

30 January 2009

## Sitra's Response to No Secrets Consultation

### Introducing SITRA

SITRA is a voluntary agency and registered charity offering training, consultancy and advice on issues connected with the provision of supported housing and care. Our membership comprises over 800 practitioners in the field of housing with care and support. The majority of our members provide housing related support funded by the supporting people budget. There are also a majority of the local authority supporting people teams in membership

SITRA is perhaps best known as a leading training provider. Each year we run over 500 days training, across the country, either on our general programme or on tailored made 'in-house' courses for members and clients. We also provide a range of seminars and conferences on supported housing related themes. We estimate that over 4,000 people attend such a SITRA event each year.

We have 16 year's experience of providing technical support to providers and commissioners of supported housing and care. This includes training and consultancy on housing management, funding, needs identification, care practice, health and safety and other issues. We carry out work both on a policy level, and in terms of producing specific support for individual organisations. The linking of our policy and representative role with our detailed work providing technical support for specific organisations makes for a strong combination. It means that our work on good practice and policy and procedural development draws on the strength of our large membership base, and also on our role in discussing and developing policy at a national level.

Being a major provider of training in relation to care and supporting people protection of vulnerable adults is a major focus for our training program. This has been reinforced by the valuing people reforms which resulted in many residential care services transferring to a supported living model with the advent of the supporting people reforms.

As the No Secrets program commenced in 2000 prior to the supporting reforms the review is welcomed as an opportunity to ensure that those vulnerable people within

housing related support services are fully included in the improved arrangements for safeguarding and protecting.

This response to the consultation will focus on each of the areas within the consultative document in order.

## **1. Leadership**

It appears to us that a logical location for central responsibility should be the Department of Health as at a local level the Director of Adult Social Services heads the department where care and support is provided and those services regulated by CSCI are to be found.

Local government reform separated responsibility for child protection from adult protection in most local authorities. However there remains a considerable overlap between child protection and protection of vulnerable adults which should not be extended further.

In our view it would be valuable to have a template and national procedures in a similar format to that in place for child protection. Supporting people services have been hampered by the varied criteria which have been in place. This is particularly a problem for organisations that deliver services across a number of local authorities.

Leadership in the care home sector should be located to the local authority in whose area the home is located. There should be closer working with CSCI but there needs to be an expanded responsibility in order that those private residents are incorporated not excluded.

The issue of multiple chains of command could be covered within a template and national procedures if these were established including the NHS.

## **2. Prevention**

The proposed reforms of the care system focus on prevention and user control. Concern has been expressed about the loss of protection associated with user control and ways need to be found within the individual budget program to safeguard. This could be possible at the point the individual budget is negotiated and also by subsequent monitoring

A national prevention strategy could be useful along similar lines to that of child protection. The recent dangers that have been identified in such a scheme such as inappropriate performance indicators and poor regulation hopefully could now be avoided.

Our experience of whistle-blowing is that it is not often used and when it has been the whistleblower may often leave the employ of the organisation concerned.

### **3. Outcomes**

The outcomes framework for child care suggests that solely focusing on outcomes may be difficult as are desk top reviews. The quality assessment framework for supporting people services of which Sitra has been extensively involved appears to us to be a better approach.

Equally local annual reports can be misleading. There is a necessity to ensure that the content can be verified. The most effective format is possibly one of independent monitoring within a national framework. Such monitoring should be multi-disciplinary but as such will have financial implications that could be significant.

The outcome of safeguarding work is to minimise the extent of abuse on those unable to protect themselves. Statistical measuring such an outcome therefore is the challenge and it is one that is extremely difficult to achieve.

### **4. Managing risks**

Sitra is the leading training organisation within the supporting people world. We have courses on risk and risk management and also on protection from Abuse and child protection. These courses are frequently used by our members. Indeed the necessity for such training and its application to practice is an integral part of the quality assessment framework for supporting people.

There is little training that we are aware of for service users. When local authorities establish their frameworks for self directed care they could include information and training on risk and abuse.

### **5. Managing choice**

Managing choice and control has been seen by the individual budgets pilots as possibly of greater cost than managing conventional care services. At the present time the care manager's contact is short term at the point of assessment with subsequent annual reviews which are often not given priority.

This is not problematic for younger people with physical disabilities but the service user groups with least ability to protect themselves, are older people and those with learning difficulties. These groups are the majority within care services.

One way forward within the personalisation agenda would be through the role of broker. If there was an ongoing responsibility for the broker to facilitate informed self-determination and safeguarding abuse might be minimised.

The DH recently published advice of best practice in brokerage but it is not clear of whether discussions have taken place on what would be an extension of the role. Such an extension would require resources and possibly a more formal arrangement than that currently envisaged.

## **6. Health services and safeguarding**

Throughout our work in this area for providers of service there has never been any reference to health. The only instance was at one case conference where a community psychiatric nurse had been reported as attending. As such we are not well placed to comment on the actions necessary to ensure the health dimension is covered.

Our overall conclusion is therefore that health are not engaged and we can see nothing at this time that will rectify this sad state of affairs.

## **7. Housing and community empowerment**

Within supported housing there is considerable work undertaken on safeguarding. A proportion of this work may focus on abusers as unless work takes place with abusers they will continue to abuse. Indeed with the quality assessment framework supported housing has probably a greater focus on safeguarding than that found in any other service.

Forward thinking general needs providers are aware of their responsibilities but the link to community development and empowerment is not strong.

Where housing services find difficulties is when they attempt joint working. Often they report data protection

## **8. Access to the criminal justice system**

We have no evidence of the extent to which the concerns around vulnerable adults are communicated to or responded by the criminal justice system. Our views are therefore related to opinions on future changes that we think will achieve more integrated working

We therefore believe that to achieve integrated working that it is necessary to have multi-disciplinary teams not necessarily permanently located together. This would only become necessary if the workload justified it. The model for child protection has not been identified as needing significant change and therefore could be used. This in turn would give the police the opportunity to have a single unit.

Such an approach would also increase the likelihood of the police expertise on risk to become more available for those working with vulnerable adults. Closer working would in turn increase the understanding with regard to the sharing of information.

Although there have been a number of documents written on the subject of information sharing these have not resulted in a common approach. An example in respect of housing related support is the clause in the CLG model contract for local authorities to adopt if they so choose. Information should be passed concerning potential for abuse as without this a true preventative service can not be achieved.

Part of the problem for vulnerable adults to report abuse is in fact their lack of empowerment, their physical limitations including their place of residence and their level

of dependency. The system can only have limited impact and therefore greater progress might be made through increased oversight by other

If identification of vulnerable adults by criminal justice practitioners is to be improved the starting point would most likely be the other agencies that should make up local multi-disciplinary teams. They should have knowledge and access to other groups if necessary. However until there is a nominated lead officer from the criminal justice sector this becomes more difficult.

## **9 Guidance and legislation**

We are of the opinion that the need for additional legislation has not been established but that the existing guidance is in seriously in need of updating. This should be one document for all partners with the central government departments to which they report formally signed up.

As indicated earlier in this response local statutory agencies would probably have greater clarity if the variations between adult and child safeguarding could be minimised. This approach could cover a duty to cooperate, the entering of premises, power to remove including the use of force and the sharing of information.

If there was a power to remove there would be an impact of the question of the adequacy of the care standards legislation for closing poorly performing care homes.

The question of the possibility of an offence being committed against a person who has capacity raises questions on the burden of proof. Until the criminal justice system has a satisfactory working framework with regard to evidence including whether a person can be found guilty of offence against the wishes of the person offended against.

## **10 Definitions**

The definitions of a vulnerable adult must be revised as must the impact on requiring abuse to be significant before statutory agencies intervene. This latter point is necessary if the process has any chance of adopting a preventative approach.

The new guidance will need to specify centrally which groups of people need special support as leaving this to local practitioners would result in a continuation of the postcode lottery.

Abuse by a person in a position of trust should be considered more serious as they should know better. A position of trust however could distinguish would be more complex to specify than a person in a formal role whether paid or unpaid.

With regard to language in some ways the term abuse is acceptable. Harm implies appears a more narrow concept as some people feel they have been abused whilst they may not feel they have been harmed. The word perpetrator is in common use by the general public who would probably be more able to recognise the word abuser. It is

particularly important to use words in common usage if the task is to achieve greater knowledge and recognition.

It is difficult to have an opinion at this stage how changes could be enshrined within other existing legislation until such time as the final way forward is determined as a result of this consultation.

**Tony Cousins, Policy Officer**

