

What can we learn from the failings at Winterbourne View Hospital?

Margaret Flynn

March 2013

Some “givens”

- We bring experience, perspectives and beliefs to adult safeguarding
- Adult safeguarding is not a neutral subject – not all of us were brought up in homes that were sanctuaries
- It's an untidy subject with unclear boundaries e.g. cyber bullying...telesales terrorism...parasitic abuse...boiler room fraudsters...self neglect...assisted suicide
- There are a lot of fictions in adult safeguarding: we can guarantee safety...we know exactly how many adults have been abused...we have learned the lessons...we just need to attend to the perpetrators... Adult safeguarding? We have contracts, contract compliance monitors and some impressive QA systems...

Some more “givens”

- The form and duration of harms and cruelties which become the focus of SCRs overlap with criminal acts
- Such acts may be random, planned and sustained . They may span “lashing out” (e.g. Winterbourne View Hospital, South Gloucestershire) and sadistic violence (e.g. Steven Hoskin, Cornwall)
- The media may hold up a distorting mirror – aligning themselves to victims and conducting witch hunts
- When institutions are found guilty of systemic failures, they promise reform e.g. paedophile priests were moved to other parishes/ a spiritually prestigious, all male leadership was excessively powerful – and unaccountable
- May I have “a quiet word?”

SCRs?

- They are markers – points of reference with which to position other events in time
- They are a multi-agency view from a distance, within a specified time frame
- They are a way of learning about shortcomings, especially about inter-agency arrangements and communication
- The tasks of an author include: editing contextualising and offering explanatory frameworks; championing multiple perspectives; promoting inter-professional conversations
- They are a way of holding people and agencies to account but not individuals to blame

Lessons from Winterbourne View Hospital

- If there hadn't been an undercover reporter employed as a support worker at Winterbourne View Hospital for five weeks during early 2011, it would have taken a long time for the crimes exposed by the BBC to come to light
- The exposure of Winterbourne View Hospital in *Undercover Care: the Abuse Exposed* has emptied of meaning notions about hospitals being places of healing
- It is unlikely that the SCR has identified all the crimes and abusive acts to which patients were subject
- Castlebeck Care (Teeside) Ltd was not starved of funds. It is not known how much was spent on patient treatment

More lessons...

- Castlebeck (Teeside) Ltd noted that *from a financial perspective, Winterbourne View Hospital was one of the best performers in the group* i.e. the company benefitted financially to a substantial degree
- Business opportunism doesn't have to comply with government policy
- There are fictions to be challenged: hospitals for adults with learning disabilities and autism solve problems...the disciplines of LD nursing and psychiatry are equal to providing mental health and physical health treatment to adults with learning disability and autism...quality assurance systems safeguard people...institutional care for adults with learning disabilities and autism went with the closure of the long stay hospitals

Healthcare and restraint

- Belated registering with GP
- Baseline view of health status
- Following up physical healthcare concerns
- Behaviour attributed to psychiatric problems
- “Diagnostic overshadowing”
- Constipation
- Patients prescribed anti-psychotic and anti-depressant medication
- Extensive dental problems
- Extraordinary, excessive, dangerous and under-reported use of restraint

New myths?

- what is written into contracts will be implemented...
- NHS commissioners know what they are purchasing...
- decisions about contract renewals are based on hard data...
- commissioned services will take the actions required by the regulators...
- patients subject to the provisions of the Mental Health Act will have the minimum restrictions imposed on their liberty in line with the purposes for which the restrictions are imposed...
- clinical governance and elaborate QA systems keep people safe
- Hospital employees will be brought up short by the recognition of shared humanity

Ex patients and their families sought...

- Relationship centred support in their own localities
- Empathic and mature staff who are sensitive to people's subjective experience, histories and aspirations
- Recognition for the emotional demands of their working with people with troubled histories
- Staff with positive experiences of working with people with learning disabilities and autism
- Staff to have good role models and effective managers
- To have their perspectives and experience acknowledged
- Credible commissioning – where NHS Commissioners know what they are buying
- Money for hospitals to be transferred to their communities