

Research and Practice in Intellectual and Developmental Disabilities

ISSN: 2329-7018 (Print) 2329-7026 (Online) Journal homepage: <https://www.tandfonline.com/loi/rpid20>

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To cite this article: Hilary Johnson & Ruby Yee (2020) Perceptions of Frontline Staff to Training and Communication Tools to Support Adults with Intellectual Disabilities to Report Abuse and Neglect: “Something to Work with”, Research and Practice in Intellectual and Developmental Disabilities, 7:1, 75-86, DOI: [10.1080/23297018.2019.1680312](https://doi.org/10.1080/23297018.2019.1680312)

To link to this article: <https://doi.org/10.1080/23297018.2019.1680312>



Published online: 04 Dec 2019.



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Perceptions of Frontline Staff to Training and Communication Tools to Support Adults with Intellectual Disabilities to Report Abuse and Neglect: “Something to Work with”

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ABSTRACT

Adults with intellectual and communication disabilities are more vulnerable than the general population to becoming victims of abuse and neglect. Approaches to giving a voice to this population remain scarcely researched, while current literature highlights the need for frontline disability workers to receive training and communication resources in abuse and neglect. This study explored the perceptions of frontline staff to using a safeguard toolkit consisting of resources to raise staff awareness and communication aids to assist with client disclosure of abuse and neglect, after receiving one day of training. Qualitative methods were followed, with data collected through telephone interviews. Three themes that emerged were *appreciation*, *uncertainty* and *improvements*. Although the tools were received enthusiastically and participants reported a raised awareness of abuse and neglect, the tools had not been used to facilitate disclosures of abuse, even when abuse had been suspected. Although the face-to-face training raised awareness about abuse and neglect of individuals with communication disabilities, the staff remained uncertain of how to use the tools or for whom they were applicable. Participants requested increased support to use the tools confidently. Alternative models of training and support may be required in order for frontline workers to be confident at supporting individuals with intellectual and communication disabilities to speak out about abuse and neglect.

ARTICLE HISTORY

Accepted 21 September 2019

KEYWORDS

Training; safeguards; adults; intellectual disability; communication support needs; augmentative and alternative communication

Adults with cognitive or multiple disabilities are particularly vulnerable to becoming victims of abuse and neglect (Hughes et al., 2012). These individuals are not likely to have the communication strategies or supports to talk about abuse or neglect experiences. For example, difficulties speaking or understanding, or both, mean it is particularly difficult to ascertain direct accounts of an abuse or neglect experience (Bryen, Carey & Frantz, 2003; Burke, Bedard, & Ludwig, 1998; Collier, McGhie-Richmond, Odette, & Pyne, 2006). This group is reliant on skilled partners to support their communication and understanding of the world (Bornman, Nelson Bryen, Kershaw & Ledwaba, 2011; Wilczynski, Connolly, Dubard, Henderson & McIntosh, 2015). Partners may be required to use augmentative and

alternative communication, an accepted communication practice with people with intellectual disabilities (Bradshaw, 2000; Iacono, Bould, Beadle-Brown, & Bigby, 2018) and intrinsic to developing meaningful engagement (Iacono et al., 2018). Most communication partners for people with intellectual disabilities are unskilled disability support workers whose level of competency in supporting communication can benefit from training in augmentative and alternative communication (Boster & McCarthy, 2018). It is recognised that their knowledge contributes significantly to the communicative capacity demonstrated by the individuals they support (Moorcroft, Scarinci & Meyer, 2018). However, several authors have contended that if adults with communication support needs are to speak up about abuse and neglect they will also need access to communication systems with specific vocabulary, and both systems and vocabulary are often lacking (Burke et al., 1998; Collier et al., 2006; Robinson & Chenoweth, 2011). In addition to the absence of skilled communication partners and communication systems, there needs to be a recognition that a complex interplay of social, cultural, and structural factors in disability services may mitigate against disclosures of abuse and neglect. These include but are not limited to (a) negative staff attitudes or cultures that reduce the possibility of those supported feeling safe or developing trusted relationships (Robinson et al., 2017); (b) staff lacking confidence in communicating about abuse or taking a disclosure; and (c) staff not recognising how their actions may contribute to abuse or neglect of the individuals they support (Jenkins & Davies, 2006).

Currently, there is a scarcity of literature that examines how supports might be provided to adults with intellectual disabilities to disclose abuse and neglect or how staff may be able to recognise abuse and neglect and support disclosures. One study, a government-initiative *Survivor Scotland*, described the effects of training staff in using communication tools to support adults with intellectual disabilities to discuss previous childhood sexual abuse (Scottish Government, 2013). Thirty-six, multidisciplinary health staff (predominantly allied health workers and learning disability nurses) were trained to support adults with intellectual disabilities through the use of Talking Mats[®] (Murphy & Cameron, 2008). Talking Mats[®] is a structured approach using picture cards to facilitate individuals with intellectual disabilities to think about an issue and express an opinion. Thirty-six staff were trained over two days to use Talking Mats[®] and to practice with clients between sessions. The picture cards used included specific vocabulary about abuse and neglect. A 66% response rate to a survey sent to participants four month post-course revealed 82% of respondents had used Talking Mats[®] in their workplace to discuss past abuse with a wide range of clients. Talking Mats[®] increased staff confidence to “hear and listen to a disclosure and take the next steps to support an individual” (p. 9). However, disclosures only occurred with highly verbal individuals. The authors concluded that it was unclear whether the results reflected an inability of people with moderate intellectual disabilities to use the picture cards for disclosure, or whether allied health workers were more confident interacting with people with less complex communication support needs.

In 2015, cognisant of the vulnerabilities of adults with intellectual disabilities to abuse and neglect who were living in disability accommodation, the Victorian State government funded a safeguarding project with the aim of equipping frontline workers to respond appropriately to suspected or reported abuse and neglect in respect of the people they supported. The first step of the project was to identify the toolkit of resources. A literature

review of approaches to supporting adults with limited communication to report abuse or neglect was conducted; three international scholars (United States of America, Canada, and South Africa) were consulted and resources shared; a project advisory group consisting of funders and relevant stakeholders (e.g., Victorian police, centre for sexual assault) reviewed resources; and experienced augmentative and alternative communication users provided feedback on resources developed. Speech pathologists with expertise developing augmentative and alternative communication created a set of resources from the results of the literature review, consultations and discussion with the advisory group. These were then piloted in a two-day training program to 19 frontline staff. The training and resources were refined following participant feedback. The final safeguard toolkit encompassed: (i) three separate fact sheets on communication resources and abuse and counselling support services; (ii) a recording form for the communication partner if abuse was disclosed; (iii) two Accessible Information posters (a set of abuse related vocabulary in Key Word Sign and a poster aimed at increasing staff awareness of abuse and neglect); (iv) two easy English resources on reporting crime and sexual assault; (v) four different sets of themed picture communication boards (420 × 594 mm); and (vi) one multiple page communication book. The communication aids (boards, book, and Key Word Sign poster) were designed to be used with people with disabilities and had accompanying instructions for use. All toolkit resources except the multipage communication book and easy English resources were made available for free downloads (Scope, 2016).

The training was reduced in length to one day, with advice that future frontline staff would be required to have completed prerequisite training into human rights, personal values, and types of abuse, and be supporting adults with intellectual disabilities in their workplace. Training participants received a hard copy kit of all the resources for each of their workplaces. The training incorporated multiple approaches such as role plays, videos, and interactive group activities in line with evidence-based practice (van Oorsouw, Embregts, Bosman & Jahoda, 2009). Each participant received a workbook to complete case study activities throughout the day and take back to their workplace. The one-day training course had the following six learning objectives: (i) be able to describe risk factors for abuse and neglect; (ii) recognise three signs of abuse and neglect; (iii) understand responsibilities to report issues related to abuse and neglect; (iv) describe the continuum of ways people communicate from pre-intentional to symbolic communication (Beukelman & Mirenda, 2013) and recognise which tools or strategies might be useful for each level; (v) be able to use the tools and resources in the toolkit; and (vi) know from where to get support for themselves and the people they support. The training was delivered through the cascade model (Kennedy, 2005), which targeted more than one staff member from a service to attend the training with the expectation that they would be responsible for disseminating information to colleagues in their workplace. All training sessions were delivered by a speech pathologist and a person with a communication disability. The government disability department offered training to frontline staff working in group homes, day services, or regional offices in metropolitan and rural regions. Not all frontline workers chose to attend training, with workplace pressures precluding any selection criteria. Two hundred and ninety eight staff attended 13 workshops.

The aim of this article is to understand the perceptions of frontline staff towards the training and their experiences with the safeguard toolkit. The research questions were:

- (a) what are perceptions of frontline staff toward the training and the toolkit? and
- (b) how have the frontline staff used the safeguard toolkit since the training?

Method

Design and ethical approval

The intent of the study was to understand how participants perceived the safeguard training and tools through a social constructivist lens (Charmaz, 2006). Ethics approval for the study was received from Scope's Human Research Ethics Committee.

Participants

All staff who attended the workshops ($n = 298$) were informed about the present study and invited to complete consent forms and place them in a box at the end of the session. Twenty-six participants, including at least one from each session, signed consent forms. Only 16 (4 male, 12 female) were interviewed by phone as the others were not available. Participants were 8 disability support workers; 4 house supervisors responsible for a group home, staff, and residents; 2 team leaders who provided day-to-day coordination to disability support workers; and 2 operations manager who oversaw 4–6 group homes, staff, and residents.

Data collection

Telephone interviews were conducted using a semi-structured schedule that sought information about (a) participant experiences before and after training with assisting someone to identify or report abuse; (b) their experiences of using the tools and/or sharing with their colleagues, (c) their experience of the training, and (d) their perception of barriers to using the toolkit. Interviews were between 20 and 30 min and took place three months after participants received training.

The first author completed 6 interviews and the second author 10 interviews; 13 of these interviews were recorded and transcribed verbatim. Due to complications with recording technology, 3 interviews did not record but detailed handwritten notes were taken and data included in the analysis.

Data analysis

Braun and Clarke's (2006) phases of thematic analysis were applied to organise and extract meaning from the data in a consistent and nuanced fashion. Verbatim transcriptions of each interview were read several times to familiarise the researchers (both authors) with interview content. Each line of text was organised into an initial code, using the software package, NVivo 12 (QSR International Pty. Ltd., 2018). Codes provided short descriptive labels to provide explicit, semantic descriptions of each text extract. Code groupings were considered in light of possible overarching themes. Overarching themes that related to participants' perceptions and usefulness of tools and training, were developed, and subsequently reviewed by both authors in relation to

corresponding codes. This process ensured all verbatim transcriptions appropriately aligned with each overarching theme

Findings

Three overarching themes emerged from the data: *appreciation*, *uncertainty*, and *improvement*. Each theme had several subthemes.

Appreciation

Participants appreciated having had the opportunity to receive the training and safeguard toolkit and this was highlighted in the two sub themes of *enthusiasm* and *being better prepared*.

Enthusiasm. The training and safeguard toolkit were received with enthusiasm and appreciation. Participants reported that staff who did not attend training were disappointed to have missed the opportunity: “Most of my staff are pretty upset, like, how come we are not going for the training?” (House supervisor 2). Participants reflected on aspects of the training they enjoyed with practical activities being consistently identified as the most useful part of training. One participant said: “I really liked the practical elements on going through it with someone else, and working out how you would use it with a person to bring it to a point where they would disclose a concern about their own welfare” (Disability support worker 3). Another participant commented on the communication continuum exercise and said: “I really liked how they used the signs, and we were in a line, and they were telling us to whether it was verbal, intentional – yeah, what is it? The Triple C (Team leader 2).

Being better prepared. The need for the safeguard toolkit was highlighted by several participants, who said they wished they had access to safeguard tools to support clients previously. One participant said: “If I had that book that would have been brilliant for my first client ... she probably would have been able to give me a lot more clearer messages about what happened” (Operations manager 1). Some participants appeared to be apprehensive towards dealing with an abuse disclosure but the availability of a range of tools appeared to make the experience less confronting. One participant said: “I hope I’m never in a situation where I realise that there might be some abuse going on ... it’s a bit yucky. But if it does, I could feel confident that with these tools I can approach it in a sensitive way” (Disability support worker 7).

The safeguard toolkit was perceived as novel, and a more comprehensive set of resources than staff had previously encountered. Participants expressed feeling relieved to be better prepared and have “something to work with” (Team leader 2), while remembering past situations in which the communication aids could have assisted discussion about sensitive topics like pap smears or menstruation. Participants reported feeling fearful of misinterpreting clients, and valued the communication aids for increasing the accuracy of message exchange: “I feel like I have a better safety net and will not put words into their mouths” (Disability support worker 3).

Uncertainty

There was considerable uncertainty about using the tools and variation in the extent and manner in which they had been used. This uncertainty was evident in three sub-themes: *increasing awareness*; *not for our clients*; and *in the box*.

Increasing awareness. Several tools from the safeguard toolkit had been used to educate staff and clients about abuse and neglect. Some had used the poster to raise and maintain staff awareness with one participant commenting it was in full view in order “to learn what they should do in case there’s any type of abuse” (House supervisor 3). However, this was not a common action. One participant reported: “We’re not allowed to hang any of that up in the house and we don’t have any more room in our staff room” (Disability support worker 8). Some participants had introduced the communication aids in client meetings and were keen for their residents to become familiar with them. One participant said: “We were going through every single picture ... ‘how would you feel about that? Is it okay or not? One of the pictures was for stealing, and one of them was for spitting, and they’re both incidents happening at work” (Team Leader 2).

Some participants were excited by having communication aids and despite the fact that the communication aids were designed to facilitate conversations about abuse and neglect they were used to facilitate everyday conversation. For instance, one participant used the communication aids with a client to discuss general activities: “I tried to use some of the pictures ... you know, what do you want to do today? Shopping, go out ... meet your sister ... call your sister?” (House supervisor 2).

Not for our clients. Some participants said they were unclear about how or with whom the tools could be used. The reasons were staff or client-related. Participants from group homes with high staff turnover felt staff were too unfamiliar with communicative behaviours of their clients to use the tools. One participant said: “It comes back to the staff, we use a lot of casual staff and they don’t know what that person is really regularly like, or their behaviour is something different so there are lots of challenges” (House supervisor 1). Some participants did not perceive the tools were useful for their clients. One participant chose not to use communication aids with a verbal client with autism spectrum and said: “It’s really fantastic for a person ... whose non-verbal, understands pictures, and can communicate well through pictures... but for a verbal person, I don’t think it’s that useful” (House supervisor 2). In contrast, some participants had chosen not to provide communication aids to clients because they had no speech. In one service, no clients had been introduced to the communication aids, as staff were not confident communicating with clients about novel topics, including concepts in the safeguard toolkit. One participant said:

It’s a bit difficult to have a conversation with them because they are quite behavioural and they are very set in their routines. So if you disturb their routines to try and give them information they don’t understand, you end up with a behaviour. (Disability support worker 6)

The uncertainty as to how to use the tools for their service users was highlighted by one participant who believed the tools could not work with their clients with multiple

disabilities. He said the training was “focused very much on people with disabilities who have the skills to point” (House supervisor 3).

In the box. No participant had used the tools to investigate abuse, or facilitate a disclosure, despite several participants suspecting abuse situations since training. Some participants commented that their colleagues had used the resources to investigate abuse since training; however, they were unsure if the tools had been used. Several participants commented they had the resources but these were in the box should they be needed for disclosure. One participant commented that information was kept “in a separate folder and every staff member is aware of where it’s kept” (Disability support worker 6).

Improvements

This theme had three subthemes that captured participant reflections and their suggestions for changes in relation to the training and toolkit to increase its usefulness: *tailored information*; *sharing outcomes*; and *increased supports*.

Tailored information. Some participants indicated the training was not always relevant to the adults they supported and it was easy to disengage. They wanted training content to address the specific needs of their current clients, rather than equipping them with a broad range of approaches. One participant suggested:

It needs to be identified specifically for certain houses for certain clients ... it’s a bit hard when you go into a course like that when people have comments throughout the course that don’t relate to your client. So you’ve got to sit there and listen to all of that. (Disability support worker 6).

However not all participants agreed as they enjoyed hearing the experiences of staff from other houses, with one participant stating: “It was a real eye opener” (House supervisor 2).

Sharing outcome. Participants suggested they needed different ways to share information with all the staff they worked with if they were to establish successful safeguarding practices across staff in their service. About half of the participants reported having shared information from the training session with other staff, with others planning to do that in the future, mainly through their team meetings. Team meetings were often infrequent and attendance was inconsistent. Lack of time was often cited as a barrier, illustrated by this participant’s comment: “There’s been lots of other things going on. The aids are still in the house; me and her have been going to train other staff at a meeting but haven’t had time yet (Disability support worker 1). Some staff, although recognising the value of the toolkit, found the topic confronting to share. One participant said: “Sexual abuse is a bit of a ‘no go’ zone for us” (Disability support worker 7).

In order to minimise the need to cascade information, participants suggested all of their house staff should receive the same information at the same time rather than having only key people receive the training. One participant said: “It should not just be directed at supervisors; it should be directed at all support workers” (House supervisor 3). There was a perception that a whole-of-service approach could minimise the

pressure on the only trained person in the service, who may have felt out of their depth relaying ideas from the training. One person said: “I really wish we had been able to have that on a USB... I just felt a lot of a pressure on me, because I feel like... I couldn’t do it justice of how it was delivered to me”. (Team leader 2)

Several participants were concerned that untrained staff may elicit inaccurate information in a disclosure, and it became apparent that the majority of frontline workers would benefit from, and appreciate the opportunity to learn more about communicating with their clients. One participant highlighted this need by saying:

(We) don’t get enough training in that area, because I think it makes a big difference ... an understanding of different communications. I think we need a much greater knowledge of what is out there to help us. It’s pretty limited really considering the amount of time we actually spend with our clients. (Operations manager 2)

Ongoing support. Participants felt they had not received enough support to prepare them to deal with such a complex and sensitive topic. Those who had received training wanted more time to familiarise themselves with the tools and one participant said: “You do need time to sit down and really flip through it and become familiar with it” (Disability support worker 8). Some participants suggested extending the training over two days, with a greater focus on practicing with the safeguard tools. One participant recognised the need for ongoing, interactive, support to enable staff to ensure maintenance of skills use the safeguard toolkit. She said: “We do training in the city, go away, and you might not use it for months. So a refresher is always good, just to make sure everyone’s sort of still remembers what to do” (Team Leader 1). Follow-up was also seen as important to ensure staff were able to use the tools. Face-to face or e-learning models were identified as a means to provide refresher training.

Discussion

This present study sought to understand the perceptions of the frontline staff towards the training and their experiences with the safeguard toolkit. Participants’ comments highlighted the possibility that safeguard training did not equip frontline staff with accurate understandings about the nature of communication disabilities, or about how to use different communication strategies appropriately. This meant participants left safeguard training feeling enthusiastic, but largely uncertain about its correct application in practice. Not surprisingly, they appreciated the novelty of the tools given the absence of similar tools recognised in the literature (Bornman et al., 2011). However, enthusiasm for the tools and recognising their uniqueness, were not enough as the knowledge of which tool to use, how to use the tool, and feeling confident to do so was paramount to making the tools useful. There were several factors that may have influenced the limited use of the toolkit including: (a) staff knowledge and skills; (b) client skills and supports; and (c) the training model.

Staff knowledge and skills

Frontline workers had different roles and responsibilities, and as data were not collected on skills prior to the training, it can only be assumed these varied. Prior knowledge about communication may have influenced their ability to use the tools or tailor strategies to match the communication abilities of their clients (Bradshaw, 2000; Iacono et al., 2018). A lack of basic understanding in using supportive communication strategies was exemplified in that some participants chose not to show the communication aids to clients who did not use speech, as they were deemed too complex, while others thought they were unnecessary if their clients could talk. Many did not recognise the fact that communication aids can assist with comprehension in a stressful situation and act as a visual support. This lack of understanding reflects findings by Moorcroft et al. (2018), who identified knowledge of frontline staff as one of the major reasons for augmentative and alternative communication underuse and in the present study participant comments reflected limited understanding of the value of augmentative and alternative communication for supporting communication in both verbal and nonverbal individuals. This is particularly worrisome in light of the evidence to suggest that when staff improve their communication with individuals with intellectual disabilities, the level of meaningful engagement with them also improves (Iacono et al., 2018). Bearing in mind that as some staff did not know with whom or how to use communication tools in everyday interactions they would be unlikely to demonstrate well-developed observation and interaction skills that may assist in supporting abuse disclosure. Some participants referred to client “behaviours” as barriers to using the tools. This terminology indicated a lack of awareness that behaviours may be one form of communication and any behaviour should not preclude the client from receiving communication supports. Thus, it would be worthwhile to ensure future training of disability staff focuses on building staff confidence and skills in using communication tools to promote everyday interactions.

Client skill and supports

Participants supported clients with a range of communication skills and although participants remembered aspects of the communication continuum, participants were largely unsure of their clients’ abilities. These findings suggest that staff were not using communication aids or adapting their communication to client needs. Their actions might be considered *passive* neglect (Jenkins & Davies, 2006) as they appear to have arisen from ignorance rather than wilful deeds; however, this neglect increases vulnerability to abuse. Ensuring clients have established and documented communication systems that are recognised by all staff may provide opportunities to build trusted relationships and reduce client vulnerability.

Training model

Participants were enthusiastic about the one-day training but this did not equip them with confidence or skill to use the toolkit. The lack of impact may be due to: (a) length of training; (b) prior knowledge of staff; (c) place of training; or (d) lack of follow up and practice with the tools, or a combination of these variables. Training was developed to be delivered over two days but reduced to take account of a sense that this was too

long and would not be attractive to employers. However, the need for increased training and support focusing on building confidence with using the tools was commonly identified by participants. If it is not practical from an employee release perspective to increase face-to-face training length for staff to learn about the toolkit, prior training focusing on identifying and using appropriate communication supports may develop the base knowledge on which to build confidence with the toolkit. Participants also suggested that whole-of-house training may be a better approach than cascade training. Kennedy (2005) acknowledged a cascade training model often neglects the value of teaching in context, for instance, providing training in the group home environment. Participants also suggested they needed a follow up or refresher to maintain or increase their expertise in using the toolkit. It is likely a cascade model of training may be inefficient for frontline workers who face a lack of time in their workplace to share information and have little or no expert practice support. Similar conclusions emerged from the Survivor Scotland project (2013), whereby ongoing supports, such as practice support to consolidate new skills and the ability to share experiences were identified after the initial training. In line with our research, van Oorsouw et al. (2009) recognised that a model involving a combination of in-house training and ongoing practice support is likely to be most effective for changing practice, compared to a single episode of in-service training alone. Future training of frontline disability staff could incorporate a combination of training approaches, over a longer period of time, to maximise opportunities for staff to transform learnings into practice. The additional expense required in providing supports for staff is acknowledged, but the benefits could outweigh the costs if training and practice support are linked. Ensuring meaningful engagement could have the potential to reduce the risks of abuse and neglect for clients.

The results of this research indicate that although the safeguard tools and training were received enthusiastically, there is much work to be done to equip frontline workers with skills and knowledge they need to implement it. As it is widely recognised that adults with intellectual disabilities experience more abuse in their lifetime compared to the general population (Hughes et al., 2012) there remains a challenge to implement effective training models and resources to ensure frontline workers understand the risks of abuse and neglect and have the tools and confidence to support individuals to discuss and disclose abuse and neglect experiences.

Limitations

This study has several limitations. Recruitment of participants was disappointing with only 24 of the 298 who attended the training volunteering to be in the research and only 16 being available to be interviewed, three months post training. Due to a small sample size, it is unlikely that findings represent viewpoints of all frontline workers who support adults with intellectual disabilities. Moreover, in this study, interviews were conducted with participants who gave voluntary consent to be contacted and may be more likely to emphasise the value of the training and tools compared to staff who chose not to be involved. The study relied on self-report of participants with no opportunity to validate their views through observations of their practice. Given no participants reported

facilitating a disclosure with the safeguard toolkit, the usefulness of the training for supporting tool use could be judged only on the basis of the perceptions of the research participants.

Conclusion

Frontline workers perceived the safeguard toolkit as holding potential for supporting adults with intellectual disabilities to speak up about abuse and neglect, in ways that were not previously possible. Since receiving tools and training, several participants introduced the safeguard tools at staff and client meetings. Frontline workers did not use safeguard tools to identify incidents of abuse, even though abuse was suspected on several occasions. Participants were not confident using safeguard tools in practice, which was partly explained by limited staff knowledge and skills in augmentative and alternative communication and lack of post training support. Some participants highlighted the importance of the training and toolkit in increasing awareness of abuse and neglect. Future training may be improved with a focus on introducing augmentative and alternative communication more broadly, while building staff confidence working with a diverse range of clients, before topics such as abuse and neglect are explored. Furthermore, investigating a range of formats could be considered, including provision of practice support, so that staff can build their confidence and give clients a voice.

Acknowledgment

We would like to acknowledge funding from the Department of Health and Human Services, and support from Scope (Australia).

Disclosure statement

No potential conflict of interest was reported by the authors

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