Review of the Safeguarding of Adults with a Learning Disability in Jersey

July-October 2018

Authors:

Jackie Lawley and Judi Thorley

Independent Review Consultants

October 2018

Contents

1. Executive summary

1.1 The independent chair of the Safeguarding Adults Partnership Board (SAPB) commissioned an independent external review of safeguarding for people with a learning disability.

1.2 The learning disability focused review has run concurrently, aligned to the system wide independent external review of current safeguarding adult systems.

1.3 The overall aim of the learning disability safeguarding review is to give a greater focus on how people with a learning disability are safeguarded, seeking to understand and celebrate good practice, build on opportunities for improvement and identify any current gaps in relation to safeguarding and safety.

1.4 The objectives of the review:

1 **Putting people first-** What Person-centred approaches are in place in the context of keeping people safe and well, are people with a learning disability and family carers empowered to speak up, how are individuals voices heard, are there proportionate responses to support positive risk enablement, how are people supported to have choice and control, know about their rights?
2 **Staff and culture-**Is there a culture of prevention and curiosity, courage to respectfully challenge, is reflection, learning and supervision embedded?
3 **Systems and processes-** are in place and understood, implemented and embedded. Do people who use services and their families know how to raise concerns/allegations. Is there support for people who use services, their families and staff?
4 **Partnership working-** What is in place for community connections and relationships, family carer empowerment, engagement with statutory partners, mechanisms for shared intelligence, learning and continuous improvement?

1.5 The review used the principles of Making Safeguarding Personal[1] and the National Quality Board 'Early Warning System'[2]

2. Methodology

2.1 Linking closely with the system wide review of adult safeguarding for consistency and efficiency synergies were made with the wider adult safeguarding system review methodologies/resources. This included utilising the template for case note audit and narrative reports.

2.2 The information gathered from the narrative reports was triangulated with feedback from adults with a learning disability, family carers, advocates, staff and commissioners.

2.3 Based the reviewers values and principles of person centred working the aim was to be inclusive and engaging with all stakeholders.

[1] Making Safeguarding Personal is a personalised approach that enables safeguarding to be done with, not to, people. https://www.local.gov.uk/topics/social-care-health.../making-safeguarding-personal
[2]

2.4 To support this approach, the reviewers developed a range of accessible information about the learning disability safeguarding review, consent to be part of the review and where relevant consent for the reviewers to view individual records and plans.

2.5 Several workshops and focus groups were facilitated

2.6 A number of 1:1 sessions with social care and health staff, Safeguarding Adult Partnership Board (SAPB) members, advocacy, Jersey Mencap, and Parent Carer Forum

2.7 Visits to a range of services and providers to talk with adults with a learning disability, family carers and staff and review data, records, plans, processes and procedures

3 Summary of findings

3.1 Putting people first- What's working well/needs to be more of?

- Health passport and Liaison Nurse. Connect or Help cards
- Reasonable adjustments- swimming and leisure facilities
- Some good examples of Person centred planning
- Positive Behavioural Support
- Multi-agency training

What's not working well/needs to get better?

- Accessible/easy to understand information and communication about safeguarding
- Capacity, consent and decision making
- Training about safeguarding for adults with a learning disability and family carers
- Having a voice, being involved and listened to

3.2 Staff and Culture- What's working well/needs to be more of?

- Safeguarding adult team (SAT) Single Point of Referral (SPOR) approachable, open and supportive
- The advocacy service, albeit not enough
- Trailblazing approaches empowering people with a learning disability-Beresford Street Kitchen- creating opportunities, choice and control
- Staff willing and eager to learn and listen to advice from other jurisdictions
- Health and social care staff slowly building relationships and joint working
- Liberty bus service and taxi driver awareness training

What's not working well/needs to get better?

- People not empowered, don't feel listened to
- Lack of positive risk taking and creative thinking
- Evidence of over protective and paternalistic practices
- No external supervision or opportunity for debrief for safeguarding adult team or wider learning events
- Relationships and understanding of roles and responsibilities between health and social care safeguarding colleagues need to improve
- Small Island culture presents as a barrier to people raising concerns

3.3 Systems and processes- What's working well/needs to be more of?

- Single point of access/referral
- Electronic Datix recording and reporting system
- Strategic plan
- Some good strategic commitments and plans
- Interdisciplinary partnership working

What's not working well/needs to get better?

- Strategic vision/plan for people with a learning disability
- Restorative care and therapeutic support/intervention
- Empowerment, consent, capacity and best interests
- The paternalistic/over protective attitude/culture
- Openness, transparency and joint learning and working
- Regulation and inspection
- Empowerment within the system

3.4 Partnership working- What's working well/needs to be more of?

- Transport services well-regarded and respected, person with learning disability influential in the training that Liberty buses have. Free bus passes.
- SAPB training programme and pool of trainers.
- Beresford Street Kitchen.
- When the Island works together real change happens.

What's not working/needs to get better?

- Not all partners are fully engaged with or consciously minded on safeguarding and more to do to embed as 'business as usual'.
- Limited opportunities for employment, relationships, leisure and housing.
- Resources/services for advocacy and some therapies e.g. psychological and speech and language.
- Listening to and hearing peoples experience and views.
- Wider thinking needed jointly with different agencies to develop safe place schemes, hate or mate crime.
- People with a learning disability and family carers involved in training and quality checking.

2 Introduction and background

The State of Jersey Government commissioned an external review of current 'safeguarding adult systems' and processes, specifically what is understood and actioned; including safety and promotion of a culture which is 'consciously minded' on safeguarding. The Safeguarding Adult Partnership Board within its role to scrutinise provision and outcomes for the islands most vulnerable adults uses both local learning from various mechanisms including Serious Case Reviews along with learning from other jurisdictions. Further to consideration of recent learning the Safeguarding Adult Partnership Board recommended an external review of how people with a learning disability are safeguarded, seeking to understand and celebrate good practice, build on opportunities for improvement and identify any current gaps in relation to safeguarding and safety.

Therefore, the State of Jersey Government commissioned Judi Thorley and Jackie Lawley, independent consultants each with over 30 years' experience of working with people with a learning disability, their family carers and staff within both health and social care direct provision, commissioning, quality and safeguarding, to undertake this review.

The learning disability focused review has run concurrently, aligned to the system wide external review of current safeguarding adult systems and provide a greater focus on how people with a learning disability are safeguarded.

3 Aim and objectives

Aim:

Undertake an independent review of how people with a learning disability living in Jersey are effectively safeguarded, considering procedures and culture that promotes and delivers best practice and outcomes.

Objectives:

1 **Putting people first-** What Person-centred approaches are in place in the context of keeping people safe and well, are people with a learning disability and family carers empowered to speak up, how are individuals voices heard, are there proportionate responses to support positive risk enablement, how are people supported to have choice and control, know about their rights?
2 **Staff and culture-**Is there a culture of prevention and curiosity, courage to respectfully challenge, is reflection, learning and supervision embedded?
3 **Systems and processes-** are in place and understood, implemented and embedded. Do people who use services and their families know how to raise concerns/allegations. Is there support for people who use services, their families and staff?
4 **Partnership working-** What is in place for community connections and relationships, family carer empowerment, engagement with statutory partners, mechanisms for shared intelligence, learning and continuous improvement?

These objectives are based on the 'Early Warning System's' framework developed by the National Quality Board'[3]. The significant learning that has arisen from the Mid Staffordshire NHS Foundation Trust Public Inquiry[4], and findings of the Department of Health Review of Winterbourne View[5] have also informed the objectives.

In addition to the above objectives and running through the approach taken to achieve the aim of the review is a commitment to highlighting good practice in local safeguarding and identification of any gaps in approaches/practice.

[3] Department of Health (DH) 2010 National Quality Board Review of Early Warning Systems in the NHS, Acute and Community services: DH 2012 National Quality Board: Quality in the New Health System; Maintaining and Improving Quality from April 2013
[4] The Mid Staffordshire NHS Foundation Trust Public Inquiry (2013) Robert Francis QC
[5] The Department of Health (DH, 2012) Transforming Care: A National Response to Winterbourne View Hospital; Department of Health Review Final Report

4 Scope and methodology

Linking closely with the system wide review of adult safeguarding for consistency and efficiency synergies were made with the wider adult safeguarding system review methodologies/resources. This included utilising the template for case note audit and narrative reports. The information gathered from the narrative reports was triangulated with feedback from adults with a learning disability, family carers, advocates, staff and commissioners.

Based the reviewer's values and principles of person centred working the aim was to be inclusive and engaging with all stakeholders. To support this approach, the reviewers developed a range of accessible information, offered several focus groups and 1:1 sessions along with visits to services and reviewing of data, plans, processes and procedures, which are summarised in the table below.

The initial workshops with key stakeholders which included adults with a learning disability, family carers, advocates and advocacy services, commissioners, service provider managers and frontline staff were facilitated to understand, explore and collectively describe:

- person centred approaches and planning (considering PIES: Physical, Intellectual, Emotional and Social needs), in the context of keeping people safe and well, proportionate responses to support positive risk enablement, choice and control,
- what safeguarding and safety means to individuals,
- what systems are in place now
- how the voice of people who use services is heard and listened too.
- the support of independent Advocacy-how does this work for those with the most complex needs?

- how people who use services, family carers and staff are supported to raise an allegation, concern, incident and what on-going support is in place
- local community connections and relationships respectively challenge? e.g. How are staff supported and trained- what levels of accountability and responsibility are there for safeguarding? What mechanisms are in place for supervision and reflection? Is there openness and transparency, with reporting, reflection and learning encouraged?

Stakeholders were asked 'what safeguarding/keeping safe means to me? What is working well, what do you want to see more of? what is not working well/needs to get better? These questions helped to generate Key Lines of Enquiry (KLOEs) to 'test out' if person centred approaches to safeguarding individuals and if systems and processes 'live true' in practice.

The reviewers ensured that emerging themes and draft recommendations were shared back with everyone who contributed to the review via a workshop to test out understanding and to help further shape the recommendations. The report includes quotes and comments directly from people who took part in the review.

It should be noted that due to the nature of a time limited review the ability to meet and visit with everyone suggested to the reviewers was not possible. Acknowledging this the reviewers devised questionnaires along with the KLOEs and used electronic mechanisms to seek wider views.

5 Findings and recommendations

The following findings and recommendations have been drafted under the 4 objectives of Putting people first; Staff and Culture; Systems and processes and Partnership working. Several of the findings can be seen across each of the 4 objectives.

1 Putting people first

What's working well/needs to be more of?

- Health passports and Liaison Nurse and 'Connect or Help cards'

The Health passports/about me information was valued and thought to be helpful in keeping people safe and empowering people to have a voice. When describing the benefit of the Health passports/about me information people and also talked about the Acute Liaison Nurse role in the hospital, which is making a difference on peoples experience and staff awareness and understanding. Connect cards or 'help card' were talked about by some adults with a learning disability and stakeholders as useful to carry and support people to feel safe simply by knowing that they have the card. One adult with a learning disability told us:

'having a 'help card' in my wallet works well for me and helps to keep me safe'

- Reasonable adjustments

Some leisure services are leading the way in making 'reasonable adjustments', for example we heard about separate screening times at the cinema and swimming sessions for people with autism. Also having free bus passes was viewed positively and helped people to be more independent. There were also some examples of adjustments within services and from the case note audit of working with an adult with a learning disability to ensure that information was accessible for example using pictures and easier read language. There was one good example of 'reasonable adjustments' noted as part of the case note audit where the safeguarding practitioner had provided easier read pictorial version of the protection plan for the individual to work through with their support worker.

- Person centred planning

The reviewers saw some nice examples of person centred planning and creative thinking to positively manage risk and empower adults with a learning disability to be independent.

One gentleman who needed structure and a script or story to help him to be in control showed reviewers his IPad which had a video talking him through steps to take from waking. This was done in the style of 'Mission impossible' as this was his favourite film! He talked with pride about how this helps him to remember things to do.

There was some excellent individual person centred working as well as joint working with colleagues across and within health and social care to improve experiences and resolve low level welfare concerns. As part of the case note audits a discussion with a referrer and Social Worker resulted in what was described by the referrer as a proportionate response which was respectful of the potential sensitivities in relation to family dynamics and relationship with the

provider. Follow on actions were agreed jointly with the referrer, family and social worker, which was viewed as appropriate and empowering by the referrer.

- Positive Behavioural Support (PBS)[6]

Progress with PBS for adults with high levels of risk and challenging behaviours was described by both staff and family carers in terms of the difference that this approach has made for individuals. The reviewers had the opportunity to see PBS plans during visits to some services and see the impact on quality of life, independence, choice and control. One of the Learning Disability Nurses working for Sate provided services has this year won the Royal College of Nursing Institute award for work in embedding PBS, which for the reviewers demonstrates putting both adults with a learning disability and staff first.

- Multi-agency training

Multi-agency training for all staff and agencies was valued and said to help with understanding and awareness of safeguarding, the process/procedure and connecting with the safeguarding adult tea

1 Putting people first

What's not working/needs to get better?

- Accessible, easy to understand information and communication

A thread running through every discussion with adults with a learning disability, family carers and staff was the lack of any accessible/easy read information about safeguarding. The lack of accessible information affects independence, choice and control, how can an adult with a learning disability take control and stop abuse or raise concerns if they don't have the understanding and awareness of what abuse is, what it might feel like? Empowering adults with a learning disability to know what safeguarding is and is not, is essential to reduce vulnerability and to support understanding of not only human rights but also what to do and who to speak to if abuse is happening. Awareness and understanding of what safeguarding is and is not helps not only adults with a learning disability to stay safe and determine their choices but also increase understanding and awareness of family carers and the wider public. Making Safeguarding Personal (MSP) 6 underpinning principles states that **Empowerment** is about *'People being supported and encouraged to make their own decisions and informed consent'*, in putting people first this principle needs to be embraced and embedded to ensure choice and control and challenge over protective views.

- Capacity, consent and decision making

There was also limited accessible/easy read information or commitment to make reasonable adjustments to approaches to support decision making and to ensure that the adult with learning disability has a voice when subject to a safeguarding referral. Capacity and consent are a key driver/lever for transforming lives by putting people first, currently within Jersey capacity and consent is impeding putting people first due to 'over protectionist and paternalistic

[6] *Positive Behavioural Support- is a behaviour management system used to understand what maintains an individual's challenging behaviour. People's inappropriate behaviours are difficult to change because they are functional; they serve a purpose for them. Wikipedia on line*

approach' having the effect of adults with a learning disability having limited choice and control and 'no voice'. The reviewers heard from adults with a learning disability and family carers how their experience is one of disempowerment, not having control or being supported to make and lead decisions, have aspirations about 'where and who I live with, having friends and a job'. Many people who the reviewers spoke to raised concerns about human rights and how 'wrapping people in cotton wool, taking away or not giving choice, putting in restrictions, not working with the person to take risks, and making assumptions about capacity and consent' adversely affects basic human rights. The reviewers heard the concern about adults with a learning disability not always being valued as citizens and that the Island adopts a 'paternalistic, mothering attitude', often making and taking decisions for adults with a learning disability without seeking ways for the adult to lead or be involved in decisions. Reasonable adjustments to support people to be as involved and included as possible in their life and decisions was pointed out to the reviewers as something that needs to get better and needs to be better understood. The point was made that Reasonable Adjustments are law so why are these not routinely made?

'I have my own flat, staff provide me with some support-they don't always knock when they come in and this makes me worry if they use the key when I'm not there. I know I need help sometimes and staff need to be able to get in'
'When my boyfriend was poorly staff told him, he couldn't come to see me at my flat, they should have spoken to me'

Whilst the recently enacted Capacity and Self-determination Law[7] is welcomed by all who contributed to the review, there is concern from adults with learning disability and family carers that they had not been involved in the development of the law and most were not aware that it was to be in place from October 2018. In addition, participants want to make sure that this law doesn't just 'sit on a shelf and gather dust' and are concerned that without a programme of consultation and awareness raising with adults with a learning disability, family carers, staff and the wider public this opportunity maybe missed to put people first. Participants also had concerns that with the structural changes and other new strategies and laws happening at the same time the Capacity and Self-determination Law is in danger of getting lost. Generally, the enactment of the Capacity and self-determination Law was seen as positive but were not optimistic in terms of this being embedded and becoming 'business as usual' as previous experience has been one of 'motivation to drive change' but a lack of consistency and commitment. It was suggested that the Island needs a clear plan for communication and involvement for the law to be embedded. Adults with a learning disability and family carers can help the wider Island community to put people first, understand the law and would welcome the opportunity to work in **Partnership** with all stakeholders and the wider community.

- Training for adults with a learning disability and family carers

We heard that although the multi-agency training is valued, there is no training or awareness raising for adults with a learning disability and family carers. Staff commented that training for adults with a learning disability and family carers had been raised/requested by them for over 5 years. **Prevention** another of the underpinning principles of MSP is described from an adult

[7] Capacity and Self-determination Law 2016, enacted October 2018: https://www.jerseylaw.je/laws/enacted/Pages/L-30-2016.aspx

at risk perspective as *"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help".* Training as well as accessible/easy read information empowers people to have a voice, keep safe and make choices.

- Having a voice, being involved and listened to

Both adults with a learning disability and family carers felt very strongly that they don't have a strong voice in helping the Island to keep adults with a learning disability safe and to speak up and get support to speak up when subject to protect themselves from abuse or take through to safeguarding. The MSP principle of **Protection** describes how *"I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want."* There was a feeling of been 'done to' rather than 'with' and where people had been involved and engaged their experience was that of not being listened to and nothing changing.

As described in what's working well/needs to be more of, Health passports and the Connect or Help cards are valued and participants would like to see these rolled out more widely. However, recognising that adults with a learning disability are amongst the most vulnerable people living on the Island there was concern that there needs to be more community approaches to grow understanding of **Accountability** or mechanisms to further **Empower, Prevent and Protect** adults with a learning disability from 'Hate and/or Mate crime' and build community support and schemes to stay safe.

1 Putting people first

Recommendations

1 Accessible/easy to understand information about safeguarding procedures and what is safeguarding/keeping safe. Work with adults with a learning disability and family carers to develop accessible information about what safeguarding/keeping safe is and is not. Describe the policy and procedure for reporting reflecting the MSP principles. Ask what different mediums for information e.g. accessible leaflets, videos, Apps. Listen to what people and family carers say, they already have some good ideas. Many of the materials produced for this review will support development of information as well as connecting with and reviewing what other areas have developed.

2 Training about safeguarding and how to keep safe for adults with a learning disability and family carers. Joint work to be undertaken with adults with a learning disability to develop training about safeguarding, knowing what abuse is and how to keep safe. Use this opportunity to consider what else is needed, seek permission to use some personal stories/experiences.

3 Learning disability awareness and person-centred/putting people first approaches training. Work with adults with a learning disability and family carers to develop learning disability awareness training in which issues of equal rights, equal voice and empowerment can be promoted whilst dispelling any traditional myths that perpetuate over protective/risk averse and paternalistic views and attitudes. This training is to rolled out for the wider community e.g. primary care, police and fire services, and businesses**.** Develop interactive training that is delivered jointly by adults with learning disability and learning disability professionals.

4 Capacity and self-determination law. Engage adults with a learning disability and family carers in communications about the new law. Develop accessible information with and for people and family carers. Seek advice about and secure continued input from adults with a learning disability and family carers about on-going communications and engagement to embed the law as ‘business as usual’.

2 Staff and culture

What's working well/needs to be more of?

- Safeguarding adult team (SAT) Single Point of Referral (SPOR) approachable, open and supportive.

Throughout the review we heard positive feedback about the SAT SPOR team, professionals in the workshops and in conversations with individuals as part of the audit expressed that they feel able to contact the team if they have a query or wanted to discuss a case and found the practitioners supportive and helpful resource.

> The SAT are very approachable and we know we can call them and they offer you support and advice.

- The advocacy service, albeit not enough

There is only one charitable funded advocacy service provided by Jersey Mencap, providing one advocate. Therefore access to an advocate is limited on the Island, however the service provided was reported as good, and one adult told us that she is well supported by her advocate and has been supported to speak up for herself both within her family and with her support provider.

Staff and family carers reported that they too act as advocates for individuals and there was a genuine sense of people being strong advocates for adults with a learning disability.

- Trailblazing approaches empowering people with a learning disability-Beresford Street Kitchen - creating opportunities, choice and control

The reviewers found the approach being taken by Aspire Charitable Trust in setting up Beresford Street Kitchen "A café with a conscience" was setting a progressive example of inclusion, engagement and **empowerment** of adults with a learning disability which in turn develops individual life skills, confidence and independence. Their vision to create the community presence and an inclusive workforce where people with a learning disability are regarded positively and with respect is providing opportunity for individuals and at the same time an example for other providers to build on.

This example was spoken about a lot, and by a range of people and would lead the reviewers to therefore think that this innovation and **empowerment** is having a big impact on the way people positively consider how adults can be given the same opportunities as everyone else. The culture of empowering individuals and seeing adults as adults was not widespread.

- Staff willing and eager to learn and listen to advice from other jurisdictions

When preparing to commence the review and when speaking to some people during the review it was implied that services on the Island would not take kindly to suggestions of sharing policy or evidenced based practice from other jurisdictions. However, this appeared to be a myth and on the contrary the reviewers found the opposite was experienced and in undertaking the review did not come across any barriers when making

reference to such other off Island information sources. The reviewers met staff from a variety of providers all open to learning from others either from on the Island or off the Island, and in fact willing also to share their good practice. There are also collaborative links forged by the learning disability health service with Guernsey as a comparator site, whereby they share learning and are involved in a conference in November 2018 to share care models and ways of working.

- Health and social care staff slowly building relationships and joint working

It was mentioned a few times that the approach's to and processes of safeguarding have improved in the last 3-5 years. There were some examples of how the health and social care staff are working together recognising that there is still a long way to go in terms of inter-agency working and integrated working.

- Multi-agency training

There is a general sense of real appreciation and benefit in the coming together of the Safeguarding adults training with the joint staff training programme in safeguarding which has been well received by staff teams and organisations. This approach with a pool of trainers and the success could be built upon and mirrored in other areas of working practice.

- Liberty bus service and taxi driver awareness training

The workshops held gave positive feedback regarding the disability and discrimination training that has been provided to the Liberty bus service and to Taxi drivers on the Island and the impact this has had on the experiences of those using these services. There was an example of a driver witnessing bullying and reporting this to services knowing this was abusive.

I feel safer when traveling on the buses and the drivers are helpful

The reviewers also met a young man with a learning disability who was involved with the training for employees of the Liberty bus service; this person also has a significant physical disability and is involved with the practical testing out the accessibility of the buses on a regular basis.

2 Staff and culture

What's not working/needs to get better?

- People not empowered, don't feel listened to

It was disappointing that not many adults with a learning disability attended the workshops that were offered and that providers did not support people to attend. In some ways this could be viewed as speaking volumes about how people's voices are not valued or encouraged. Despite trying to put on workshops at different times during the day few family carers were represented too.

In gathering feedback from individuals with a learning disability and family carers the general feeling was that they were not encouraged to have a voice and did not feel

they were consulted with or listened too. There were some that said they did speak up about their loved ones care and did feel that the care provider listened.

Not all staff feel empowered to speak up either and some felt that there views are not listened to be the system leaders, and felt that ideas they have could help the States and wider provider services and to improve multi agency working.

- Family carers said they are not listened to or engaged in developing approaches and helping to change culture.
- Lived experience not used to inform continuous development/improvement

The reviewers found limited evidence of where the State has actively sought to engage and consult with family carers, either in policy change or in development of service provision. Families felt that things have improved but that there is a long way to go to feel that the voice of the family with lived experience is welcomed, sought or listened to.

During visits to services in general there was evidence that families are actively involved when they can be in the ongoing planning of care and support of their relative.

There is no forum for people to come together to act as a reference group or participation group and to be consulted and for the State or organisations to receive comments and suggestions based on the adults own lived experience and expert experience.

- Lack of positive risk taking and creative thinking and evidence of over protective and paternalistic practices

Although there were people that were avid in their beliefs that people with a learning disability should be supported to take positive risk there was an underlying culture of overly paternalistic protection of adults with a learning disability and risk aversion. Within those services where person centered risk was part of the culture it was backed by robust risk assessment and capacity or best interest decision-making.

> *Cases can be complex, but the concepts for me are not complex, however they are surprisingly easy to get wrong through paternalism, well meant interference or lack of respect for principles of capacity legislation/best practice.*

> *Paternalism and protectionism is in many ways an endearing feature of Jersey but must be harnessed appropriately, particularly in professional agencies.*

- No external supervision or opportunity for debrief for safeguarding adult team or wider learning events

In talking to a variety of people as part of the review and as part of the audits conducted it was clear that there is limited time available for professionals or care teams as a whole to have supervision or time to reflect and that that this is not a regular planned activity. Refection or joint supervision is not built into the safeguarding process and there does not appear to be any consideration to the value in coming together following a very complex situation to debrief, to provide protective factors to staff or to extract joint learning or to acknowledge the successful working. In talking to a referrer as part of the safeguarding

audit it was very obvious that the emotion from the safeguarding experience over 12 months ago was still hard to talk about and there had been no opportunity to reflect with wider multi-agency colleagues.

> *We experience a blame culture and not one of learning from mistakes to improve or to celebrate the successes and build on our strengths.*

> *No one wants to know about the 550 successful episodes of care or the number of positive risks some one takes they are only interested in the few that haven't gone to plan*

The SAT has no external routes for supervision either in or off Island to guide their practice and working knowledge of safeguarding adults with a learning disability.

There was a sense of at times staff from across agencies being overwhelmed by the very nature of the difficult circumstances of dealing with abuse and how agencies come together to develop safeguarding plans for adults with a learning disability which at times require courageous respectful challenge to avoid the over paternalist and " mothering " spoken about as already referred to in this report. MSP works well when staff are also supported in their welfare role in reporting, managing and **prevention** of abuse.

- Relationships and understanding of roles and responsibilities between health and social care safeguarding colleagues need to improve

The role of safeguarding adults with a learning disability is not well understood or embedded in practice across Jersey, some people reported that the role of safeguarding is an add on to their role and not viewed as integral and everyone's business. The review sought to ascertain what people understood by safeguarding, what it meant to them the review found that the responses were mixed. People talked about keeping safe, being protected from harm, being able to live a good quality of life and about the process of the SAT and having the SAB.

> The fear of safeguarding, in Jersey there seems to be a fear of safeguarding and a general lack of knowledge about safeguarding.

The review found that the roles and responsibilities of safeguarding teams were not understood between health and social care. The reviewers felt that the teams are fractured and seem suspicious about each other's roles. Wider services were also unsure what the two teams do and this was causing some confusion. There is therefore a concern that if the people who work in these teams and wider services are struggling to understand the role and function of the two defined teams then it may be highly likely that adults with a learning disability and their families and their support providers could also be unsure and confused.

> Adult safeguarding is not mature enough across the Island

- Build on improving relationships/joint working to ensure joint learning and continuous improvement

There appears to be a lack of opportunity to build on joint working and learn from past experiences of coming together on projects or for joint training. There were remarks that when the islanders come together things can get done with enthusiasm and at pace. Also, that there have been a number of serious case reviews and investigations on the Island yet there seemed disappointment and despair that front line workers and wider services are not involved in learning events from these reviews to improve upon practices / approaches nor celebrate and build on success. There was a cross section of people who spoke out about this aspect and felt that key themes and action plans should be developed with explicit **accountability**.

The reviewers found that people who came to the workshops were eager to see that this review of how people with a learning disability are safeguarded should be shared and an action plan produced jointly with all stakeholders and monitored by the SAPB.

- Small Island culture presents as a barrier to people raising concerns

There was a worrying theme of not complaining and not whistleblowing that ran throughout the review. Adults with a learning disability, family carers, advocates, and paid staff and service providers spoke this about. Families' report that they would not know how or be wary about making a complaint or highlighting a concern and would find this very difficult.

> *There is a fear that you will lose out on services or your loved one will not be looked after if you complain.*

There is no information about how to make a complaint at the local hospital, which would suggest that complaints or compliments are not encouraged.

Providers too spoke about not wanting to step up to give feedback particularly of a negative nature for fear of repercussions on any future business opportunity. It was mentioned to the reviewers that there is no independent body to raise a complaint or to whistle blow, as the States provides the Inspection and Regulation service and this brings no external independent scrutiny.

Professional challenge is limited because of the nature of the small island where most people know each other and would be wary to raise a challenge as they are likely to work with and see the person on a regular basis in their day to day lives and would find this difficult.

From further exploration people fear being identified for being the person to raise a concern, as personal privacy is hard to maintain.

This issue is a sensitive matter and will need to be given careful consideration of the island culture in how to improve on complaints and compliments and use of whistle blowing without fear of identification, personal reprisal, punitive outcomes or feeling ostracised, and without impacting negatively on safeguarding.

2 Staff and culture

Recommendations

5 **Develop opportunities for supervision, reflection, mentoring and peer group learning to build on good practice and support emotional resilience –** To establish

and facilitate routine planned debrief sessions where multi- agency teams can come together to objectively reflect on safeguarding procedures in order to build on good practice and improve practices and approaches to adults with a learning disability by learning from real experiences. To support a culture of learning and not blame. To support the welfare of staff and their empowerment to be able to act swiftly with emotional intelligence and be courageous and confident in their decision making, with external and internal supervision, mentoring and peer support programmes to keep staff feeling proud of what they do in the knowledge that their contribution is making a difference to the lives of adults with a learning disability**.**

6 **To consider working practice and cultural changes to embed 'Making Safeguarding Personal', promote independence and reduce over protection** -To address greater understanding of what safeguarding means and what is Abuse and matters such as capacity, consent, best interest decision making, empowerment, protection, involvement, rights, equality, diversity, reasonable adjustments, accessible information.

7 **Communication and education for people with a learning disability, family carers and staff about their Human Rights, Capacity and Self-determination –** to take the opportunity to engage and promote greater understanding of the new legalisation, to empower, protect and work in partnership. This will mean providing such information in more accessible formats and engaging with adults and their families.

8 **To work with adults with a learning disability, their family carers and staff from a range of services and voluntary agencies to review the current safeguarding strategy to ensure that this embraces MSP and seeks to ensure that welfare, wellbeing and quality issues are rightly addressed at a local and personal level, this should include a charter of values/rights.** Within this to specifically consider how to address the issue of whistleblowing within the culture of the Island so that this doesn't impact negatively on any willingness to whistleblowing and that there is assurance built in to protect whistle-blowers.

3 Systems and processes

What's working well/needs to be more of?

- Single point of access/referral

The Single Point of Referral (SPOR) was described as working well, with staff from different agencies knowing where, what and how in relation to raising alerts and making referrals. Access to the Safeguarding Adult Team and their collective supportive, transparent and open approach, offering help and advice in a timely manner was very much valued.

- Electronic recording and reporting system

The Datix incident reporting system to record, report and review incidents is helping to better support individuals, making changes to plans and plan for positive risk taking. Staff identified an opportunity for the learning from Datix reports to be themed and learning shared more widely to improve systems and processes.

- Commitment-shared principle

One example of good strategic health and social care commitment to keep people with a learning disability on the Island, close to family.

- Interdisciplinary partnership working

From the case note audits it was evident that screened out referrals, having reached a decision following the background checks and information gathering that the alerts did not meet the criteria for multi-agency safeguarding procedures, actions and outcomes were clear and focused on continued wellbeing for the adult. Support/review and care planning was undertaken by professional staff and in some cases the wider multi-disciplinary and multi-agency teams. In one of the cases reviewed discussions took place directly with the adult about outcomes and in one case where the adult was deemed to lack capacity discussions under 'best interests' took place with the adults' family and multi-disciplinary.

There was evidence from the case note audits of quite thorough information gathering by safeguarding practitioners, undertaking background checks and information gathering to build a holistic picture. Background checks for one adult with a learning disability revealed that the adult was being supported under the Care Programme Approach (CPA) with a comprehensive care plan, ongoing intervention and care co-ordinator. Despite the lack of information provided by the referrer the safeguarding practitioner was able to liaise with the care co-ordinator to ensure ongoing support, this also demonstrates the effective relationships and joint working with learning disability and social care staff. In another case a care coordinator was working with the individual and was asked to update their FACE risk assessment.

3 Systems and processes

What's not working/needs to get better?

- Strategic vision/plan

All those who took part in the review expressed frustration and disappointment that there is no shared vision or aspiration for people with a learning disability. The vision needs to be

developed in partnership with all individuals, family carers and services to have a short, medium, and long term plan embracing person centred values, equality and empowerment to ensure aspiration for every child, young person or adult to live a meaningful life where they are supported to take risks and learn from when things go wrong. Having this co-produced vision/strategy would support both the Safeguarding and Prevention Strategies.

- Restorative care and therapeutic support/intervention

Access to support and therapy such as psychology during and after a referral about keeping a person safe is very limited due to limited resource/staff in post. For example, with one of the cases audited the alert was clear that the victim felt scared and unsafe in his own home having witnessed verbal abuse and a physical assault and wanted to feel safe again or leave his home. The referrer had made a referral for an Advocate to support the victim but unfortunately there was no advocate available. Also, in another case there appeared to be worrying gaps in the opportunity to get psychological intervention to assess the psychological need and trauma following being involved in an allegation of sexual abuse. Access to psychology is still outstanding at the time of the audit review. The reviewer found this knowledge concerning, given hearing in the interviews of the drastic deterioration in the persons presentation and sought the permission of the referrer to follow up with the Safeguarding Adult Team what had been offered and if this was actually outstanding.

- Empowerment, consent, capacity and best interests

When undertaking the case note audits two different versions of the Alert Form were observed. Unfortunately, neither of these versions supported or triggered relevant consideration of the values and principles of 'Making Safeguarding Personal' (MSP); **empowerment, prevention, proportionality, protection, partnership and accountability.** That said decision making in planning alternative plans/actions demonstrated a focus on quality of life, wellbeing and safety but not necessarily engaging the adult and empowering them. There was no evidence either in the alerts or discussions with referrers and safeguarding practitioners that for those adults with a learning disability who didn't use words to communicate or indeed needed easier to understand information that any 'reasonable adjustments' had been made to support understanding and empower the person. The reviewers feel improvements in the practice of seeking consent or best interest decision would be one way to support the cultural shift needed in empowering people with a learning disability who live in Jersey to have a voice either through their own capacity or best interest decision-making. This would provide the assurance that the process has made safeguarding personal and evidence robust justification for safeguarding without consent.

The paternalistic/over protective attitude/culture was observed when undertaking the case note audits with three of the eight alerts reviewed being focused, overall, on welfare/wellbeing as opposed to safeguarding. These could and should have been 'managed' with the person and those who know them well and not raised as safeguarding alerts. Another issue which was raised was the 'culture' of copying alerts/referrals to senior colleagues, with several staff describing 'safeguarding as being used as a weapon to trigger actions/intervention which should have been managed at a local level putting the person at the centre'.

Being a small Island and the that fact that everyone knows most people was felt to limit and further impact on people's willingness to whistle blow, to say or report things for a fear of being identified.

- Openness, transparency and joint learning and working

All stakeholders who participated in the review expressed a desire to build a culture of openness and transparency across all providers, developing and agreeing ways to share information and data for effective learning. Having an agreed way of working between those who have responsibility for safeguarding in different agencies and services was identified by the reviewers as being essential. Scrutinising available data, information and learning both when things work well and when they do not is critical to developing a system that is driven by a culture of 'professional curiosity' which supports **Prevention and Protection**. The system needs to have access to and a mechanism to share data to effectively safeguard people with a learning disability, who are some of the most vulnerable people within the Island population. The Island system for provision of/access to General Practice requires payment, it is well documented that people with learning disability have more health needs than the general population but often access healthcare less and when they do access experience unequal treatment[8], what impact does the system of payment for an appointment have on access both to primary care and any impact on attendances to the Emergency Department at the hospital. Having this data to share could support joint planning and working to make reasonable adjustments to current systems and processes, work with adults with a learning disability and family carers to **Empower and Prevent** through understanding of health needs, vulnerability and self-care and management.

- Regulation and inspection

The disparity in terms of regulation and inspection was identified as an issue by staff and family carers and recognised as impacting on openness and transparency and learning resulting in missed opportunities to work better together and move away from 'silo working'. Silo working was particularly evident between health and social care and although there was some evidence of an improving relationship there is more to do to effectively work together to better safeguard adults with a learning disability. The imminent changes to give parity in terms of regulation and inspection was welcomed.

- Empowerment within the system

The current Long-term care scheme was felt to be not inclusive, empowering or person centred. People not being eligible to access benefits until the age of 25 years can push individuals and families into financial hardship. Everyone who took part in the review would like to see more opportunities and focus on Personal budgets.

> 'What does 'Care' mean in terms of long term care- perceived as physical/direct care- currently individuals and families can be pushed into financial hardship', family carer

[8] 'Healthcare for All: Independent inquiry into access to healthcare for people with learning disabilities, (2008)

3 Systems and processes

Recommendations

9 Develop a Learning Disability Vision/Strategy. Co-produce a Learning Disability plan for the future, to have a shared vision and aspiration for people with a learning disability which embraces making safeguarding personal, person-centred working and respectfully challenges paternalistic views/attitudes.

10 Safeguarding Adult Team to review the safeguarding alert forms to reflect the principles and values of MSP and incorporate a section for recording consent/capacity/best interest decision-making, as well as a question early in the process to identify if person needs reasonable adjustments to be fully engaged

11 Regulation and inspection. With the roll out of the new Regulation and Inspection regime it is suggested that state provided learning disability services are prioritised for the first phase of inspections.

12 Review access to and provision of psychological therapy and support as part of the approach for restorative care. To make sure people have the same access to health care and therapy and support recovery.

13 Joint approach to safeguarding and mechanism for learning. Agree a mechanism for staff with responsibility for safeguarding from different agencies and settings across health and social care to come together to share good practice, data, themes and trends along with sharing challenges.

4 Partnership working:

What's working well/needs to be more of?

- Transport services well-regarded and respected, person with learning disability influential in the training that Liberty buses have. Free bus passes.

As previously referred to within the section on Staff and Culture the way that Liberty Bus worked with people with a disability and with local organisations to develop disability and discrimination training for its employees is a really good example of engagement, listening and continuous improvement, through involving people who use the service in designing the training and helping to improve how accessible the buses are for people with a physical disability.

- SAPB training programme and pool of trainers

The SAPB's programme of safeguarding training and the development of a pool of trainers to support the delivery of the training is working well and is well regarded by staff teams. This could be expanded upon and improved based on feedback form people who have been on the training. For example, one person said that it would be helpful to have scenarios of cases that have been through safeguarding procedures.

I fully appreciate that we go through training however I am aware not everyone takes it all in and I think for many some general scenarios of what we may come across and what we should take to safeguarding and what the process may be.

- Beresford Street Kitchen

This community service and provider featured again as something that is working well an example of genuine **partnerships** with adults with a learning disability and within the local community connections with local businesses, with the aim of development of real jobs and employment opportunities for people with a learning disability.

- When the Island works together real change happens

A common theme within the review was that the passionate people who are the usual familiar core group of attendees at events have demonstrated that when they get together to work on projects collectively real change can happen. There are some good examples of person centred working and paperwork that organisations have developed that could be shared and developed. The PBS team have worked hard at producing some very extensive PBS plans and learning from this team could be used to expand on the PBS approach across the Island and with providers signing up to adopt a culture of person centred approaches and PBS plans with development of a community of practice to drive transformation and quality of lives.

4 Partnership working:

What's not working/needs to get better?

- Not all partners are fully engaged with or consciously minded on safeguarding and more to do to embed as 'business as usual'

The role of safeguarding and what safeguarding means is not fully understood, nor embedded across all partners. The training available is reportedly helping to spread the message of being consciously minded on safeguarding but more could be done to embed this and further safeguard adults with a learning disability.

There was little evidence of 'putting yourself in the shoes of the adult' thinking about safety and abuse, which raises a concern about understanding of safeguarding. It is essential that employees, families, adults with a learning disability and the public are 'consciously minded' on safeguarding, which requires a culture of **empowerment**, appreciation of consent and capacity and an individuals' right to make unwise decisions.

There is a prison service on the Island, but the reviewers did not have the resource capacity to meet with or speak to relevant people at the prison to ask the question of how closely they are linked to partnership working and safeguarding. It is well evidenced in reports like The Bradley Report that there is likelihood of 20% to 30% of offenders have learning difficulties or learning disabilities that interfere with their ability to cope within the criminal justice system. At the workshop to share the findings from the review people referred to knowing a small number of adults with a learning disability in the prison yet were unclear how effective partnership working was between the Prison and learning disability services. There was also noted to be a lack of knowledge of the criminal justice system amongst professionals and could be an area to improve on.

- Limited opportunities for employment, relationships, leisure and housing

Adults with a learning disability have limited opportunity for work experience and employment, the reviewers are not informed about the % numbers of adults with a learning disability in paid work in Jersey but from discussions there are some small charitable organisations supporting people into employment but no joint agreed plans on aspirations for achieving work opportunity for adults with a learning disability and steps to achieve this.

Housing is scarce and expensive on the Island. Benefits for social housing are not paid until an adult reaches the age of 25. This means that if a young person wishes to leave home their options for independent living/supported living are limited unless a case for exceptional circumstances was presented to the social security panel. Therefore, young people would be more likely to be given the option to move to a residential care home, which provides little choice and control for the young adult.

Access to activity for some people is reliant on paid support and availability of support staff to access facilities, there are some facilities that close over a weekend and after 5pm which could be accessed better by those needing activity and support out of hours. This was mentioned in relation to respite/short breaks for adults and how the 3 hours of support given is difficult to utilise effectively particularly with people who may have behaviours that challenge and access to safe and suitable resources can be limiting. There are however some innovative charitable offers like the accessible surf boards but this is also time and weather reliant.

Providers are being creative with the resources they have and the reviewers saw some positive examples of maximising activity as part of positive support plans with individuals. More so where people have 1:1 hours or more, their access to leisure opportunity and

maintaining family relationships was built into their daily routines and paramount to their wellbeing.

- Resources/services for advocacy and some therapies e.g. psychological and speech and language

In the review and in the safeguarding audits the reviewers heard about the lack of advocacy and the lack of access to psychology and speech and language therapy. There are limited therapy posts in the learning disability service and waiting lists of over 18 months were muted. Access to psychological intervention and speech and language to support communication for anyone going through a safeguarding process is hardly referred for because staff are aware that the waiting lists are long. In some cases significant trauma featured in individuals experiences yet no therapeutic intervention or restorative care had been provided. The reviewers did find out that there are plans to recruit to additional sessions for Psychology and speech and language therapy.

Advocacy is only funded through charitable donations and provided by Jersey Mencap there is no State funded advocacy to support adults to speak up or to have their voice independently heard in the safeguarding process. With the capacity limited to one advocate it isn't feasible to take on work with individuals who require intensive support.

The Jersey Mencap advocacy is termed Self Advocacy and is very misleading because the provision is based on a model of independent / professional advocacy with a paid advocacy worker whose role it is to provide short and long term casework advocacy. This is not self-advocacy where individuals represent and speak up for themselves, with support, either individually or collectively. This support can be in a paid or unpaid capacity.

What is known from talking to Jersey Mencap is that the advocacy process promotes increased self-confidence and at a limited level ensures the voices of people who access services are heard.

There is a range of models of advocacy, each with distinctive characteristics relating to type of work undertaken, length of involvement and appropriate person who should undertake the role. The expansion of advocacy on the Island would offer further opportunity to give independence from services, **empowerment,** provide people with a voice, supporting self-advocates to speak up for themselves, supporting active citizenship and support to challenge inequality promote human rights and social justice.

The reviewers recognise that the new capacity and self-determination legislation brings the access to an Independent capacity advocate and this could be included in any study of advocacy requirements.

- Listening to and hearing peoples experience and views

It did not seem apparent that organisations are in the habit of seeking the views of adults with a learning disability or their family on matters like service development, service changes, future strategies, new policy or new laws. Families and adults with a learning disability were not familiar with being consulted on or being asked to give their views.

There is no forum for adults with a learning disability to come together however there is a Family carer forum. The reviewers heard about social groups provided by Jersey Mencap

and drop in groups provided by the community health services team which are well attended and offer opportunity to come together to talk and share information. These approaches could provide opportunity to expand or to learn from what is working and why people come to the sessions and could offer opportunity for development of participation groups or a learning disability parliament / learning disability partnership board.

There are people willing to talk and share their experiences and it would therefore be useful for the SAPB to receive presentations from adults with a learning disability to share their experiences of safeguarding and also for the boards of relevant organisations to hear the success stores of managing complex risk and to celebrate good practice.

- Wider thinking needed jointly with different agencies to develop safe place schemes, hate or mate crime

Within the workshops there was mention of mate crime being topics within schools however adults and family carers had not come across awareness raising, education or accessible information about mate crime, hate crime or how to stay safe when using the internet or social media, or safer place schemes and these were areas people were very keen to hear about and see developed.

- People with a learning disability and family carers involved in training

The reviewers had come across limited examples of adults with a learning disability or family carers being involved in training.

4 Partnership working

Recommendations

14 **Consider Local Area Coordination (LAC) and how this would fit with Parish Structure –** the approach of LAC might bring further benefits to the Jersey Parish structure and partnership working – a local area coordinator who could work with local people in small areas getting to know the community and people within it – spending time supporting community capacity and building local connections as well as working with individuals. This could support creative ways to case coordination, promote inclusion in local community life, tailor access to leisure and employment opportunities and enhance partnership working.[9]

15 **Review access to, study models of and in Investment advocacy services –** It would be advantageous to undertake a study into the various models of advocacy to review the current offer and co-produce a proposal for expanding the range of advocacy models to suit the needs of the local population - possibly as part of a longer term strategy for adults with a learning disability to review the current model and investment required to properly resource advocacy services.

16 Improve opportunities for engagement, participation and co-production with adults with a learning disability and their family carers as equal partners by development of participation groups, or similar learning disability partnership board approaches – to value adults as citizens of their local community, to listen and act upon the views of adults with a learning disability and their family, as experts in

[9] http://lacnetwork.org/local-area-coordination/what-is-local-area-coordination/

their lived experiences, to guide and transform care and support in line with the aspirations and priorities jointly decided upon with all stakeholders. Consider opportunities and develop mechanisms for people and family to use their lived experience to quality check services (offer employment) and support quality improvement.

17 **Co- creation of mate and hate and safe place schemes and approaches –** to work in partnership with a number of public, private and independent provider and voluntary /charitable organisations and adults with a learning disability to implement these schemes across the Island, and use the already extensive information and education / learning from other jurisdictions to roll out these wider keeping safe and safeguarding approaches

6 Summary of recommendations

1 Accessible/easy to understand information about safeguarding procedures and what is safeguarding/keeping safe. Work with adults with a learning disability and family carers to develop accessible information about what safeguarding/keeping safe is and is not. Describe the policy and procedure for reporting reflecting the MSP principles. Ask what different mediums for information e.g. accessible leaflets, videos, Apps. Listen to what people and family carers say, they already have some good ideas. Many of the materials produced for this review will support development of information as well as connecting with and reviewing what other areas have developed.

2 Training about safeguarding and how to keep safe for adults with a learning disability and family carers. Joint work to be undertaken with adults with a learning disability to develop training about safeguarding, knowing what abuse is and how to keep safe. Use this opportunity to consider what else is needed, seek permission to use some personal stories/experiences.

3 Learning disability awareness and person-centred/putting people first approaches training. Work with adults with a learning disability and family carers to develop learning disability awareness training in which issues of equal rights, equal voice and empowerment can be promoted whilst dispelling any traditional myths that perpetuate over protective/risk averse and paternalistic views and attitudes. This training is to be rolled out for the wider community e.g. primary care, police and fire services, businesses**.** Develop interactive training that is delivered jointly by adults with learning disability and learning disability professionals.

4 Capacity and self-determination law. Engage adults with a learning disability and family carers in communications about the new law. Develop accessible information with and for people and family carers. Seek advice about and secure continued input from adults with a learning disability and family carers about on-going communications and engagement to embed the law as 'business as usual'.

5 Develop opportunities for supervision, reflection, mentoring and peer group learning to build on good practice and support emotional resilience – To establish and facilitate routine planned debrief sessions where multi- agency teams can come together to objectively reflect on safeguarding procedures in order to build on good practice and improve practices and approaches to adults with a learning disability by learning from real experiences. To support a culture of learning and not blame. To support the welfare of staff and their empowerment to be able to act swiftly with emotional intelligence and be courageous and confident in their decision making, with external and internal supervision, mentoring and peer support programmes to keep staff feeling proud of what they do in the knowledge that their contribution is making a difference to the lives of adults with a learning disability**.**

6 To consider working practice and cultural changes to embed 'Making Safeguarding Personal', promote independence and reduce over protection -To address greater understanding of what safeguarding means and what is Abuse and matters such as capacity, consent, best interest decision making, empowerment, protection, involvement, rights, equality, diversity, reasonable adjustments, accessible information.

7 Communication and education for people with a learning disability, family carers and staff about their Human Rights, Capacity and Self-determination – to take the opportunity to engage and promote greater understanding of the new legalisation, to empower, protect

and work in partnership. This will mean providing such information in more accessible formats and engaging with adults and their families.

8 To work with adults with a learning disability, their family carers and staff from a range of services and voluntary agencies to review the current safeguarding strategy to ensure that this embraces MSP and seeks to ensure that welfare, wellbeing and quality issues are rightly addressed at a local and personal level, this should include a charter of values/rights. Within this to specifically consider how to address the issue of whistleblowing within the culture of the Island so that this doesn't impact negatively on any willingness to whistleblowing and that there is assurance built in to protect whistle-blowers.

9 Develop a Learning Disability Vision/Strategy. Co-produce a Learning Disability plan for the future, to have a shared vision and aspiration for people with a learning disability which embraces making safeguarding personal, person-centred working and respectfully challenges paternalistic views/attitudes.

10 Safeguarding Adult Team to review the safeguarding alert forms to reflect the principles and values of MSP and incorporate a section for recording consent/capacity/best interest decision-making, as well as a question early in the process to identify if person needs reasonable adjustments to be fully engaged

11 Regulation and inspection. With the roll out of the new Regulation and Inspection regime it is suggested that state provided learning disability services are prioritised for the first phase of inspections.

12 Review access to and provision of psychological therapy and support as part of the approach for restorative care. To make sure people have the same access to health care and therapy and support recovery.

13 Joint approach to safeguarding and mechanism for learning. Agree a mechanism for staff with responsibility for safeguarding from different agencies and settings across health and social care to come together to share good practice, data, themes and trends along with sharing challenges.

14 Consider Local Area Coordination (LAC) and how this would fit with Parish Structure – the approach of LAC might bring further benefits to the Jersey Parish structure and partnership working – a local area coordinator who could work with local people in small areas getting to know the community and people within it – spending time supporting community capacity and building local connections as well as working with individuals. This could support creative ways to case coordination, promote inclusion in local community life, tailor access to leisure and employment opportunities and enhance partnership working.[10]

15 Review access to, study models of and in Investment advocacy services – It would be advantageous to undertake a study into the various models of advocacy to review the current offer and co-produce a proposal for expanding the range of advocacy models to suit the needs of the local population - possibly as part of a longer term strategy for adults with a learning disability to review the current model and investment required to properly resource advocacy services.

[10] http://lacnetwork.org/local-area-coordination/what-is-local-area-coordination/

16 Improve opportunities for engagement, participation and co-production with adults with a learning disability and their family carers as equal partners by development of participation groups, or similar learning disability partnership board approaches – to value adults as citizens of their local community, to listen and act upon the views of adults with a learning disability and their family, as experts in their lived experiences, to guide and transform care and support in line with the aspirations and priorities jointly decided upon with all stakeholders. Consider opportunities and develop mechanisms for people and family to use their lived experience to quality check services (offer employment) and support quality improvement.

17 Co- creation of mate and hate and safe place schemes and approaches – to work in partnership with a number of public, private and independent provider and voluntary /charitable organisations and adults with a learning disability to implement these schemes across the Island, and use the already extensive information and education / learning from other jurisdictions to roll out these wider keeping safe and safeguarding approaches

7 Themes and conclusions

The reviewers were encouraged by the warm welcome and hospitality shown to them throughout the review and would like to extend their thanks and gratitude for making their experience of undertaking the review informative and rewarding.

In addition to the hospitable welcome and possibly more significant was the open embracing of the opportunity that the review of safeguarding adults with a learning disability presents to people, families and staff. This was evidenced by the enthusiasm to meet with the reviewers, attend workshops, affording the reviewers the privilege of meeting with people in their own homes. The reviewers found everyone to be very willing to contribute, open, honest and willing to share and learn, embracing the scrutiny that a review such as this brings. Overall the experience of undertaking the review was one of commitment, passion, belief and hope for positive change for adults with a learning disability living in Jersey.

Throughout this review the reviewers have been consciously minded on the 6 key underpinning principles of Making Safeguarding Personal (MSP). In concluding this report, the reviewers have highlighted below some of the themes contained within the recommendations of this report under the 6 key principles of MSP. MSP has a firm link with the objectives of this review: **Putting people first; Staff and Culture; Systems and processes and Partnership working** and therefore the reviewers propose that the recommendations contained within this report could be developed into an action plan based on the 6 key principles of MSP to facilitate a shift in culture which embeds person centred procedures and approaches that promote and deliver best practice and quality outcomes to effectively safeguard adults with a learning disability.

Empowerment

Accessible/easy to understand information and communication

Training both for adults with a learning disability, family carers, staff and wider public

Advocacy

Empowering staff to be courageous, resilient and curious

Capacity, consent and decision making

Listening and hearing

Prevention

Awareness and understanding about abuse and staying safe

Public awareness raising about abuse, safeguarding, learning disability and rights

Reasonable adjustments

Putting people first

Creating and ensuring equal opportunities including positive risk taking

Human rights and citizenship

Proportionality

Positive Behaviour Support

Person Centred Planning

Maximising independence

Support to make unwise decisions

Protection

Assurance and support to encourage whistleblowing

Mechanisms for reporting and recording

Training to support understanding about abuse, safeguarding, hate and mate crime

Joint system learning both when things go well and not

Information sharing and analysing and learning from available data

Partnership

Building stronger communities

Effective and respectful relationships

Joint vision/strategic plan for adults with a learning disability

Engagement and participation

Accountability

Supervision/de-brief both individual and cross organisational

Clarity and understanding of roles and responsibilities

Acting on key learning, listening and responding

Adequate staffing resource to support individuals going through safeguarding, restorative care

The reviewers are hopeful that the outcome and recommendations from this review will provide an opportunity along with the recent enactment of the Capacity and Self-determination legislation and commitment of the new leadership team that, to use the words of a family carer, ‘positive change will happen when the Island gets together’.

8 Appendices

Appendix 1 Workshop invitation

Appendix 2 Accessible information about Jersey Safeguarding review for Adults with a learning disability

Appendix 3 Accessible consent form

Appendix 4 Accessible questionnaire for people with a learning disability

Appendix 5 Accessible questionnaire for family carers

9 About the reviewers

Judi Thorley

Judi has over 32 years' experience working in the NHS. A Learning Disability and General Nurse by background, Judi has worked in a range of services in senior leadership and clinician roles within Learning Disability, Acute services, Education and commissioning. Judi has worked in a regional strategic role as lead for learning disability health and safeguarding adults and carried out a range of independent consultancy work encompassing service review, review of arrangements for adult safeguarding, SARs and development and delivery of leadership development programmes.

Jackie Lawley

Jackie has worked with people with a learning disability for 34 years as a nurse; nurse practitioner; a senior manager in NHS provider health care and Strategic Joint Commissioner of health and social care and as a Group Development Director for a National Independent support provider. Jackie has more recently in the past 10 years been a freelance consultant in Health & Social Care securing contracts to carry out roles of commissioning and leadership roles to support service capacity, national closure programmes and to implement service transformation /redesign.