

## Safeguarding people in ‘closed’ environments

Whorlton Hall & Winterbourne Hall highlighted the risks of ‘closed’ environments. During a pandemic this clearly is a much wider issue. Both institutions had passed external inspections yet shocked all who watched the expose filmed within their walls of staff treatment of learning-disabled residents.

This tool is aimed at both senior managers and front-line practitioners. It is based on a review of evidence from serious case reviews & other research about what to look out for when reviewing placements or ‘closed’ environments where people may be experiencing abuse. In the current climate, with so many establishments instituting ‘closed door’ policies to keep out potential Covid-19 infections, more vigilance than ever is needed.

<b>Past Risk is the best indicator of future risk</b>	If you have had concerns about a particular placement setting, keep those establishments on your radar now. Think about what alerted you to concerns previously and what might be signs of those risks continuing or reoccurring.
<b>High levels of staff &amp; resident turn-over</b>	This includes higher proportions of unqualified staff, vacant posts and high use of agency staff. If people don't tend to stay, why not? Is it possible to talk to professionals or family who have left or moved residents? Who are the long timers in terms of staff, how are they related to one another, and are they in positions of power or cultural influence? How are people recruited and trained?
<b>Fragmented Care Provision &amp; governance</b>	What systems or approaches are used by managers or owners to maintain an overview of how the care is provided. Is there a ‘whole home’ or ‘whole system’ perspective taken identifying gaps in intelligence and reviews problems to prevent harm.
<b>Extended stays away from home area</b>	Who maintains contact? Are family or friends in regular contact, and able to feed back any concerns that arise? Where people's capacity is an issue, are placements reviewed via DoLS, and how are such reviews undertaken during lockdown? For self-funders, what external support or advocacy is available?
<b>Little contact with outside world</b>	Both with establishments in remote locations, and those more local, how is contact maintained with the outside world? Are residents supported to maintain contact (for example using video conferencing) with family & professionals? Are they provided with privacy and/or external advocacy to help them communicate? Are services generally delivered internally, or are independent providers used? For example, how are haircuts organised?

<b>Lack of Candour</b>	Are you concerned about information being hidden or misrepresented? Is there evidence of mistakes being identified and learnt from, or are problems 'airbrushed' out of existence? Does everything look too perfect? How are complaints and concerns by families and friends dealt with?
<b>Weak systems of communications</b>	Is access to primary care well integrated? How well does the placement communicate and collaborate with external organisations such as your own? Within the placement itself, how are practice concerns, and learning opportunities communicated?
<b>Restrictions</b>	Are blanket restrictions being imposed without assessment of individual need? Are measures put in place to keep people safe always the least restrictive option? Are they legitimate and have they been reviewed?

Identifying problems is not enough - you also need to think about how to help organisations change & improve. Below are some ideas that you might want to suggest:

<b>Maintaining Contact</b>	In our current 'locked down' culture, this isn't always easy - do establishments need help to access tablets or phones, so that residents can maintain contact with friends and family members? Are there volunteers with IT skills known to the council who might provide expertise and support?
<b>Making Supporters your assets</b>	Family members and friends will often be the first to highlight concerns and can often maintain more regular contact with a loved one than professionals. Do they know how to raise concerns if they are worried? Do they know what to look out for? Would they be willing to keep an eye on other residents who are unbecoming, and raise concerns?
<b>Providing training &amp; support</b>	Promote a collaborative approach to solving problems early, so that concerns become opportunities to improve practice and people's lives, and those raising concerns help shape future actions.
<b>Providing training &amp; support</b>	If organisations are local, can they access training for staff via your organisation? Are there other options available? Can expectations about training (such as that provided by the Skills for Care online) be included as a requirement in commissioning processes?
<b>Support better governance and communication</b>	Can you help with advise about recruitment and induction? Do managers need to help to establish complaints procedures, or ideas about how to deal positively with concerns, so that they generate change, as well as an early indication of concerns?
<b>Making whistleblowing an expected norm</b>	A key issue can be around how to help staff who wish to raise concerns about a particular environment do so safely. Including a requirement in commissioned placements for all staff to be given information about whistleblowing as part of induction, and for this to be updated annually with other training could be one way of achieving this.