigating staff. She said:

She was very attentive and she's trying her best. I feel she's trying to do what I'd like her to do. ...I think they're handling it in the proper way. I haven't had to wait long to get a response...

Interviewee d, who had experienced physical and verbal abuse at the hands of a professional carer, was also happy with the process. She said:

It's been dealt with by someone, I can't remember who. A lady came to see me. I think she was a social worker. I told her I had a problem with a member of the staff. She was really nice and said 'if you ever have any problems like that again don't hesitate to call me'.

With others though, this question evoked strong feelings, particularly around the issue of family carers being left out of the POVA/SOVA process. It was felt that meetings were held 'behind closed doors', information was not shared, little feedback was offered and that investigators were not proactive enough.

Interviewee a said:

... even when I wrote a letter to social services I said why were we left behind closed doors? Why weren't we involved in service meetings? Even if we couldn't have been there, they could have cancelled it for another time. Why were we left out of it when we were the most important?

Interviewee b talked about the lack of feedback and lack of action throughout the process:

I would like to have had some feedback on what they were saying. That would have given us some satisfaction. But over all those months of the investigation there was nothing. I was chasing up all the time. I kept phoning up to find out how long it was going to take, because the longer it goes on the easier it is for staff in the home to forget what's happened.

People said even where no resolution was possible, they would have appreciated honest feedback to that effect. In fact this was one of the biggest frustrations expressed:

Interviewee g expressed this clearly, saying:

There was never any feedback to us following that. I don't think we have ever had any feedback saying 'as a result of the POVA, this is what we have done, this is what's happened', anything. Even if they eventually come back and say 'well we've looked at it and there's no case to answer' then at least there's a conclusion.

Interviewees also mentioned the fact that they never found out what had happened to those accused of the abuse. There seemed to be a high level of such people 'disappearing out of the system'. It was often unknown whether the person had been sacked, disciplined, had resigned or were away on prolonged sick leave. Many expressed concern that they might still be working within the care system, and felt the need to know what action had been taken, if any.

Interviewee c, who had found out from other carers what had happened in her case, said:

I found out that what they did over the next couple of weeks, they gave her so little work that she couldn't survive, so she left and went elsewhere. She's still a carer though, and I bet she's still stealing from people.

Some interviewees expressed extreme anger and frustration about the fact that they had been left out of the process because their children were over 18. They were not allowed access to files and some spoke about their lack of rights as they did not have power of attorney for their adult children. The view by professionals that their children were old enough to make their own decisions and to speak for themselves was a major source of conflict.

Interviewee b, whose daughter (P) is unable to communicate, talked about being kept out of the initial interview with her daughter:

...if I'd have been there I could have helped, but they don't involve parents. It's 'keep parents at bay' and it's appalling. I feel so let down. I just wonder if anything happens to us what will happen to P. It's a hard struggle.

She also complained about not being kept informed of what was happening:

The thing that upset and angered me was when I asked exactly what had happened the social worker's response was 'well, would P want you to know – she's over 18' ... They refused on the grounds that I hadn't got power of attorney over P. Social services said 'If you get power of attorney then we'll release the paperwork'. Now they know P cannot give me power of attorney. She can't speak.

Interestingly, two interviewees felt that some incidents had been 'overblown' by POVA/SOVA. Having felt they should mention an occurrence to staff whose care their children were under, but not wishing to go down the official POVA/SOVA route, they then felt that they had lost control when investigations were started:

Interviewee f said:

... and it's one of those things, it's partly her fault [referring to an inappropriate sexual incident involving her daughter], so I didn't kind of officially report it but I mentioned it. But on both occasions I didn't want it dealt with in this big way. It was my deliberate choice because I was trying to keep it low key.... It's kind of made me think I'd be wary of what I said in the future.

Interviewee g, whose son had lent money to friends who were taking advantage of his learning disability, felt similarly about being asked to attend a POVA meeting:

So, we went along. There was us, a senior social worker and the manager, then there were the managers from two care agencies that he has input from, it was quite overkill actually, we thought.

He went on to express his concerns about POVA's reaction to incidents involving day-to-day abuse in the community:

... How do you stop them giving people money? You can't, can you? And you can talk to them until you're blue in the face, but if he wants to give someone money ... I think we just felt there was no real conclusion to it [the POVA investigation]. ... It just seems like a total waste of time. I think the idea of protecting vulnerable adults is great

but we have been told that the POVA has been too successful and now people are putting in POVAs for things that are totally inappropriate.

Whilst talking about the POVA/SOVA procedure, some interesting points were raised about people's experiences of involving the police in the investigations.

Interviewee a's main complaint was the length of time taken to get a response from the police, despite their involvement early on in the investigation. She explained:

I was e-mailing the police. First of all it took from May to January to actually get any response from the police at all. There was no communication from them whatsoever and then the letters they did send out they said they couldn't find the policeman who attended the POVA meeting. They couldn't find his name, they don't know who he was.

Interviewee b was very dissatisfied with the police's attitude towards the investigation of her daughter's sexual abuse. She explained that the police had decided not to continue with their investigations on the grounds that her daughter could not tell them what had happened to her due to her learning disability.

I was disgusted with the police. I was absolutely appalled by their attitude. ...The police could have spoken with us a lot more and asked us what was the best way forward given P's inability to communicate. But they didn't. It was just clear cut, you know, 'No language; what do you expect from us?' They didn't try to find anybody to try to speak to her or spend time with her or get to know her. ...They just weren't interested. It was just 'Well, what can we do? She can't tell us who did it, so where do we go from here?' They opted out. So we never did get to the bottom of it.

She also spoke about their mishandling of vital evidence:

By that time any forensic evidence was lost ... so that cancelled out anything, although the police had assured us at that meeting that they had the evidence. That lady policewoman said in front of everybody 'We have the evidence; we have the forensics', and it wasn't until some time later that we found she hadn't got it. They didn't have any evidence so they couldn't prosecute, because they'd lost all the evidence hadn't they....

...I mean they took her to the station to be photographed and they took it on a Polaroid, which was poor anyhow, and by the time x wanted to see evidence of the bruises the photograph had more or less faded because it took quite a time, about six months, to get that far. They should have taken the photos on a proper camera.

Question 5: Did you feel that your case was handled sensitively?

Interviewees were asked whether they felt their cases had been handled sensitively by POVA/SOVA. Some positive comments we made about this:

Interviewee d said:

[It was handled] really well. When I told the staff they believed me and they helped me. They got me out of this mess.

However, other interviewees felt that their cases could have been handled with more sensitivity:

Interviewee g said:

I don't feel it was handled sensitively. I feel it was handled in order to tick the boxes in order to do the necessary to comply with the standard and not to address the problem. To me, if it was handled sensitively, it would have been trying to create an empathy with the person reporting it, and it wasn't.

Interviewee a felt there was a lack of concern and care from POVA/SOVA. She said:

I think they could have done more. A phone call now and again to say 'how are you, how is the family coping?' No-one did – never. ... And I think after that [at the end of the investigation process] they just walked away and, as far as they were concerned it was over. Done and dusted for them, but it was still going on for us. ... No, I think they could have done a lot more. ... So I feel very let down by social services again.

These comments highlighted the fact that the consequences of abuse stay with the family and with the abused person long after the investigation is over. Several people spoke to us about this.

Interviewee b told us:

The biggest worry was when I put her to bed that night she refused to have a pillow – a thing she'd never ever done. She threw it on the floor and went rigid. Now that absolutely petrified me, more than the bruising – that would heal but this wouldn't. That took months for her to get used to having a pillow back, reassuring her, playing gentle music to her at night. It was a long, drawn out process and for two years we kept her at home, we didn't let her go.

Similarly, interviewee d, said of her experience:

I can't forget it. I was very frightened.

Interviewee e said about her daughter:

... she became incontinent, and she's not incontinent – she was frightened.

And interviewee f said:

I think because of that, the upshot of it has been that all this time on, she will not hear of going to a group home, to respite. She just won't go. We tell her it's completely different but once she gets that idea in her mind, that is set.

Question 6: How could your case have been handled better?

We then asked interviewees how they felt their cases could have been handled better.

Interviewee c was very satisfied with how her case had been handled, and said:

No, I don't think anyone could have handled it any better because they've attended to things almost immediately. ... I'm quite satisfied with social services.

Others, who were less satisfied, suggested ways in which their cases could have been handled better.

Interviewee f said:

I think perhaps the first thing they should have said was 'well we have a process and we have to go through it.' Then it wouldn't have taken me by surprise.

Interviewee e talked about the fact that nobody from POVA/SOVA came to see her at the beginning of the investigation:

Well I would have thought they would probably have wanted to come and asked me why I reported the incident. I would have shown them the photograph [showing evidence of the physical abuse]. It wasn't just me making things up. They could have gone to the doctor. They could have gone to the therapist [both the doctor and the therapist saw J's injuries]. Both of them were willing to talk about it.

Interviewee g suggested the procedure should have been handled in a similar way to a formal complaints procedure. He said:

If they want a formal system, I want a formal acknowledgement to show that they're taking it seriously. ...Convince us that something is happening as a result of it; that it's worth doing [submitting a SOVA].

Some interviewees said that an apology from the agency with overall responsibility would have gone a long way to helping them to recover from the trauma of the incident.

Interviewee c said that although she was happy with the way the investigation was handled, she would have liked to have had an apology from the care agency.

Similarly, interviewee a told us:

Even then, they never really apologised in any way. There was never, ever at any time, anyone from that company who said we are so sorry. Never, not one. I just got so upset....

Question 7: If it happened again, would you do anything differently?

We then asked interviewees whether, if it happened again, would they do anything differently? Responses to this question were very varied.

Interviewee a's response was particularly concerning given that she'd been through the POVA/SOVA system. She said:

Again, to be honest I wouldn't know who to turn to. I really wouldn't know who to turn to. ...And what these carers do, with abuse, they just seem to get away with it. ...I don't think I'd be as patient with the police as I was last time. ...I think next time, I'd put my foot down and say look you're just ignoring us all the time.

Interviewee d felt she had learned from the process and would know what to do another time. She said:

...I'm never going to put myself through this again. I'd tell someone quicker next time.

Interviewee b, however, felt very disillusioned with her experience of POVA/SOVA. Her view was:

I would go to the papers. I would go public. I think it has to be made public, so people are aware of what can be done.

Interviewee f, who felt POVA/SOVA had overacted to her concerns about her daughter, indicated that she would take the opposite approach. She explained:

...Maybe they can't deal with things subtly, they have to go through the process. ... I might keep quiet. I'd really think about it.

Question 8: Is there anything else you'd like to tell us?

Finally, interviewees were asked whether there was anything else they wanted to tell us.

Interviewee c had a suggestion:

I know this might sound expensive, but I think there should be somebody to visit people and to find out what they really think. I mean I can stick up for myself – I can't walk and I can't do much of anything, but I'm still alright up top, and I can sort matters out. But there are people who are afraid that if they make any complaint their care will cease. I think if it would be possible for somebody to check on people, you know really listen to people, you can find out if they've got a problem. It needs to be someone independent from the care agency and independent from social services. People won't go to social services because they're afraid their care might stop.

Interviewee a, whose son received compensation for the abuse he suffered, said:

It's not about the money. It's about getting answers. We just wanted answers because we were hitting brick wall after brick wall.

Both interviewees c and e felt the problem of abuse was caused by understaffing in the care services.

Interviewee c said:

There's nobody at the moment taking enough interest in what's happening. It [abuse] needs to be prevented. I think the problem is that the care staff are under too much pressure. ... They haven't got enough carers. They get delayed, they haven't got enough time in the day to see everyone. They're late for people and they get told off ... and by the time they get to me they've been told off so many times that they take their temper out on me. I'm at their mercy you know.

Similarly, interviewee e explained:

I think a big part of the problem is that a lot of these places employ agency staff, so that's one thing. There's a real problem with lack of staff.

Finally, interviewee g raised a pertinent point:

Another thing is I wonder how much power the SOVA team have. If someone has reported something that needs attention, even in my son's case, who was it that went and spoke to the person taking money off him. Who does the sorting? Is it social services? The fixing, where does it come from? I'm sure some things get handed over to the police if it's serious and maybe to the manager of the care home, but what authority do [social services] have [to police less serious cases of abuse within the community]?

SECTION 4.0 FINDINGS - DISCUSSION GROUPS

4.1 Introduction

This section of the report explores peoples' views and ideas on the new 'Multi Agency Protocol for the Safeguarding of Vulnerable Adults' (SOVA). The issues covered are participants' awareness of the types of abuse, participants' awareness of SOVA, barriers to reporting abuse, what would make it easier to report abuse, feedback on the new SOVA leaflet and suggestions on how BCC could raise the profile of SOVA in the community.

This section includes findings from both the initial pilot sessions and four further discussion groups (for more information see section 2.3 Methodology).

Six discussion groups were attended by a total of 52 participants. 36 were service users and 16 were family carers. Although it was not a pre-requisite, a number of participants had been through the POVA/SOVA procedure. The client groups represented were:

- People who had used mental health services (8)
- People with learning disabilities (5)
- Family carers of people with learning disabilities (8)
- People with physical and sensory disabilities (14)
- General service users (9)
- General family carers (8)

4.2 Warm-up exercise – forms of abuse

Discussion groups started with a warm-up exercise in order to get participants thinking about the subject matter and to gauge their awareness of the kinds of abuse that exist.

Participants were asked to think about what kinds of abuse vulnerable people may be exposed to:

In all of the sessions, participants were reasonably aware of most categories of abuse. It was clear that the most obvious types of abuse, such as physical and verbal were known to participants, but there was a lower level of awareness about the lesser known forms of abuse such as financial and neglect. Interestingly, many people were unaware that neglect was a form of abuse, and institutional abuse was not mentioned by any participants.

Participants were asked if there were any SPECIFIC types of abuse they considered to be of particular concern to their client group:

Mental health service users

Participants who had used mental health services had a number of concerns that were discussed at some length:

- Mental health service users are tolerated but not always trusted. Sometimes health professionals are patronising. They tell you what's wrong but rarely ask you what you think. For example, when you are an in-patient and the doctors do the ward round, they talk about you and you don't get any input into your recovery. Is this discriminatory abuse or maybe a subtle abuse of power? Behaviour like this can cause people to become institutionalised
- There is a pressure to do as you're told – professionals can be persuasive – an 'I know best attitude'
- There can be a deprivation of liberty especially when sectioned. There need to be safeguards to prevent abuse around this. There can be an abuse of power – the staff must have appropriate training. Sectioning might be just one option
- Lack of acknowledgement from professionals that someone with a mental health condition may be anxious about seemingly minor issues [they spoke here of dismissiveness from hospital staff who didn't regard their concerns as valid or important]
- Some staff can label and stigmatise. There are a lot of assumptions that physical problems are all down to mental health problems

Learning disability service users

Participants with learning disabilities talked about their specific experiences of abuse:

- Bullying
- Poking fun at someone (especially when they are in a wheelchair or overweight)
- Name-calling
- Pulling faces
- Swearing or making rude gestures

- Taking the phone away
- Threatening someone
- Ganging up
- Starting a fight
- Making fun of skin colour or religion
- Nicking money / stealing
- Spreading nasty rumours

Carers

Carers of people with learning disabilities brought up the following concerns:

- Physical abuse by staff in residential care homes
- Neglect of people in care
- There is not enough effort to understand people with communication difficulties
- Sexual abuse in care
- Misuse of client's money
- Inconsistency of staff – e.g. some staff will help residents with tasks such as cleaning their teeth but others don't.
- There might be a tendency to hide behind the mental capacity act. This may be interpreted by staff to suit themselves

Physical and sensory disabilities

People with physical and sensory disabilities spoke of the types of abuse that they felt they were particularly vulnerable to:

- Emotional abuse
 - Making people feel isolated
 - Speaking about people in front of them
 - Labelling and stereo-typing
 - Lack of respect

- Being patronised
- Not being taken seriously
- Being intimidated when vulnerable
- o Man-handling
 - People being impatient with you – don't spend time with you
- o Vulnerable to crime
- o Abuse of personal privacy (misuse of client's personal details between agencies)

It was interesting to note the differences in the specific issues of concern between the client groups. Whereas participants who had used mental health services and family carers talked about abuse within a professional care environment, participants with learning disabilities were more concerned with abuse that took place within the community. Participants from the physical disability discussion group talked more about emotional forms of abuse, especially from professional carers.

4.3 Awareness of SOVA

UserViews asked how many participants were aware that BCC had an official procedure for reporting suspected abuse:

Only 9 of a total of 52 people had some awareness of the SOVA procedure.

We then went on to ask how many participants would know where to go for help if they were concerned about somebody being abused:

18 of the 52 participants felt they would know who to approach if they were concerned.

When asked who they would approach, the following were mentioned (in the order listed below):

Table 1 - Who would you go to, to report abuse?

<u>Mental health service users</u>	<u>Learning disability service users</u>	<u>Family carers</u>	<u>Physical disability service users</u>	<u>General service users</u>
Police	A&R (assessment and resettlement)	Social services	Social services	Community mental health team
CAB	Member of staff (day centre)	Police	Police	Police
GP	Police	Family members	Age Concern	Victim support
Town hall (for signposting)	Parents/family member	Other carers/support groups		Social services
Social services	Friends	Care home manager		Housing association
Local press	Hospital	Carer agency		PALS (NHS)
PALS (NHS)	Crimestoppers	Local MP		
Advocacy service	Advocacy service	Housing association		
Library	Neighbours	CSCI		
Care home manager				
Key worker				
NHS Direct				
Local MP/councillor				

4.4 Reporting suspected abuse

Participants were asked ‘if you suspected or experienced abuse, what might stop you from reporting it?’

Common to each of the groups was the fear of reprisal and in particular, there was a high level of concern about the possible impact on a person’s care. All groups mentioned their concerns about not being believed and the potential emotional trauma that might result. Also prevalent was the fear of making a false accusation and the impact that could have on the life of the accused person.

Other barriers to reporting, specific to each group, are given below:

Mental health service users

- You think nothing will happen; you will not be taken seriously
- There is a fear of how you might be treated, even if you are believed

- Worried about what other people might say (even if you are a confident person)
- You might not act straight away then you might start questioning your own judgement especially when there are power issues (example if it's you vs a doctor) – you tend to be deferential
- Investigators might go to [care] staff rather than to the individuals reporting it especially if you've got a mental health problem
- Once you report the case, you will be put to one side while social services deal with the case. They forget you then
- It becomes about the abuser, not the abused. You need resolution as an abused person
- If there is an internal investigation there is a fear that it might be 'whitewashed' – (ie. professionals stick together – you really have to fight)
- Reporting might open up a lot of emotion. You may have emotional trauma
- You need to feel confident enough in yourself; it's not always the case. You need courage to confront abuse and to carry through the reporting
- The procedure would be a lot of 'palaver' especially if you've got mental health problems

Learning disability service users

- You might be nervous
- You might be shy to complain
- You might not have anyone to turn to
- It's hard to use the phone especially if you have got poor eyesight
- You might not have any way of getting out of the situation; for example, you might not have any transport

Family carers

- You worry that a small concern will be made into a large concern
- You might be seen as a troublemaker – both you as a parent and the cared-for person as the client

- All the hurdles you have to go through
 - Being kept out of meetings
 - Not given any answers to questions
 - It all happens behind closed doors
- You have to fight for information
- There are limited choices about your options – ie. it seems that you have to make it a SOVA or report it to the police. There is nothing in-between
- Staff changes. There is a high turnover of carers and social workers and this leads to the complaint (SOVA) getting lost in the system
- We feel that there's no point reporting suspected abuse because nothing will be done

Physical disability service users

- The fear of having to tell someone, especially if it's personal, like domestic abuse
- Worried that it will be taken out of your control
- Worried that you may be forced to move [to get away from the abuse] which is disruptive to you
- Afraid that there'll be no one around to support you during the process
- There are cultural pressures to suffer in silence; not to make a fuss
- There might not be any help afterwards
- There is denial from society (eg. stiff upper lip, put up with it)
- You might have to prove it yourself, ie. it's your word against theirs
- Fear of being labelled as difficult
- You might not be taken seriously
- Passing the buck by social services staff. They are rarely available, always in meetings when you ring, it's difficult to persist when you're made to feel a nuisance
- Being put through to a voicemail service puts you off as do automated phone services
- It's a complex procedure
- It can break you, especially if you don't feel strong

- It depends how you are that day

General service users

- You'd look like a fool if it was unfounded
- There's no point because the authorities close ranks
- Fear about being contacted once the abuse is reported – the council might ring you or send you a letter. How can you guarantee that someone won't find out who reported them?
- The 0870 number is expensive to ring – it should be free

Participants were then asked 'What would make it easier to report?'

Common themes here were the need for reassurance around the following issues before people would feel confident to begin a SOVA procedure:

- That regular feedback would be given throughout the process
- That parents would be fully involved in the process

It was also suggested by several groups that investigators should be independent of social services.

Mental health service users

- Make sure that the person on the telephone is sympathetic and understands the issues and can deal with it reassuringly. They need to be trained and have listening skills. They shouldn't just be a call taker on low pay who doesn't know about it [SOVA].
- You need to have professional counsellors available to help the person reporting the suspected abuse
- You might need support / advocacy from an independent person to help you report
- The person you report it to needs to be independent of social services. What if the abuser is from social services? How can you ring social services to complain about social services?
- You need to have feedback (like the police do). This is really important. Don't leave it for people to chase up themselves

- Tell people they'll get feedback and when. Then make sure it happens.
- Make sure that people receiving care know it's OK to report

Learning disability service users

- You would have to try to not be nervous
- You would have to have courage or try to pluck up courage
- You would have to feel loved
- People would have to listen to you and take it seriously
- It would be easier if people spoke the same language as you (especially when english is not the first language)

Family carers

- We should be invited to meetings or we should be given feedback after meetings
- We need a clear procedure so we know what to expect
- There should be more options available on how to proceed with reporting a concern - full-blown investigation or maybe just advice
- Investigations should be immediate. This would help with continuity as there is a high turnover of staff. Investigations should not go on for weeks and months
- The person investigating should be independent
- There could be a support group for those going through the SOVA process
- Leave a 'calling card' so people know who to contact after the initial discussion with an investigator. You don't always remember people's names when you're in an emotional crisis
- Make people aware that they can report abuse including low level abuse, especially when they witness fellow residents or fellow in-patients being abused. Staff need to be aware also that they shouldn't turn a blind eye

Physical disability service users

- Easy access to an advocate

- Easy access to good practical information so you go to the right place for help at the start. It could save time and money later on
- Reducing cultural barriers (different difficulties for different cultures)
- If someone listened and took action
- If people knew what to expect from the SOVA procedure and process
- Don't assume that people have e-mail or faxes or internet access. Offer people different ways of contacting SOVA
- Put information in the right format and different languages
- If vulnerable people had a Personal Assistant (PA) who could help with the day to day needs / personal care / advocacy
- To be able to see someone face to face

General service users

- If you knew there was a specific designated number to reach someone who knew what to do (i.e. don't like being passed around on the telephone to different departments)
- Give lots of reassurance that suspected abuse can be reported confidentially or anonymously
- Give lots of reassurance that it's OK to ring even if you're not sure
- It should have a well-publicised phone number and easy to remember
- Make it a freephone number and available 24/7

4.5 SOVA leaflet and SOVA in the community

Participants were asked for their feedback on the new SOVA leaflet

The following feedback is collated from all the groups that participated with the exception of the learning disability service users' feedback, which has been kept separate since it is specifically relevant to learning disability needs.

- It should use the word '*suspected abuse*' rather than just '*abuse*'
- The front of the leaflet doesn't actually mention 'vulnerable adults' – it just says adults
- Make it more clear in the information that reporting can be confidential

- Make it clear that it's OK to ring up if you are unsure whether abuse is occurring or not
- The leaflet needs clarity about the process
- Make it an independent service and put that on the leaflet
- Make the phone number free – e.g. 0800 and just have ONE central number
- The phone number isn't clear. The number needs to be more prominent and in big letters on the top of the page
- The phone numbers are too small and there are too many of them, it's confusing. Just have one number – an easy to remember number
- The phone number should be part of the key message
- Make a discreet leaflet – small enough to slip into your pocket without being seen
- The leaflet should have large print and not too many words
- Don't necessarily need pictures – 'less is more'
- Colour is good
- Some of the pictures on the front don't look like they're for adults – more like they're for teenagers and the hoodie on the front looks like a homeless person
- The visual (photos) on the front need to relate to more people
- The pictures are not relevant and a bit misleading. They should show more people with severe disabilities, not a homeless youth. There should be more pictures of people in wheelchairs
- If you're picking up a leaflet you don't know that there are other ones with different pictures. As far as you're concerned it just isn't relevant to you
- Have key words like '*being bullied?*', '*being exploited?*', '*get called names?*' – then '*is this you?*' on the poster
- You could have a series of postcards each with a different type of abuse – this would make people realise there are lots of different types of abuse
- Posters won't help people who don't have confidence to report. It needs more

- Have the leaflet in Braille
- The white text on the black background is hard to read, especially when it's highlighted in blue
- The text is too small and a bit blurry
- The leaflet size is good (A5)
- Have a small pocket sized leaflet that can be carried around. If you're being abused you wouldn't want to be seen with the leaflet

Learning disability service users

- Not too many words [only 1/5 participants in this discussion group could read the words]
- There needs to be an easy read version for people who have difficulty reading
- The telephone numbers should be in big letters and a different colour to the rest of the words
- The telephone number should be on all sides of the leaflet or even after each heading
- There should be one single telephone number [participants found three different telephone numbers on the leaflet confusing]
- Some of the pictures may upset people [but generally the pictures were preferred to words by the participants]
- There should be a variety of leaflets to suit everyone [varying levels of ability] – some big [A4] and some small ones [A5]. Some with lots of pictures on and some with more words on.

Participants were asked 'where should SOVA leaflets be placed within the community?'

Suggestions were:

Health and care sectors

- Doctor's surgeries
- Pharmacies

- Hospitals
- Send to managers of private health services (i.e. independent sector providers)
- Give to community nurses who could give them to people who don't get out
- In patient's discharge folders
- Give to NHS trusts or get them to distribute with their literature or write an article about SOVA for their magazines/journals
- Care homes
- Give to families of people in care homes
- Put it in individual care packs that go to carers
- Supported living units
- In places where people are cared for – in reception and in peoples' rooms
- Hospital radio

Other agencies

- Give to advocates such as Rethink and give them awareness training. They could distribute info and discuss and offer help to clients
- Send to charitable organisations and agencies, e.g. Gateway, MENCAP
- Disability resource centres
- Send to housing scheme managers
- Police stations
- Give to any organisation that deal with vulnerable people, such as the Samaritans

In the community

- Newsagents
- Supermarkets

- Libraries
- Send to employers
- Community Centres
- Send to the Community Support Officers (Police)
- Shopping Centres
- Churches
- Parent groups
- Circulate with the local free papers
- In bus shelters / on buses
- County Hall
- Tourist Information Centres
- Post Offices – it might be the only place that some people go to
- Put it on something that we all need such as on milk bottles
- On local radio
- Put the telephone number at the front of the phone directories / Thompson directories / Yellow Pages
- Football and rugby grounds
- Neighbourhood watch schemes
- Universities / Colleges (a lot of these now have course for vulnerable people)

Interestingly, participants were more in favour of placing SOVA information in places in the community that are accessed as part of daily life, rather than in council premises. There was a unanimous view that SOVA information should not be mailed to every household. As one participant put it *'people receive so much junk now – they don't read it; it goes straight in the bin'*

Participants were asked what else BCC could do to raise awareness of SOVA

Many participants favoured the idea of running awareness-raising campaigns on TV, local radio and in local newspapers. Participants were aware of the cost of TV advertising campaigns and therefore suggested that BCC might provide a newsworthy angle for coverage on local TV stations (e.g. Look East)

Other suggestions included:

- Give something out free like a calendar with the 'useful telephone numbers' on the back – people wouldn't throw something like that away
- Get a charity or a supermarket or MacDonald's to sponsor an awareness week
- Have cartoons
- Send people text messages
- Educate the kids through the schools
- Have fridge magnets
- Have the information on the internet
- Have a multi-level campaign
- The council could have information days
- Have forums for service providers, eg. MIND
- Social workers could bring the subject up in the annual review meetings
- Have meetings in the day centres for the carers of clients
- Have posters up
- Make a tape / CD / DVD / Video to tell people (especially for those who have difficulty reading)
- Teach other people in the community
- The bosses could come and talk to people and tell them [suggested by learning disability service users]
- The bosses could employ people to help others [suggested by learning disability service users]

- Put the information in the carers' forums and newsletters so our parents and carers can read it [suggested by learning disability service users]
- Within care companies and care staff. Care staff need to realise they can be reported and that they are accountable.

Finally, several participants were concerned about the impact of the proposed changes to local government structures on the SOVA service:

- What will happen to SOVA next year in 2009 when the councils merge?
- Will the SOVA service be affected by cutbacks and when the councils merge next year?

SECTION 5.0 OBSERVATIONS

The observations in this section are divided into two parts. The first part reports on the findings from the discussion groups and the interviews. The second part consists of observations on the research process itself.

Before beginning, we would like to acknowledge that it is more likely that people dissatisfied with their experience of POVA/SOVA will have responded to invitations for interview (response bias). However, in this project, we were pleased to find that two of the nine interviewees had had a positive experience of POVA/SOVA.

5.1 Observations on findings

- The fact that BCC has a policy in place to safeguard vulnerable adults from abuse was considered by all participants to be positive.
- The main complaint from interviewees was the lack of feedback both during and at the end of the POVA/SOVA process. Many were unhappy that they had been left out of important meetings, and although they could understand why this might be necessary, nevertheless had expected some form of feedback as to the outcome of such meetings. Some said they would have valued feedback from POVA/SOVA at the conclusion of the investigation, even if only to explain why a case had not been finally resolved.
- Parents in particular felt very strongly that they had not been sufficiently involved by POVA/SOVA at key stages of the investigation, e.g. at initial interviews with the abused person. In such cases the parents interviewed believed they had an important 'advocacy' role to play, particularly those whose children were unable to communicate what had happened to them.
- Mental health service users talked about their experiences of dealing with health professionals. Many felt health professionals' attitudes towards them to be 'patronising', 'dismissive' and 'discriminatory'. This raised the question 'Is this discriminatory abuse or maybe a subtle abuse of power?'
- Another issue picked up in the interview findings concerned incidents of social harassment in the community, such as 'friends' 'borrowing' money from a vulnerable person. Some people were unclear about what action to take when abuse had been due to what may be considered as poor judgement on the part of the vulnerable person. One could ask if such cases are partly a societal issue as well as a safeguarding issue for SOVA? If this is so, then where does responsibility for resolving such cases lie? Is it within the community or within SOVA or a mixture of both?

- Participants told us that they would like more flexibility about how SOVA handles reported cases of abuse and suspected abuse. People were concerned that a call to the SOVA team might result in an ‘overreaction’ when in fact they might only want advice or for somebody to check on a situation without making it into a full-blown investigation. Within the discussion groups, this concern was actually given as a reason for not reporting to SOVA. It was also the experience of some interviewees, who had reported a concern only to have it turn into a major investigation.
- What was powerful in this research was the fact that the consequences of abuse stay with the abused person and the family long after the investigation is over. Several interviewees, who were still coping with the emotional stress related to their experience of abuse, told us they felt that this was not understood or acknowledged by SOVA professionals. They felt they had been forgotten after the incident was closed.
- There was low confidence (particularly among carers) that SOVA professionals would be available out-of-hours and at weekends, and that calls made during those times would be handled by a call-taker with little or no experience of the issues concerned.
- There was low confidence and reserved cynicism among participants that anything would change within social services and BCC as a result of *this* consultation. People seemed to be weary of giving their views but never getting any feedback as to how their views and suggestions had been used. At every turn we were asked three things:
 - What will happen to the information, will it be shared with us?
 - Will anything actually change as a result of what we have told you?
 - Will we be informed of any changes that happen?

5.2 General observations

- We found the process of trying to involve people in Bedfordshire in this project to be particularly challenging. It is unclear whether this was due to the sensitive nature of the project or a general reluctance of people to engage with their local authority.
- This was highlighted by the original methodology failing to generate enough interest, and the subsequent need to use a different strategy in order to reach people. This second approach involved direct contact with advocacy groups in Bedfordshire. There was even a reluctance from many of these to get involved. However, eventually we were able to gain enough support from a small number of groups, whose help, advice and enthusiasm proved invaluable in enabling this project to proceed.
- We have found from experience that client groups generally are more comfortable with others with similar experiences to their own, and so

discussion groups were arranged by client group rather than mixed. Empathy between participants was apparent and led to more in-depth discussion of the issues. It seemed that some participants felt that the sessions had had a therapeutic value and many commented afterwards that they had enjoyed the chance to share their views and experiences. Also, the detail that came out from these individual groups proved helpful in being able to report specific findings relating directly to the concerns of each group.

- People seemed reassured by the fact that we were independent and several commented that they would only participate if we could guarantee confidentiality and that no-one from social services would be present.
- There is a general assumption that people with learning difficulties have limited capacity to contribute to group discussions. Our experience with this group of service users showed this was not the case, despite some of the participants having moderate to severe learning disabilities. With the help of visual aids and support staff, the participants demonstrated an appropriate level of understanding about the issues being discussed and were fully able to interact with each other, to take turns and to listen. Their contributions were highly valid and their only requirement different to any other user group was that they needed a little more time to think about the issue being discussed and to communicate their view points. This user group seemed to be delighted that BCC wanted to listen to their views and experiences.
- People very much appreciated having travel expenses reimbursed immediately in cash, as they had incurred expenses to attend and many were on benefits or low incomes.

SECTION 6.0

SUGGESTIONS FROM FINDINGS

We are aware that the majority of interviewees had reported cases of abuse using the former POVA process, and that the updated SOVA process may well have already addressed some of the suggestions given in this section.

6.1 The SOVA Process

The following are suggestions from our findings that BCC might consider:

- Have ONE freephone helpline, available 24/7
- That the SOVA process be outlined clearly in a leaflet, to be given out at the reporting stage. This would help people to know exactly what to expect at each stage of the procedure.
- That SOVA investigations into suspected cases of abuse be carried out by persons not connected to social services
- The provision of a named person to be the main point of contact for feedback and support to the family or abused person throughout the process. A direct line of communication with this individual would be helpful in building up confidence and trust in the investigation
- Lack of feedback throughout the process was the single biggest issue raised. The following forms of feedback are suggested for consideration:
 - A formal acknowledgement that a SOVA has been submitted
 - An initial face-to-face meeting to discuss the process and expectations with a person assigned to the client for the duration of the SOVA process
 - Feedback on an ongoing basis so that the client can be kept up-to-date with all developments
 - Feedback at the close of the investigation to inform the client of the outcome or otherwise and to determine whether there is a need for further support
 - Feedback on the action (or otherwise) taken against the perpetrator/s
- That SOVA recognises the importance of parents as advocates for their vulnerable children.
- To consider the possibility of some form of aftercare for individuals and families once the investigation is over. This could be as little as a phone call or visit, or as much as the offer of counselling where appropriate.

6.2 The SOVA leaflet and SOVA in the community

- Use the words ‘suspected abuse’ rather than ‘abuse’.
- Emphasise that reporting can be anonymous and confidential.
- Consider a range of leaflets in varying sizes and formats, including a pocket or wallet-sized card and an easy-read version.
- To consult with service users before producing any new leaflets.
- For suggestions on where information could be placed in the community, please see pages 29-31.
- For suggestions on how BCC could raise awareness of SOVA, please see pages 32-33.

APPENDICES



Bedfordshire
county council

USER VIEWS

Do you have a physical disability or do you care for someone with a physical disability?

- Q. What do you know about the different types of abuse? (eg. verbal abuse, financial abuse, physical abuse, emotional abuse, neglect, etc)
- Q. What do you know about the council's procedures to keep people at risk safe?
- Q. How can the council raise people's awareness of the different types of abuse?
- Q. How can the council improve its procedure for reporting suspected abuse?

Bedfordshire Adult Social Care Services want to make sure that the procedures they have in place to deal with reports of all types of suspected abuse are accessible, effective and easy to understand.

USER VIEWS - an independent research organisation is working in partnership with Beds County Council and is holding a discussion group on this subject.

Please come along and tell us your views and opinions on this subject

Monday 2nd June 2008
at the
Rufus Centre, Steppingley Rd, Flitwick
2.30 – 4.30pm

Refreshments provided

If you would like to come along please contact:
Becky Baker, Researcher, UserViews, ring 01379 788617
or text Corah Carney on 07749 824487
or e-mail us at info@userviews.co.uk

INTERVIEW QUESTIONS

What happened?

Then:

Did you feel believed?

Did you feel judged?

How do you feel about the way your case was handled?

Was it handled sensitively?

Did you feel supported?

How could it have been handled better?

If you found yourself in a similar situation again, would you do anything differently?

DISCUSSION GROUP OUTLINE

Introduction

Introduce UserViews and explain our role
Purpose of focus group
Stress confidentiality of session
Code of conduct

Ice Breaker

What is abuse? (*show list taken from leaflet*)

Who is at risk of abuse? (*show list taken from leaflet*)
(we are *all* at risk in some way)

What are the kinds of abuse of most concern to people with physical and sensory disabilities /mental health issues / learning disabilities?

Participant awareness

If you were worried about how you were being treated (*users*) or someone being abused (*carers*), would you know who to ring or speak to? (*show of hands*)

Who would you go to?

How many people knew before today that the Council has a system in place for people who want to report a case of abuse?
(*show of hands*)

Obstacles to reporting

If you were concerned about somebody being abused, what sort of thing might stop you from contacting the Safeguarding Adults Helpline?

What would make it easier?

Raising awareness

If we were making a leaflet to inform people about this issue and to tell people how to get help, what information should be in it?

What should it look like? (*show examples*)
(*Pass around current leaflet for feedback if time*)

Where are the best places to put this information?

What else could the Council do to raise awareness about reporting abuse?

Invitation to take part in interviews for those who have first-hand experience of the procedure for reporting abuse

USER VIEWS

15th June 2008

We are UserViews, a small independent research organisation. We are working with Bedfordshire County Council and would very much appreciate your help.

We would like to invite you to attend a discussion group to discuss Bedfordshire County Council's procedure for reporting cases of suspected abuse or mistreatment of adults receiving care. The Council has asked UserViews to find out what people think they need to do to make this service work better, and what would make it easier for people to ask for help if they were concerned about someone being abused. You do not need to have had direct experience of this in order to join the discussion group.

The discussion group will take place on Tuesday 15th July 2008 from 1.30 – 3.30pm at The Place, Grove House, 76 High Street North, Dunstable, LU6 1NF.

We will provide sandwiches and reimburse you for your travel expenses (please keep any receipts or tickets for this, or keep a note of your mileage if travelling by car)

If you have been through the procedure for reporting suspected abuse yourself, UserViews will also be conducting one-to-one confidential interviews to find out in greater depth people's experience and stories about going through the procedure and how it felt. Interviews usually take about one hour.

You can decide whether you'd like to take part in a discussion group, an interview, or indeed both. You are very welcome to bring someone with you to the discussion group. Interviews can be held in a place convenient for you.

If you would like to be involved please complete the attached form and **return it in the prepaid envelope provided by Tuesday 8th July 2008.**

APPENDICES: Appendix 4 – Example of an invitation letter

Please be assured that anything you tell UserViews will be treated in the strictest confidence and will be reported back to Bedfordshire County Council anonymously. Your contact details will not be used for any purpose other than to communicate with you on this project.

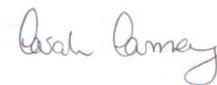
If you have any questions please do not hesitate to contact Becky Baker, UserViews on 01379 788617 or by email at becky.baker@userviews.co.uk

We very much hope you will share your views and experiences with us.

Yours sincerely



Becky Baker



Corah Carney

DISCUSSION GROUP

The purpose of these sessions will be to find out people's awareness of how to report cases of abuse, and to discuss ways in which these procedures can be improved. Discussion groups usually take approximately two hours.

Please tick the box if you would like to attend the discussion group

Discussion group – Tuesday 15th July 2008, 1.30 – 3.30pm
The Place, Grove House, 76 High Street North, Dunstable, LU6 1NF

Will you be bringing someone with you to the discussion group? Yes
 No

INTERVIEWS

The purpose of these one-to-one confidential interviews will be to find out in greater depth people's experience and stories about going through the procedure for reporting suspected abuse and how it felt. Interviews usually take about one hour.

Have you had direct experience of the procedure for safeguarding adults from abuse? Yes
 No

Would you like to take part in a face-to-face interview lasting approximately one hour? Yes
 No

We will contact you to arrange a time and place for interview once we have received your response.

Please give us your contact details below. Please be assured that any details given will be kept in strictest confidence and will only be used to make contact with you in connection with the above.

APPENDICES: Appendix 4 – Example of an invitation letter

Name _____

Postal Address _____

Contact telephone number

Email address

Do you have any other concerns, questions or requirements?

Please return this form in the prepaid envelope provided.

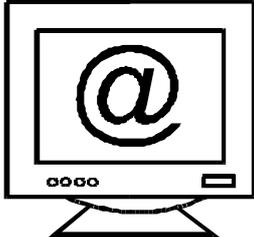
Many thanks.

May 2008

<p>This letter is for anyone who is interested in helping people to understand what to do if they think somebody is being abused.</p>	
<p>Abuse is when a person is mistreated by someone else. It can be things like hitting, calling names, stealing or rape.</p>	
<p>Bedfordshire County Council has a special service to help adult people who are being abused.</p>	
<p>People who are cared for by others are especially at risk of being abused.</p>	

<p>It is really important that people know that they can get help if this happens to them. Bedfordshire County Council wants to know what you think would make it easier to ask for help.</p>	 A woman with long brown hair, wearing a light blue t-shirt with 'Dandelions' written on it, has her hands outstretched in a questioning gesture. To her right is a large blue question mark and a blue circular icon containing a white lowercase letter 'i'.
<p>If this sounds interesting to you, we would like you to help us.</p>	
<p>We are Becky and Corah and our company is called <i>UserViews</i>.</p> <p>The Council has asked us to find out what people think the Council needs to do to make this service work better.</p> <p>They want to know how they can make it easier for people to ask for help if someone is being abused.</p>	 Two photographs of women. The top photo shows a woman with curly red hair and glasses, smiling. The bottom photo shows a woman with straight brown hair, looking slightly to the side.

<p>We will be holding discussion group to talk about abuse.</p>	
<p>The discussion group is on</p>	
<p>The discussion group starts at and finishes at</p>	
<p>The address for you to come to is</p>	

<p>If you are interested please let ... know and she will tell us that you are coming.</p> <p>Please also tell ... if you would like to bring someone with you.</p>	
<p>We understand that this is not an easy thing to talk about. We will keep anything you tell us private. If we use any of what you tell us in our reports we will not use your name.</p>	
<p>If you have any questions you can phone Becky on</p> <p>01379 788617</p>	
<p>Or you can email</p> <p>becky.baker@userviews.co.uk</p>	

We hope you will come and meet with us.

We look forward to seeing you.



Yours sincerely

Corah Carney *Becky Baker*

Corah Carney and Becky Baker
Researchers
UserViews