

Who should be barred from working in care services?

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Abstract:

This paper draws extensively on a previously published article (Stevens *et al.* 2008b), although some further thinking and analysis has been undertaken.

Introduction

Safeguarding people who use social care services has received increasing policy attention in the last two decades. Moves to increase choice for disabled people are likely to increase use of unregulated services, further heightening concerns about safeguarding. The paper explores the implementation and operation of the Protection of Vulnerable Adults List (POVA) in England and Wales. While this statutory mechanism for barring 'unsuitable' individuals from working in regulated social care services is unique to the UK, safeguarding and personalisation are international themes in policy in this field.

Methods and materials

The paper draws on a study comprising analysis of POVA List referral data; interviews, using a vignette method, with civil servants administering the POVA List; and discussion groups of older people, staff and managers. The paper focuses on the decision making processes that emerged from the analysis of interviews with POVA List civil servants, although mention will be made of other elements.

Results

The overall schema for decision making resulting from the analysis, portrayed decision making to be an interplay between emotional and moral responses to individuals referred to the scheme and evidence about the alleged misconduct. Initial reactions to information accompanying referrals direct

further requests for evidence and are moderated by details that subsequently emerge. A final construction of an 'unsuitable' or a 'suitable' person coalesces from the interplay of these factors, in combination which leads to recommendations about whether to bar the referred person.

Conclusion

Establishing people as suitable or unsuitable to work with users of social care services rests on construction and concern with increased risks faced by people with disabilities and others. The POVA research illustrates how a policy based on the management of future risk is operationalised through individual decisions about unsuitability. Such a policy tends to emphasise an individualistic response to risk (ie the locus of concern is the individual worker), possibly at the expense of more collective approaches, which chimes with themes identifiable in other policy in the field. The implications of this for the new Independent Safeguarding Authority will be addressed and tensions with policies aimed at increasing choice and control over the use of public services will be explored.

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Introduction

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). Since then, safeguarding people who use social care services has received increasing attention. Moves to increase choice for disabled people are likely to increase use of unregulated services, further heightening concerns about safeguarding. This focus is a part of New Labour's concerns about the quality of social care, a central element 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 in society, which Beck, 1992 links to the unforeseen and uncontrollable (at least from an individual perspective) effects of technological progress and more complex social relationships. A continually increasing list of fears (from paedophiles to phone masts) has resulted in ever more sophisticated and powerful risk management policies and legislation, creating a 'culture of fear' (Furedi, 1997; cited by McLaughlin, 2007: 1265). Adam (2005) characterises the response of modern societies as ever more complex approaches to 'bring the future into the present' (298). For example the Health and Safety Executive have powers to prosecute those failing to meet improvement notices and the relevant legislation has universal applicability in all workplaces, indicating one ubiquitous outcome of concerns over risk (Hutter, 2001)

McLaughlin (2007) notes the social construction of risk, in relation to the future orientation, which creates the potential harms as "real" in the present' (1264). Such future constructions of 'risk' can become 'dynamically stable' (Harré 1998) features of the social world that have 'real implications for all concerned both practically and politically' (Parton and O'Byrne, 2000, p.17). Policy and implementation therefore can be seen as one way in which the future becomes real in the present, and need to be interpreted in the light of increasing emphasis of risk in society.

This paper 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). This scheme will be presented as an illustration of policy response to risk.

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 Care Standards Act also introduced the General Social Care Council (GSCC), which was empowered to maintain a register of social workers and to set up codes of conduct for social care workers and employers (GSCC, 2004). The Act also protected the title of social work for the first time. Social workers can only practise using the title if they have a recognised qualification and are currently registered with the GSCC. Most relevantly for this paper, social workers can be reported to the GSCC for breaking the Codes of Conduct. Such complaints are investigated by the 'Conduct group', which can

remove or suspend [social workers] them from the register or place an admonishment on their registration.
GSCC website (<http://www.gsc.org.uk/Conduct/>)

While there are differences in scope (particularly in that a de-registered social worker is not automatically placed on the POVA List), there is considerable overlap in intention and implementation of both schemes in terms of the focus on constructing an individual who is suitable to work with certain groups of people in particular roles..

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 (Hussein *et al.* 2009), coverage of these more professionalised workforces may necessitate decision making processes that are more 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 Safeguarding Vulnerable groups Act (2006) enables, but crucially does not require individuals employing people in their own home to refer workers to the new scheme and to check whether potential employees have been barred. In the context of increasing personalisation of social care services, which is likely to mean more people directly employing workers to work in their homes, this difference has raised concerns about increased risk (Manthorpe *et al.* 2008b).

The ISA website makes it clear that all those who 'work or want to work with children or vulnerable adults from October 2009 you will need to apply to be registered with the ISA'. There is further potential for duplication here with the requirement that all social care workers register with the GSCC, which also has powers to deregister people, effectively barring them from working in the field.

All of these regulatory processes operate at an individual level. Organisations and companies providing care services are regulated by the Care Quality Commission (CQC), which replaced the Care Commission for Inspection (CSCI) and the Health Care Commission (HCC) under the Health and Social Care Act (2008). The CQC sets standards and inspects social care providers: it is empowered to fine, warn or close any providers deemed to fall below a specified standard and awards 'star ratings' to indicate quality. Providers will be required to register with the Care Quality Commission (as they were required to register with CSCI), in a similar way that individuals will have to register with the General Social Care Council and the Independent Safeguarding Authority. In addition to this 'policing' function, the CQC has a broader remit to improve the quality of services, which it intends to meet through special reviews of different aspects of services and

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

The paper will explore, in the 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 Social Care Workforce Research Unit to undertake a review of the first 100 referrals to the POVA List. This earlier study Stevens *et al.* (2005) 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 the authors to undertake more in-depth research. This paper reports on part of this second phase of research, the aim of which was to inform the implementation of the new vetting and barring scheme and adult safeguarding more generally.

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

The methods used for this study have been extensively described elsewhere (Stevens *et al.* 2008a,b Hussein *et al.* 2009); only a brief outline will be produced here. 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 interviews used 'vignettes', or short, fictional scenarios, in seeking responses to typical referrals, developed from intensive reading of sample of 30 referrals. After explaining the research and obtaining written consent, three researchers interviewed members of the POVA team and conducted four discussion groups; two 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 King's College London, with one being held in a community centre.

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.

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.

Data were analysed using elements of Grounded Theory 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).

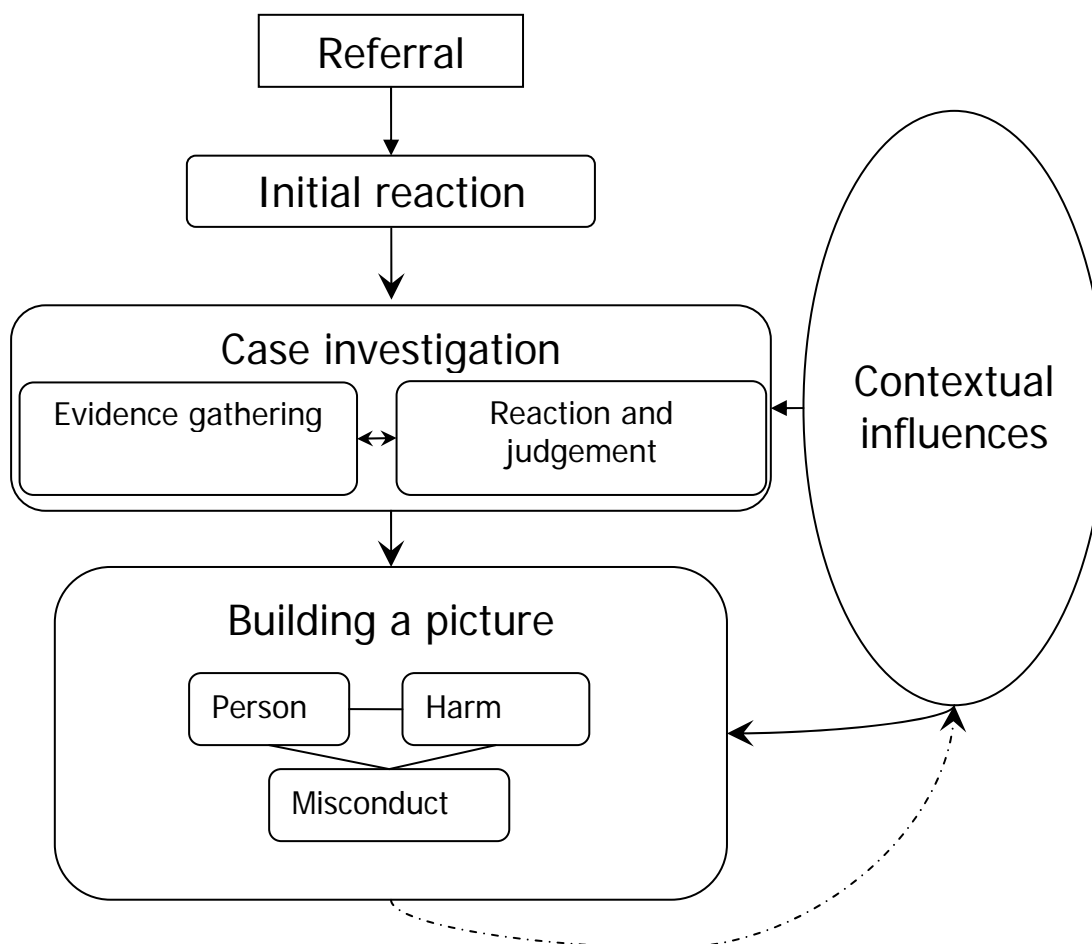
The research was awarded ethical approval by the research ethics committee of (King's College London). Given that we recruited managers, practitioners and older people without using local Councils with Social Services Responsibility (CSSR) as gatekeepers, the research was not submitted for research governance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



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 concerns about possible appeals 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 had been 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 accused of financial abuse 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 of making sure that good evidence is obtained about the event(s), the interpretation of the event(s) and any mitigating factors claimed, 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

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. This was illustrated by the 'dimensions' of unsuitability that emerged through our analysis and through the different kinds of factors that were accepted as mitigating elements of harm. Such features of the context were characterised as changing the judgement on the person, who remained the locus of responsibility.

Indeed all of the regulatory approaches described above tend to individualise problems, whether in relation to workers or providers, which may be a further element of the preoccupation with risk. Hollway and Jefferson (1997) argue that criminology's contribution to the modernist project of removing uncertainty and creating order was to produce categories of:

*blameable scapegoats; the dishonest, inhumane, disorderly criminal
'others' to society's truthful, humane, orderly 'self'*
(Hollway and Jefferson, 1997: 260)

The 'unsuitable person', the 'de registered social worker' or care provider add to this set of constructed 'others', to be identified through increasingly broad reaching and sophisticated schemes and removed from the relevant sphere, working or providing services to 'vulnerable adults'. In this way such schemes, by constructing an offender, about whom something can be done, help to create social care services that are 'safe' and 'orderly'.

More broadly, these judgements operationalise and make concrete a construction of unsuitability based on assessments of likely future behaviour, thereby bringing the 'future into the present'. Constructing unsuitable people to work with people using social care services illustrate one of the three important discourses creating social workers described by McLaughlin, (2007), in which social workers are viewed representing a risk to people using services, as well as assessors of risk and of being at risk. For McLaughlin (2007) this is seen as a key context for the operation of the GSSC 'conduct group' described in the Policy Section above.

Presenting the POVA List as typifying 'risk society' in this way is not intended as a critique as such, but as a way of placing the policy and implementation in a context. While there is certainly scope for more focus on the broader structural factors that create inequality and may contribute to the circumstances in which abuse occurs, there remains an immediate problem of how to respond to individual workers who have been found to have harming people using social care services.

If it is accepted that some people should be prevented from working in these fields (and how the field is bounded will be explored below) how can good decisions be taken about who to bar? Two main streams of activity may be of value here. First, that those charged with making judgements need to have direct encounters with people who receive services and with practitioners. This 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 decision-making process, which might provide a valuable way of ensuring that this is informed by relevant understandings.

Second, a strategy to keep abreast of 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. 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 *et al.*, 2006), which represent a move towards enabling a greater level of choice and personalisation of social care (Foster, *et al.*, 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, has implications for the implementation of the personalisation agenda. Vulnerability continues to be constructed as a personal characteristic, rather applying as a consequence of social context, again individualising problems. 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).

However, there is a genuine dilemma in establishing a 'space' of operation to cover workers whose behaviour does not breach criminal law who may need to be removed from the workforce pool, in order to prevent repeated harm. The language of vulnerability to establish a sphere of operation can certainly be challenged: using the concept of vulnerability created by service use or social context, as recommended by Elder-Woodward (2005) in response to a Scottish proposal for a similar POVA scheme, is helpful. However, there is a value in finding a more positive way of bounding this field of action.

How much and what kind of impact individualistic schemes such as these have on levels of harm caused to the intended groups of people is unknown. Obtaining evidence of harms caused and prevented, in such a way as to point to the impact of the scheme is practically unfeasible if not impossible in principle. This creates a dilemma, which reflects the issues about risk endemic in late modern or post modern society: effects and causes are always multifaceted, creating risks that are practically unknowable in importance and likelihood (Beck, 1992; McLaughlin, 2007). In the face of such complexity, it is natural to attempt to manage risk in as positive way as possible. However it is important to integrate such approaches with actions at different levels, such as consideration of resources, pay and conditions for staff and wider issues of community attitudes to disability and ageing.

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