Kent Academic Repository

Downloaded from

The version of record is available from

This document version

DOI for this version

Licence for this version

Additional information

Versions of research works

Versions of Record

Author Accepted Manuscripts

Enquiries

Making Decisions about who should be barred from working with adults in vulnerable situations: the need for social work understanding

Stevens, M. Manthorpe, J. Martineau, S. Hussein, S, Rapaport, J. and Harris, J.

Martin Stevens: Social Care Workforce Research Unit, King's College London
Jill Manthorpe: Social Care Workforce Research Unit, King's College London
Stephen Martineau: Social Care Workforce Research Unit, King's College London
Shereen Hussein: Social Care Workforce Research Unit, King's College London
Joan Rapaport: Independent
Jess Harris: Social Care Workforce Research Unit, King's College London

Corresponding author:

Martin Stevens: Social Care Workforce Research Unit, King's College London, The Strand, London, United Kingdom, WC2R 2LS. E-mail: martin.stevens@kcl.ac.uk

Citation

Abstract:

This article reports on an element of recently completed research that aimed to explore factors leading to placement on the Protection of Vulnerable Adults (POVA) List, a unique barring list to England and Wales. A multiple methods approach was adopted, involving in-depth quantitative analysis of POVA referral records and a set of discussion groups and interviews investigating how decisions were being made. This article focuses on this latter element, setting out and discussing the overall schema for decision-making resulting from the analysis, which identified an interplay between emotional and moral responses to the individual referred and evidence about the alleged misconduct. The importance of involving all stakeholders in the development of such a decision-making system is raised through the research and the implications for social workers are explored.

Making Decisions about who should be barred from working with adults in vulnerable situations: the need for social work understanding

Introduction

Addressing concerns about the quality of social care has been a central part of New Labour's modernising agenda (Newman and Hughes, 2007). Policies to improve adult protection practice are key aspects of these concerns, which are illustrative of an increasing focus on risk more generally (McLaughlin, 2007). The concept of adult abuse emerged in the 1970s in the United Kingdom (UK), although unlike child abuse, it was not the subject of specific policy developments until the 1990s (Galpin and Parker, 2007). This article reports on one element of research investigating how decisions are taken to bar individuals from working with vulnerable adults to promote their safety, through placement on the Protection of Vulnerable Adults (POVA) List, which is one development resulting from the increased policy gaze on adult safeguarding in England and Wales (McLaughlin, 2007).

Policy and practice relevance

Introduced in England and Wales as part of the Care Standards Act 2000 in England and Wales in July 2004, the POVA List is administered on behalf of the Department of Health (DH) by a team of civil servants (the POVA Team), based in the Department for Children, Schools and Families (DCSF) (Department of Health, 2004). The POVA List serves to bolster current policy levers of regulation and professionalization to improve the quality of social care and social work professionals (Challis *et al.* 2004). Two schemes play a similar role in respect of staff working with children. The names of staff barred from working with children in care roles are recorded on the Protection of Children Act (POCA) List and teachers who have been deemed unfit to practice because of misconduct or ill health are recorded on List 99 (McLaughlin, 2007).

The Safeguarding Vulnerable Groups Act (2006) will combine information from the Criminal Records Bureau (CRB), POVA, POCA lists and List 99, in addition to a single registration scheme for anyone wanting to work or volunteer with children or adults in vulnerable situations. A new single body, the Independent Safeguarding Authority (ISA) will make final decisions about who to bar, a responsibility currently of the Secretary of State for Health (DfES, 2006) in respect of people working with adults. This new system will be fully implemented in the autumn of 2009.

In addition to integrating the three lists, the new scheme will be broader in two key ways. First, it will now cover staff working in the National Health Service (NHS), prisons and in education. As we noted elsewhere (authors in press), coverage of these more professionalised workforces may necessitate decision making processes that are transparent, defensible and legitimate. For example, the Royal College of Nursing supported a group of nurses working in social care bringing a case concerning the legitimacy of immediately barring workers through being 'provisionally listed' (*R. (on the application of Wright) v Secretary of State for Health* [2007] EWCA Civ 999). The evidence from social workers, for example, that harm has

occurred or that a person has been placed at risk of harm may be subject to greater scrutiny and challenge under the new scheme.

Second, the new scheme enables, but crucially does not require individuals employing people in their own home to refer to the new scheme and to check whether potential employees have been barred. Social workers are likely to have an increasing role in advising service users who are employing workers as part of individual or personal budgets (Ellis, 2007; Manthorpe et al, 2008a) and will therefore have to address the issue of 'suitability', because of this permissive rather than obligatory approach for private employment arrangements. While social workers are not empowered to vet potential staff personally, they can advise and may wish to encourage people to ask for Criminal Record Bureau (CRB) checks and to find out whether prospective staff are on the POVA list (or its successor). In addition to exploring the processes used by the POVA team in making decisions about whether to bar individuals from working with adults in vulnerable situations, this article provides an outline of the concept of 'suitability' that underpins these decisions. This will therefore inform this area of social work practice, and will inform thinking about the dilemma of balancing the principles of empowerment or autonomy and the professional duty to prevent harm (Ellis, 2007; Taylor, 2008).

More broadly, many social workers, particularly those in management positions will be responsible for making referrals to the ISA and therefore knowledge of the processes of decision making has the potential to inform the process of making referrals in terms of the importance placed on various kinds of information.

Other countries, such as some parts of the United States, do require social care workers to disclose previous convictions and adult protection generally has received increased attention internationally (Malley-Morrison et al. 2006). However, we have come across no similar schemes to the POVA List operating outside of the UK.

Finally, the article explores, in conclusion, the implications of the understandings of decision making for the role of the General Social Care Council (GSCC) in assessing fitness for practice. Specifically, this will be relevant for the debate, neatly summed up by Cornes et al. (2007), as whether to judge 'fitness' or 'unfitness' to practice.

Background to the research

In 2005, the Department of Health (DH) commissioned the (authors) to undertake a review of the first 100 referrals to the POVA List. This earlier study (authors) is the only exploration of POVA and we have been unable to locate any study of the parallel children's list, POCA. Building on the first study, the DH commissioned a more in-depth second study. This article reports on part of this second phase investigating the operation of the POVA List, the aim of which was to inform the implementation of the new vetting and barring scheme and adult safeguarding more generally.

The term 'vulnerable adult' has been perceived to be disabling and liable to increase the focus on individual impairments (Elder-Woodward, 2005). Such authors propose that circumstances or situations, where support systems are not well resourced and

managed, create vulnerability. Consequently, we use the term 'people in vulnerable situations' in the main body of this article, instead of 'vulnerable adults', where we are not referring to official titles or documents.

The research

The research aimed to explore the factors leading to placement on the POVA List.

Three research questions were addressed:

1. What factors are associated with decisions to place referred staff onto the POVA List?
2. Is it possible to identify any commonalities and the extent of any differences within a sample of referrals to the POVA List?
3. How are decisions being made about whether to place referred staff on the list?

Methods

In order to produce a rounded picture of the factors involved in decisions to place staff members (or volunteers) on the POVA List, we adopted a multi-method approach, including quantitative and qualitative elements. In addition to in-depth secondary quantitative analysis of data accompanying referrals to the POVA List, which addressed research questions 1 and 2, we undertook semi-structured interviews and discussion groups with the POVA team, older service users and carers, and social care staff. The quantitative data analysis of both the full and a sample of referral records are presented in the authors' full report (authors). This qualitative element (reported in this article) is described in detail below.

Developing vignettes

The research team employed 'vignettes', or short, fictional scenarios, in seeking responses to typical referrals. The main purpose of the use of vignettes is to elicit perceptions, opinions, beliefs and attitudes from responses or comments to stories depicting real scenarios. To develop these vignettes extensive notes were made about a sample of 30 cases. Using these comments and some of the features identified from the analysis of the first 100 referrals (authors), three vignettes were produced that aimed to encapsulate some of the difficulties of making decisions by constructing cases where issues were not clear and events or facts were ambiguous or open to interpretations. To assess the authenticity of the vignettes they were piloted with the POVA Advisory Group, which consists of representative user groups, managers and practitioners recruited by the Department of Health to support the overall development of the POVA scheme (for more details of the use of vignettes in this study see authors, 2008). Feedback from this group indicated that the vignettes were realistic and that they were difficult to judge and therefore could stimulate and produce in-depth discussions, a view also expressed by members of the POVA team during the interviews.

Data collection

After explaining the research and obtaining written consent, three researchers interviewed members of the POVA team and conducted four discussion groups; two

4

with older service users and carers, one with managers and one with care home staff. The interviews took place over two days in September 2006 at the POVA team offices; three of the discussion groups were held at (authors workplace), with one being held in a community centre and full details of recruitment and participants are reported in authors (2008).

Participants in the research

Overall, 39 people participated in the research: 16 members of the POVA team; two members of the POCA team (working on POVA at times); five managers of care homes or domiciliary care agencies; three social care practitioners; and 13 older people, who were selected on the basis of their experiences as service users and/or carers. More of these other stakeholders took part in the research, compared with the number of POVA/POCA team members (21 compared with 18). However, the POVA/POCA team members took part in individual interviews, whereas the other stakeholders participated in four discussion groups. This means that the vast majority of data was gathered from the POVA/POCA team. Consequently, the main focus of the article will reflect these participants' views. We have published separately on the perspectives of the managers, practitioners and older people who took part in the study (Authors 2008).

The POVA team

The POVA team comprises 22 staff members and is composed of:

- One Grade Seven – overall manager of the section
- One Senior Executive Officer (SEO) – manager of the team
- Four Higher Executive Officers (HEO) – manage the different groups of staff within the POVA team and are responsible for particular areas of development
- Seven Executive Officers (EO) – involved in investigations and making recommendations
- Nine Administrative Officers (AO) – involved in taking referrals; screening ;parts of investigations; and contributing to recommendations
- Three Administrative Assistants (AA) – involved in undertaking administrative duties supporting investigations

Procedure

A similar procedure was adopted for the interviews and discussion groups. Participants were asked to make a 'decision' about whether each staff member depicted in the three vignettes should be placed on the POVA List. Subsequently, participants were asked to give their reasons and asked a series of questions about the process of making the specific judgements, covering:

a. The weight accorded to context
b. Claims of mitigation by staff
c. View of the function of the POVA List
d. How questions of evidence and proof are interpreted.

After each vignette had been discussed, participants were asked a similar set of questions about the general approach to assessing referrals.

Analysis

The analysis followed elements of Grounded Theory, which was used in order to develop understandings of the key elements of how decisions were being made. This approach was adopted in order to attempt to generate understanding of the perspectives of the POVA team as they make decisions about whether to bar referred persons, which is one key application of the approach (Hutchinson and Wilson, 1993). All interviews and discussion groups were transcribed (with permission) and the transcripts entered into NVivo[1]. Open or substantive codes emerged after a reading of the transcripts by four of the research team. This was developed into an agreed coding frame, in which initially suggested categories and subcategories were set out and defined. Two members re-read the transcripts and coded the data using the coding frame, which developed through regular discussions with the rest of the team, thus providing a check on the ideas as they developed.

A second level of coding was undertaken, which integrated and reduced the number of initial categories. These second level categories emerged in a way allied more directly to Glaser's second phase of coding, as described by Heath and Cowley (2004). Finally, the data was sorted by each code, and re-read by the same two members of the research team in order to refine the relationships between categories and subcategories. This represented theoretical coding, again more in line with Glaser's approach as described by Heath and Cowley (2004), in which a perspective was developed on the broader links between the major categories. This process involved further comparison within and between 'cases' (interviews) as well as further refinement of the initial coding definitions. Throughout the process of coding, memos and notes were kept, which were used as checks on the meaning of each of the codes.

Finally, the core category 'synthesising unsuitability', emerged, indicating how the different elements were integrated into a final decision about the recommendation of whether to confirm the referred person on the POVA List. This final stage of the analysis continued through the process of writing the different sections of the findings. However, interspersing data analysis and fieldwork was not possible, which is one of the key elements of Grounded Theory (Glaser and Strauss, 1967; Heath and Cowley, 2004). This was difficult to implement, partly through resource constraints and partly because of the highly specialised nature of the topic (i.e. that the POVA team members were the only people having the required experience to be participants for the main part of the study). Thus the analysis represents only a partial adherence to Grounded Theory.

Ethical considerations

The main ethical issues concerned gaining informed consent from participants and maintaining confidentiality. All participants were given an information sheet, which was explained by one of the research team. They were asked to sign a consent form,

---

[1] NVivo is a software package for qualitative data analysis and research

which all were happy to do: no-one who was approached declined to take part in the research. For reasons of confidentiality, the civil service grades of POVA team members have not been included in the analysis. Also for reasons of confidentiality, the two POCA team members interviewed have been characterised as 'POVA team members' in any quotes included.

This research was awarded ethical approval by the research ethics committee of (authors' institution). Given that we recruited managers, practitioners and older people without using local Councils with Social Services Responsibility (CSSR) as gatekeepers, the research was not submitted for research governance approval from Councils.

Results

In summary, POVA decision-making emerged as the creation of a more or less fixed version of the referred person as 'unsuitable' to work with adults in vulnerable situations. A picture is built up, through an interaction between the POVA team, the accounts and other texts (including a set of contextual influences such as the climate created by the appeals process), which results in a judgement about whether the person should be allowed to work with adults in vulnerable situations. How a balance is struck between three elements, misconduct, harm and personal qualities of the referred person (judged from extra information supplied during the observations stage of the investigation), is central to this final synthesis of an unsuitable person. As this understanding of the decision-making process developed, the core code of 'synthesising unsuitability' emerged, reflecting the sense that the overall judgement was made in an act of synthesising disparate elements.

The overall schema is set out pictorially in Figure 1.

Figure 1. Process of Decision Making (This diagram is also submitted as a PowerPoint file, for the editor)
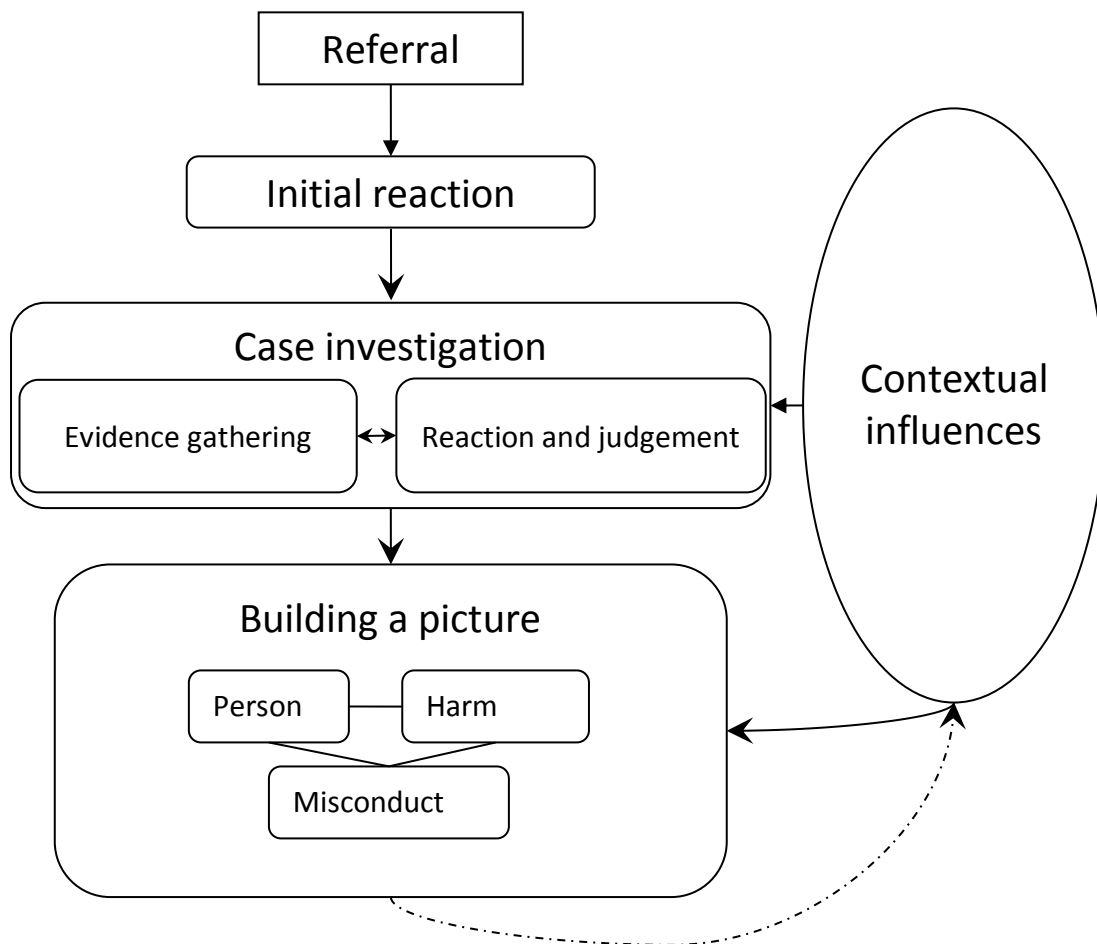
Contextual influences

A wide array of contextual influences on decision-making was discussed by participants.

Legal aspects of the POVA scheme

The legal mandate was seen as supportive, but was restricted by the Secretary of State having to make final decisions and by what were seen as limited powers of investigation, making decision making more difficult. Decisions about confirmation on the POVA List have to be made on the balance of probabilities in terms of proof. However, several respondents felt that higher levels of proof might be in operation particularly in appeals to the Care Standards Tribunal. Further, the standard of proof for different kinds of misconduct and harm was thought by some to vary at times.

People have a right to appeal against decisions made by the Secretary of State to confirm their placement on the List. Many respondents reported how operating in the context of possible appeal had influenced their practice. The main influence

noted was an increase in emphasis on evidence, although it was stressed that this did not dominate decision-making.

Nature of POVA scheme

Overall, POVA decisions were reported by team members to be underpinned by a concern for equity; an emphasis on the quality of evidence; and a precautionary approach in which risk to people in vulnerable situations outweighs the likelihood of possible injustice to a worker in finely balanced judgements. Several participants also noted that the draconian effect of confirmation on the POVA List for a care worker sometimes influenced their overall judgements of finely balanced situations:

> *…so it is quite a big thing, because a lot of these people we tend to forget this is their lives and some of these people have worked in care for ten to thirty years and to deprive them from work for a mistake on our behalf would be, to me it would be quite a big issue, which is why we can only go on the evidence we have got.*
> *14DJH POVA team member*

Systems

In addition to the regulations set out by the Department of Health, a number of internal and external systems affected decision-making. First, each of the four work units involved in processing POVA referrals had a particular culture and approach to making decisions, differing mainly in terms of the roles played by staff at different civil service grades and the extent of informal and formal discussion of individual cases. There was no sense of one approach as better than another, only comments that these differences may affect responses, approaches to investigation and judgement.

External systems also influenced decision-making, particularly the role of the Police, the Commission for Social Care Inspection (CSCI) or the Care Services Inspectorate of Wales (CSIW), and Local Authority Adult Safeguarding systems. For example, a Police investigation tended to delay the POVA investigation; this was especially difficult if the Police investigation did not result in a criminal charge:

> *…because there was an extended Police investigation initially I would have had to provisionally suspend this case because that is what we have to do with Police involvement.*
> *5DMS POVA team member*

Case Investigation: reaction, judgement and evidence

After a referral was received, several respondents indicated that an initial emotional response played a part in shaping the investigation. Feelings about a referral also played a part in interpretation of evidence. For this member of the POVA team, *'instinct'* was important in assessing whether a referred worker had been victimised:

> *If it was sort of more common speak then it probably wouldn't have flagged an issue, it is a difficult thing and I think, to be honest, it is*

only born from experience of handling these cases and I suppose, I shouldn't possibly say this, but also I think down to instinct in some respects.
1DMS POVA team member

To make a judgement that a referred person should be confirmed on the POVA List is to establish a moral assessment of his or her character as someone who is likely to repeat the same, if not worse, harm. Many respondents used moralistic sounding words, like 'wrong' or a 'good person'. For example, this practitioner, who took part in a discussion group, characterised the behaviour of one of the fictional vignette characters, a home care worker, accused of financial abuse (stealing from a client) as 'wrong':

> *You know, so I definitely think she was **wrong** in what she was doing in taking that £3/£6 per week, without having taken the bills into account that in itself is abusing the kind nature of that person.*
> *Practitioner*

The moral nature of the decisions was linked to the emotional response, in that the moral intuitions were often immediate, emotional reactions, which could influence and be influenced by subsequent readings of evidence.

Dimensions of suitability

Thinking of suitability as having dimensions is to start to examine the synthesis of the decision at a level removed from initial evidence-gathering. This is a way of characterising the interactions between initial reaction, investigation and subsequent interpretation. As depicted in Figure 1, a three-way balance was involved between type of misconduct, extent (or risk) of harm and contextual information about the person.

In the following quote from a POVA team member, all three elements involved in a decision to bar: Harm, '*is there harm*?', although the extent and nature of harm is more relevant; misconduct, '*how serious the abuse was*'; and the person, '*unsuitability of that individual*'' were seen as important:

> *Yes. The first criteria is we look **is there harm**, then suitability and in suitability there are a number of factors we would look at. **How serious the abuse was**, the effects on the vulnerable adult the number of times …like a history of repeated things…it... comes down to whether we think they are unsuitable or not, and on the balance of probabilities. If we say they are unsuitable we are saying there is a high risk of them repeating the abuse, but yes I think we look more in terms of **unsuitability of that individual** and protection of vulnerable adults [emphasis added].*
> *15DJH POVA team member*

Three dimensions form this tripartite balance. First is the dimension of 'Misconduct versus harm', which relates to a focus on balancing what the person has done against the level of harm caused. The extent of the harm in some circumstances might lead to a more severe interpretation of what appeared to be similar misconduct. Conversely, some incidents interpreted by employers as gross misconduct may not actually cause harm, although could contribute to a judgement of being unsuitable.

Second is a balance between 'Harm and the person'. Establishing that a person is unsuitable is very much bound up with the idea of minimising the risk of further or worse harm being caused and there was evidence of a weighing of the actual harm caused against this likelihood. Thus, establishing that a referred person has caused serious harm on a single occasion may be less likely to tip the balance towards a judgement of suitability than in a situation where it is felt that less severe harm has been caused in the presence of evidence suggesting that the referred worker is likely to repeat the misconduct.

Finally there was a judgement over 'Misconduct versus the person'. Balancing the misconduct against the person involves comparing the type and severity of misconduct (whatever the level of harm) against other information about the person and the situation.

Building a picture of (un)suitability

Unsuitability is not a fixed, objective state, rather, it should be considered as a social construction of a person, which becomes relatively fixed in the final decision to confirm the person on the POVA List. Such a construction has a reality and carries weight, in the context of various fora, including the criminal courts, if individuals are found to be working with adults in vulnerable situations whilst on the POVA List. A decision to confirm a referred person on the POVA List involves a view of what happened and its significance, in which the level of risk of harm is portrayed as outweighing the risk of harm to the staff member through loss of livelihood. Many respondents gave accounts of this overall process in terms of *'building a picture'* as this quotation from a team member illustrates:

> *I think there seems to be firm evidence in the paperwork because she [Sandra – one of the fictitious characters in the vignettes] has obviously got a final demand from the utility bills so there is something gone wrong there, you don't get a final demand…and there would be a lead up to that and some sort of paperwork that she has missed in the meantime for those bills to have got that far and then there is this where she has been given money on a regular basis for her children it is sort of **building a picture** that there are some financial problems here and she says Sandra is denying taking the money but the paperwork isn't adding up to that it is not tallying up with and she has also been on anti-depressant medication, not that that would make her suitable it sort of brings into question that her*

state of mind…she would be more prone to making these out of character, I think, taking money [emphasis added].
15DJH POVA team member

The concept of a picture was a common metaphor. Indeed one respondent indicated an approach which focused on the *'whole picture'*:

*I think it is everything, it is the whole thing, yes, like I don't think in mitigating factors, I just think in the **whole picture*** [emphasis added].
18DSM POVA team member

For these respondents, a preliminary process of establishing that a referred person had committed what was alleged and that this had caused harm informed an initial judgement about the possibility of the person being unsuitable. The initial interpretation of the information guides the further information gathering process and subsequent interpretations of the case. A simultaneous process is undertaken of making sure that good evidence is obtained for the event(s), the interpretation of the event(s) and any mitigating factors claimed or unearthed, as illustrated by this respondent:

The things that can change it, of course, as part of the process as you probably know when we provisionally list the person we have gathered this evidence from the employer, we are satisfied they have committed the misconduct, we have the feeling or view that that misconduct is likely to make them unsuitable, we then write to the person and say 'well this is what your employer says about you', now the person could come back and say 'that is a load of rubbish, this never happened, I have got witnesses that said this', then you get this exchange of information so your view on unsuitability can change, and your view on misconduct can change.
03DMS POVA team member

Discussion
Several limitations of the study need to be borne in mind when interpreting the findings. First, the interviews were undertaken by three researchers, resulting in possible differences in interpretation. However, all three researchers worked together very closely in developing the vignettes and the interview guides and collaborated throughout the interviews, which helped develop a consistent approach. Second, coding was undertaken mainly by two members of the research team, which may have introduced some level of inconsistency. However, all members of the research team contributed to the development of the coding frame and the overall analysis for the NVivo analysis, which is a strength in that it validated the categories and coding developed. Coding was made more consistent during the second level reading of the coded text, in which some corrections were made to the original coding and by the level of interchange and debate about the meaning of the categories and how they fitted together. Third, further work is needed to explore the perspectives of the public, service users (particularly groups other than older

people), carers, practitioners and managers. Consequently, the quotes from the stakeholder discussion groups should be seen as contextualising the interviews with POVA team members. Notwithstanding these limitations, the findings from this aspect of the research provide valuable insights into the overall approach to decision-making in an important part of public policy (authors).

The research suggests that judgement of unsuitability is complex, synthesised from two interacting processes. First, it is important to weigh the available evidence (and possibly seek more) in order to get a good idea about what actually happened. However, this process is not straightforward. To interpret a piece of information as evidence involves a particular understanding of its meaning. Ascribing meaning in this way has been linked to emotional and moral responses to people. For example, Van Krieken (2006) identified moral and emotional responses as playing a key role in the definition of criminal behaviour, as illustrated by some of the characterisations used by POVA team members as well as older people and other stakeholders, outlined in the findings section above.

Part of the process of interpreting information as evidence involves an interaction with the emotional reactions and moral sensibilities of the POVA team. In the course of this interaction, the team draws a balance between the levels of harm, the kinds of misconduct and the personal qualities of the individual. This is a dynamic process establishing what is then created as a relatively fixed trait of being unsuitable or not to work with adults in vulnerable situations. As such, decision-making about whether to bar an individual is an ethical endeavour, being concerned with evaluating conduct and ascribing responsibility (Birch *et al*., 2002). A central ethical element of these decisions is balancing individual responsibility against the impact of contexts, such as training and staffing levels.

Consequently, making decisions about who to bar potentially could contribute to overcoming oppressive and discriminatory practice in two ways. First, in terms of removing from the workforce those who behave in these ways towards service users (ie where individual responsibility is judged to outweigh the impact of context) and in identifying situations where individual workers have themselves been oppressed or discriminated (where context is felt to outweigh individual responsibility). The potential for this kind of impact emerges through a sensitive approach to investigating referrals. From the evidence of the research, the approaches described and understandings displayed suggested that there was potential for both of these positive effects.

The concept of level of proof is therefore problematic in relation to unsuitability, given the moral element of the judgement. It is easy to see how different levels of proof apply to whether it is accepted that the person was there on the right day and was present in the bedroom/home of the service user and so on.,. However, judgements of unsuitability need to be reasonable and made after due consideration, which is very different from proof. This suggests that appeals process

should examine both the kinds of evidence gathered and also the moral reasoning underpinning the overall judgement.

This characterisation suggests that the quality of decision making may need to be judged by the kinds of criteria suggested to evaluate qualitative research, such as authenticity, credibility and trustworthiness (Rolfe, 2006). One implication of this way of understanding POVA team decisions is the need for the team to have a close understanding of the settings involved in social care services, particularly given the lack of social work, health and social care experiences within the team. Without such a good understanding, it is possible that the judgements made may not reflect important elements of the situation. For example, direct encounters with people who receive services and with practitioners would be valuable in increasing understanding of the experiences of social care and the understanding of different kinds of behaviour of workers. Further, such understanding is not gained on a once and for all basis but needs to be regularly renewed. Alternatively, there may be scope for considering involving social workers, social care workers and people using services in the overall decision-making process, which might provide a valuable way of ensuring that this is this informed by relevant understandings.

Maintaining awareness of the implications of more general developments in policy is also likely to be crucial. Of particular relevance for the new vetting and barring scheme is the increased focus on various forms of consumer-directed care, such as personal budgets (Stevens, 2006), which represent a move towards enabling a greater level of choice and personalisation of social care (Foster, Harris, Jackson and Glendinning 2006). This has been a key part of public policy over the past few years for New Labour (DH, 2006; Cabinet Office, 2005).

Recent adult protection policy (eg, the Safeguarding Vulnerable Groups Act 2006), has broadened the notion of 'vulnerability' to cover all disabled people, which has implications for the implementation of the personalisation agenda. Identifying vulnerability as a personal characteristic, rather applying it to social context could potentially be disabling. This may make it more likely that disabled people (being 'vulnerable') will be perceived as unable to manage their own risks, resulting in reduced control over the support they need (Elder-Woodward, 2005), thus creating a tension with the aims of personalisation. Indeed, a number of authors have highlighted the implications of personalisation for adult protection specifically in terms of the increased risk created by the lower level of regulation resulting from more individual control over purchasing services (Manthorpe et al, 2008b, for example).

A strategy to keep abreast of these policy and conceptual developments and to consider the possible impact on the interpretation of the contexts of misconduct will be necessary to enable the POVA team and its successor to interpret the information and evidence supplied with referrals with confidence. More broadly, finding a positive way to balance such tensions will be a key element of the success of future social care policy, These issues are not restricted to UK policy: the trend towards greater personalisation is evident in many countries (Manthorpe *et al.* 2008b). While

specific policies in terms of vetting and barring may differ across these contexts, the increased international attention to adult protection (Malley-Morrison *et al*. 2006) will mean that this tension will arise and need to be addressed. Social workers in all settings will often have to negotiate such nuances, balancing their role in implementing personalised approaches and a duty of care to minimise harm and to protect the rights of people using services.

Specifically, the central implication for social work arises in the increasing role that social workers are playing in advising individuals and families about employing people such as personal assistants. It clearly not possible or necessary for these professionals or for individuals and families to focus attention on levels of misconduct and whether individuals are suitable. However, understanding the emotional and moral nature of judgement in this area may provide a useful insight when advising service users about both the recruitment of staff and, perhaps more particularly, in terms of responding to concerns raised by service users or their families about the behaviour of such workers. Good barring processes and sound decision making systems can therefore contribute to a climate where people using services are enabled to exercise more choice and control, by assuaging some of the professional fears that may inhibit these new approaches. Increasing confidence will encourage practitioners to promote use of the new ISA scheme by individuals and families looking to employ personal assistants or similar, further reducing the potential risks identified above.

Overall, the article highlights the complexity of decision making in this area and how the POVA team was balancing conflicting information in order to make final decisions, which had long term and serious consequences for referred persons and for people in vulnerable situations. Maintaining strong links with service users and carers and the workforce, including social workers, and also in developments with policy and practice is therefore of importance. A considered and proportionate approach to barring individuals from working in social care can contribute not only to reducing abuse and neglect, but also to wider goals of personalising social care.

References

Birch, M., Miller, T., Mauthner, M. and Jessop, J. (2002) 'Introduction', in Birch, M., Miller,T., Mauthner, M. and Jessop, J. (eds), *Ethics in qualitative research,* London, Sage Publications Ltd, pp. 1-13.

Cabinet Office (2005) *Improving the Life Chances of Disabled People,* London, Cabinet Office.

Challis, D., Xie, C., Hughes, J., Jacobs, S., Reilly, S. and Stewart K. (2004) *Social Care services at the beginning of the 21st century – findings*, Manchester, Personal Social Services Research Unit.

Cornes, M., Manthorpe, J., Huxley, P. and Evans, S. (2007) 'Developing wider workforce regulation in England: Lessons from education, social work and social care', *Journal of Interprofessional Care,* **21**(3) 241-250.

Department for Education and Skills (2006) *Safeguarding Vulnerable Groups Bill.* London, The Stationery Office. Available at: http://www.publications.parliament.uk/pa/ld200506/ldbills/079/2006079.pdf [accessed July 25, 2008].

Department for Children, Schools and Families and Department of Health (2005) *Making Safeguarding Everybody's Business: A Post Bichard Vetting Scheme.* London, The Stationery Office. Available at: http://www.dfes.gov.uk/childrenandfamilies/bichardimplementation [accessed 25 July, 2008].

Department of Health (2004) *Protection of vulnerable adults' scheme in England and Wales for care homes and domiciliary care agencies: A practical guide,* London, Department of Health.

Department of Health (2006) *Our Health, Our Care, Our Say,* London, Department of Health.

Elder-Woodward, J. (2005) *Protecting Vulnerable Adults – Securing their Safety. Third consultation paper on the protection of vulnerable adults and related matters: Initial thoughts for discussion,* The Disability Archive UK Centre for Disability Studies, Leeds, University of Leeds. Available from: http://www.leeds.ac.uk/disability-studies/archiveuk/elderwood/Vulnerable%20adults%20Ji+m%27s%20criticism%20(1).pdf [accessed 25 July, 2008].

Ellis, K. (2007) 'Direct Payments and Social Work Practice: The Significance of 'Street-Level Bureaucracy' in Determining Eligibility', *British Journal of Social Work,* **37**(3) 405-422.

Foster, M., Harris, J., Jackson, K., Morgan, H. and Glendinning, C. (2006) 'Personalised social care for adults with disabilities: A problematic concept for frontline practice', *Health & Social Care in the Community*, **14**(2), pp. 125–135.

Galpin, D. and Parker, J. (2007) 'Adult protection in mental health and inpatient settings: An analysis of the recognition of adult abuse and use of adult protection procedures in working with vulnerable adults', *Journal of Adult Protection,* **9**(2),pp. 6-15.

Glaser, B.G. and Strauss, A.L. (1967) *The Discovery of Grounded Theory: Strategies for Qualitative Research*, New York, Aldine Transaction.

Heath, H. and Cowley, S. (2004) 'Developing a grounded theory approach: A comparison of Glaser and Strauss', *International Journal of Nursing Studies*, **41**(2), pp. 141–50.

Hutchinson, S.A. and Wilson, H.S. (2001) 'Grounded Theory: The Method', in Munhall, P.L.(ed), *Nursing Research: A Qualitative Perspective,* London, Jones Bartlett Publishers.

Malley-Morrison, K., Nolido, N.E.V. and Chawla, S. (2006) 'International Perspectives on Elder Abuse: Five Case Studies', *Educational Gerontology,* **32**(1), pp. 1-11.

Manthorpe, J., Jacobs, S., Rapaport, J., Challis, D., Netten, A., Glendinning, C., Stevens, M., Wilberforce, M., Knapp, M. and Harris, J. (2008a) 'Training for Change: Early Days of Individual Budgets and the Implications for Social Work and Care Management Practice: A Qualitative Study of the Views of Trainers', *British Journal of Social Work,* Advance Access published 26 March, 2008, doi:10.1093/bjsw/bcn017.

Manthorpe, J., Stevens, M., Rapaport, J., Harris, J., Jacobs, S., Challis, D., Netten, A., Knapp, M., Wilberforce, M. and Glendinning, C. (2008b) 'Safeguarding and System Change: Early Perceptions of the Implications for Adult Protection Services of the English Individual Budgets Pilots—A Qualitative Study', *British Journal of Social Work.* Advance Access published 7 March, 2008 doi:10.1093/bjsw/bcn028.

McLaughlin, K. (2007) 'Regulation and risk in social work: the General Social Care Council and the Social Care Register in context', *British Journal of Social Work* **37** (7), pp. 1263-1277.

Newman, J. and Hughes, M. (2007) *Modernising adult social care: What's working*. Department of Health, Modernising Adult Social Care Research Initiative. Available from:
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_076203 [accessed 25 July, 2008].

R. (on the application of Wright) v Secretary of State for Health [2007] EWCA Civ 999)

Rolfe, G. (2006) 'Validity, trustworthiness and rigour: Quality and the idea of qualitative research', *Journal of Advanced Nursing,* **53**(3), pp. 304-310.

Stevens, M. (2006) 'Individual Budgets: On the Launch Pad', *Journal of Integrated Care,* **14**(6), pp. 23-31.

Taylor, N. (2008) 'Obstacles and Dilemmas in the Delivery of Direct Payments to Service Users with Poor Mental Health', *Practice,* **20**(1), pp. 43-55.

Van Krieken, R. (2006) *Crime, Government and Civilization: Rethinking Elias in Criminology,* University of Sydney, Working paper. Available from: http://ses.library.usyd.edu.au/bitstream/2123/916/1/crime.pdf [accessed 25 July, 2008].