

# Professional Decision Making and the Effectiveness of Training in the Context of Protecting and Safeguarding Vulnerable Adults from Harm

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# Format for the workshop:

1. Introduction and context
2. Background and Design of factorial surveys using vignettes: (a) research focussed on financial abuse of older people; (b) research focussed on professional knowledge of safeguarding and the affects of training on knowledge and action
3. Discussion: Groups
4. Application, analysis and findings: (a) research focussed on financial abuse of older people; (b) research focussed on professional knowledge of safeguarding and the affects of training on knowledge and action
5. Discussion: Groups

# Part 1: Introduction and Context:

**Safeguarding vulnerable adults is one of the most significant activities undertaken by professionals involved in social care (No Secrets 2000). However, how and why professionals make particular judgements in specific circumstances is not well understood.**

**Factorial survey is a quasi experimental method using critical incident based vignettes has been identified as a valid means of exploring professional decision making (Wallander & Blomqvist 2005; Wallander 2009; 2011).**

**The method involves developing vignettes that mirror real life situations faced by professionals and a series of potential responses, actions and outcomes.**

# Modelling Professional Judgement

The method uses the vignettes to model professional judgement .

- a) the process of professional judgements i.e. Identify the problem – implications – appropriate action
- b) the content of professional judgements i.e. the relationship knowledge the practitioner has of a situation and their actions based on that information.

Practitioners decide on appropriate actions drawn from a multiple choice menu.

Responses are collated for analysis using multiple regression techniques to explore the influence of explanatory variables on the dependent variable and the interaction of explanatory variables one each other

# Part 2: Background and Design of factorial surveys using vignettes

**Study 1. Detecting and preventing financial abuse of older adults: An examination of decision-making by managers and professionals in health, social care, and banking**

**Funders: ESRC New Dynamics of Ageing Programme:**

**Grant holders: Five UK Universities.**

**Project partners: Included representatives from the health, social care and banking sectors.**

# Why research decision making in the context of elder financial abuse?

- Elder financial abuse

*"...you get all different sorts of financial abuse from downright theft, cold calling, pilfering ... perhaps a son visits and takes half of his father's pension to go and purchase drugs, but his father doesn't want to do anything about it because he only sees his son once a week."*  
(Safeguarding vulnerable adults coordinator)

- Prevalence: A Department of Health and Comic Relief study reported financial abuse as the second most common type of elder abuse, after neglect. (O'Keefe et al., 2007)
- Supporting training and enhancing abuse detection

## Project aims:

- To identify the factors that influence how different professional groups make decisions when they suspect elder financial abuse.
- To develop recommendations for training based on the judgement policies used by experienced professionals.

# Study outline:

Focus on social care, health and banking professionals

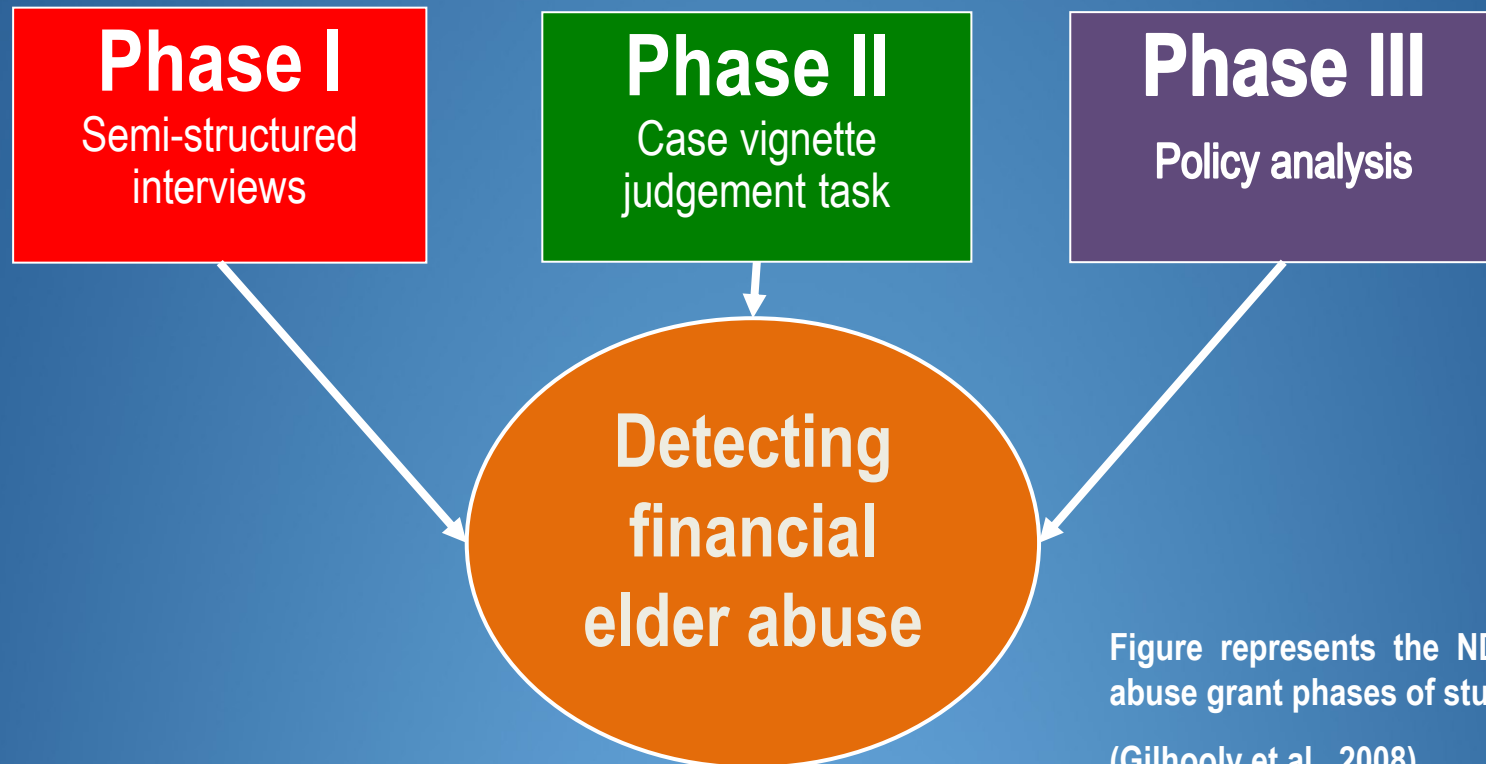
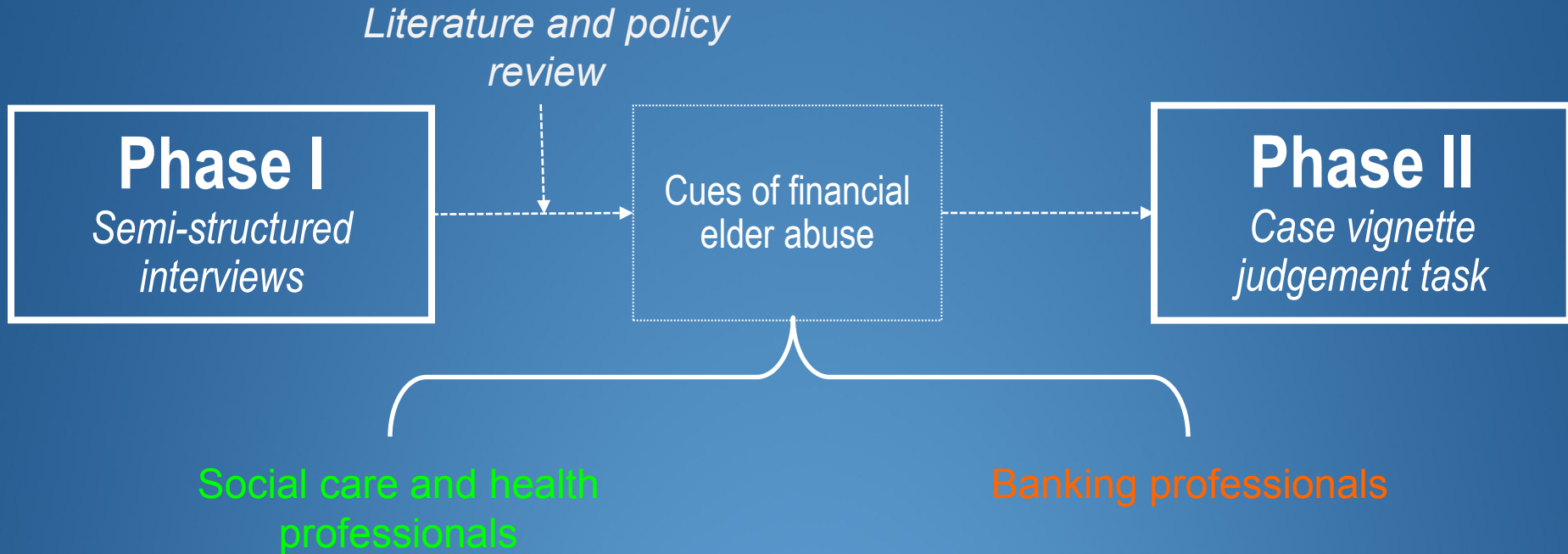


Figure represents the NDA financial abuse grant phases of study (Gilhooly et al., 2008).

- Phase I results for social care professionals – Davies et al., 2011



# Designing the case vignettes



Age	Gender	Identifier of abuse	Financial problem suspected
Physical capacity	Mental capacity	Living circumstances	Who is in charge of the money?

# Vignette example

- A vignette presented to the social care and health professional participants.  
  
“This scenario is about a 66 year old male. Another professional tells you that recently a change to this older person’s Will has been made, leaving all possessions to the cleaner. This older person has major physical health problems. He is extremely confused and forgetful and lives in his own home with a care package.”

# Financial Elder Abuse Project

## Scenario Assessment : (62 cases left to assess)

This scenario is about a 66 year old male. A family member tells you there has been a letter from the bank which shows an overdrawn account and others showing bills haven't been paid. This older person has major physical health problems. He is at times slightly confused and currently lives in his own home.

Move the sliders on the scales to indicate your judgement on this case.

certain abuse is not occurring



certain abuse is occurring

unlikely to take action



likely to take action

If you were likely to take action, please tick those which you would choose. You can tick as many as you wish.

Monitor Situation

Gather further information

Consult internally with colleagues/managers

Call strategy/team meeting

Consult with outside organisations

Implement Safeguarding procedures

Confirm

# Case vignette judgment task – Social care and health professionals: Methodology & participants

**Factorial survey with fractional factorial design.**

- **Single set of case vignettes. 50 + 15 repeats**
- **Randomised presentation order**

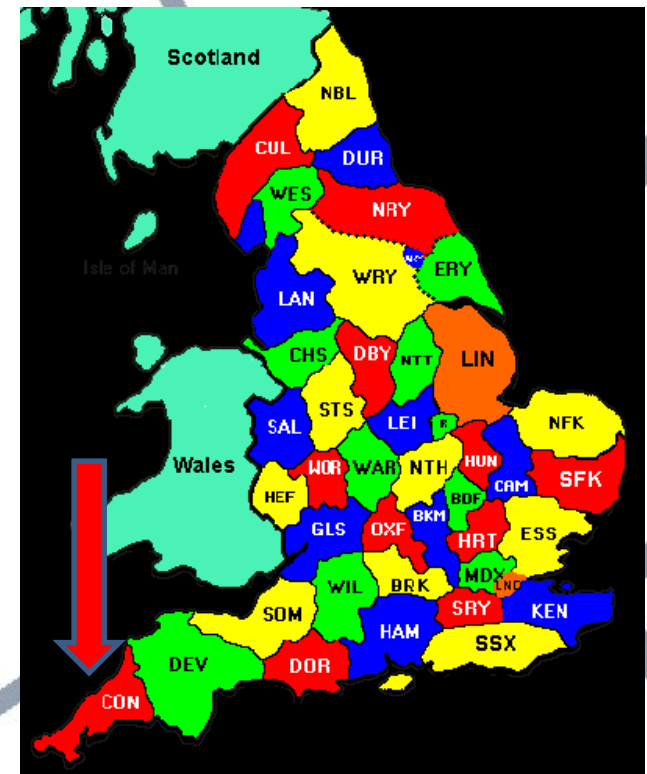
<b>Participants</b>	<b>n</b>	<b>Job-roles</b>
Health professionals	82	GP's, OT's, District nurses
Social care sector professionals	70	Social workers, Managers, Adult protection staff

# **Study 2: Not just ticking the box: An investigation into safeguarding adults training transfer in Cornwall, UK**

Developed from an ESRC and Cornwall Council funded Knowledge Transfer Partnership

# Measuring the effect of training on professional judgements

- Research aimed to identify, develop and refine a programme theory of safeguarding adults training transfer
- Factorial survey used to find out the impact that training has on professional judgements.



# Safeguarding adults training

- “despite the large amounts of money now being expended on training in this area, we have little knowledge of what training works and for whom, or its outcomes.” ([Manthorpe et al., 2005:31](#)).
- £5 billion spent annually on training and development in NHS & social care (Our Health Our Care Our Say 2006)

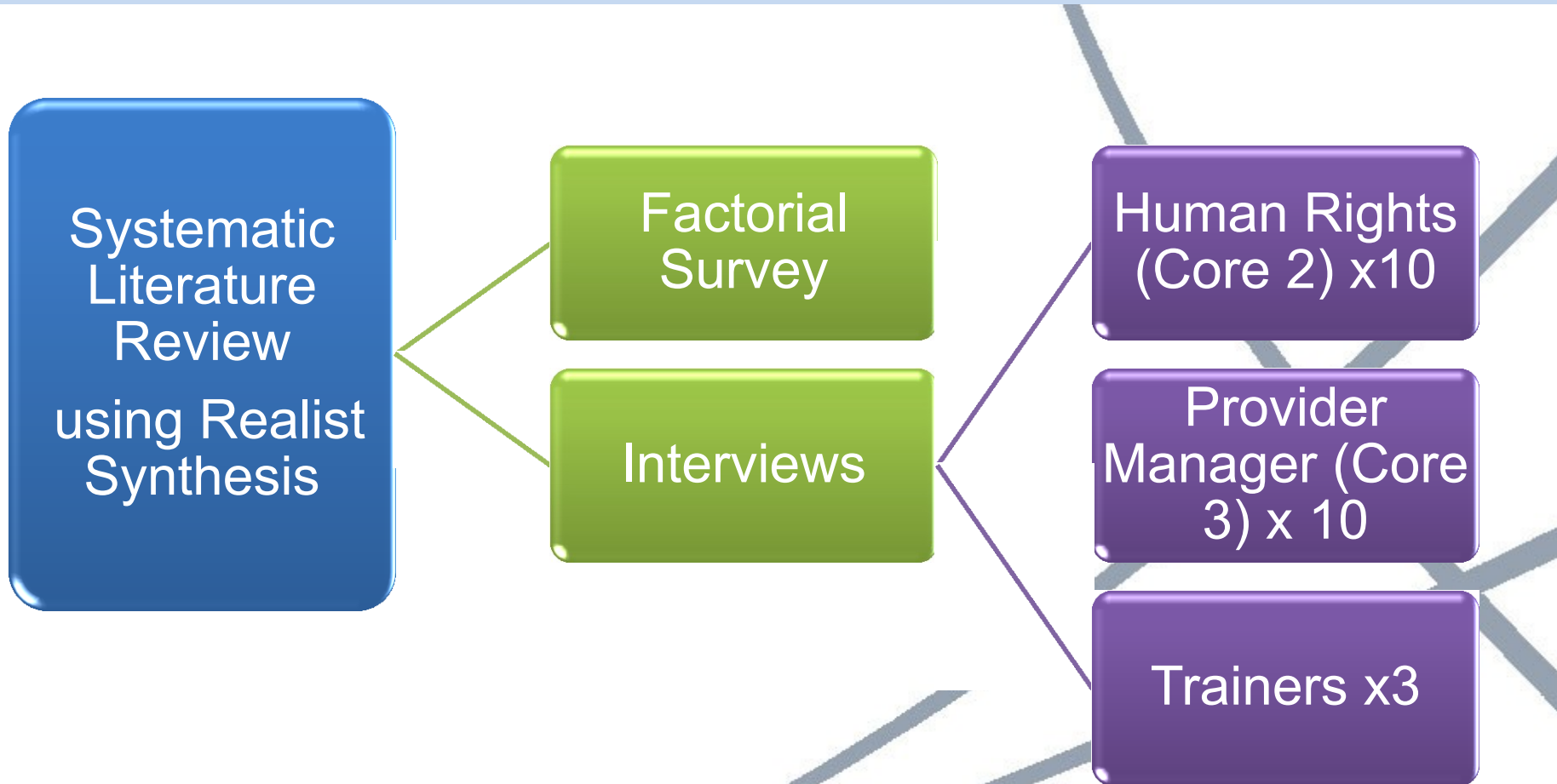
# Training transfer

- **“the use of trained knowledge and skill back on the job”**  
(Burke & Hutchins, 2007, :265)
- **Transfer happens when learned behaviour is generalised to the job context and maintained over time**  
(Baldwin and Ford, 1988)





# Research design



# Factorial Survey: Novel method of evaluating training

## Addressed Research Questions:

- **What effect do the Human Rights Workshop and Safeguarding Adults Managers' workshop have on delegates' practice, in terms of thresholds to recognising and reporting adult abuse?**
- **Which factors in a given scenario affect recognition and reporting of abuse?**
- **How do these factors interact with training attendance?**

# Designing the vignettes

**Evidence-informed approach; literature review + practitioner views to identify barriers to alerting**

## **Factors identified:**

- **Manager and colleague support**
- **Whistleblowing support**
- **Victim's reason for accessing services**
- **Psychology of victim**
- **Type and severity of abuse**
- **Perpetrator past behaviour**
- **Victim perception of perpetrator**
- **Victim attitude to info sharing**
- **Your perception of perpetrator**

- **Each factor is orthogonal: chosen independently of the others.**
- **Programme randomises presentation of vignettes**
- **Need to check the ‘sense’ of each vignette combination as presented.**

# Example of a vignette

You enjoy your work, despite your unsupportive manager and colleagues. In the past, you have seen things that could have been done better. Your organisation has dismissed your concerns and branded you a troublemaker. Currently you are working with a person who is older and lives in residential care. You have worked with this person for some time, and find them generally cooperative and appreciative of services. You have noticed that your colleague can be a bit rough when physically assisting the person. You think your colleague has behaved in this way with other people before. The person has told you that your colleague hurt them. You and the person have agreed that you can share information about them when necessary. You know your colleague hasn't had any training.

# Measures

## Recognition of abuse

1 (definitely not abuse) to 9 (probably is abuse)

## Reporting of abuse

1 (definitely wouldn't make an alert) to 9 (definitely would make an alert)

## Confidence in decision

1 (not confident at all) to 7 (extremely confident)

## Other actions?

No action needed; Wait to see if it happens again; Document the situation in case file or notes; Talk to the person; Talk to your colleague; Talk to a colleague not involved in the situation; Talk to another professional, e.g. doctor or social worker; Talk to your manager; Call 999

# Demographics

- **Training level coded 1-5**
- **Safeguarding experience and past alerting coded never, once, more than once**
- **Recorded organisation, job code, education, length of time in current job, length of time in sector, age.**

# Participants

- **176 health and social care staff/ volunteers from Cornwall**
- **29% Adult Care/ housing, 31% Health, 40% Private/ independent/ voluntary sector**
- **Unit of measurement is vignette, not participant (Taylor, 2006)**

Participants	n=176
Baseline vignettes (2)	n=352
Vignettes (6)	n=1055





## **Part 3. Questions to discuss...**

- How appropriate are factorial surveys using critical incident vignettes as a method for exploring professional decision making?**
- What aspects of professional judgement might be explored using the method?**
- Is the method more appropriate for exploring the process of professional judgement or the content of professional judgement?**
- Other questions or issues?**

# Part 3. Questions to discuss...

Sub disciplines of sociology (n=106)	Frequency
Crime, law, and deviance	49
Family and social welfare	18
Social differentiation	12
Sociology of health and medicine	5
Organizations, occupations, and work	5
Urban sociology	5
Sociological theory	5
Political sociology	2
Ethnic relations	2
Sex and gender	1
Religion	1
Sociology of sports	1 (From Wallander, 2009)

# Part 4. Application, Analysis and Findings

## Study 1. Research questions

1. Which cues had the greatest influence on professionals certainty of abuse?
2. Which cues had the greatest influence on professionals likelihood of taking any action?

# Analysis

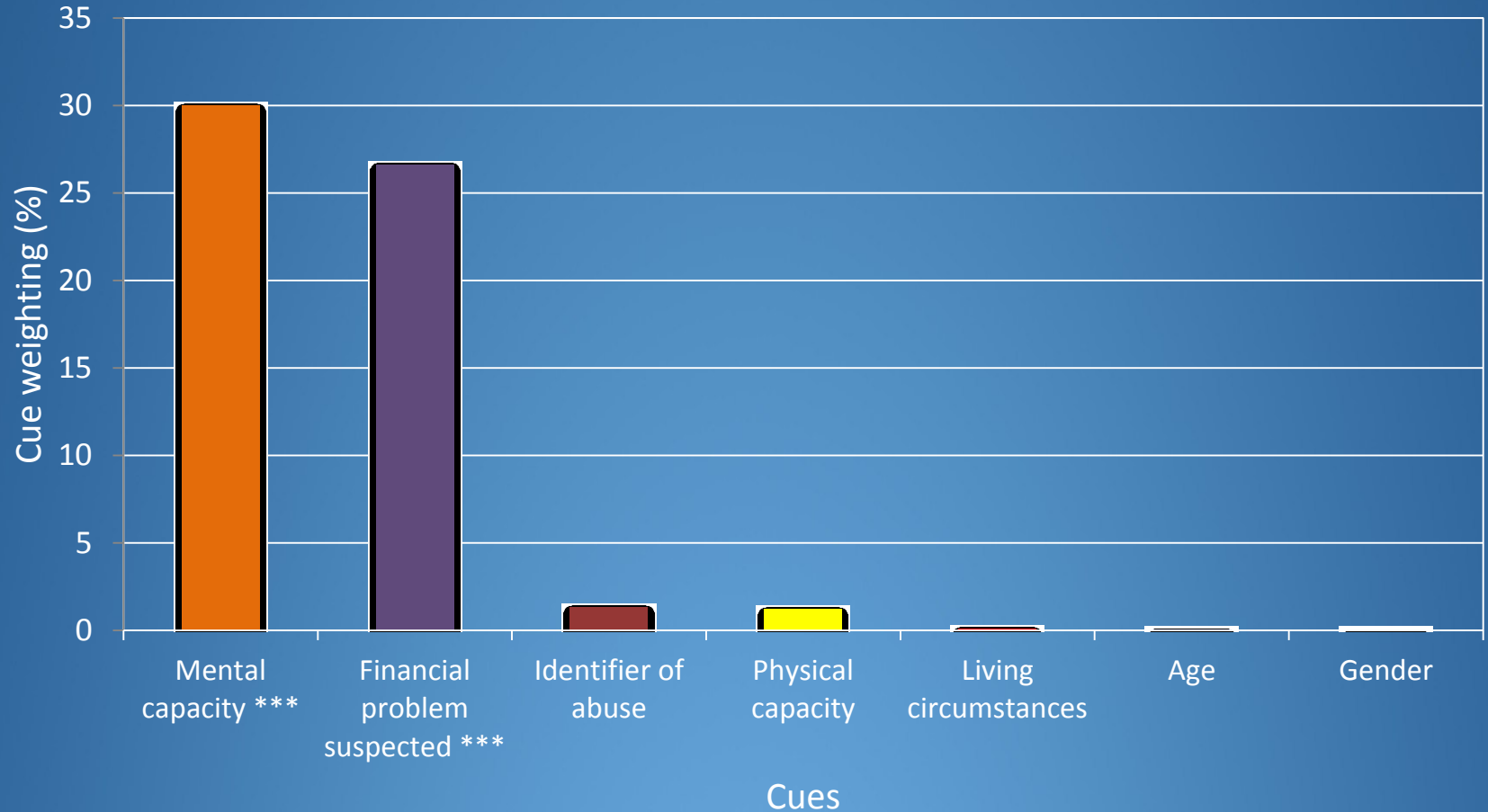
- Identifying the factors with a significant influence on professionals certainty of abuse and likelihood of action.
- Multiple regression analysis with dummy variables supported by incremental F-tests (Hardy, 1993)

R<sup>2</sup> change and F-test results for each financial abuse factor predicting certainty of abuse

Factor	R <sup>2</sup> change	F
Age	0.002	0.39
Gender	0.001	0.19
Identifier of abuse	0.013	0.67
<b>Financial problem suspected</b>	<b>0.266</b>	<b>9.27***</b>
Physical capacity	0.012	2.46
<b>Mental capacity</b>	<b>0.300</b>	<b>62.88***</b>
Living circumstances	0.008	0.34

Note: \*\*\* p = < .001

# Cues predicting professionals' certainty of abuse



\*\*\*  $P < .001$

# Key findings for the social care and health sector professionals

- Only two cues; the mental capacity of the older person and the nature of the financial problem suspected had a significant influence on professionals certainty of abuse and likelihood of action.
- But.... needed to evaluate if the professionals were making 'good' judgments. Which of our participants were the most experienced (expert consensus on how decisions should be reached)?
  - Current research project to investigate this

# An overview of the key findings for the banking professionals

- Three cues; the nature of the financial problem suspected, the mental capacity of the older person and who was in charge of the older person's money, had a significant influence on professionals certainty of abuse and likelihood of action.
- Strong emphasis on the nature of the financial problem suggests that banking professionals are only attuned to certain *types* of financial problems as suggesting possible abuse.

# Project significance

- Targeted research focus on decision making in relation to elder *financial* abuse.
- Involvement of professionals from the banking sector.
- Practical application potential of the research findings.

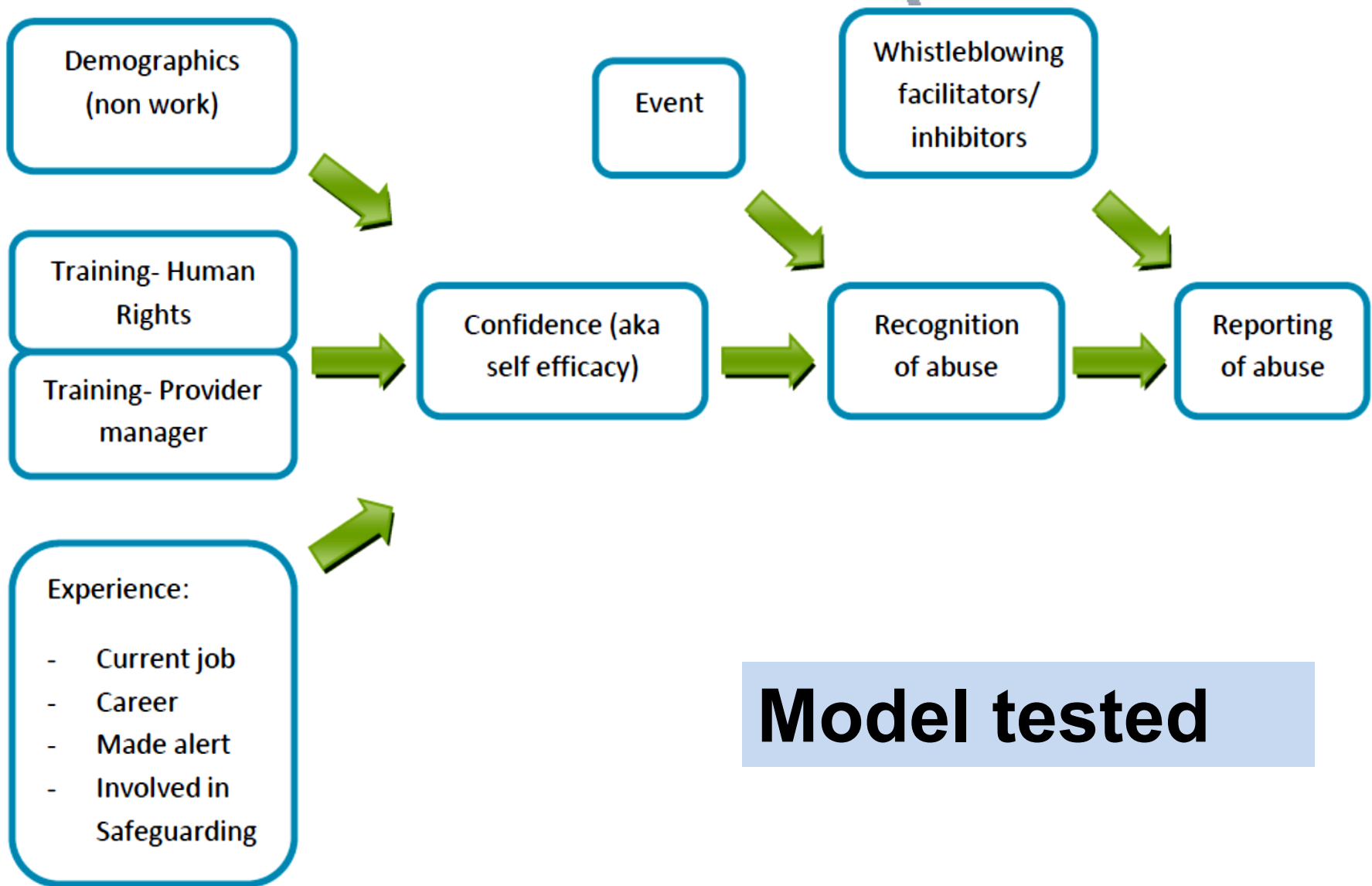


# Study 2: Baseline vignettes

- **Gave a comparison of average rating tendency (O'Toole et al, 1999)**
- **Present same 2 vignettes to all participants at the start**
- **Use this to control for individual differences in rating tendencies by transforming the data using average baseline scores.**
- **This made the distribution of scores more normal**

# Analysis

- **Entry method Ordinary Least Squares regression (Taylor, 2006)**
- **Order based on preliminary analysis of variance that each variable covers**
- **Likert scales used as interval data; 9 point scale used as wider range favoured by parametric tests**
- **Assumptions outlined by Field (2009) met**
- **Significance criteria set at  $R > 0.25$  and  $p < 0.05$**
- **Categorical variables analysed using correlation and chi square.**



**Model tested**

# Findings- Confidence in decision made

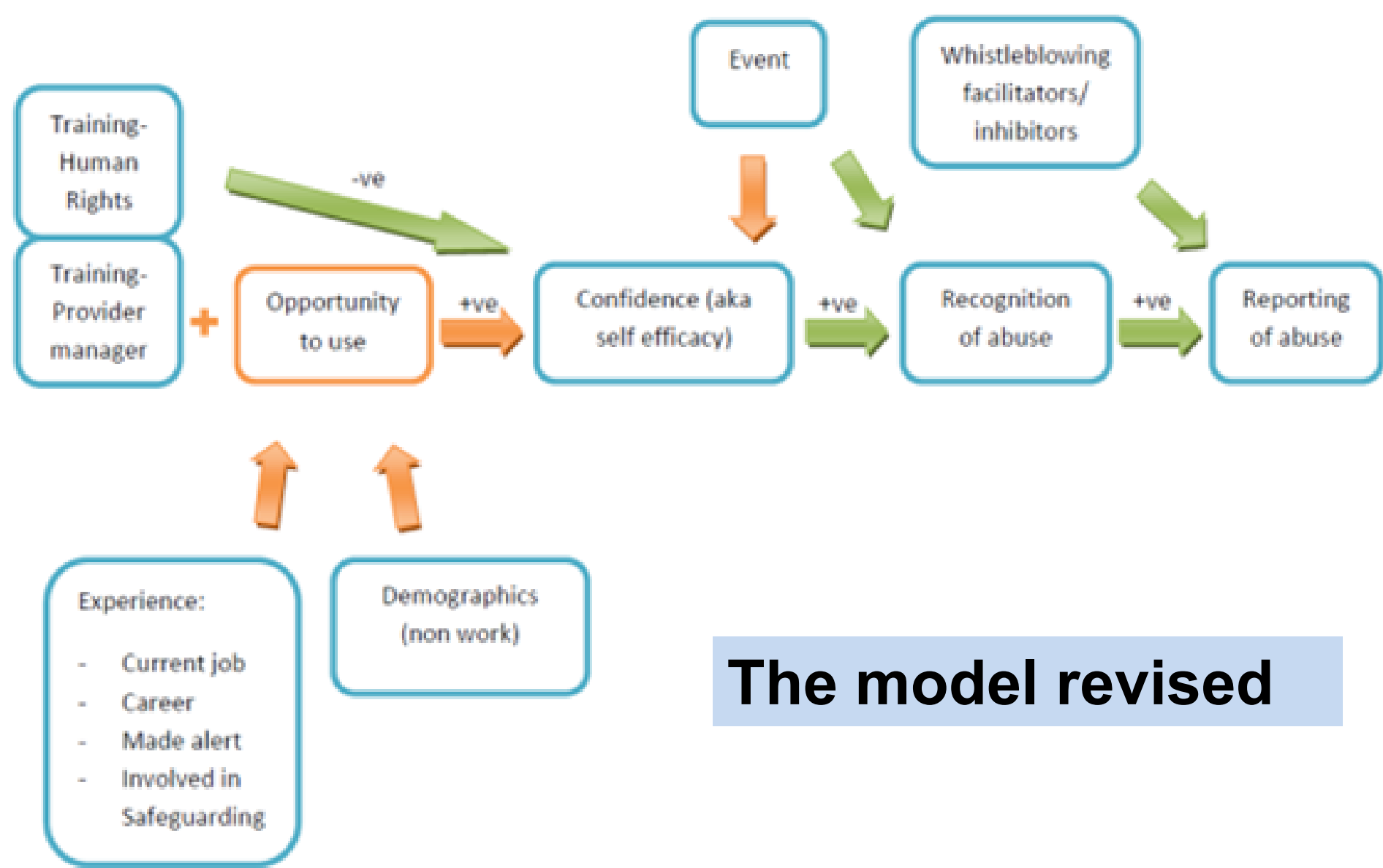
	B	Std. Error	Beta
Step 3			
Length <5 vs. >5 years	-1.206	.245	-.381***
Current Length <5 vs. >5 years	.303	.102	.097**
All Training	-.555	.160	-.409***
Involved Dichotomy yes/no	.483	.100	.161***
Training x length	.359	.091	.593***
Abuse type: Neglect (vs. Psychological)	.250	.098	.074*
Severity of abuse	.369	.053	.203***
Victim perception: don't like colleague (vs. get on well)	.423	.106	.135***
Victim perception: disclosure (vs. get on well)	.490	.106	.156***

# Findings: Recognition of abuse

	B	Std. Error	Beta
Difficulty rating	-.176	.044	-.149***
Abuse type: Physical (vs. Psychological)	.740	.145	.134***
Abuse type: Financial (vs. Psychological)	.343	.151	.059*
Confidence	.374	.041	.231***
Severity of abuse	1.247	.076	.423***
Victim perception: disclosure (vs. get on well)	.824	.129	.162***
Support	.291	.123	.086*

# Findings: Reporting of abuse

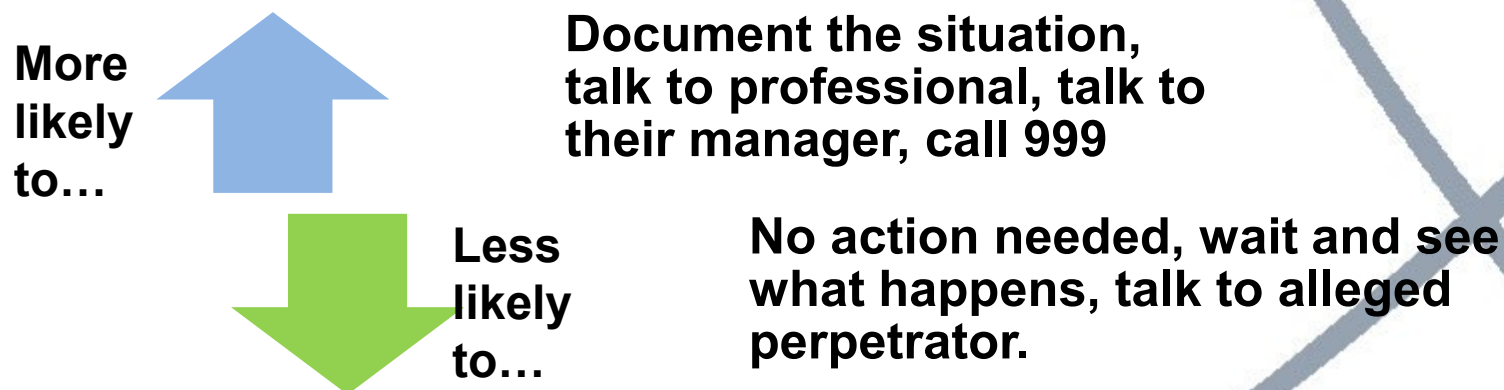
	B	Std Error	Beta
Step 1			
Support	.298	.112	.083**
Recognition of abuse	.821	.020	.786***
Your perception: good friends (vs. never been friendly)	.387	.132	.071**
Difficulty rating	-.195	.045	-.155***



**The model revised**

# Categorical data; findings

- Point biserial correlations
- As recognition and reporting increased...



- No effect for talking to alleged victim, to other colleagues.
- No relationship between categorical variables and training.

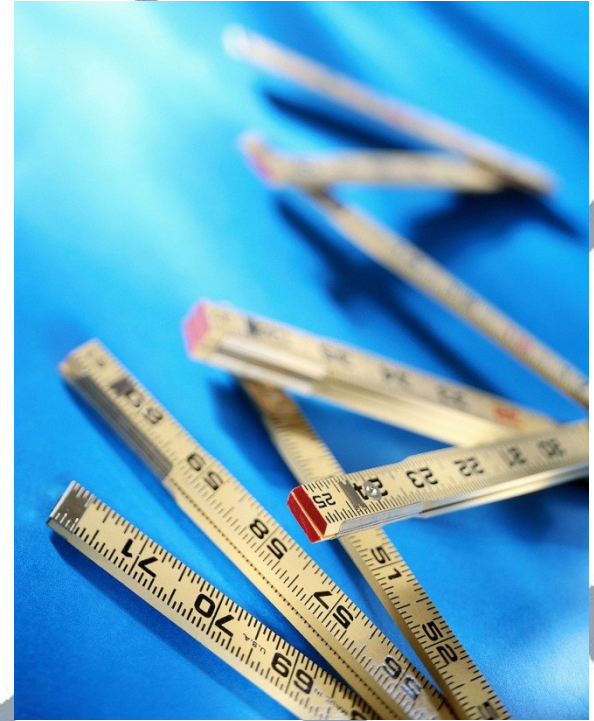


# Categorical data: findings

- **Chi Square analysis**
- **Participants 2.5 times as likely to document the situation if involved in safeguarding before**
- **Participants 2.1 times as likely to talk to alleged victim if involved in safeguarding before**
- **Participants 3.35 times as likely to talk to manager, and 1.86 times as likely to talk to their colleagues, when they had worked in their current job for over 5 years**

# Limitations

- Measurement of 'Training'
- Sampling bias
- Logistics
- As training evaluation; questions hypothetical not actual



# Implications of study

- Training needs to be combined with opportunity to use to positively impact practice
- Training culture and transfer climate needs to be addressed
- Appropriate safeguarding structures (e.g. advocacy, support , opportunity to raise safeguarding issues) needed as well as training

## **Part 5: Questions to discuss...**

**How can other methods be used in conjunction with this approach?**

**Do you foresee any ethical concerns?**

**Do you foresee any issues of validity and reliability?**

**How might the method be developed?**

**Other questions or issues?**

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