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Blowing the Whistle on Abuse of Adults with Learning Disabilities

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Executive summary

Background

Whistleblowing is the act of speaking out about wrongdoing in the workplace. Adults with learning disabilities are particularly vulnerable to abuse and care staff play an important role in witnessing and reporting abuse. Research and inquiries into this issue reveal that whistleblowing on abuse is fraught with difficulties, but that it is essential in protecting vulnerable adults. In response to the Public Interest Disclosure Act 1998, most employers have developed whistleblowing policies to enable workers to raise concerns. However, little is known about how whistleblowing legislation interacts with adult protection procedures, nor whether it is succeeding in protecting staff and the people with learning disabilities whom they work with.

Aims and objectives

This study aimed to find out how whistleblowing in social care settings can help to protect people with learning disabilities from abuse. The objectives of the research were:

- to map current whistleblowing policy and practice;
- to explore the experience of care staff who have whistleblown on abuse of adults with learning disabilities;
- to identify the barriers to whistleblowing on abuse; and
- to identify ‘best practice’, difficult issues and make recommendations on how whistleblowers and adults with learning disabilities can be best protected.

Methods

The research project lasted 18 months and used a range of qualitative research methods designed to explore whistleblowing policies and practice in social care settings for adults with learning disabilities across England. This research involved a postal survey; documentary analysis; focus groups with adult protection co-ordinators, trainers and social care inspectors; and semi-structured interviews with social care workers and managers who had experience of whistleblowing.

Key findings

Blowing the whistle can help protect adults with learning disabilities from abuse but doing so can have a profound impact on the whistleblower and on wider relationships within a care setting. The way in which whistleblowing incidents are perceived and managed in the workplace makes a huge difference to the experience of care staff. Support, protection and feedback for the whistleblower are crucial. Almost all care providers now have whistleblowing policies to allow staff to raise concerns, but the implementation of these policies varies widely. This research found that whistleblowing continues to be regarded negatively and people may be reluctant to self-identify as a whistleblower, so they may not access the protection and support offered by a whistleblowing policy. Changes in organisational culture are necessary so that workers can speak out without fear of reprisal and have the confidence that their concerns will be listened to.

Recommendations

This research makes recommendations for policy and practice in learning disabilities services in implementing effective whistleblowing policies, supporting staff who blow the whistle, and building a positive and open culture.

Chapter 1 Introduction

1.1 Introduction

Kate works in a home for adults with learning disabilities. One day Andrew, a resident with profound learning disabilities, wets himself and Kate's colleague becomes very angry. She pushes Andrew onto the bed and pulls off his clothes very roughly. Andrew doesn't know what is happening to him and becomes increasingly distressed. Kate pleads with her colleague to calm down and to explain to Andrew what she is trying to do, but the rough treatment continues. Kate has worried about her colleague's behaviour before. What should Kate do now?

This research explores the ethical and practical dilemmas of whistleblowing about abuse of people with learning disabilities in social care settings. Raising concerns about abuse or bad practice is not easy, especially when it involves reporting on a colleague, and it can be a fraught issue for employers too. But it is an essential part of adult protection.

‘We all depend on care staff not only to do the work of providing the care but also to sound the alarm if something seems to be going wrong.’ (Public Concern at Work, 1997, p.3)

Care staff play an important role in witnessing and reporting abuse; in doing so they can protect the victim and identify the abuser. This is particularly crucial when victims have profound disabilities and may be unable to disclose the abuse themselves – they rely on others to protect them and advocate for them.

‘[T]he abuse of people with learning disabilities is morally indefensible. This includes the indirect toleration of abuse or collusion in relation to reporting or responding to abuse. It is therefore important that general lessons from individual cases and investigations of abuse should be disseminated to help better understand patterns in the occurrence of abuse, and the characteristics of abusive cultures in services for people with learning disabilities.’ (Cambridge, 1999, p.285)

This introductory chapter defines some of the key terms of the research, sets the policy and research background for this study and gives an overview of the report.

1.2 The context, aims and objectives of the research

The Ann Craft Trust is a national charitable organisation that seeks to protect people with learning disabilities from abuse. In training sessions run by the Ann Craft Trust, whistleblowing is frequently raised as a concern by those who are anxious about the consequences of speaking out or who have had a negative experience of doing so in the past. Writing in *Facing the Possibility*, Bailey and Kitson noted that:

‘Whistle blowing is a very sensitive subject. [There is] a powerful fear of managers and support staff about alerting abuse – particularly when another staff member/colleague is the suspected perpetrator.’ (2001, p.51)

Our aim is not to dwell on the negative stories we may hear about whistleblowing in the media, but to find out how whistleblowing in social care settings can help to protect people with learning disabilities from abuse.

The objectives of the research are:

- to map current whistleblowing policy and practice;
- to explore the experience of care staff who have whistleblown on abuse of adults with learning disabilities;
- to identify the barriers to whistleblowing on abuse; and
- to identify ‘best practice’, difficult issues and make recommendations on how whistleblowers and adults with learning disabilities can be best protected.

1.3 Background literature and definition of terms

What is whistleblowing?

Whistleblowing is the act of speaking out about wrongdoing in the workplace. Blowing the whistle has two outcomes: it draws people’s attention to what is happening, and it calls a halt to bad practice. Examples of whistleblowing in recent years include financial wrongdoing at Enron and the Bristol babies’ heart scandal. Both these cases were exposed through the actions of whistleblowers.

In the health and social care fields whistleblowing has gained a growing profile. Writing about nurses, Ahern and Macdonald define a whistleblower as someone ‘who identifies an incompetent, unethical or illegal situation in the workplace and reports it to someone who may have the power to stop the wrong’ (2002, p.305). Manthorpe describes whistleblowing as an ‘act of breaking the expected boundaries and taking the information to another arena’ (2001, pp.14-15).

In this study we define whistleblowing as follows:

When a worker suspects that, in their workplace, a person with a learning disability has been abused and reports their concerns.

This reporting of poor practice or abuse can be ‘internal’, where concerns are reported to a line manager, or ‘external’ whistleblowing, when a worker goes outside the usual management channels to report concerns to an external organisation, such as an inspection body, the police or the media. We include both paid workers and volunteers in our definition.

Social research on whistleblowing has concentrated on the issue in the fields of business and health (e.g. Miceli and Near, 2002; Ahern and McDonald, 2002). An early study by Beardshaw (1981) looked at nurses’ experience of speaking out about abuse in ‘mental hospitals’ (both hospitals for people with learning disabilities and people with mental illness). Her survey of nursing students revealed that many of them had witnessed ill treatment in long-stay institutions, but less than a quarter of respondents felt they could report malpractices without adverse repercussions on their careers, and only half of respondents were confident that malpractice would stop if they reported it. Beardshaw concluded that ‘nurses need much more support than they get now, if speaking up about ill-treatment is to become a realistic responsibility for them to shoulder’ (1981, p.1).

Whistleblowing within the National Health Service (NHS) now has a relatively high profile, and although scandals continue to emerge (e.g. Rowan Ward, Commission for Health Improvement, 2003), the NHS has made a concerted effort to respond to and support whistleblowers, producing a policy pack with the whistleblowing charity Public Concern at Work (Department of Health, 2003a). This current study does not look at whistleblowing in health settings, but focuses instead

on social care, where services are much more diverse and fragmented. There has been little original research into whistleblowing in community-based social care settings.

What is abuse?

The term 'abuse' refers to a wide range of circumstances. Abuse can range from pre-meditated actions that often constitutes a crime (for example, a sexual assault upon or a theft from a service user) through to neglectful or poor professional practice that causes suffering to service users, which may or may not be criminal (such as inappropriate use of restraint or deprivation of leisure and social activities). We draw our definition of abuse from the document *No Secrets* (Department of Health, 2000), which provides guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse (a 'vulnerable adult' is a person 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation', Department of Health, 2000, p.8). *No Secrets* guidance emphasises that abuse is a violation of an individual's human and civil rights, expanding on this as follows:

Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it. (Department of Health, 2000, p.9).

There is increasing research evidence that adults with learning disabilities are vulnerable to many kinds of abuse, ranging from sexual abuse (Brown, Turk and Stein, 1994; Beail and Warden, 1995) to bullying (Sheard et al, 2001). Abuse can take place in various contexts, such as in public places, residential and day services and in people's own homes.

In this study we did not come across many severe incidents of abuse, but many of the concerns raised by workers were about poor practice which was, in their view, abusive. There is particular value in exploring this 'grey area' on the spectrum of abuse, since many referrals and allegations of abuse fall into this category, requiring sensitivity and professional judgement to tease out the complex issues.

Whistleblowing on abuse

Over a period of 10 years, Gordon Rowe and others carried out systematic sexual, physical, emotional and financial abuse at two Longcare residential care homes for people with learning disabilities in Buckinghamshire (Pring, 2003). Several years after some members of staff reported their concerns to the police and the local inspection unit, the abuse was finally brought to an end and the home closed (Rowe himself committed suicide the day before being charged by police in 1996). Blowing the whistle was discouraged in Longcare homes by a culture of fear, apathy and mistrust; those staff who did question or complain about abusive practices were forced out of their jobs or received threats. The Longcare case confirmed that whistleblowing can be a risky and extremely stressful experience, but that it is essential in protecting vulnerable adults from abuse.

A case study by Cambridge (1999) of an abuse inquiry in a community-based residential service revealed that residents were subjected to hitting, kicking, being prodded with objects and having objects thrown at them by care staff, who were encouraged to physically abuse residents in

response to ‘challenging behaviour’ as a form of discipline and control. Cambridge’s analysis identified that one of the contributing factors to the abuse was poor support for whistleblowers:

‘Witnesses reported that they were inadequately briefed and supported during and following disclosure. In particular, there were reported examples of witnesses being asked to work with colleagues against whom they had made allegations. This resulted in them being subjected to threats and intimidation. Some were also asked to pay back money they owed from sick leave due to stress, and others reported that they were inadequately briefed about their involvement or updated on progress, creating avoidable anxiety. Any of these factors could be enough to deter relatively low paid and powerless workers from reporting any suspicions of abuse.’ (Cambridge, 1999, p.299)

Joyce (2003) carried out an audit of 26 referrals of adults with learning disabilities to a psychology service relating to allegations of abuse and found that 9 of alleged abusers were members of staff, all male. There was often a delay in recognising and reporting the abuse, and in some instances the abuse was ignored. When the abuse was disclosed, either by service users themselves or by a staff member, the reactions of other members in the staff team included refusal to work with the victim (for fear that allegations would be made against them) and disbelief that a colleague could abuse a service user. Joyce acknowledges that:

‘The duty to protect vulnerable individuals, and the need to be a fair and reasonable employer can create situations which are extremely difficult to resolve’. (Joyce, 2003, p.613)

Action on Elder Abuse has noted the key role that whistleblowing can play in addressing the abuse of vulnerable adults:

‘We believe that whistle-blowing can be a crucial component in strategies to combat abuse. But this will happen only when whistle-blowing itself becomes integrated into the wider philosophies of good practice, codes of conduct and expected activities – that is, when professional bodies perceive a failure to ‘blow the whistle’ as an unacceptable breach of their codes of conduct.’ (Action on Elder Abuse, 2004, p.8)

It is unclear whether such a negative emphasis on the consequences of *not* whistleblowing would encourage workers to speak out. A ‘carrot’ rather than a ‘stick’ approach may be more helpful. Barriers or disincentives to whistleblowing need to be identified and removed. A literature review by White et al (2003) highlights the way that environments and cultures within residential and support services can increase vulnerability to abuse – therefore one way of protecting vulnerable adults from abuse is to change such cultures.

‘Whistle-blowing’ has never been easy. Legal protection for whistle-blowers is now greater than it was; many organisations have already taken steps to highlight staff’s responsibility to draw wrongdoing to the attention of management, but cultures have to change as well as the legal framework.’ (MacLeod, 1999, p.62)

A comprehensive study of policy and practice in Wales (Northway et al, 2004) cites whistleblowing as a factor in preventing abuse of people with learning disabilities. The authors recommend that whistleblowing be promoted as part of adult protection responsibility and that staff should be more aware of whistleblowing policies and support mechanisms. At the same time, ‘services should strive to create a safe and receptive environment for people to disclose abuse or raise concerns’ (Northway et al, 2004, p.49).

This brief review of research and literature on whistleblowing on abuse identifies a number of barriers to whistleblowing:

- Not recognising abuse and lack of clarity about standards.
- Cultures that tolerate abuse and discourage raising concerns.
- Loyalty to colleagues.
- Fear of repercussions and possible victimisation.
- Lack of awareness of whistleblowing policies.
- Lack of confidence that concerns will be taken seriously.
- Lack of support for whistleblowers.

These are some of the issues to be explored in this study.

1.4 The policy context

This section focuses on three pieces of national policy that impact on whistleblowing in social care for people with learning disabilities: the Public Interest Disclosure Act 1998; *No Secrets* guidance (Department of Health, 2000); and National Minimum Standards, set out in the Care Standards Act 2000. In addition, the General Social Care Council (GSCC) Codes of Practice for social care workers (General Social Care Council, 2002) and new induction standards in adult care (Skills for Care, 2005) help to clarify expectations of how social care workers should respond to abuse and neglect. The GSCC Code of Practice requires that social care workers ‘inform their employer or an appropriate authority where the practice of colleagues may be unsafe or adversely affecting standards of care’ (General Social Care Council, 2002, p.17) and there is a reciprocal responsibility on the employer to respond.

Public Interest Disclosure Act

The Public Interest Disclosure Act 1998 applies to people at work raising genuine concerns (‘in good faith’) about crime, civil offences, miscarriage of justice, danger to health and safety or the environment and the cover up of any of these. It applies whether or not the information is confidential and the Act confirms that workers may safely seek legal advice on any concerns they have about malpractice. There are three levels of disclosure: internal whistleblowing is fully protected where the employee genuinely suspects there is wrongdoing; whistleblowing to ‘prescribed regulators’ (such as the Health and Safety Executive, the Commission for Social Care Inspection and the General Social Care Council) requires some substance to back up the concern; wider disclosures, to the police, the media, or MPs, are protected if there is a good reason for doing so and the disclosure is reasonable. Where the whistleblower is victimised as a result of raising a concern ‘in good faith’ s/he can bring a claim to an employment tribunal for compensation and such awards are uncapped – the aim of this is to send a clear message to employers to protect whistleblowers, because not to do so may be very costly.

‘One general theme running throughout the 1998 Act, and the thinking of those who have promoted it, is the need to provide support and protection for whistleblowers in order to encourage them to come forward’ (Bowers et al, 1998, p.14). The Public Interest Disclosure Act 1998 aims to reduce the need for disclosure outside the organisation by encouraging the employer to provide adequate mechanisms to receive the warnings of the whistleblower and take appropriate action (Bowers et al, 1998, p.2). The Act does not *require* employers to implement whistleblowing policies but affords protection to whistleblowers, whether or not their employer has a whistleblowing policy in place.

'No Secrets' guidance

No Secrets guidance on the protection of vulnerable adults spells out that it is the responsibility of all staff to act on any suspicion or evidence of abuse or neglect (Department of Health, 2000, section 6.2, p.26). It also describes appropriate responses and support for whistleblowers in section 6.8:

‘All those making a complaint or allegation or expressing concern, whether they be staff, service users, carers or members of the general public, should be reassured that:

- they will be taken seriously;
- their comments will usually be treated confidentially but their concerns may be shared if they or others are at significant risk;
- if staff, they will be given support and afforded protection if necessary, e.g. under the Public Interest Disclosure Act 1998;
- they will be dealt with in a fair and equitable manner; and
- they will be kept informed of action that has been taken and its outcome.’
(Department of Health, 2000, p.28)

Care Standards

The Care Standards Act 2000 set out National Minimum Standards for care homes that require that: ‘Robust procedures for responding to suspicion or evidence of abuse or neglect (including whistle blowing) ensure the safety and protection of service users’ (Department of Health, 2003b, standard 23.2) and reference is made to both the Public Interest Disclosure Act 1998 and *No Secrets*. Inspectors with the Commission for Social Care Inspection (CSCI) routinely check that this standard has been met in care homes and agencies by examining policies and procedures and by interviewing staff. Day care services are not currently regulated in such a way.

The Care Standards Act 2000 also made provisions for the Protection of Vulnerable Adults Scheme (PoVA), which has the power to bar people from working in regulated social care settings. Employers covered by the scheme have a statutory responsibility to check staff against the list before they take up employment. Employers are also required to refer staff to the list where staff have been sacked or suspended because of misconduct which harmed a vulnerable adult or placed them at risk of harm, so abuse disclosed via whistleblowing may result in a referral to the PoVA list. Following the recent Richard Inquiry and consultation (Department for Education and Skills/Department of Health, 2005), the government is developing a new scheme for vetting and barring people working with children and vulnerable adults.

1.5 Overview of the report

Chapter 2 describes the methods used in this research. The data was gathered through a postal survey, an analysis of policies, focus groups and individual interviews. The chapter details how access was negotiated, how cases and respondents were identified, how the data were recorded and the methods of analysis. Ethical issues arising during the research process are also considered.

Chapter 3 covers the main findings of the research interviews. These findings are organised into the following key themes: the context of whistleblowing; the impact on the whistleblower; the impact on working relationships; the management response; and organisational culture and power.

Chapter 4 discusses the whistleblowing policies and procedures, drawing upon the interview data and an analysis of whistleblowing policies surveyed for this project. It considers both the content and implementation of such policies and provides examples of good practice.

Chapter 5 concludes the report with a summary of the key issues and recommendations for policy makers, managers and care workers.

Chapter 2 Research methods

2.1 Introduction

The research project lasted 18 months and used a range of qualitative research techniques designed to explore whistleblowing policies and practice in social care settings for adults with learning disabilities. We maintained an open and flexible approach to gathering data throughout the research. The original research protocol proposed to conduct a postal survey, documentary analysis and semi-structured interviews with social care workers and managers who had experience of whistleblowing. These were indeed the methods used but the precise route of access changed as the research progressed. This chapter gives a description of the type of data we gathered, how we negotiated access and identified cases and respondents, and how the data was gathered and recorded. The methods of analysis are also detailed and ethical issues arising from the research are considered.

2.2 Postal survey of personnel/HR departments

The purpose of a postal survey was to obtain baseline information about whistleblowing policies and practices in services for people with learning disabilities. The survey was carried out early on in the project in order to set the context and identify potential issues to explore in greater depth in interviews. A range of closed-response and open-ended questions were developed, covering knowledge of whistleblowing policies and procedures, training and support offered to whistleblowers and views on how the policies and procedures were felt to be working from a personnel or human resources perspective. A copy of the questionnaire can be found in Appendix 1 of this report.

The questionnaire was sent to personnel managers across 183 statutory and independent sector services for adults with learning disabilities in England (117 English local authorities, 50 UK voluntary sector organisations and 16 private sector organisations). We identified social services departments through the current Directory of Social Services. Private and voluntary sector organisations were identified through listings under 'learning disabilities' or 'learning difficulties' in a purchasing directory of service providers (Community Care, 2004) and a directory of voluntary organisations (NCVO, 2004). A freepost envelope was included with the questionnaire and respondents were invited to enclose a copy of their organisation's whistleblowing policy with their reply.

An overall response rate of 20% was achieved, with most respondents both completing the questionnaire and enclosing their whistleblowing policy. A small number of respondents returned a copy of their whistleblowing policy without completing the questionnaire. The response rate was lower than anticipated, but is comparable with another national study on the protection of vulnerable adults that surveyed local authorities, 'The PAVA Project', which achieved a response rate of 26% (Foskett, 2003, p.2). A survey about adult protection issues among service providers in Wales yielded an overall response rate of 9.4%, mainly because of a very low response rate from the independent sector (Northway et al, 2004, p.43) and we experienced similar problems, receiving only one response from a private sector organisation. The low response rate to our survey can perhaps be explained by the fact that the questionnaires were not sent to named individuals, as finding out who was responsible for staff in learning disabilities services within each organisation would have taken too long. The response rate may also reflect ambivalence about the topics of whistleblowing and abuse of people with learning disabilities in general. However, responses were received from a range of organisations across the voluntary and statutory sectors (size ranging from 2 to 5000 workers) and provided us with 30 whistleblowing policies to analyse in-depth.

2.3 Focus groups

Six focus groups were carried out in this study; 4 with adult protection co-ordinators, one with social care inspectors and one with trainers. The justification for using focus groups was twofold – firstly, it allowed us to explore professionals’ experience and views in an interactive setting. An advantage of focus groups is that ‘[p]articipants present their own view and experience, but they also hear from other people. They listen, reflect on what is said, and in the light of this consider their own standpoint further. Additional material is thus triggered by what they hear’ (Finch and Lewis, 2003, p.171). The second reason for using focus groups was pragmatic, as they allowed us to gather interview data from a number of people at one time.

The 4 focus groups with adult protection co-ordinators were set up to take place at the time of regional meetings of adult protection networks, which are ad hoc meetings generally taking place once every few months. Permission to carry out these focus groups was negotiated with the convenors of these networks and the size of the focus groups ranged from 3 to 8 participants. Most of the participants in these 4 focus groups were based within social services departments, but one participant worked for a police force and all adult protection co-ordinators work within a multi-agency context.

A focus group was carried out with 3 inspectors from the Commission for Social Care Inspection in one local office, after negotiating access with the regional director. The early stages of the research revealed that training is an important site for whistleblowing, which led to us setting up a focus group with 9 trainers within one voluntary sector organisation.

A pilot interview was first carried out with 2 adult protection co-ordinators to develop a group interview schedule to guide the discussion. The interview schedule addressed participants’ experience of and views on whistleblowing in the area of adult protection, but the schedule was not followed rigidly, allowing other issues to emerge. The schedule was adapted slightly for the 3 different types of focus groups and can be found in Appendix 2 of this report. All of the above focus groups were tape-recorded and transcribed in full.

2.4 Individual interviews

We conducted 15 semi-structured interviews with social care staff who had raised concerns in the workplace, service managers who had investigated incidents involving whistleblowing on abuse, and managers with experience of developing and implementing whistleblowing policies. The final sample consisted of 8 whistleblowers (most of whom were care workers, a few worked at management level), 6 managers (at various levels) and one trainer. These respondents worked in day or residential settings across the statutory, voluntary and private sectors. The majority of whistleblowing incidents involved services for adults with learning disabilities, but one incident took place in a children’s home and one in a home for older people.

We adopted a purposive sampling and selection strategy and, in the face of early recruitment difficulties and ethical dilemmas, we adjusted our approach. It had originally been the intention to advertise in the social care press to recruit for interview people who had whistleblown on abuse in learning disabilities services. However, this approach raised serious ethical and legal implications for potential respondents, particularly if they indicated that abuse may be ongoing and if they had not got permission from their employer or former employer before talking to us.

Adverts for respondents already placed in the *ACT Bulletin* and *The Whistle* (the newsletter of Freedom to Care, a support organisation for whistleblowers) did not identify any suitable cases

to explore for this study and a small number of individual respondents were recruited via other means. Presentations about the research at conferences and workshops and contact at focus group interviews sometimes led to individual interviews. We also recruited respondents via the current cohort of social work students at a University.

The main method of recruiting participants for this study was by negotiating access via employers who provide services for people with learning disabilities. Having gained the appropriate permission from senior management in 2 social services departments (one metropolitan area and one shire county) and one voluntary sector organisation, we asked these organisations to identify incidents of whistleblowing on abuse which had taken place within the last 5 years and where the investigation had been brought to a conclusion. We requested to interview the staff member(s) who raised the concerns and, where possible, the manager(s) involved in the case. This case study approach aimed to capture the different perspectives of stakeholders in an incident. The process revealed that in many organisations formal whistleblowing procedures are used relatively rarely, or at least such incidents are not easily identifiable to senior management. We also realised that our original working definition of whistleblowing was too narrow, so we also asked to explore incidents that did not trigger *formal* whistleblowing procedures but where a staff member had raised concerns about poor practice or abuse.

The interview schedule (see Appendix 3) explored professional and personal experiences of whistleblowing incidents. These were tape recorded (with participants' consent) and transcribed in full, except for two interviews, where notes were taken instead at the request of the respondents.

2.5 Data analysis

Results from the postal survey were coded using descriptive statistics and key issues were identified for further exploration in interviews. The qualitative data gathered from documents and interviews were analysed literally, interpretively, and reflexively (Mason, 1996) to draw out themes, relationships and contrasts. Emerging themes and issues were discussed in supervision sessions and with the project advisory group, and data was re-read in the light of these discussions. We indexed and coded the data manually, generating a set of categories now reflected in chapters 3 and 4 of this report.

2.6 Ethical considerations

While the study did not involve service users directly nor require access to individual records, we recognise that this project still raised ethical issues for staff, service users and ourselves, as researchers. The research proposal was considered by the Research Ethics Committee in the School of Sociology and Social Policy, University of Nottingham. This meeting was helpful in identifying some of the ethical dilemmas discussed above, developing alternative methods of recruiting respondents and ensuring that adequate support structures were in place for respondents and the researcher.

At the start of each interview, both with individuals and with groups, participants were told about the purpose of the study and how the data would be used. They were reassured that the names of individuals and organisations would not be used, and any identifying features of cases would be disguised. In the event of current or historical concerns that had not been addressed being raised during the interview, we explained that we were not able to ensure confidentiality – in such circumstances, we would report the concerns to a manager in the organisation and would inform the respondent of this. At the beginning of each interview with individuals, participants

were given a list of resources and information about whistleblowing, with details of who to contact for further information and/or support, including contact details for the Ann Craft Trust. A copy of the information given can be found in Appendix 4 of this report.

Support for the researcher on the project was provided through regular supervision sessions and a clear protocol on how to respond to any unresolved current or historical protection concerns that may have arisen during the interviews.

In this research report the names of individuals and participating organisations have been removed, and potentially identifying features of incidents or cases mentioned have been disguised.

Chapter 3 Findings: The experience of whistleblowing

3.1 Introduction

[Whistleblowing] is coming up increasingly more regularly and it comes up in a variety of forms. We have direct allegations from staff about staff, which are very open, very clear allegations of poor practice or abuse. We've had anonymous letters sent to us from a friend, an ex-staff [member] or someone we don't know, alleging either historical or current poor practice. We've also had referrals where people have gone through their HR departments or through their unions and made statements, which have then been anonymised to protect their identity and then come to us as an anonymous piece of information. (Manager)

This chapter details the main findings of the research, drawing on interview data with whistleblowers, managers and other stakeholders such as trainers and adult protection coordinators. Where possible, the main focus is on cases that were explored in individual interviews. The findings are organised into the following themes:

- Types and context of whistleblowing incidents
- The impact on the whistleblower
- The impact on working relationships
- The management response
- Organisational culture and power

3.2 Types and context of whistleblowing incidents

Types of concerns

The types of adult protection concerns that people raised in this study included:

- Inappropriate use of control and restraint
- Physical assault
- Rough movement and handling
- Deprivation of privacy and choice
- Verbal abuse
- Sexual abuse

The majority of whistleblowing incidents explored in this research focused on issues of poor practice and 'borderline' abuse, in particular the misuse of restraint and general rough treatment of service users. This perhaps reflects the way the research was carried out, with organisations choosing which cases they were comfortable with opening up for scrutiny in this research. Nevertheless, it is in these 'grey areas' of poor practice and the misuse of power that much can be learned about how services and staff communicate and practice social care values and how they monitor whether standards are met. It is crucial that seemingly low levels of abuse and poor practice are challenged and addressed before becoming entrenched and escalating into more severe forms of abuse. Aspects of organisational culture in the care of people with learning disabilities and the potential for misuse of power are explored later in this chapter.

Routes of whistleblowing

As acknowledged in the introduction to this report, definitions of whistleblowing vary, but for this study we adopted a clear working definition of whistleblowing:

When a worker suspects that, in their workplace, a person with a learning disability has been abused and reports their concerns.

This definition encompassed a range of routes through which people raised their concerns, namely:

- Approaching a senior staff member or manager
- Approaching the local adult protection team or co-ordinator
- Approaching the local registration and inspection unit (now CSCI)
- Raising concerns in a training session

The majority of cases in this study fell into the first category, where workers raised their concerns internally with their senior or line manager. This reflects the main route through which cases were identified for this research, namely by asking organisations to identify whistleblowing incidents for us to explore.

In some situations, whistleblowers first reported their concerns internally but were dissatisfied with the response so then reported their concerns externally to an adult protection or regulatory body. An example of this was where a care worker witnessed a colleague assault a resident in a care home:

I didn't want to tell the nurse on duty because I didn't know him very well and the manager was starting at 2 o'clock, so I thought I'll wait till she comes on and I'll tell the manager. [...] The manager came on and I said, "Can I have a word?" she was like, "Yeah." So she took us into the office and I told her what I'd seen and she's like, "Right okay, I'll have a word with her." And she didn't, she did absolutely nothing. So I got home that night from work and I was on a twelve hour shift and I rang my mam up crying, "Oh mam, mam what'll I do, what'll I do?" So she told us a few people that I could ring and adult protection and all that. And then I rang [my former employer] – I thought she might be able to offer some more suggestions as well, so I rang her up. And she said about either the inspection unit, which it was called then, or adult protection. They were the best options because I'd already told the manager and she'd done nothing. (Whistleblower)

It is essential that there is more than one route through which workers can raise their concerns, and that these alternative routes are known to workers – in the above situation, the whistleblower sought advice from personal contacts because she did not know what else to do.

Whistleblowing in training

Whistleblowing in training situations was identified in this study as a valuable route through which people may raise concerns about abuse and protection, and this has not been recognised in previous research. This finding was confirmed by a number of trainers and adult protection co-ordinators who were interviewed. Care staff may raise concerns or blow the whistle on abuse while on training courses, either run in-house or by external providers. This may be because participants' understanding of abuse is increased and they come to recognise that something they have witnessed in their workplace is abusive. Being away from the usual workplace may also help give people confidence to ask questions and speak out about concerns. Trainers also argue that their perceived independence, even if they work within the same organisation as the training participants, can encourage disclosures.

Several trainers related experiences of participants approaching them during breaks or staying behind at the end of the training session for a 'quiet word' with the trainer – indeed, several

trainers said that participants will telephone them some weeks after a training event to discuss a concern. Some trainers explicitly invite participants to discuss troubling issues with them:

Most of us would [...] say that if there were any specific issues that people might want to bring up but they felt they weren't, it wasn't appropriate to [say] in front of other people then it might be a coffee break chat. (Trainer)

One trainer summarised how she would respond to adult protection concerns raised in training:

I would talk to them in the break. I get people to write it down. People are more likely to raise concerns if several workers are there from the same place. If they are on their own they might be too scared to speak out. There's safety in numbers [...] I would report it to their line manager if the person doesn't want to take this forward themselves. The trainer would write out what had happened. I ring the person in a fortnight, a couple of weeks, ask them what they have done. If they have done nothing, I would take it forward myself. I ring up staff to see if they have passed the information on, I ring up just to ask, "Are you alright? How are you feeling?" I do this off my own back, it's not part of the job – ongoing support is someone else's job. (Trainer)

All trainers, including adult protection co-ordinators, confirmed that they made it clear at the outset of a training session that they cannot guarantee confidentiality if adult protection issues are raised and that they would have a duty to pass on any concerns that were raised during a session. In some situations, trainers act almost as 'proxy whistleblowers', blowing the whistle on behalf of the worker, or when they build up a picture of concerns about a particular service from several training sessions. Most trainers said they were unable to offer ongoing support for the whistleblower and that they often never learned the outcome of the allegations once the matter had been passed to the appropriate manager. Although the trainers interviewed for this study felt they could offer each other peer support and could also seek guidance and support from their line manager, some independent trainers may not have such structures in place – further consideration needs to be given to support and accountability for such trainers in whistleblowing situations.

Anonymous whistleblowers and former employees

None of the whistleblowers interviewed for this study raised their concerns anonymously, nor did they wait until they left their job. However, we found that in some settings workers have very real fears of potential repercussions of reporting abuse and bad practice. These concerns may act as a barrier to reporting in some circumstances, and some workers may only feel safe to do so anonymously or after they have left a job. It is crucial that those receiving reports take *all* concerns seriously at first and do not make assumptions about the motivations of the whistleblower, nor the truth of the allegations.

People's motivations for blowing the whistle on abuse may be mixed. While we acknowledge that some whistleblowing may be done with malicious intent, e.g. to get a colleague or former employer 'into trouble' in some way, this does not mean that there is no foundation to the reported concerns. Respondents in this study recalled many occasions where an anonymous report revealed genuine concerns and led to the uncovering of serious abuse and bad practice. Respondents commented that allegations of abuse that are raised anonymously can be frustrating to investigate, because it may not be possible to follow up a report with questions of clarification or detail. However, one respondent went on to give an example of how such information can be very valuable in leading to a successful investigation:

We had an anonymous letter come in [...] which gave very, very little information but obviously raised a huge amount of concerns about a company and we weren't very hopeful that we'd get anywhere with it. But following what we would consider routine interviewing of staff huge, huge amounts of concern about a member of staff within the home, all consistent, all confirming each other, all providing a picture of someone who was clearly behaving very inappropriately with clients and a couple of instances which would meet the thresholds of adult protection and were abusive. [...] In all my years of investigating I've never come across so much evidence against someone. (Manager)

This quotation illustrates the importance of taking anonymous whistleblowers and concerns of former staff members seriously, and not dismissing such concerns automatically as 'malicious' in intention. As one manager put it:

It's the balance between having systems which listen and pick up and take seriously concerns and hints of abuse of vulnerable people, but don't provide an avenue for people who wish to snipe or grind an axe for some completely spurious motive. (Manager)

3.3 Impact on the whistleblower

Advice and support

The support issue is massive; I think if people don't feel that they're going to get supported and they're going to be victimised themselves as a result of it, it's a pretty strong disincentive from whistleblowing. (Adult Protection Co-ordinator)

Speaking out about wrongdoing in the workplace takes a great deal of personal courage and can be extremely stressful. This is for a number of reasons – uncertainty about whether the whistleblower will be believed and the concerns are founded, the length of time that the investigation process takes, anxiety about possible criminal proceedings, fears that one's identity may be disclosed, fears for personal safety, concerns about treatment by colleagues and anxiety about how raising concerns may impact on one's future job prospects. In addition, whistleblowers may carry a burden of a strong sense of responsibility and accountability that they find difficult to free themselves of, even long after the event. The impact of whistleblowing often spills over beyond work into one's personal life and therefore support, both personal and structural, for whistleblowers is crucial.

Support is needed from the earliest stages, when the whistleblower may need guidance or advice *before* reporting their concerns, especially if they are not comfortable with discussing their concerns with their current line manager, or if they have done so but received no satisfactory response. Some whistleblowers sought guidance from former employers and managers, demonstrating the value of mentoring and maintaining good relationships, even after leaving a job. One whistleblower spoke of the support she received from her former tutor on a social care course:

He supported me, not because it was his job. He reassured me that I'd done the right thing. I think he felt guilty because he'd trained us up, instilled in us strong values. (Whistleblower)

Others consulted family members or friends who worked in social care or nursing settings when they were unsure of how or where to report their concerns.

After blowing the whistle, most whistleblowers were told that rules of confidentiality prohibited them from discussing the issue with people they worked with. This made it difficult, if not impossible, to seek support from colleagues. This is why support from family, friends and former employers was critical for many whistleblowers *after* the whistleblowing event. For example:

It was very hard. And like I say there was no support, there was nobody I could talk to about it and so I was just like just left to deal with it really... My family gave me the support really because I was told I wasn't allowed to discuss it with anybody at work. But the thing is a lot of my friends at work are friends outside of work as well so it was really, really tough. (Whistleblower)

It was particularly distressing for whistleblowers when counter-allegations were made against them, casting doubts on their credibility or questioning their own care practice and values. One respondent talked about her need for reassurance that she had done the right thing in reporting her concerns. She got this from her personal networks and from the adult protection unit and police officers who investigated the incident, but she received no support from her employer or from colleagues:

No one thought about how I was feeling. Because I mean I've been branded a liar and all the rest of it and then there's that part that makes you think, "Well did I make it up?" If you hear people saying that you're a liar that often you think, "Did I make it up?" but you know for a fact you didn't. (Whistleblower)

This case illustrates the difficulties of ensuring ongoing support if the whistleblower has taken their concerns externally. Having encouraged a worker to disclose concerns and reassured them that they have done the right thing, there are limitations to the support that an adult protection co-ordinator, police officer or inspector can give:

We've talked about it in workshops and groups and we say, what would you want, what would give you the confidence to stand up and go to somebody and say look I'm not happy about this? And again some will say, "I don't think you can give me what I want because I want assurances that I'll not lose my job, I want assurances that I'll be taken seriously and I want assurances that it will all be okay". We can't give those assurances, we don't know what's going to happen after that. (Adult Protection Co-ordinator)

Fears of harassment and victimisation

In some circumstances, whistleblowers expressed genuine fears of intimidation, particularly if their concerns related to the alleged abuser's aggressive behaviour, as the following quotation from a respondent indicates:

I know how aggressive he can be [...] Every day, every evening I was waiting for him to be knocking on my door, yes, kept the curtains closed for a while. I worried about bumping into him in town on a Saturday morning because I know what he does and where he goes, he goes for breakfast at [shop], that Saturday morning feeling, oh I can't go in there, I might bump into [name]. (Whistleblower)

In focus groups, inspectors and adult protection co-ordinators reflected on the potential risks of whistleblowing in certain local communities:

Certainly if you live in [village] and you blew the whistle then you might be blowing the doors and windows off your house [...] There are very few big employers in that area, there is a big home in that area which employs a lot of staff and if you upset somebody there you'd know about it, both in work and out of work, it's awful. (Inspector)

Concern about impact on future career

Despite an emphasis on one's duty to report concerns about abuse, in some circumstances blowing the whistle may have a negative impact on future career prospects. One whistleblower interviewed for this study lost her job after reporting her concerns externally, although this experience predated the Public Interest Disclosure Act 1998. Whistleblowers might not be aware how their actions may create potential difficulties for finding future work:

I started in [care home] and in the interview [the manager] asked me, "What would you do if you saw abuse?" So I said what I'd do, said, "I'd tell you and if you didn't do anything I'd go to the inspection unit". And she asked why I left the last job and I said I witnessed abuse. She said, "Oh right". She didn't ask anything about it, she just said, "Oh right, okay". And I just thought, hmm okay. So I told my mam about it and my mam was like, "Okay, next time you get a care home job don't say that you witnessed abuse, you just don't get a very good response back". (Whistleblower)

This is a particularly worrying finding, since such fears, whether founded or not, could discourage people from speaking out about abuse. What is needed is for a culture of challenging and questioning each other's care practice to be accepted as part of good practice. This will be explored further in the section on organisational culture.

Letting go

Adult protection policies and procedures often emphasise that the worker's responsibility to pass information about suspected abuse on to an appropriate person or body is paramount. Many organisations and agencies make a distinction between 'alerting' and 'investigating' – the whistleblower is an 'alerter' and once they have passed information on, the responsibility stops there. However, interviews with some whistleblowers revealed strong feelings of personal responsibility and accountability that continue, even long after the incident or when they have left an establishment. It may be particularly difficult to 'let go' and achieve a sense of closure if one is not confident that concerns have been heard and addressed.

Respondents who had subsequently left their jobs after blowing the whistle talked about feeling torn, wanting to stay on in their jobs to 'protect' service users and keep an eye on what is happening in the service:

There was a part of me that wanted to stay there for the residents, just to know that they had someone who was on their side but I didn't have the strength to do it, I couldn't. So I think [the alleged abuser] ended up getting suspended on full pay and I had to leave. (Whistleblower)

I felt that as long as I'm still here then I didn't feel it was emergency. Because I thought we all know it's crap, we all know there's awful things happening but while I'm here I can be making sure that things are happening, although I don't think I did achieve anything while I was there. But I had to keep a lid on [it]... My sense [after I left] was I wasn't there any more and it's a bit of a control thing really I suppose. Not that I made it

right while I was there, so it's completely unjustifiable, but it's just that I'm not there any more and it could get even worse... It was a sense of responsibility. (Whistleblower)

For some whistleblowers, the experience can become central to their life and identity. Reflecting on a lengthy whistleblowing case that went on for several years, one manager said:

It's become very important to them in a negative sort of way over a few years now. [...] They've only wanted to discuss the things which they are concerned, angry and disappointed about and it's been almost impossible to have a balanced discussion along those lines. [...] The tragedy is because of their disappointment and the sort of entrenched position, emotional position and psychological position, that they've taken. (Manager)

It is perhaps not very surprising that we found that blowing the whistle can be a highly stressful and difficult act. However, through this study we can also highlight what was helpful, what was less helpful and what support and structures whistleblowers would like to see in place.

3.4 Impact on working relationships

Difficulties between whistleblower and alleged abuser

A whistleblowing incident can have profound effects beyond the whistleblower – it also impacts on the people they work with. Firstly, and understandably, the incident is likely to create difficulties between the whistleblower and the person(s) about whom they have reported concerns:

There's times when he's turned his back on me and ignored me and given me dirty looks and things like that and I've always told [manager] about it and she's always been supportive. One thing that, where I felt unsupported was after quite a time had passed, when I moved to my job now, they moved me and [name] was based at this new place of work, because he'd been moved from where I used to work to where I work now. And nobody thought about that, the stress, the anxiety that that might cause me because I still hadn't spoken to him, had no contact with him. (Whistleblower)

However, this respondent went on to confirm that relationships have now, to some extent, been mended and they were able to talk to one another again. Difficult relationships, such as refusing to talk to each other, can have a negative impact on the care being provided, as the following example illustrates:

She was fine with me as long as I was doing things her way but as soon as I started questioning her way, yeah well it was just pretty horrible going into work really [...] She ignored me on the shift, which I think is dangerous in itself because there's medication, who's giving medication, who isn't, who's writing notes, who isn't? And I was a driver so I had to go off and [...] she wasn't communicating with me. (Whistleblower)

Impact on team dynamics

Much care work in group care settings is done as part of a team and whistleblowing can have a powerful impact on team dynamics. Teamwork is important and necessary in carrying out caring responsibilities, particularly with service users who may display challenging behaviour. This was emphasised by a number of respondents.

The individuals that we worked with were very challenging and very, some difficult individuals to work with, and if you didn't work together as a team with those individuals you didn't get the desired outcome. Behaviours might increase so there's a knock on effect so yeah, you do need to have good teamwork. (Whistleblower)

In some circumstances, whistleblowing may be a reflection of team dynamics but it can also act as a trigger for awkward working relationships. Confidentiality can be difficult to maintain, particularly in a small organisation. One manager with responsibility for investigating abuse allegations commented:

Often when you get these whistleblowing situations occur, when you start to unpick them you find there are often difficult dynamics within the home, or the fall out from the investigations creates difficult dynamics within the home. We've had people who've been suspended pending investigation finding out who's made the allegations and demanding that that person be moved to a different home and basically that person, the person who's made the allegations feeling extremely vulnerable, both at work and also in their private lives. Because I think, partly because these staff work in such small teams, they work very closely together and they often know a lot about each other, where they live, a lot about their family lives, so I think the feeling is very real for people. (Manager)

Whistleblowers may find themselves ostracised from the team with colleagues refusing to talk to them or work with them on a shift, at least in the early stages of an investigation. This was the account of one whistleblower:

The incident that I was involved with [name], the police got involved but didn't contact me outside of work, they came to the unit and asked to speak to me. And all the staff knew that [name] had been suspended so they come to the unit asking to speak to me [...] and nobody could tell the other staff members what was going on. All the staff members knew that [name] was suspended, he wasn't allowed into the unit and that was it was something to do with me because they'd picked up on that anyway. So then I found it hard, there was only a few of my peers who'd actually want to be on shift with me, the rest of them didn't want to go anywhere near me on shift or anything because they didn't trust me, because they didn't know what was going on. So it was really, really hard and I had that for quite a while until I'd built up their trust again now with them all, because a lot of them still work there now. (Whistleblower)

The difficulties in this situation were compounded because colleagues did not know the full details of the situation and so speculation was rife. In addition, the identity of the whistleblower was revealed by the police coming to the service to interview her rather than contacting her outside of work. Clearly those who are investigating an incident that has been raised by a whistleblower need to take care that their investigations do not inadvertently identify the whistleblower in the workplace.

Impact on service users and relatives/carers

What impact does whistleblowing have on service users? As illustrated above, poor communication between care staff as a result of whistleblowing may be to the detriment of the care provided. This aspect of whistleblowing was not the focus of the research, but one question in the interview schedule addressed the involvement of service users and their relatives and carers in the investigation. This revealed a lack of involvement of service users and their families, both during an abuse investigation and in dealing with aftermath. Often this lack of involvement was justified on the basis of the limited ability of service users to verbalise or recall

alleged incident(s) in question, but their perspectives, thoughts and feelings could be crucial to the outcome for the alleged abuser.

In some cases explored in the interviews, relatives and carers were not informed of the allegations that may have involved their son/daughter directly. While this may have been appropriate in some circumstances – treating people with learning disabilities as independent and autonomous adults – in situations involving people with severe disabilities, it is of concern that family members were not informed of incidents relating to the protection of vulnerable adults. On some occasions service users and/or their families were informed that an allegation of abuse in the service was being investigated, but they were not involved in the investigation. It was unclear from the interview data what service users and/or their families are told if a staff member is suddenly removed, or if relations within the team become strained. Further attention needs to be paid to the impact that whistleblowing can have on service users and the care provided to them.

3.5 Management response

The role of managers

There are inherent tensions in the role of a manager in relation to whistleblowing. How this tension is balanced can make a huge difference to the experience of a care worker who decides to whistleblow. Managers are responsible for implementing the policies and procedures of an organisation, and may well be involved in investigating the allegations of abuse and in actioning disciplinary procedures if necessary. Managers also need to ensure the continuation of the service in the face of difficulties. Alongside this, it is often the manager who provides the whistleblower with practical and emotional support, gives feedback on the investigation process and helps to rebuild working relationships within a team after an incident of whistleblowing.

For this research, we interviewed managers at different levels, including service managers with direct responsibility for a service such as a day centre or care home, senior managers who specialise in investigating complaints and ensuring quality within an organisation, and a number of people who work at management level across services, such as adult protection co-ordinators and social care regulators. The precise role of a manager varies according to the structure and size of an organisation. For example, within a small service, such as a privately-run care home, one person may fulfil all these roles single-handedly, whereas in larger organisations, the service manager may have a limited involvement in a whistleblowing case, drawing in more senior levels of management and/or specialist resources to investigate or advise, such as personnel or human resources departments. Whatever the management set-up of a particular service, managers carry multiple responsibilities, to service users, to staff and to senior managers or other significant people (such as owners or trustees), as well as to contracting and regulatory agencies. Because of these multiple responsibilities, managers are therefore likely to have a different perspective on a situation to whistleblowers themselves, but it is important that they appreciate how difficult blowing the whistle can be for a worker.

Receiving concerns

Firstly, although managers and trainers often convey a clear message that care workers have a duty and responsibility to report concerns about abuse and bad practice, they also need to acknowledge the difficulties that may follow and make clear to staff the implications of whistleblowing – what is required of the whistleblower and what the process may involve. Reflecting on a particular whistleblowing incident, one manager said:

Obviously the thing that I appreciate and recognise most sincerely with [name] is it must've been a very difficult decision for her to make because she was effectively blowing on somebody that was a close colleague, that she worked alongside with on a daily basis. And so I totally appreciated and acknowledged that it wasn't easy for her and I sort of shared that with her. But equally yes, I had to reaffirm how important it was that in a situation like this, that people shouldn't hesitate. What we have to do is develop that sort of good trusting working relationship so that people feel comfortable with coming forward and speaking to managers. (Manager)

Knowledge of the Public Interest Disclosure Act 1998 is essential for managers to ensure that a worker who has blown the whistle in good faith does not suffer detrimental treatment or victimisation. Getting accurate advice from human resources departments or, for smaller providers, from personnel consultants, is important so that procedures are followed correctly. However, these departments or consultancies are primarily concerned to protect the interests of the service provider as an employer and do not necessarily focus on supporting the whistleblower. If a whistleblowing case is handled clumsily or incorrectly, it can result in people not being willing to risk speaking out in future. In response to being asked if they would be prepared to whistleblow again, one whistleblower said:

No, and that's the worst thing, that really is the worst thing is after that happened I always thought to myself I'd never do it again, I'd never do it again, I'd never whistle blow again or raise concerns again because it just really, it was completely, I don't know, I don't like the way it was all handled, it was all handled really wrongly. It was made to feel like I was the one in the wrong. (Whistleblower)

Sadly, some organisations only learn after the event how to handle matters better in future:

The private organisations, usually on the back of an investigation, pull their socks up in terms of trying to talk to staff about whistleblowing; what support is available, that it's not the wrong thing to do, that it is the right thing to do and to assure their confidentiality. Unfortunately, for some of the companies, they've been fairly clumsy in the first couple that they've handled and I think it will take a while for people to actually regain their confidence. I think in one investigation the service manager very inadvertently gave information which clearly identified the person to the staff team and I would think that that would take a lot of mending. (Manager)

This applies not only to private organisations but also to voluntary and statutory providers. One voluntary organisation involved in this research used an incident of whistleblowing as a specific learning exercise, reflecting on the issues and making adjustment to the organisation's whistleblowing policy in the light of this experience. This is a positive example of an organisation being willing to learn from such incidents and actively monitoring and evaluating the effectiveness of their whistleblowing policy.

Support for whistleblowers

Given the multi-faceted roles that managers sometimes have to fulfil in such incidents, some whistleblowers felt having an independent person within their employing organisation whom they could talk to would have been helpful. This need not be their line manager, but would be someone 'in house' who can offer a listening ear. While some organisations may offer formal counselling, most respondents felt they did not want or need this and were reluctant to take up offers of counselling, but they felt that a more informal, buddying role would have been helpful.

They do offer counselling, yes, but [someone] within [the organisation] who you could talk to, who could be at the end of a phone and you could come in and have like a chat with, not a meeting but a chat. Just something like that really, something so you know that there's always somebody there if you need somebody to talk to rather than having to go home and stress about having to come back into work the next day. (Whistleblower)

Such a form of support would help in addressing the issue of whistleblowers being placed under additional stress by rules of confidentiality, limiting their ability to discuss matters with colleagues.

Several respondents in this research reported positively on the support received from individual line managers.

I phoned [my manager] and I said, "Look, what's happening with all this? I'm getting all these phone calls." And she explained that there was going to be an official inquiry about it, that [name] had been suspended from work and that he'd been told not to have any contact with any of the staff and that he shouldn't be doing that and that she was going to sort it out. So I assume that she made contact with [name] and told him about that. But yes, that was really difficult. And my manager, she's very approachable so there were several times after that when I would, was going to have to come into contact with [name] just, he would just be around for various reasons, going out to different places. And there was one which would've been a regular meeting and I said I was uncomfortable with it and she said, "Okay, you don't have to do that, we'll put you on something else," and that was good. (Whistleblower)

The above quotation provides an example of positive management support, both in being available for the whistleblower to talk to and also agreeing practical changes to the whistleblower's work pattern so that contact with the alleged abuser would be limited.

Another form of practical support for the whistleblower that a manager can provide is allowing time off at times of high stress. One whistleblower said she had asked for this but it was not possible with the staffing levels due to the alleged abuser being suspended:

While he's [the alleged abuser], I know it sounds terrible, but he's suspended with full pay and enjoying the rest or whatever while I'm at work and I'm having to deal with it all and I've done nothing wrong. [...] I got no, I asked for emergency holiday I think and no, they wouldn't give it me because we were short staffed because [name] was suspended. So I couldn't even have any time out because I was stressed. (Whistleblower)

Giving feedback

A key factor in influencing whether a care worker speaks out is their confidence that reporting concerns will make a difference. If a person has blown the whistle before but they do not perceive that they have been listened to or their concerns have been acted upon, they may be reluctant to put themselves in that position again. One whistleblower expressed frustration that the most usual response following an allegation of abuse by a care worker is that they are moved to a different area of the service:

My experience of the whistleblowing process is people get moved on to somewhere else... and then you think, oh is it really worth it, just moving someone? (Whistleblower)

Another respondent explained how her perceptions of whistleblowing had changed in the light of her experience:

I have this image about whistleblowing in my head that you do it because it's going to make everything right and the blue lights are going to flash and everyone is going to go, "Oh my Lord!" and it's all going to be great. And actually that's not what happened. (Whistleblower)

Therefore it is vital that managers respond appropriately to the concerns raised and, importantly, they are *seen* to act upon concerns. This includes giving feedback to the whistleblower on how the concerns have been responded to:

We had a very brief meeting with the manager to say that [the alleged abuser] would be returning. But that was all the information they could [give], and they said, "We can assure you it's been dealt with appropriately." That was how it was addressed but *how* appropriate? And I guess words are quite cheap aren't they, it's very easy to say it's been dealt with appropriately. (Whistleblower)

However, the manager involved in this case cited above explained that the feedback she was able to give to the whistleblower and other staff was limited because of confidentiality:

You're very limited as to what you can tell people [...] Because of confidentiality and everything else, you're very limited to what you can actually [say]. You can't sort of take them through it step by step and say right we're doing this now, we're doing that now, we're doing the other, [...] So it's very hard for them to perhaps fully appreciate that something is actually being done. [...] The normal expectation is that somebody will be sacked or they'll be moved away, and in this particular case neither happened because there was not sufficient evidence to firmly state that this was intentional physical abuse. (Manager)

It is particularly difficult to give feedback while investigations are ongoing and whistleblowers may sometimes have unrealistic expectations of what information they may have access to:

I have had whistleblowers come back to me and be hugely aggressive on the phone: "I made this, I reported this to you and I trusted you and what's happening and I demand to know and is that person going to be suspended?" And having to deal with that from when I'm in investigations is often quite tricky, to try and reassure them that there is work ongoing but the fact that you can't give them any information. [They feel] that having made this allegation they are part of the process and they have therefore the right to all the information that is available at that time. And it often comes as quite a shock to them when I talk through it with them and say in actual fact they don't have any right to any information, except that that we choose to give, which will be limited feedback. (Manager)

As the quotation above indicates, whistleblowers may feel that by raising a concern they are a part of the process and this links to the issue discussed earlier about being able to 'let go'. Managers play a key role in helping whistleblowers to do this; by recognising the need of the whistleblower to know that their concerns have been responded to while also explaining clearly, from the outset, the limitations of what they will be told of the process and its outcome. Reflecting on an incident where a whistleblower had since left his post, a manager said:

I tried to explain to them on several occasions that they aren't entitled to information that they would like to have about these people and about what the deliberations of the Adult Protection Committee led to [...] We can give them various reassurances but can't give them the details. [...] there are limits to confidentiality and once you've stepped out of a role you might no longer be within that circle and no longer be able to have the information fed back to you. (Manager)

In this research we interviewed several whistleblowers who left their post following whistleblowing and, in some cases, they never knew what finally happened. While there are limitations on what information can be shared, it is important that somehow they learn what the final outcome of the investigation is. Without this information, achieving a sense of closure will be difficult.

Support and debrief for staff teams

In view of the impact that whistleblowing can have on working relationships within a team, managers have a responsibility to debrief staff and help rebuild a team afterwards. Brushing difficulties to one side or keeping silent about them can be more damaging to working relationships. An investigating officer commented:

I think there needs to be more work done around helping people reintegrate into teams and helping teams debrief from allegations. I don't think companies do very well on that side of it. Once it's over it's like, "Phew that's all over now," whereas in actual fact the fallout from that can last months. (Manager)

Indeed, we found in this research that the fallout in an organisation or staff team can last not only months but years. If issues are not addressed adequately at the time, then managers may be storing up difficulties for the future.

3.6 Organisational culture and power

The culture within an organisation and in the wider context of social care has an impact on whistleblowing. While adult protection policies and professional values require workers to raise concerns about abuse, the culture within a team or within an organisation may discourage speaking out. There are different, sometimes conflicting, sets of norms or rules about what constitutes acceptable and unacceptable behaviour: to be a 'good care worker' might not be the same as being a 'good colleague' in some organisations.

Recognising abuse

Care workers may not speak out because they lack knowledge of what constitutes abuse, perhaps because they are new to a job or lack training in the protection of vulnerable adults. The distinction between poor practice and abuse may not be clear, even to established workers within an organisation, but with little background knowledge or experience it can be difficult to identify what is poor practice and what is abuse.

When you just go to work in a place and get paid five quid an hour you don't necessarily have any knowledge of learning disabilities or the clients' backgrounds or how to work with them or how to deal with challenging behaviour. There needs to be a lot more education about how to work with these people, what's acceptable and what isn't. And when you're going somewhere and all the staff are kind of acting in a certain way, as the new person it's so difficult to challenge that. (Whistleblower)

The above quotation illustrates the difficulties that new staff can have in challenging accepted practices in a workplace. The manager quoted below also highlights the need for training to increase understanding and awareness of abuse:

As a support worker, for instance, it could just be completely new to the job, not know anything about whistleblowing at all. People don't really have a clear definition of what abuse is and I think if they come from backgrounds where certain practices have been common place and that's where they've learned then that's the norm isn't it? And I really think that's a massive factor, that people don't know what abuse is and they haven't got the training to tell them. And so when I'd question [staff] it would emerge that things that are abusive were happening but they just don't see it as abuse. (Manager)

Challenging the tolerance of abuse

One trainer spoke of a 'culture of compliance' that can build up within a care setting, which they aimed to break down by training new staff to understand the consequences of poor practice and to challenge it:

If you actually have an understanding of how people who have been not majorly abused in their life but on a day-to-day basis being seen differently to others, and have like a begging bowl approach to that so that they have to comply because that's the way they get their dinner, they have to comply to get their Christmas lunch, they've got to be nice to the staff whatever happens sort of thing. Now for many years lots of staff groups can get away with providing a mediocre service which actually has quite a deep rooted sense of compliance to it. That is appalling practice. [...] You can pick up the culture of compliance. And you get a new member of staff and you give them some clear messages about what compliance is, you actually train it on the day and say this is what, but that's compliance and they say, "What do you mean?" and you explain it. And the doors open up, I've seen that. (Trainer)

Tolerance of poor and abusive practice can be a legacy from changes in the structure of services. Sometimes there is a conflict of values between new and more established groups of staff, as the respondent below indicates:

We had situations that came about in homes, where staff that had been part of resettlement projects, where they've moved from their old jobs in the hospital into residential homes and it's been part of the agreement of the resettlement that they take those staff on. And what you then have is a residual group of staff who come from a hospital background, who maybe know the residents very well, have worked with them for years and years and years. And then you have new staff, usually much younger, coming in with a very different value base and the two sort of groups clashing and the younger group making allegations about the older group and then counter allegations and generally that's been about the staff mixes in the homes. (Manager)

This was confirmed by a whistleblower who heard about alleged abuse of a service user and found the acceptance among her new colleagues quite disturbing:

Within the older staff team who'd come from the [previous care setting] there was a kind of resignation, "Oh well, that just happens all the time and it's just nothing", amazing! And some people even said, "Oh you know, she's used to it" [referring to alleged abuse]. It was just really bad ingrained acceptance of abusive practices which is quite sinister

really. And I think that when I realised the extent of the sort of staff ethos, where people would watch each other's backs and you know they would close ranks and it just became really difficult to work with as a support worker so I went. (Whistleblower)

The above respondent refers to an ethos of 'watching each other's backs', which is another aspect of an anti-whistleblowing culture, explored further below.

Teams with a closed culture

Establishing relationships with colleagues can be difficult for new staff, particularly if the culture of a team is a close knit one. Strong relationships within a team are often regarded as being a positive factor in delivering good care to service users, but this is not necessarily the case – it can also make challenging bad practice very difficult, particularly if powerful individuals are allowed to dominate a team.

Residential contexts may pose particular difficulties in developing a closed culture. One whistleblower related how when she started work in a residential home she found it 'very cliquy' – all the staff would take their breaks at the same time, but wouldn't talk to her, leaving her feeling alienated and isolated. Part of her induction process was shadowing a more experienced worker:

I was paired up with this woman and she was very controlling and domineering and, "I've been here this many years, you're new staff". It didn't matter how much, I had quite a lot of experience before, but she was like, "No, I know what I'm doing, you don't know what you're doing, you just stand and watch, I will do it all". Okay fine, she's been here longer, okay. [Detail of events – service user hit out in confusion]. She just turned round and give him an almighty whack on the top of the head, just like that, slap! And for months afterwards I could still hear that slap. And I turned round and I was like, "What the hell do you think you're doing?" and she turned round and she said, "You've got to discipline them." (Whistleblower)

Negative views of whistleblowing

The stigma attached to speaking out can come as a shock for whistleblowers; in reporting on the wrongdoing of another (or others) they are made to feel as if they themselves have committed an act of deviance. One whistleblower said:

It felt like I'd done something wrong, because nobody would want to speak to me on the unit. (Whistleblower)

Sometimes the reaction of colleagues and managers indicates that the culture of an organisation actively works against whistleblowing. For example:

This person [the whistleblower] experienced some pretty nasty sort of these counter-insinuations, pretty destructive sort of things. [...] If it's a culture where you believe that people are going to play dirty then I guess that's a pretty major barrier to speaking out. (Manager)

Another respondent confirmed that:

There is still this stigma attached to speaking out, whether you're a service user or a member of staff or an advocate or any of those people who might see something. I think

there is a culture of you do not do that to your colleagues. [...] When someone comes forward, particularly from a small staff team, and stands up to be counted I think they face an awful lot of..., not only are they facing investigation, I think they develop a level of paranoia that's based in reality on what the whispering campaigns that are going on around it. I don't think anyone hails them as a hero, no one says, "Gosh, wasn't that amazing that she was able [to speak out]?" I've never heard that; just, "Oh you don't want to work with *her*, she'll make allegations about you". (Manager)

This respondent commented on the power of gossip, both within staff teams and sometimes between services within a local area. This may be due to workers moving between homes, perhaps as agency or relief staff, or through managers sharing information.

In a lot of the companies, particularly the smaller companies, even the larger companies, there's a huge amount of gossip and hearsay that goes round. And it's very, very difficult for the service manager to manage the flow of information. (Manager)

Challenging powerful individuals

Care settings for vulnerable adults may harbour powerful individuals who are difficult to challenge – this came up in several different ways in the research. These workers may be very skilled at developing positive relationships with managers and others, but they may misuse their power and influence, not only towards service users, but also towards colleagues. At least one case explored in this study involved a staff member about whom there were concerns of harassment of staff as well as abuse of service users. Managers and others responsible for investigating abuse should consider the possible link between harassment of colleagues and abuse of service users.

One whistleblower felt that staff needed training to help build confidence to challenge such individuals:

I think that possibly the training is not adequate for vulnerable adults procedure, how to follow it out and how to feel confident. And when you're working with somebody who's very oppressive and domineering and if you're not feeling confident it's very difficult to stick up for the individuals... because he [the alleged abuser] was from the 'old school'. I think the newer staff felt, they looked up to him and if he's been here that long and he's sort of managed to stick it that long then he must be doing something right. And I think maybe people aren't aware that they're picking up bad practices but he was, he was aware of what he was doing because he didn't do it around me. (Whistleblower)

A similar situation came to light elsewhere, almost by accident, while other issues were being investigated:

Something had gone wrong in the house and they decided they would interview the staff to try and figure out what was going on. And the staff all gave very consistent accounts about the behaviour of one particular member of staff which was hugely concerning to them, both in terms of him bullying, intimidating and threatening other staff and also around mistreatment of the residents and staff being incredibly afraid to come forward because of the threatening nature of his behaviour. (Manager)

Management and organisational culture

Organisational cultures which tolerate abuse and bad practice may be perpetuated by managers who fail to deal with concerns that are brought to their attention. In more than one case that we explored, there was evidence that senior staff were aware of concerns expressed by staff but that they failed to act. For example:

A manager, where there was some evidence about an unhealthy interest in control, was complained about by the whistleblower. The next manager within the hierarchy appeared to not deal with that and not to take that seriously. [...] We then became very concerned about this other manager's blindness to or inability or unwillingness to deal with something that we would be concerned about. (Manager)

It is important that managers respond to concerns expressed by staff about harassment and abuse and that they are willing to challenge powerful individuals. Otherwise managers too are complicit in possible abuse – failing to act upon concerns is in itself something which can be the subject of whistleblowing, and whistleblowing to an external source becomes more likely and necessary.

Effective induction processes and ongoing training can address some of these cultural issues, and it is important that all staff are aware of and familiar with their organisation's adult protection and whistleblowing policies, right from when they start in a new post. In addition, managers and senior staff play a key role in fostering an open culture that encourages staff to question and discuss care practices through regular supervision and team meetings.

3.7 Conclusion

This chapter has touched on some of the challenges and dilemmas raised by the experience of whistleblowing in our research. The next chapter considers how whistleblowing policies and procedures can be effective in supporting whistleblowers and protecting people with learning disabilities from abuse.

Chapter 4 Findings: Whistleblowing policies and procedures

4.1 Introduction

We have all these policies and procedures and they're all very good, they're sitting on shelves, but I think we need something that is so user friendly that people can [follow], depending on whether they're an assistant or an officer or a more senior position, something that's in really easy terms for somebody to pick it up and say, "Yeah, that's what I should do, this is how I should deal with the situation". (Whistleblower)

All but one of the organisations that responded to our survey had a whistleblowing policy in place (the one organisation that did not was a voluntary-run organisation with only 2 workers that had a clear protocol in the event of concerns about abuse). The majority of responding organisations implemented their whistleblowing policies in 1998 (coinciding with the Public Interest Disclosure Act) or later, although one had done so as early as 1996.

How do we ensure that whistleblowing policies do not simply sit on the shelf in the office of a care home or day centre and that they are known about and accessed appropriately by staff? This second chapter on the findings of our research focuses on the content and implementation of whistleblowing policies and procedures. It draws on our survey of personnel managers and analysis of whistleblowing policies provided through this survey, as well as the data from individual and group interviews. This chapter does not provide a comprehensive list of everything that an effective whistleblowing policy should include, but addresses some of the concerns and dilemmas identified in the previous chapter. It also explores some additional issues associated with whistleblowing policies and procedures.

4.2 Key elements of an effective whistleblowing policy

Format, language and tone of the policy

A review of 30 whistleblowing policies of organisations providing services for people with learning disabilities revealed similarities and also wide variations in content and format. Many policies of local authorities were very similar, with some sections replicated word for word, suggesting that most council whistleblowing policies draw upon a common source. Despite this, council policies varied in level of detail and overall length, ranging from 3 pages to over 20 pages long. The policies of local authorities tended to cover whistleblowing in all types of circumstances. One council combined its 'Anti Fraud and Corruption Policy and Whistleblowing Policy' in one document which ran to 21 pages in length, making it unwieldy and associating whistleblowing too much with financial irregularities. Councils may want to consider whether a 'one size fits all' approach for a whistleblowing policy is appropriate. To cite an example of good practice, one council provided staff in its social services department with an additional page-long summary about whistleblowing, which we quote from later in this chapter.

There was more diversity among the policies of independent sector organisations. Most, but not all, were shorter in length than council policies and generally were more tailored to addressing concerns about bad practice and the abuse of vulnerable adults. However, policies of only one page in length could also be criticised for being too brief, with insufficient detail on what whistleblowing is, why it may be necessary and how to go about it.

Many policies opened with an explicit statement of values, which can be helpful. For example:

‘[Organisation] is committed to the highest possible standards of service, honesty and accountability [and] believes that its employees can help it maintain these standards.’
(Whistleblowing policy, statutory organisation)

Another variation on some common wording was:

‘Employees will usually be the first to know when someone inside or connected with an organisation is doing something illegal or improper, but often they feel apprehensive about voicing their concerns... However, [organisation] does not believe that it is in anyone’s interests for employees with knowledge of wrongdoing to remain silent.’
(Whistleblowing policy, voluntary organisation)

Following an acknowledgment of possible anxiety or apprehension about raising concerns, the stated aim of most policies was to encourage staff to report wrongdoing and to reassure staff that steps will be taken to protect them from reprisals or victimisation. However, some policies did not follow through these reassurances with details of what to expect. For example, to say ‘You will be offered support’, without giving concrete examples of what is available, or to say ‘You will not suffer detrimental treatment’ may not be sufficient to give a staff member the confidence to speak out.

The tone in which the policies were written reflected the difficulty in achieving a balance between communicating the duty and responsibility of staff to raise concerns, and encouraging and reassuring them that it was safe to do so. Our analysis found that some organisations placed too much emphasis on the former, while an overemphasis on disciplinary action may also be perceived as discouraging. For example, one policy document, only 3 pages long in total, made 4 references to potential disciplinary action, e.g. for malicious whistleblowing, for contacting the media – this is unlikely to encourage workers to speak out!

Some organisations proudly proclaimed that their policies had been approved by the Plain English Campaign, which helped to ensure that the policy is easy to understand, as the quotation at the beginning of this chapter suggests. The language of some whistleblowing policies was dense and contained jargon, reflecting their bureaucratic origin, so submitting a policy for external evaluation and improvement can be helpful – it also demonstrates the organisation’s commitment to the policy being thoroughly accessible. We considered a question and answer format to the policy particularly helpful and accessible, e.g. ‘What sort of activities should I report using this procedure? How do I make a report? Do I need proof of wrongdoing to make my report?’ (Whistleblowing policy, voluntary organisation).

Those responsible for drafting and implementing a whistleblowing policy need to pay attention not only to the content, but also to the format, tone and length of the document. We consider below a number of areas to be addressed in whistleblowing policies.

Defining whistleblowing

We noted earlier in this report the difficulties in defining whistleblowing and we amended our own working definition during the research. There was some ambiguity about definitions of whistleblowing in policies that we analysed and some organisations avoided use of the term ‘whistleblowing’ altogether. Alternative names were ‘confidential reporting policy’ or ‘confidential disclosure policy’. Organisations provided policies for ‘resolving issues: concerns, complaints, grievances, harassment or bullying’ or ‘reporting concerns about professional practice’, which made no reference to whistleblowing as a potential alternative term. Later on in this chapter we explore some difficulties associated with the term, but to not refer to it at all may

confuse or obscure matters for workers, particularly as ‘whistleblowing’ has become part of everyday language.

Only 3 of the 30 policies we reviewed gave an explicit definition of what whistleblowing is, while for most other policies it was implicit in what the policy covered. The overall consensus was that whistleblowing covers both raising concerns internally and externally. One voluntary organisation’s definition and policy covered only reporting concerns externally, but most organisations stated explicitly that their policy was intended to encourage workers to raise concerns internally if at all possible. In some policies, whistleblowing to external bodies, such as a regulator, the police or the media, was to be regarded as a last resort. A careful balance needs to be achieved in policies, between encouraging whistleblowers to raise their concerns internally and not coming across as so defensive that external whistleblowing is portrayed negatively. Indeed, some policies came across as having been written to protect the interests of the organisation rather than the whistleblower.

Given that most whistleblowing policies were developed in response to the Public Interest Disclosure Act 1998, it was somewhat surprising that not all policies made reference to this Act and the protection that it affords workers (13 out of 30 policies referred to it). As an example of good practice, one policy explained:

‘The Public Interest Disclosure Act 1998 provides legal protection, in certain circumstances, to workers making disclosures in good faith about malpractice. The Act makes it unlawful for the [organisation] to dismiss anyone or allow them to be victimised on the basis that they have made an appropriate lawful disclosure in accordance with the Act.’ (Whistleblowing policy, statutory organisation).

Policies very occasionally made reference to other legal frameworks that may impact upon whistleblowing, such as the Care Standards Act 2000, human rights and data protection legislation. In some policies, cross-reference was also made to other relevant policies within the organisation, although explicit reference to adult protection policies and procedures was rare. In the focus groups we conducted with adult protection co-ordinators, they explained that this was often because adult protection policies had been developed *after* whistleblowing ones; so it is common for adult protection policies to cross-reference to whistleblowing, but not the other way round. When whistleblowing procedures are reviewed and updated, this loophole needs to be closed.

Some policies made a very clear distinction between complaints, grievances and whistleblowing. A number of policies also clarified the matter by giving an illustrative list of the type of concerns covered by the whistleblowing policy, such as conduct which is a criminal offence or a breach of the law, damage to the environment, neglect or abuse of clients, or ‘other unethical conduct’. Some policies emphasised that the concerns should be ‘serious’ in nature, but how is serious defined? If not worded sensitively, this could imply that the policy is only to be used as a last resort and such a message may contradict encouragement to raise concerns as soon as possible.

Who is the whistleblowing policy for?

The majority of whistleblowing policies analysed were very clear about who it applied to. In many organisations, the policy could be accessed not only by employees, but also contractors, suppliers, volunteers and agency staff. However, it is unclear how some of these groups would know about the policy’s existence. According to our survey of personnel managers, the main way in which whistleblowing policies were communicated to employees was via induction (79% of survey respondents), and it was also addressed in training (59%) and in the staff handbook

(59%). For agency staff, an important mode of communication was a verbal briefing of the organisation's whistleblowing policy (48% of responses), but agency staff would also be covered by their own placing agency's whistleblowing policy. There is a potential conflict here, especially if there are differences between the policies, for example in routes of reporting or sources of support. This issue was not explored further in this study, but warrants attention in future research.

Sources of advice and guidance

Several of the whistleblowers interviewed for this study said that they did not know where to turn to obtain advice on their best course of action once they had witnessed or learned of wrongdoing. Many resorted to personal contacts, including family, friends, former employers or tutors, for guidance. Some whistleblowing policies indicated that it was acceptable to discuss the matter initially with a union representative, friend or colleague, although many of these policies couched such information with provisos about confidentiality. While it is important that workers respect service users' privacy and uphold confidentiality, a whistleblowing policy needs to state very clearly under what circumstances it is acceptable to break such confidentiality, i.e. if the interests of the public or a service user are at risk. Too much emphasis on confidentiality may serve to silence a potential whistleblower.

The Public Interest Disclosure Act 1998 states that workers may safely seek legal advice on any concerns they have about malpractice. The helpline of Public Concern at Work (PCAW) was regularly cited as a source of advice, although in some policies this information was only provided towards the end of the policy, under the heading 'How the matter can be taken further', suggesting that outside bodies should be contacted only after the internal procedures have been exhausted. Other organisations suggested PCAW could be contacted at an early stage to talk through concerns and clarify any issues. One manager explained that one of the benefits of subscribing to this service is that it is independent of the employing organisation:

We've just taken out membership of Public Concern at Work [...] that gives every member of staff and every volunteer access to free confidential advice from the Public Concern at Work helpline. [...] The idea is it's there to provide a reassurance to staff that it is okay to raise issues, it's there to actually tell staff how to appropriately raise issues but also to give some guidance about whether their issue is a whistleblowing issue or a grievance issue. [...] If they need to hear it first from Public Concern at Work and for them to actually say, "Yes, it is okay, [organisation] takes these issues seriously, it's a safe environment to do it, [organisation] is fully committed to its whistleblowing procedure and yes, you should raise your issue." (Manager)

How to raise a concern

Policies that described in clear operational terms how to raise a concern offered guidance to a potential whistleblower on what to do and what to expect once they had raised a concern. Several organisations included a flowchart to illustrate the different steps involved in raising a concern. We considered this to be helpful in making the process transparent, not just for the whistleblower but also for the person receiving the concern.

Another useful tool provided in some policies was a pro forma that whistleblowers could use to report their concerns. This form also gave whistleblowers the opportunity to remain anonymous, as did confidential telephone hotlines or other arrangements with independent organisations, such as PCAW or private personnel organisations. One council had an agreement with the local Citizens' Advice Bureau that it would receive reports on behalf of the council and would act on

behalf of whistleblowers who wanted to remain anonymous. Almost all organisations encouraged whistleblowers to put name to allegations whenever possible, pointing out that concerns expressed anonymously are much less powerful and would be considered at the discretion of the organisation.

While most policies encouraged concerns to be raised first with one's line manager, it was recognised that there were circumstances where this was not appropriate or where staff would not feel comfortable to do so. In addition, our research interviews uncovered situations where a whistleblower first raised concerns with their line manager but these concerns were ignored or not dealt with appropriately. An effective whistleblowing policy therefore needs to include details of alternative routes for raising concerns, both within the organisation and outside it if necessary. External organisations were usually listed under a heading such as 'How to take the matter further'. One manager who had recently implemented a whistleblowing policy explained:

Within the booklet [on the whistleblowing policy] we give them other ways to do it, to take it further there. So they can go straight to the Charities Commission or other professional body, that's now the Commission for Social Care Inspection. And they can go to the police with such issues of fraud or issues of abuse and that sort of thing. So we're trying to give them every avenue to actually raise an issue but say how important it is, if they can raise it internally then that's obviously the best way of doing it. (Manager)

Those policies that provided actual names, addresses and telephone numbers, rather than a generic list of job titles and organisations, were more likely to encourage potential whistleblowers to raise their concerns.

Responding to concerns

Details from the interviews in the last chapter revealed whistleblowers' need for assurances of their personal safety, protection of their identity, and for support and feedback. Many whistleblowing policies contained a section on how the organisation will respond, giving assurances of confidentiality, along with other safeguards against harassment, victimisation or discrimination. Typically, whistleblowing policies of local authorities stated that the officer receiving the concern will respond within 10 working days, acknowledging receipt and outlining the steps taken. The better policies also gave explicit details of how the organisation will support the whistleblower and what feedback the whistleblower can expect to receive.

The interview data for this research indicated that whistleblowers often have different expectations of feedback from their manager. It was therefore encouraging to find in some policies explicit statements about the need to give feedback but also pointing out the potential limitations of such feedback. For example:

'[Organisation] accepts that you need to be reassured that the matter has been properly addressed. Thus, subject to legal constraints, you will receive information about the outcomes of any investigations.' (Whistleblowing policy, statutory organisation)

Our analysis of whistleblowing policies found that most organisations failed to detail what support would be offered to whistleblowers once they had raised a concern. Explicit details about the support on offer may act to reassure and encourage potential whistleblowers, e.g. redeployment, advocacy services, counselling. This positive statement was found in one policy:

‘We recognise that reports of a whistleblowing nature can be very hard for employees to make. For this reason confidential counselling, provided by [organisation] will be available to any employee in respect of these procedures.’ (Whistleblowing policy, voluntary organisation)

In the previous chapter we noted how some whistleblowers would have found the support from a person other than their line manager helpful – someone within the organisation whom they could contact to share the stress of the whistleblowing process, but not necessarily formal counselling. We found no examples of such a ‘buddy system’ for whistleblowers detailed in policies, but in a focus group we did learn of a similar scheme within one local authority that supported victims of bullying and harassment.

4.3 Implementing whistleblowing policies

While it is very important to establish an effective whistleblowing policy, it is equally important to ensure that that policy is well implemented. In our survey and interviews, we encountered a number of issues that helped or hindered the effectiveness of this implementation, and we discuss some of these here. Again, we are not suggesting that this is a comprehensive list of issues around implementation that arise for all organisations – rather it is a list of the issues which arose from our respondents.

Management commitment

The best whistleblowing policy will have no effect unless senior management support it, both in their statements and in their behaviour. As a whistleblower commented in an interview:

I don’t think it’s to do with the policy for me. I think it’s great to have a policy but for me it needs to go wider than the policy, it needs to be implemented at all levels and that managers right the way through have to understand what it really means and maybe feel it. I don’t think a lot of people feel what it’s like to whistleblow or really understand the effects that bad practice can have on the lives of people with learning disabilities. (Whistleblower)

The importance of this commitment was also expressed by a manager, who commented:

It’s going to take time, staff are only going to get to hear about issues that are dealt with and then get confidence. A big barrier is just that they’re not going to, their job is not on the line, if they’ve raised an issue and they’re not going to be marked out as a trouble maker or if I raise something about another manager or another member of staff, how do I know somewhere along the line it’s not going to impact on my promotion within [organisation]? It’s those natural emotions and fears, like in any organisation, they’re the biggest obstacles. The biggest obstacle there could have been, which was overcome immediately, was the way that senior management approached this. It was completely sort of open, there is a very, very strong message about how seriously they wanted this procedure to work. That was the biggest obstacle, you can often get this sort of thing, it’s mixed messages being sent. (Manager)

Proactive promotion of policies

Some employers advertised their whistleblowing policy internally with posters and leaflets. The approach described below was highly successful – the new whistleblowing policy was used/accessed 12 times in first year of implementation:

We re-launched [the whistleblowing policy] in January 2004, so it's been going just over a year. The launch we had was, basically we sent a letter from the chief executive to every member of staff's home and it was a very strong message coming from the chief executive about how seriously [organisation's] senior management were taking this procedure and they really wanted to get to the bottom of any bad practice issues. Which is great to say but staff, there was a perception of "Well of course they *would* say that." We were aware at the time that we needed to send out strong messages to continue that theme. What we did was we decided that with that we needed to send a guide to the procedure because we felt that, whilst the procedure wasn't that long, people wouldn't take the time to sit and read it and we needed something to hand that would actually say yeah, this is a really bad issue, what do I do with it and then to be able to kind of focus on that. (Manager)

Another excellent example was a one-page supplement to a council's whistleblowing policy aimed specifically at staff in the social services department:

'The more vulnerable a service user is the more the Department's staff need to protect them. All staff and carers need to be clear about the standards expected of them and what is and what is not permitted... The vast majority of our service users cannot be expected to raise concerns where staff fail to do so. We all have an individual responsibility to protect vulnerable people from abuse and have a duty to report legitimate concerns about the conduct of colleagues or managers. Failure to do so could be seen as a breach of our "duty of care". It is staff's duty to alert an appropriate person, not to prove the allegation... Remember, whistleblowing is not about being nosey or 'telling' on your colleagues, it is about doing your job properly and making sure service users are protected.' (Whistleblowing policy, statutory organisation)

This statement summarised the policy in plain English, emphasised why whistleblowing was especially important in these service areas and encouraged workers to go and read the full policy.

Accessibility of policies

Once policies have been formulated, it is important that they continue to be readily available to workers. There are two main issues here – awareness and accessibility. Maintaining awareness can be a challenge: workers must be kept aware of the possibility of whistleblowing at all times, not just as part of the induction at the start of their job.

Policy statements and details of whistleblowing procedures must be readily accessible to workers and discussed openly – through staff newsletters, the organisation's intranet, in staff meetings and supervision sessions. Even the best whistleblowing policy is of little use if it is locked in the office and care staff are never given the time or opportunity to go there. We recommend that the Commission for Social Care Inspection (CSCI) might take on checking the accessibility of whistleblowing policies as part of their regular inspections of care providers.

Monitoring and reviewing whistleblowing policies

Once the policy is in place, it needs to be regularly evaluated for its effectiveness and for possible future changes. In our survey we asked an open-ended question about whether current whistleblowing policies worked satisfactorily, to which the majority (79%) of respondents responded positively. However, a small number of personnel managers commented that their

whistleblowing policy was rarely used, or even, in one case, had never been tested. This reflects our experience during the research, when some organisations we contacted told us that they had no incidents of formal whistleblowing for us to explore.

The whistleblowing policy of one council contained a useful section on evaluation, stating:

‘The success of this policy may be assessed by:

- the number of reported incidents of malpractice;
- monitoring whether individuals feel able to report occurrences without fear or favour.’ (Whistleblowing policy, statutory organisation).

Sadly the policy did not then go on to detail *how* the organisation would assess whether the criteria for success would be met, but at least the organisation acknowledged that a measure of success for a policy was that it would be used. Some organisations mistakenly take the view that lack of use of the procedures was a positive sign. One organisation stated in its whistleblowing policy that it ‘hopes never to have to use the terms of this policy. However, it is essential that where anything goes wrong, we have the opportunity to put it right, and justify the trust placed in us by our clients and partners’ (Whistleblowing policy, voluntary organisation).

As with all policies, it is good practice to have a named person responsible for the whistleblowing policy, for the policy to be reviewed regularly and updated in the light of experience. In some organisations, this person is part of the personnel / human resources department; in others they are part of the department responsible for auditing – the advantage of both these departments is that they are, to some extent, independent of the line management structure, which may encourage workers to come forward with concerns.

If a policy is not being used, it is worth asking questions about whether there is a problem with the content of the policy or its dissemination. One manager with responsibility for updating his organisation’s whistleblowing policy commented:

When I took this over there was only one, possibly two issues that had ever been dealt with through this [old] procedure. It was obvious in [organisation] that there had been other issues that were raised, that were dealt with, that could’ve easily been classed as an issue [under the old policy] but were dealt with under other procedures because it just wasn’t, it just wasn’t publicised enough, it wasn’t known enough, it was felt that this had to be sort of ultra-serious to even qualify under the bad practice issue. And staff didn’t even really know it existed anyway. (Manager)

If the use of the policy raises difficulties or if the outcome of whistleblowing incidents is that they are perceived to be handled badly, an organisation needs to reflect on and learn from this, as was mentioned in the previous chapter.

4.4 Other significant issues

Reluctance to self-identify as a whistleblower

Some interview respondents felt that the term ‘whistleblower’ had negative connotations, being associated with ‘telling tales’.

One thing I noticed was a lot of people had an issue with the word ‘whistleblower’. It sounded quite sensational to them, like I’d be talking through and I’d be supportive and then I’d get this policy and talk through and they’d kind of see like the word

‘whistleblower’, it’s almost like they’d got lights flashing above their head or something. And the actual term itself seemed to scare people off. (Manager)

Is the term ‘whistleblowing’ helpful? One manager acknowledged that the term is often regarded pejoratively, but that getting rid of the term was not the answer – it can lead to further ambiguity.

There’s been quite a lot of bad press hasn’t there about whistleblowing in the past and that sort of thing. [...] So when people see that it’s obviously going to have an impact on what organisations like [ours] are trying to do because they’re going to think well huh that’s going to happen to me isn’t it? [...] You know the more you hide that, because if we’d have said challenging bad practice, is it whistleblowing or isn’t it? It’s whistleblowing, that’s what it is. [...] It shouldn’t be something which you cower away from; it should be something we should embrace and say this is okay. It might be a little bit painful to go through it but when we get there in the end there’s going to be something really positive about this. (Manager)

Other respondents were less comfortable with the term. One trainer reported that, even while introducing the concept of whistleblowing in training, they would steer clear of the actual term.

I never call it whistleblowing [in training] because when you call it whistleblowing, whistleblowing has a connotation that people are doing something that they shouldn’t be doing, blowing the whistle on something has got a really negative connotation. And the way that we tend to couch it was like you were saying earlier: this is your responsibility, this is what you have to do, this is who you have to tell and at the end of it’s about saying to people right if you walk back into your work place today and found out somebody was being abused what would you do? [...] The thing about whistleblowing is I think it confuses it because is whistleblowing different to just raising concerns in line with policy? (Trainer)

One respondent felt that the term implied that a care worker has a choice as to whether to report concerns about abuse or not:

[Whistleblowing has] got really horrible negative connotations to it and it’s not anything special and I feel that when you put it in the terms of whistleblowing it gives people a choice as to whether they do it or not. And actually you shouldn’t have a choice about whether you whistleblow or not; it is your responsibility, you have a duty to do it [...] What you don’t have an option on is to ignore it and walk away. (Whistleblower)

Many of the people interviewed who raised concerns about abuse or poor practice in their workplace did not perceive themselves as whistleblowers and were not aware of whistleblowing policies and procedures at the time of their action. Some people only identified themselves as whistleblowers as a result of hearing about this research. A few cases took place before the Public Interest Disclosure Act 1998 was passed, when ‘whistleblowing’ was not a common term, particularly in social care, but even in more recent cases respondents did not recognise at the time that what they had done was blow the whistle. One implication of workers not identifying their actions as whistleblowing is that they might not access the appropriate policies and realise that they are entitled to support and redress if they suffer maltreatment for raising their concerns.

Fears over career implications for whistleblowers

As discussed in the previous chapter, many potential whistleblowers are afraid of the implications for their future career, both within and outside their current organisation. Will they

be labelled as a troublemaker? It is important that care organisations, through their policies and other statements, give reassurance about this. In particular, no record of whistleblowing should go on the whistleblower's personnel file.

In most of the organisations we surveyed, this is already the case – 2 organisations (7%) said that the whistleblowing incident would be recorded on the whistleblower's personnel file. However, one of these organisations said that access to this information would be controlled and the other organisation said a record would be kept 'only if it turned out to be an HR [human resources] issue'.

However, statements around malicious complaints in some policies can be discouraging. There needs to be an emphasis instead on raising concerns in good faith, not necessarily having to prove the truth of the concern. It can be very difficult to establish whether whistleblowing is malicious or for personal gain, and what the personal motivation for the claim might be. All whistleblowing reports need to be taken seriously, and the complaints investigated properly.

The contradictions involved can be seen in one policy which states:

'If you are acting in good faith it does not matter if you are mistaken. However, [organisation] will view very seriously any false and malicious allegations which are made under this policy and will regard such allegations by any employee of [organisation] as a serious disciplinary offence ... If in doubt raise it'. (Whistleblowing policy, statutory organisation)

This kind of double approach is unlikely to be helpful.

Implications for *not* whistleblowing

Just as staff fear potential career impacts if they do whistleblow, there can be implications if staff do not speak up about issues of which they are aware. Sometimes an investigation following whistleblowing reveals that other staff knew about the alleged abuse and did not speak out about it. In some organisations this can be a disciplinary offence because it breaches the organisation's code of conduct:

One of the most bizarre things that came out of this was the fact that whilst we were carrying out the investigation and interviewing the witnesses we established that because of the admissions that one of the witnesses made in relation to her observations of those practices and doing nothing about it we ended up having to discipline her as well. So these things can turn round and bite you if you're not careful. But the bottom line is it was very clear that she did not report something... In fact she denied it and it was only afterwards that with constant investigation and really questioning her very firmly that we managed to extract from her that yes, she did see it. And she did nothing about it and that was the key element to it, that she didn't do anything about it, she ignored it and so we ended up giving her an oral warning as well for, almost for *not* whistleblowing. (Manager)

In the end, one manager argued, whistleblowing on abuse is not a matter of choice:

We have to have quite black and white guidelines to follow, you can't have grey because where you've got policies and procedures to follow you cannot give mixed messages [...] With staff you have to be very, very clear if you want them to whistleblow you must

not give them a choice. The choice is: it happened, it shouldn't happen, it's reportable.
(Manager)

4.5 Conclusion

This chapter has looked at whistleblowing policies and their implementation in services for people with learning disabilities. Whistleblowing is always a difficult and painful act, carrying risks for the individual and the organisation. However, it is a crucial part of any care professional's responsibility, and care organisations need to have effective and well-implemented policies in place to enable whistleblowing to happen where it is necessary.

Chapter 5 Conclusion and recommendations

5.1 Introduction

This chapter summarises the key findings from the research and proposes recommendations for policy and practice in care services for people with learning disabilities. These measures can help to bring about the necessary cultural changes and remove barriers to whistleblowing about abuse of people with learning disabilities.

5.2 Summary of key findings

The previous two chapters explored the experience of whistleblowing and the implementation of whistleblowing policies and procedures. Looking at the experience of whistleblowing, chiefly from the perspective of whistleblowers and managers, we saw that whistleblowing in care services for adults with learning disabilities covers a range of concerns, at various levels of seriousness. A particular strength of this study was that it did not focus only on serious cases of abuse, but also explored how workers raised concerns about poor and bad practice which can have a negative impact on service users. This study also covered whistleblowing via a number of different routes, both internal and external, from raising concerns with one's line manager to reporting to adult protection co-ordinators and social care inspectors. A significant finding was that training can be an important site for whistleblowing for care workers. Anonymous whistleblowing and reports from ex-employees can raise genuine and serious concerns, and should not be assumed by those receiving the reports to be malicious in intention.

This research has shown how the act of speaking out about concerns can have a profound impact on the whistleblower. Whistleblowers spoke about their need for advice, guidance and support, both before raising concerns and throughout the process. Whistleblowers who report their concerns outside of the usual management structures may have particular difficulties in getting the support they need. Fears about harassment and victimisation were experienced by whistleblowers, particularly when the concerns they raised were about the aggressive behaviour of a colleague. Whistleblowers also expressed fears that raising concerns would have a negative impact on their future career, leading to them being labelled as 'troublemakers'. Finally in this section, we saw how a whistleblowing incident can leave a deep and lasting impression on whistleblowers, leading to them feeling angry and vulnerable, and worrying about the welfare of service users, sometimes for a long time after the event.

Whistleblowing affects a range of working relationships within a care setting. After blowing the whistle, a whistleblower may experience difficulties with the alleged abuser, as well as with colleagues. Confidentiality and the identity of the whistleblower may be difficult to maintain, especially in a small organisation or a close knit team. The impact that whistleblowing has on service users and their relatives/carers needs further exploration, as it appears that service users are often not involved or informed about whistleblowing incidents, even though it may have a direct impact on the care being provided to them.

Managers play a key role in responding to whistleblowing concerns and managing the subsequent process, which may involve investigations and disciplinary procedures. It is important that managers do not lose sight of the needs of whistleblowers for practical and emotional support, and for them to acknowledge how difficult it can be for a worker to blow the whistle on a colleague. Concerns raised through whistleblowing need to be handled sensitively and while confidentiality needs to be respected, whistleblowers are likely to have an overwhelming need for feedback about how their concerns are responded to. Given the impact

that whistleblowing can have on a staff team, managers also have a responsibility for debriefing and supporting the staff team as a whole.

Organisational culture and power relationships within care settings can work against a culture of raising concerns and protecting adults with learning disabilities from abuse. For new workers in particular, it can be difficult to recognise what constitutes abuse without developing knowledge of the issues through training and experience. Established teams of care staff may tolerate poor or abusive practices, and this can be very difficult for new workers to challenge. Although working together is important to provide quality care, close knit teams should not automatically be seen as a positive feature, as a closed culture can serve to silence questions and concerns. The culture within such settings may be one of 'watching each other's backs' and whistleblowers are stigmatised. Our research came across several cases involving concerns about powerful individuals who had developed a dominant role within a care setting and whose behaviour towards both colleagues and service users was inappropriate. It is important that managers establish an ethos that does not allow such individuals to dominate a team and that they respond appropriately to reported concerns about harassment and abuse.

This study has examined the whistleblowing policies and procedures of a variety of organisations that provide services for people with learning disabilities. We have identified some key issues to be addressed in drawing up an effective whistleblowing policy and in how such policies are implemented. The format, language and tone of a policy makes a difference to how user-friendly the policy is. Lengthy documents in bureaucratic language which overemphasise the penalties for misuse of the policy are unlikely to encourage whistleblowing. A clear definition of whistleblowing is needed, and if alternative wording is used, the term 'whistleblowing' still needs to be mentioned. Reference to the Public Interest Disclosure Act 1998 informs workers of their rights and protection under this Act, and cross-referencing to other relevant policies within the organisation is helpful. The scope of the policy needs to be clear, and if it includes people beyond the employees of an organisation, for example, contractors and volunteers, then methods of dissemination to those groups need to be considered. A good policy will not only guide a potential whistleblower on what to do, but will also suggest sources of advice and guidance that may help the potential whistleblower to clarify the issues and determine the best route through which to blow the whistle. A step-by-step description of how to raise a concern about wrongdoing in the workplace will make the process clear to any potential whistleblower and a number of options or routes for raising concerns needs to be included. For workers with genuine concerns for their personal safety or career, the opportunity to report workplace wrongdoing anonymously should be given, using outside organisations if possible to guarantee a level of independence and protection. A whistleblowing policy needs to include information on how the organisation will respond to their concerns and what feedback they can expect to receive. Workers need to be given detailed reassurances about how they will be supported and safeguarded from victimisation and harassment.

The implementation of whistleblowing policies was also explored in this study, and examples of good practice have been highlighted. If an organisation can demonstrate that there is management commitment at all levels, then the message contained in a whistleblowing policy is more likely to be taken seriously by workers. A whistleblowing policy also needs to be promoted proactively within the organisation. Examples of proactive promotion of whistleblowing policies include providing summary leaflets to all workers (and other people who are also included in the policy, such as volunteers), thorough coverage of whistleblowing policies in induction and training, and ongoing discussion to ensure that awareness of policies is maintained, e.g. through staff newsletters and supervision sessions. Whistleblowing policies need to be monitored and reviewed regularly to ensure that they are being used, and organisations need to be willing to learn from experience.

A number of other issues relating to whistleblowing policies were raised in this research. One particularly striking finding was that many of the research respondents were reluctant to self-identify as a whistleblower. A number of respondents, including trainers and adult protection coordinators, confirmed that many people struggle with the term ‘whistleblowing’. Despite messages that it is one’s duty and responsibility to speak out about wrongdoing, to blow the whistle continues to be seen in a negative light. This may be because of cultural factors in the workplace which discourage whistleblowing, as discussed above. It may also be because people have had difficult experiences when they have whistleblown in the past. For these reasons, rather than avoiding use of the term ‘whistleblowing’, it is important to reclaim the term and reframe it in a positive way. Evidence from our survey of personnel managers confirmed that, in the majority of organisations, a record does not go on the whistleblower’s personnel file, which may go some way to addressing fears over career implications for whistleblowers. It is also worth emphasising the potential implications of *not* whistleblowing if a worker is aware of abuse but does nothing to report their concerns.

5.3 Recommendations for policy and practice

This section is divided into four parts:

- Implementing an effective whistleblowing policy
- Supporting staff who blow the whistle
- Building a positive and open culture
- Issues for further attention and research

The order of presentation of these recommendations differs from the presentation of the findings in this report, where we first dealt with the need for support and then examined policies and procedures. However, at this stage it is more logical to first make recommendations for an effective whistleblowing policy and then to recommend how these can be followed through with actions. A positive and open culture can be achieved through implementing the first two sets of recommendations, but we make additional suggestions which are relevant to creating an organisational culture that protects adults with learning disabilities from abuse. Finally, we identify a number of issues in this study which merit further attention from policy makers and in future research.

Implementing an effective whistleblowing policy

1. The policy needs to make whistleblowers fully aware of the potential effects of when a concern becomes ‘formal’. Explicit detail is needed on what the process will entail and what support, safeguards and feedback whistleblowers can expect once they have spoken out.
2. The policy needs to cross-reference to adult protection policies and to the Public Interest Disclosure Act 1998, and a clear statement of the circumstances under which it is acceptable to share confidential information in order to report abuse is needed.
3. A clear distinction needs to be made between whistleblowing, complaints and grievances and alternative procedures offered for the latter two categories.
4. The policy needs to be promoted in a proactive way, including at induction and in training. Awareness of the policy should be maintained through leaflets, posters and regular discussions.
5. There needs to be more than one route through which a worker can raise concerns, not just via one’s line manager. Involvement of an independent, outside organisation may help and details should be provided of how to take the matter further.

6. Anonymous concerns and reports from former employees must be taken seriously. Those receiving concerns must not make assumptions prior to investigation about the motivations of whistleblowers.
7. Trainers need to be equipped to respond to whistleblowing that takes place in training sessions, to pass on concerns appropriately and to ensure that support for the whistleblower is put in place.
8. Those investigating abuse allegations raised through whistleblowing need to ensure that they do so sensitively and do not reveal the identity of the whistleblower in the workplace.
9. Reassurances need to be given in the policy that whistleblowing will not have a negative impact on one's career, either within or beyond the organisation. In particular, it should be made clear that no record of the incident will be registered on the whistleblower's personnel file.
10. A named person should be responsible for monitoring and reviewing the policy, evaluating its effectiveness and updating it in the light of experience.

Supporting staff who blow the whistle

1. Workers need information on sources of advice and support before reporting their concerns, particularly if they are not comfortable with discussing their concerns with their line manager or they have done so but received no satisfactory response.
2. Managers and other people who receive whistleblowing reports need to have knowledge of the Public Interest Disclosure Act 1998 to ensure that a worker who has blown the whistle in good faith does not suffer detrimental treatment.
3. When a worker whistleblows externally (e.g. to the police, CSCI or an adult protection co-ordinator) measures need to be taken to ensure that the whistleblower receives adequate support and protection.
4. Managers and other people who receive whistleblowing reports need to acknowledge the difficulties of blowing the whistle and to recognise the vulnerability of whistleblowers.
5. A 'buddy system' for whistleblowers could give them support once they have spoken out – someone who is not their line manager, but someone who they can talk to freely about their concerns and the impact of the incident.
6. Practical support for whistleblowers needs to be available, such as time off, redeployment or changes to staff rotas, if necessary.
7. Feedback to whistleblowers is crucial so that they know that their concerns have been heard and responded to – the boundaries of confidentiality need to be interpreted sensitively.
8. Managers need to be aware of the impact that an incident of whistleblowing may have on working relationships within a team. A staff debrief and team-building exercises may be needed after an incident to rebuild trust and to learn from the experience.

Building a positive and open culture

1. Whistleblowing needs to become integrated into wider philosophies of good practice and codes of conduct in social care.
2. Poor practice must be challenged and addressed before becoming entrenched and escalating into more severe forms of abuse.
3. Managers and senior staff play a key role in fostering an open culture that encourages staff to question and discuss care practices through regular supervision and team meetings.
4. Individuals who dominate within a staff team or abuse their power, whether they are care workers or managers, need to be challenged and held accountable.

5. All staff need to be aware of and familiar with their organisation's adult protection and whistleblowing policies through effective induction processes and ongoing training.
6. If the use of the whistleblowing policy raises difficulties or if whistleblowing incidents are perceived to be handled badly, an organisation needs to be willing to reflect on and learn from this.

Issues for further attention and research

1. The impact that whistleblowing can have on service users and the care provided to them requires further attention.
2. Managers and others responsible for investigating abuse should consider the possible link between harassment of colleagues and abuse of service users and this also warrants further research.
3. There needs to be clarity for agency care staff who whistleblow as to whether they are covered by their own placing agency's whistleblowing policy or the policy of the setting where they are placed.

5.4 Conclusion

Looking back to the case study at the beginning of this report, hopefully Kate knows about adult protection policies and whistleblowing policies in the place where she works, and she knows where she can find them if needed. In the first instance Kate should report her concerns about her colleague's behaviour to her line manager. But if she is dissatisfied with the response, or if she is uncomfortable with raising it with her manager, perhaps because her manager is close friends with her colleague, she could perhaps contact the local CSCI office to discuss her concerns, or the police if she believes that an assault has taken place.

Social care workers have an ethical and professional duty to speak out about abuse and poor practice in the workplace and, under current legislation, employers have a duty to support and protect staff when they raise genuine concerns. This study confirms that whistleblowing is a vital part of protecting vulnerable adults but it continues to be an emotive and difficult issue. Implementing policies and procedures are only part of the solution. Safe services can only be developed where the organisational climate is such that workers can speak out without fear of reprisal and where they have the confidence that their concerns will be listened to. It is hoped that this research goes some way to getting this message across.

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Appendix 1 Questionnaire sent to personnel managers

This survey is for managers in personnel or human resources who deal with workers (paid and unpaid) in learning disabilities services. It should take no more than 30 minutes to complete. If you have enclosed a copy of your whistleblowing policy you may find some of the questions rather repetitive, but we hope that you will complete them so that we can collect information for general comparisons.

In this study, we define whistleblowing as follows:

When a worker suspects that, in their workplace, a person with a learning disability has been abused and goes outside the usual management channels to report their concerns.

1. How many workers do you have working in the area of learning disabilities?

.....

2. In the case of a worker reporting suspected abuse of a service user with learning disabilities, whom should they usually raise initial concerns with?

(please tick *one*)

- Team leader or supervisor
- Line manager
- Senior manager
- Other (please specify)

.....

3. Do you have a whistleblowing policy that gives workers the opportunity to go outside the usual management channels to report concerns?

- Yes (please enclose a copy)
- No (please go to question 8)⇒
- Don't know (go to question 8)⇒

4. When was this policy implemented?

(please give year or estimate)

.....

5. Do you provide information on this policy in the following?

(please tick as many that apply)

- Training
- Induction
- Staff handbook
- Other (please specify)

.....

6. How is this policy communicated to agency and temporary workers?

(please tick as many that apply)

- Verbal briefing
- Training
- Induction
- Staff handbook
- Other (please specify)

.....

7. How is this policy communicated to volunteers?

(please tick as many that apply)

- Verbal briefing
- Training
- Induction
- Staff handbook
- Other (please specify)

.....

8. If you do not have a whistleblowing policy, does your organisation give the opportunity for workers to raise concerns about abuse outside of their line management structure?

- Yes (see below)
- No
- Don't know

If yes, who with?

.....

9. Who else is informed about the allegation?

(please tick as many as apply)

- Line manager
- Senior manager
- Adult protection co-ordinator
- Police
- Relatives/carers of service user
- Other (please specify)

.....

10. Do you have a confidential whistleblowing telephone line for workers?

- Yes
- No
- Don't know

11. What support and protection is available to the whistleblower?

(please tick all that apply)

- Allocated person for support
- Confidential telephone support within the organisation
- Support from outside the organisation (e.g. Public Concern at Work)
- Re-deployment
- Paid time off work
- Other (please specify)

.....

.....

12. Is the worker kept informed of the response to and outcome of their allegation?

- Yes (please expand below)
- No
- Don't know

If yes, who keeps them informed?

(please tick one)

- Manager
- Personnel/human resources
- Other (please specify)

.....

13. Does any record of the allegation go on the whistleblower's personnel file?

- Yes (please give details below)
- No
- Don't know

.....

14. Is the alleged abuser offered support while the allegation is investigated?

- Yes (please give details below)
- No
- Don't know

.....

15. Is the alleged abuser suspended while the allegation is investigated?

- Yes
- No
- Don't know
- It depends (please expand)

.....

.....

.....

16. Is an allegation kept on the alleged perpetrator's personnel file...

If proven?

- Yes (see below)
- No
- Don't know

If yes, how long is it kept on file?

.....

If unproven?

- Yes (see below)
- No
- Don't know

If yes, how long is it kept on file?

.....

17. Do you act on anonymous allegations?

- Yes
- No
- Don't know
- It depends (please expand)

.....

.....

.....

18. Do you investigate complaints that are raised after a worker has left the job?

- Yes
- No
- Don't know
- It depends (please give details)

.....

.....

.....

19. Do you feel that your current whistleblowing policies work satisfactorily?

.....
.....
.....

20. Have you introduced incentives to encourage people to report concerns? If yes, please give details.

.....
.....
.....

21. What do you think are the main barriers to staff reporting concerns about possible abuse of service users?

.....
.....
.....

22. How do you think these barriers can be best overcome?

.....
.....
.....

Please give your contact details below if you would be willing to be contacted to answer further questions in relation to this study. You can leave this blank if you prefer.

Name:

Job title:

Address:

.....

Tel:Email:.....

Thank you for taking the time to complete this questionnaire. If you have any further comments to add, please do so overleaf or attach a separate piece of paper.

Please return **by 28 April** in the freepost envelope provided, enclosing a copy of your whistleblowing policy if you have one.

Appendix 2 Focus group guide for adult protection co-ordinators

[This was adapted for focus groups with trainers and social care inspectors]

Introductions

The Ann Craft Trust is a national charitable organisation, based at Nottingham University, which seeks to protect children and adults with learning disabilities from abuse. It does this by providing advice and training for professionals, writing and publishing resource materials and undertaking original research.

Explanation of research: project explores the practical and ethical dilemmas of whistleblowing on abuse of people with learning disabilities. We aim to identify the barriers to people speaking out and to identify good practice. We are interested in your experience and practice in adult protection. The research is about abuse of people of learning disabilities but feel free to talk about other service user groups as well, as lessons can be learned from elsewhere.

Our definition of whistleblowing

When a worker suspects that, in their workplace, a person with a learning disability has been abused and reports their concerns.

Clarification of how we will use this interview data. No names or organisations will be identified. Distinguishing features of cases will be changed so individuals or cases will not be identified.

Organisation and funding of post

1. How is your post funded and organised/which agencies employ you?
2. [if only one person] What is the remit of your post, in brief?
3. How long have you been in this post?

Policies on whistleblowing

4. Does your employing agency have a whistleblowing policy?
5. Has there been any attempt to integrate/cross-reference whistleblowing and adult protection policies in your agency? [If yes, please expand].

Training

6. Do you cover whistleblowing issues in your adult protection training? [if yes, in what way?]
7. What do you do if people raise concerns (whistleblow) during training? Do you have a policy/protocol on what to do if this happens? [can you talk through an example?]

Experience and practice in response to whistleblowing

8. Do you receive referrals/enquiries/contact from (potential) whistleblowers? [If yes, what is the nature of such calls? Can you talk through an example?]

9. How do you respond to such calls? What advice do you give a (potential) whistleblower?
10. How are other agencies involved? [social services, CSCI, police etc]
11. Are you ever called in at a later stage when abuse has been disclosed through whistleblowing? [If yes, can you talk through an example?]
12. *From your impression/experience*, which group of staff tends to whistleblow most often? [e.g. recent employees (who have been in post less than a year), established employees (who have been in post more than a year), former employees, managers, care staff, other]
13. What do you (or your employing agency) do with concerns about abuse that are raised after a worker has left the job?
14. How do you (your employing agency) respond to anonymous allegations of abuse?
15. Do you think the existence of whistleblowing policies makes a difference in protecting vulnerable adults and preventing abuse?

Barriers and support

16. What do you think are the main barriers to staff reporting concerns about possible abuse of service users?
17. How do you think these barriers can be best overcome?
18. What gives people the confidence/safety to speak out?
19. What support is needed once a worker has spoken out?

General issues on adult protection

20. What is the most common source or route of referral for concerns about the abuse of people with learning disabilities? [e.g. self disclosure, relatives, care staff, other?]
21. What single factor do you think would help prevent abuse of vulnerable adults?

Are there any other issues that we have not raised that you feel are relevant?

Appendix 3 Interview guide for individual whistleblowers

[This was adapted for interviews with managers and other individuals]

The Ann Craft Trust is undertaking a national research project, which aims to learn how whistleblowing in social care settings can help to protect people with learning disabilities from abuse. We aim to identify good practice, difficult issues and make recommendations on how whistleblowers can be supported and adults with learning disabilities can be protected. We are interviewing people who have raised concerns at work about poor practice or alleged abuse of adults with learning disabilities. The interviews will explore their experience and views on whistleblowing.

Support for participants – All persons taking part in the interviews will be given a list of contact numbers for support and will also be advised to contact the Ann Craft Trust for more detailed information about support networks on abuse and protection matters.

New concerns – In the event of current or historical concerns that have not been addressed being raised during an interview, and where a worker is unable or unwilling to report incidents of alleged abuse, we will pass on the concerns to a manager in the organisation ourselves after informing the respondent that we are doing so. Under no other circumstances will research data be shared with employers.

Confidentiality – All research data will be stored securely. The names of respondents and participating organisations will be anonymised, and potentially identifying features of incidents or cases mentioned will be changed, so that when our findings are published individuals and organisations will not be identified in any way.

Can you tell me something about your professional background and qualifications?

What was your job title and length of service when you whistleblow?

I'd like you to tell me about an incident of whistleblowing that you have been involved in – I have a number of questions around this.

1. Narrative of events

1. When did this happen (year)?
2. How were you involved?
3. Were there other people involved?
4. What happened – can you talk through it step by step?
5. What events led up to your whistleblowing?
6. Had you tried to communicate your concerns through other channels first?
7. Did you speak out about your concerns straight away or after a long time?
8. Did you feel that your concerns were listened to?

2. Support

9. What support was offered to you as a whistleblower?
10. Were you kept informed throughout the process? If yes, by whom?
11. Did you get any time off work?
12. What support was offered to the victim(s)?
13. What support was offered to the alleged abuser(s)?
14. Did it result in any disciplinary or grievance procedures (for the alleged abuser)?

3. Reaction and resolution

15. How was the matter resolved?
16. In your view was the matter resolved satisfactorily?
17. How did the staff team react to your actions/the incident?

4. Dealing with the aftermath

18. Were there attempts at a debrief or group building following the incident?

5. Policies and procedures

19. Does your organisation have a whistleblowing policy or another policy that covers raising concerns at work?
20. Was the organisation's whistleblowing policy consulted and followed?
21. Who else was informed/ what other organisations were involved?
22. Did knowledge of incident spread beyond organisation (e.g. to media)?
23. What was the outcome of the incident (e.g. suspension/ dismissal of suspected abuser, investigation, removal of victim)?

6. Influence on future actions

24. Did you fear that your actions would have an impact on your future career?
25. What wider lessons do you think were learned from the incident?
26. Would you do something similar again (i.e. blow the whistle)?
27. What support would you like to have seen/see for whistleblowers?
28. What advice would you offer someone who was considering blowing the whistle?

Have you anything else to add? Have you any questions about the research?

Appendix 4 Resource information given to interviewees

Policy and legislation

The **Public Interest Disclosure Act 1998** (PIDA) was introduced to protect employees who are worried about wrongdoing in their place of work and want to ‘blow the whistle’.

The Act applies to people at work raising genuine concerns about crime, civil offences, miscarriage of justice, danger to health and safety or the environment and the cover up of any of these. It applies whether or not the information is confidential.

The Act confirms that workers may safely seek legal advice on any concerns they have about malpractice.

There are three types or levels of disclosures:

- Internal (e.g. to a manager or an employer)
- Regulatory disclosures (e.g. to CSCI, Inland Revenue, Health & Safety Executive)
- Wider disclosures (e.g. to the police, the media, MPs).

Where the whistleblower is victimised in breach of the Act s/he can bring a claim to an employment tribunal for compensation. Awards will be uncapped and based on the losses suffered. Additionally where an employee is sacked, s/he may apply for an interim order to keep her/his job.

(source: Public Concern at Work)

Section 6.8 of *No Secrets guidance* (Department of Health, 2000) reads:

All those making a complaint or allegation or expressing concern [about abuse of a vulnerable adult], whether they be staff, service users, carers or members of the general public, should be reassured that:

- they will be taken seriously;
- their comments will usually be treated confidentially but their concerns may be shared if they or others are at significant risk;
- if staff, they will be given support and afforded protection if necessary, e.g. under the Public Interest Disclosure Act 1998;
- they will be dealt with in a fair and equitable manner; and
- they will be kept informed of action that has been taken and its outcome.

Organisations for information and support

Commission for Social Care Inspection is the independent inspectorate for all social care services in England. www.csci.org.uk

Public Concern at Work is an independent organisation which provides guidance and training to employers on whistleblowing and also offers free confidential advice to employees unsure whether or how to raise a concern about workplace wrongdoing. Telephone 020 7404 6609. www.pcaw.co.uk

Freedom to Care was set up in 1992 as a whistleblowers’ support group. It promotes the expression of social conscience in the workplace, public accountability, ethics at work and supporting whistleblowers. Telephone 01978 750583. www.freedomtocare.org

The Ann Craft Trust is dedicated to protecting people with learning disabilities from abuse. They provide information, training and resources on abuse and protection issues. Telephone 0115 951 5400. www.anncrafttrust.org

Respond provides a range of services to victims and perpetrators of sexual abuse who have learning disabilities, and support to those working with them. Telephone 0808 808 0700. www.respond.org.uk

Compiled by Rebecca Calcraft, The Ann Craft Trust, November 2004

This resource sheet is intended to give general guidance only and should not be regarded as a complete or authoritative statement of the law.