



**Missing links: Safeguarding and disability hate crime responses**

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## Missing links: Safeguarding and disability hate crime responses

### Abstract

### Purpose

This paper considers the relationship between disability hate crime and safeguarding adults. It critically considers whether safeguarding responses to disability hate crime have changed following the implementation of the Care Act 2014. Historically, protectionist responses to disabled people may have masked the scale of hate crime and prevented them from seeking legal recourse through the criminal justice system. This paper investigates whether agencies are working together effectively to tackle hate crime.

### Design / methodology

The research presented draws on semi-structured interviews with key informants who work with disabled people and organisations, as part of a wider study on disability hate crime.

### Findings

Prior to the Care Act safeguarding practice often failed to prioritise criminal justice interventions when responding to reports of disability hate crimes. Improving engagement within multi-agency safeguarding hubs (MASH) and Boards has the potential to increase hate crime awareness and reporting.

### Research limitations

The research was limited in scope to 15 participants who worked in England within safeguarding teams or with victims of hate crime.

### Practical implications

Raising the profile of disability hate crime within safeguarding teams could lead to achieving more effective outcomes for adults at risk: improving confidence in reporting, identifying perpetrators of hate crimes, enabling the criminal justice system to intervene and reducing the risk of further targeted abuse on the victim or wider community.

### Originality / Value

This paper is original in its contribution in this field as there is a dearth of research on the relationship between safeguarding and disability hate crime.

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3 Key words: safeguarding, disability, hate crime, making safeguarding personal, Care Act  
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8 Paper type: Research paper  
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## 10 **Introduction**

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13 This paper considers the relationship between disability hate crime and safeguarding adults' practice  
14 in England. It argues how historical, well intentioned, but protectionist responses from safeguarding  
15 practitioners may have masked the scale of hate crime in the UK and prevented disabled people  
16 from seeking legal recourse through the criminal justice system (CJS). Utilising research undertaken  
17 by the first author, the paper identified how, prior to the Care Act 2014, there was limited  
18 awareness of disability hate crime and a gap in understanding and response by key agencies. This  
19 evidence is considered in light of the introduction of the Care Act. There are clear links to adult  
20 safeguarding practice and opportunities to improve outcomes for disabled adults through raising  
21 awareness of the status of hate crime, beyond reducing the risk to an individual. At a time when  
22 changes to the strategic and operational practice in safeguarding adults continue to be embedded  
23 through the Act, this paper raises important questions for practice.  
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33 Police recorded disability hate crimes in England and Wales increased by 9% in 2020-21 to 9,943  
34 cases, the highest on record (Home Office, 2021). However, as many as 50,000 disability hate crimes  
35 occur yearly through self-report victim surveys (Home Office, 2018), suggesting significant under-  
36 reporting by victims (Richardson *et al.*, 2016). Furthermore, where hate crimes are reported,  
37 incidents are not explicitly recorded as such, closing off possible recourse through the CJS (Healy,  
38 2020). Although a link to safeguarding issues and criminality is evidenced in the Care Act Statutory  
39 Guidance, under the more general terminology of 'criminal offences' (DHSC, 2021), there is no  
40 explicit reference to hate crime. The Care Act provides a statutory footing for safeguarding adults,  
41 which strengthens joint responsibilities of agencies in implementing appropriate safeguarding  
42 responses, however research highlights a continued gap in response to disability hate crimes  
43 (Hafford-Letchfield *et al.*, 2020).  
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52 This paper considers whether there are barriers to criminal justice, health and social care  
53 practitioners' recognition of and response to disability hate crimes through safeguarding teams. The  
54 next section considers disability hate crime and multi-agency responses to it. The paper then  
55 presents the methodology, followed by thematic analysis of the findings, including failures to  
56 identify disability hate crimes, and a dearth of information sharing between safeguarding teams.  
57 Finally, it interrogates these findings in light of the Care Act and investigates whether agencies  
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3 working within this new legislative and practice context have greater opportunity to address hate  
4 crimes against disabled people.  
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### 6 7 **What is a disability hate crime** 8

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10 In the UK, disability is one of nine protected characteristics enacted by the Equality Act 2010 and one  
11 of five legally protected characteristics under hate crime legislation. A disability hate crime is a  
12 criminal offence which is perceived by the victim or any other person to be motivated by hostility or  
13 prejudice based on a person's disability or perceived disability (College of Policing, 2020). This  
14 includes physical, mental, emotional or sexual violence, abuse or assault, and targeting of individuals  
15 or of property. A person is regarded as having a disability if they have a physical or mental  
16 impairment that has a substantial and long-term adverse effect on that person's ability to carry out  
17 typical day-to-day activities. The United Nations Convention on the Rights of Disabled People (2006)  
18 (CRDP) recognises disability as impairments in interaction with societal barriers, acknowledging the  
19 role of negative attitudes, 'unwelcoming' and disabling environments, in line with the Social Model  
20 of disability (Shakespeare 2006; Sherry, 2013; Thomas, 2004).  
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29 Disability hate crimes can include both hate crimes (criminal acts) and hate incidents (where  
30 behaviour, however unpleasant, is not in breach of existing criminal law). As such, only hate *crimes*  
31 can be prosecuted, but even then prosecution is limited in scope, in accordance with the Criminal  
32 Justice Act 2003 s146. Presently, the only method available for prosecuting disability hate crimes is  
33 to increase the sentencing where it has been proven that an offence was motivated by, or  
34 demonstrative of, disability hostility (though the Law Commission are currently reviewing hate crime  
35 legislation, 2020). This places an onus on the CJS to prove an offence was motivated by hostility or  
36 prejudice, reflected in low prosecution figures for disability hate crimes (Home Office, 2021). As  
37 such, this paper proposes that safeguarding processes provide an avenue for improving recorded  
38 figures.  
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### 48 **Perceptions of 'vulnerability' and changes in adult safeguarding practice under the Care Act 2014** 49

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51 Increasingly, evidence highlights poor recognition of hate crimes within communities, organisations  
52 and strategic groups (Hafford-Letchfield *et al*, 2020; Roulstone and Sadique, 2013; Sin *et al.*, 2009;  
53 Walters and Brown, 2016). Consequently, a lack of recognition leads to under-reporting and denies  
54 many disabled people the right to seek criminal justice recourse if a crime has been committed  
55 against them. Constructions of disabled people as vulnerable can further result in a focus on  
56 neutralising or minimising risk to adults, which can overshadow any desire to pursue criminal  
57 investigation (Pritchard-Jones, 2018). This focus on a 'vulnerable victim' resultingly reinforces the  
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3 assumption that disabled people are dependent and in need of 'protection' (Ralph *et al.*, 2016;  
4 Roulstone and Sadique, 2013; Sin, 2014). Roulstone *et al.* (2011) suggest that perceived vulnerability  
5 also places blame on the victim, encouraged by safeguarding approaches which concentrate on  
6 reduction of risk to the individual, particularly for those with learning disabilities. Safeguarding and  
7 criminal justice responses are thus contributing to and perpetuating constructions of disabled  
8 people as vulnerable (Brookes, 2013).  
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11 A positive outcome of the Care Act was the change in language around safeguarding, replacing the  
12 term 'vulnerable adult' with 'adult at risk.' Within the Act, the term 'adult at risk' refers to adults  
13 who are experiencing, or are at risk of, abuse or neglect and are unable to protect themselves  
14 because of their need for care and support (s42). This presents a welcome shift in emphasis as the  
15 label 'vulnerable adult' faced criticism as having the potential to be a "self-fulfilling prophecy"  
16 (Stevens, 2013, p. 87). Additionally, the Act places duties on Local Authorities to provide advice and  
17 support to people who may be at risk of, or experiencing, abuse or neglect if they do not meet the  
18 threshold for enquiry under s42. This suggests a move to introduce conversations about prevention  
19 as well as incident-led responses; presenting opportunities to promote awareness around hate  
20 crimes.  
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23 For people who may be 'adults at risk' this shift of ethos in the Act presents an opportunity to  
24 actively engage in conversations about desired outcomes, and promote informed choice about  
25 options for the individual. The Act further establishes a fundamental focus on a person-centred  
26 approach to safeguarding through 'Making Safeguarding Personal' (MSP); adopting key principles of  
27 partnership, protection, empowerment, proportionality and prevention. MSP as an approach to  
28 working with adults at risk addresses the disjuncture between procedural compliance and achieving  
29 better outcomes for adults with care and support needs. The MSP ethos, adopted into the language  
30 of the Act, is clear about the intention to place people as experts of their own lives, as well as  
31 balancing the need for safety and protection, with that of wellbeing.  
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### 33 **Multi-agency engagement and response**

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35 Evidence suggests there is limited recognition of disability hate crime through safeguarding  
36 practices. Farquharson (2016) reviewed safeguarding referrals made by 152 local authorities in  
37 England and compared these with the referrals received by police, where they were tagged with a  
38 'vulnerable adult' flag on the police computer system. She found that 87% of all referrals for alleged  
39 abuse did not establish that a crime had been committed (750 referrals) and only 1% resulted in  
40 court proceedings or a caution. Of the local authority referrals, 368 single agency referrals found no  
41 police involvement was required, as the Police were never informed of potential criminality.  
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3 Farquharson found only four cases where a perpetrator was convicted, suggesting there may be  
4 potentially missed opportunities for police involvement. In a smaller scale study, Fyson and Kitson  
5 (2012) identified 15 out of a potential 42 safeguarding referrals which had resulted in a  
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7 'substantiated' outcome, whereby an investigation concluded abuse had occurred. Police were  
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9 involved in only eight of those 42 cases and attended a safeguarding multi-agency meeting in just  
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11 three. Farquarson (2016) suggests there continue to be barriers to social care managers routinely  
12 referring to the Police. Agencies reported frustration at the disruption caused by what they describe  
13 as ongoing and lengthy police investigations (Fyson & Kitson, 2012; Rees and Manthorpe, 2010),  
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15 which may have been a factor in decision-making.  
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19 Additionally, disparity exists in terms of the point at which local authorities will intervene, as  
20 evidenced by Montgomery *et al.* (2016) in their review of adult care. Initial results from a review of  
21 post-Care Act safeguarding suggests there was an increase in referrals since the Act was  
22 implemented, and potentially better outcomes for service users and social care staff as a result  
23 (Butler and Manthorpe, 2016; Cooper and Bruin, 2017). This may be a consequence of increased  
24 strategic ownership of local practices through Safeguarding Adults Boards, which Cooper and Bruin  
25 (2017) suggest encourages greater accountability. Notwithstanding, there are differences in the way  
26 local arrangements work, such as team configurations, and how field teams manage safeguarding  
27 responses. This study explored the interface between different agencies and how they can best  
28 support victims of disability hate crime.  
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### 36 **Methodology**

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39 This research is drawn from a completed PhD examining disabled people's experiences of hate crime  
40 conducted by the first author (Healy, 2020). This paper presents findings from key informant  
41 interviews with 15 individuals working in criminal justice agencies (police and CPS), victim support,  
42 third party reporting organisations, a housing association, a local authority, disabled people's user-  
43 led organisations and a disability campaigner. They were interviewed prior to the introduction of the  
44 Care Act (one in 2013 and the remainder in 2014) and worked across a range of service providers in  
45 England including within safeguarding teams. Recruitment was via email introductions to identified  
46 individuals working in the field of disability hate crimes and snowballing via informants. Their views  
47 were analysed on a variety of disability hate-related issues, including the challenges of inter- and  
48 multi-agency working, examples of good practice and recommendations for improvements. The  
49 research findings are limited in terms of those individuals who participated in the study, and the  
50 time at which the interviews took place. Findings are thus reflected upon in light of the introduction  
51 of the Care Act.  
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3 Interviews were semi-structured and thematically analysed with the aid of an NVivo software  
4 package (Bryman, 2016; QSR NVivo 8.0 and 10.0). The data analysis followed the principles of 'open  
5 coding' within a constructivist perspective, and data was developed into key themes (Bryman, 2016).  
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7 Participation in the interviews was confidential and data was anonymised. The research received  
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9 ethical approval from Middlesex University's Ethics Sub-Committee.  
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## 12 Findings

### 13 *The role of safeguarding in disability hate crime identification*

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15 Social service agencies have a duty to respond to safeguarding concerns in accordance with the Care  
16 Act, which includes subtler forms of harm such as emotional or psychological abuse or neglect (Rees  
17 & Manthorpe, 2010). Disabled people may report their experiences of victimisation to social and  
18 health services such as GPs, therapists, care workers, housing and social services staff (Healy, 2018),  
19 all of whom have the potential to identify these concerns as a safeguarding issue. In the interviews,  
20 the participants emphasised that inter-agency collaboration was a priority and safeguarding policies  
21 must be followed when dealing with clients and complainants. For example, Max (who worked for  
22 the Crown Prosecution Service[!]) acknowledged there is a need for criminal justice agencies to  
23 engage with safeguarding teams better, to raise the profile of disability hate crimes and ensure any  
24 potential gap in knowledge is addressed. However, the complexity of some hate crime cases can at  
25 times mean engaging safeguarding measures for both victim *and* perpetrator. As Leah (Police lead  
26 for Hate Crime) points out, often:  
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38           you are dealing with a vulnerable person as the offender and a vulnerable person as the  
39           victim [and] there are safeguarding issues across the board.  
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42 Thus, the role of adult safeguarding can be challenging in terms of identifying and meeting the needs  
43 of both victim and alleged perpetrator. However, safeguarding referrals are a first point of contact  
44 with CJS, health, and social services and present an opportunity to consider hate crime in the  
45 context of the reported concern. The interviews demonstrated how responses to potential hate  
46 crime were, in many cases, protectionist at best. This protectionism, however well intentioned,  
47 potentially contributed to under reporting of disability hate crime and a wider cultural acceptance of  
48 such behaviour in communities.  
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54 Since the interviews, the Care Act outlines a *duty* to make enquiries into these types of concerns,  
55 however there is an implicit focus on the adult at risk over and above any consideration of action  
56 regarding an alleged perpetrator. Whilst discriminatory abuse is now set out as a category of harm in  
57 the Care Act Statutory Guidance, and in operational safeguarding procedures, this paper proposes  
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3 that consideration of any harm as potentially a criminal act is not necessarily explicit. It is unclear  
4 whether practice has changed with the implementation of new legislation for adult safeguarding and  
5 remains an area for research and inquiry.  
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9 The participants highlighted the challenges that can be faced around enacting cultural and  
10 procedural change in relation to the perception of, and response to, hate crime in adult  
11 safeguarding. Riley (Learning Disability Coordinator) believes local authority's protectionist  
12 responses are inherent in the concept of safeguarding because they focus "on the victim which  
13 means that the perpetrator justice is gone". He has worked for over 30 years with learning disability  
14 services and has direct and regular engagement with safeguarding adults' teams, and argues that  
15 safeguarding services are not fit for purpose, suggesting that only a very small percentage of  
16 safeguarding referrals resulted in criminal justice-related interventions.  
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23 This may be a consequence of what Montgomery and colleagues (2017, p. 154) describe as the  
24 "minimalist or least interventionist approach" to reports of targeted violence and abuse. In cases  
25 where evidence is available, Riley states that a typical safeguarding response is to remove the victim  
26 from further risk of harm:  
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31 we've got lots of examples where finally people have spoken up about hate crime for  
32 example and say you know I was on the bus and this is what happened to me on the bus and  
33 the response from the social care staff is, well use a different bus then (Riley).  
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37 Amy (a disabled activist) recounted a similar case where a hate crime victim was moved from their  
38 home following a safeguarding meeting, demonstrating how a focus on reducing the risks of further  
39 harm potentially benefited the victim, but did not include pursuing recourse to the criminal  
40 behaviour at the root.  
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44 Evidence suggests care workers and family members similarly 'minimalise' or normalise the effect of  
45 these experiences, in an attempt to reduce the impact of it (*cf. Sin et al., 2009*). George (Victim  
46 Support Manager) supports this in saying:  
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50 very often they have to use an intermediate to report i.e. a carer and the carer's attitude is  
51 oh well, these things happen, you know, live with it, that sort of thing (George).  
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54 This minimalisation of seriousness contributes to a lack of recognition of disability hate crime, and  
55 thus more training is needed of care and community support workers to recognise and *report* the  
56 signs of abuse so they can be addressed at multi-agency or criminal justice levels.  
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60 *Information sharing and multi-agency working*



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3 At the time of interviews, challenges to effective information sharing across agencies were evident  
4 in the literature (Brown, 2004; Stevens, 2013). Similarly, this research identified that in cases where  
5 safeguarding enquiries were instigated, problems arose with regards to who was responsible for  
6 dealing with reports. Both Riley and Susie (a support worker with 20 years' experience with disabled  
7 groups) described how referrals were passed between organisations within safeguarding teams,  
8 with no clear action taken by any one individual. Riley describes it as a situation where: "nobody's  
9 putting the bigger picture together."

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11 Additionally, according to both Riley and Susie, the term 'hate crime' was not familiar to many  
12 agencies with many cases not recognised as hate crimes, something Susie says she has raised "time  
13 and again over the years". She describes a case where a learning disabled woman's support worker  
14 did not know *how* to raise a safeguarding concern. Despite evidence of disability hate crime, she  
15 said:

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17 [the] person on the triage team on the safeguarding team I spoke to could *not* understand  
18 how this was a crime, she couldn't understand how it was a disablist hate crime, she didn't  
19 know the term hate crime (Susie).  
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26 Both participants reported that this is a particular problem for learning disabled communities  
27 though is evidenced across other forms of disability and impairment.  
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31 Additionally, there are missed opportunities in engaging with organisations beyond criminal justice  
32 agencies. Housing organisations can at times fail to be embedded in partnership working and have  
33 been identified as 'weak' in their responsibilities to adult safeguarding (Cass 2015; Hunter *et al.*,  
34 2007; Parry, 2013). Interview participant and housing officer Emily, who had been in post for four  
35 years, recounted numerous cases where disabled victims were dealt with by an internal housing  
36 support team to resolve their complaints, but said unless the police were directly involved by  
37 referring reports to them, this information was not addressed elsewhere. Parry (2013, p. 16)  
38 suggested there is "widespread ignorance" about the role of housing in adult safeguarding and the  
39 extent of involvement varies by local authority, yet MacDonald *et al.* (2017) found that 26% of  
40 reported disability hate incidents went to housing services. This demonstrates missed opportunities  
41 by housing departments and associations, in dealing with disputes, to recognise and report  
42 safeguarding cases and thus create accurate and valuable links into police referrals.  
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## 56 Discussion

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58 Ongoing challenges to effective information sharing across agencies emerged as a strong theme, and  
59 resonates with other publications (Brown, 2004; Stevens, 2013). Where safeguarding practices have  
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3 been followed, there is the opportunity for speedy resolution in high risk situations, by multi-agency  
4 engagement, as evidenced by Rees and Manthorpe (2010). This study's participants identified that  
5 coordination and cooperation between agencies is a crucial factor. Unfortunately, intervention can  
6 often mean a sole focus on reducing the risk to the victim, without recourse for the perpetrator.  
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8 Multi-agency safeguarding hubs (MASH) provide an opportunity to bring together CJS and local  
9 authority safeguarding teams in identifying, reporting and resolving disability hate crimes. An  
10 evaluation of their efficacy and impact following the embedding of the Care Act in practice is  
11 required however. George, Riley and Susie identified intrinsic problems with putting safeguarding  
12 processes into practice, and so this paper proposes further research into whether the Care Act has  
13 embedded safeguarding practices in full, and whether the Act has improved operational responses  
14 to harm and crime. Safeguarding hubs have the potential to identify and engage with high risk  
15 situations and potentially vulnerable victims who might not otherwise identify their experiences as  
16 hate crimes or who might not see the point of reporting incidents. Fundamentally, multi-agency  
17 working needs to be strengthened, and recognise hate crime as a criminal offence by acknowledging  
18 the intentionality of the act.  
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29 Awareness of hate crime as a dimension of safeguarding practice and the potential ways of  
30 addressing it therefore requires education across agencies. Shah (2015) encourages adult care  
31 organisations to better recognise the relationships between characteristics of 'harm' and disability  
32 hate crime, as both include, for example, harassment, abuse, bullying, neglect and violence. If a  
33 person's disability is a factor in violence against them then this must be considered *both* a  
34 safeguarding concern *and* a potential disability hate crime. As such, any suspicions should trigger  
35 alerts not just for safeguarding but also suspected hate crime.  
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41 To facilitate an individual making informed choices requires knowledge of options available to them,  
42 and support to enact those options. Awareness of hate crime and how it can present in practice is  
43 therefore vital for practitioners and adults at risk, as well as commitment to partnership working,  
44 including all relevant agencies. There are multiple ways in which hate crime can impact individuals  
45 (Ralph *et al.*, 2016), and it must be acknowledged that for many disabled adults they will play an  
46 active role in their own protection (Hollomotz, 2012). Additionally, as mentioned by Leah above, the  
47 relationship between victim and perpetrator may involve the provision of care or support for both,  
48 and so the complexities of relationships and need can influence the victim's view of the situation.  
49 Care must be taken in the context of complex cases where there exists both vulnerable victim and  
50 perpetrator (Sin, 2015; Walters and Hoyle, 2012). Moreover, dimensions of harm may be poorly  
51 understood or acknowledged by professional responding to them, many of which can be understood  
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3 as hate crimes, including verbal, physical, sexual, financial and psychological abuse. This suggests  
4 practitioners need to appreciate both emotional and practical implications for individuals to ensure  
5 their wellbeing and safety are addressed.  
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## 10 11 **Conclusion and practice recommendations** 12

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16 Approaches to disability hate crime continue to face challenges in terms of awareness, inter-agency  
17 working, interpretations of vulnerability and failures to protect disabled people (EHRC, 2012; Mason-  
18 Bish, 2013; Quarmby, 2011). A balance of justice and protection is needed within safeguarding  
19 responses to underpin links between disability hate crime, safeguarding duties and prosecutable  
20 offences. Effective multi-agency working in safeguarding hubs and Boards, and access to advocacy to  
21 support informed choices about options, has the potential for both individual impact (increased  
22 reporting) and to prevent repeat victimisation through community awareness and intervention.  
23 Interventions must be adequate and swift and must ensure assumptions are not being made about  
24 the 'vulnerability' of victims (Sin, 2016). Where risks are identified, the response should not be  
25 restricted to protecting or removing the victim only, but also to police referral.  
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34 Prior to the Care Act it appears from the evidence that a local authority's primary objective was  
35 safeguarding the at-risk individual, over and above addressing perpetrator behaviour. Agency  
36 response should attempt to balance the need to protect people with empowering them to make  
37 their own choices and decisions (Stevens, 2013). This requires open and collaborative conversations  
38 about managing risk between agencies and the adults concerned.  
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43 Strategic aims of shifting to a partnership and empowerment focus where the person and the  
44 outcomes they want to achieve are prioritised, are becoming embedded more firmly into practice  
45 through Making Safeguarding Personal (Briggs and Cooper, 2018). Academics and practitioners  
46 recognise changes introduced by the Act require significant cultural and procedural adaptations in  
47 both strategic and operational process across agencies (Butler and Manthorpe, 2016; Cooper and  
48 Bruin, 2017). Further research is needed therefore to consider how these changes are experienced  
49 in practice, and what difference it makes to approaches on an operational level, as well as service  
50 user outcomes. Consideration must be given to how different communities are vulnerable to hate  
51 crimes in different ways, resulting in ongoing challenges for local agencies in responding to the  
52 needs of their diverse communities (Wong and Christmann, 2017). Safeguarding adult boards and  
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3 hubs have the potential to raise the profile and thus enhance the service provision for all forms of  
4 hate crime, but only with collective recognition and action.  
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7 This paper acknowledges social workers and safeguarding teams may continue to face ongoing  
8 challenges between the need to safeguard potential victims from abuse and at the same time  
9 support individual's rights to independence, choice and social inclusion (Fyson and Kitson, 2010).  
10 Although the need for multi-agency working is evidenced, its implementation has historically been  
11 challenging (Sin, 2016). Agencies may not necessarily recognise they have a role to play in  
12 preventing or addressing hate crime, as existing literature indicates a lack of effective multi-agency  
13 response or coordination in many cases (Brown and Stein, 2000; Hafford-Letchfield *et al.*, 2020;  
14 Quarmby, 2011; Richardson *et al.*, 2016; Sin, 2016). Many professional partners in health and social  
15 care organisations, as well as housing and education, are slow to acknowledge their role, or to  
16 respond to it (Sin *et al.*, 2009). There are some signs of success, such as localised projects that have  
17 collaborated across agencies to raise awareness and implement support systems (Sin, 2014) which,  
18 although encouraging, underline the need for greater coordination and implementation of  
19 interventions nationally. Accordingly, there have been calls for a national analysis of safeguarding  
20 processes to establish a more comprehensive understanding of protocols and processes (Doherty,  
21 2015).  
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33 It is acknowledged by the authors that this study sample represents a small cross-section of  
34 practitioners, however wider themes from extant literature suggest awareness of the legislation on  
35 hate crime was not embedded in practice prior to the Care Act. This raises questions as to whether  
36 there will continue to be missed opportunities within current practice to strengthen responses  
37 against people who perpetrate abuse, and more specifically hate crimes, towards disabled people.  
38 MASH now provide leadership and potentially more robust coordination of information around hate  
39 crimes, but commitment and collaboration are required from agencies across health and social care,  
40 as well as criminal justice, to better understand, respond to and prevent hate crimes. Without such  
41 recognition there are long term consequences for targeted individuals, communities and society.  
42 There must be a willingness to challenge any acceptance or minimalisation of hate crime.  
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53 To work towards fully embedding changes in safeguarding adult practice through the Care Act  
54 requires consistent leadership from Safeguarding Adult Boards to influence culture change in  
55 practice and communities. Further research on disability hate crimes in a post Care Act context is  
56 needed to investigate whether changes are embedding into practice and ideally demonstrate a shift  
57 from the findings presented herein.  
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3 This paper proposes areas where the link needs to be made more explicit between discriminatory  
4 abuse and disability hate crime, from both an operational and strategic perspective. This  
5 encompasses professionals of all disciplines and agencies, so the links between supporting adults at  
6 risk and addressing perpetrator behaviour do not operate in isolation. Raising the profile of disability  
7 hate crime within safeguarding adults hubs and boards could lead to improved outcomes for adults  
8 at risk but this is not a task for social care alone. Identifying disability hate crime as a criminal  
9 offence demands a focus wider than simply reducing the risks to the adult but will improve  
10 confidence in reporting hate crimes. It identifies perpetrators of hate crimes, enabling the CJS to  
11 intervene and thus reduces the risk of further targeted violence or abuse on the victim or wider  
12 community. Recognising and responding to hate crimes as such promotes a culture of zero  
13 tolerance, creating more cohesive, accepting and safer communities.  
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