

## Consultation Response Form

Your name: Dr Grace Krause

Organisation (if applicable): Learning Disability Wales

email / telephone number: grace.krause@ldw.org.uk

Your address: Learning Disability Wales, 41 Lambourne Crescent Cardiff Business Park, Llanishen, Cardiff, CF14 5GG

**Question 01:** In the draft Code of Practice on Access, we have sought to support the use of visiting to secure people's views whilst also taking account of the issues posed by the different contexts of health and social care. Do you think this balance is broadly achieved? Is there anything in the Code which you consider should be changed to help improve it? Please use the text box to note it, if so.

We are glad to see this Code of Practice and to see rules on how Patient's voice can be better captured. Overall, the Code seems appropriate and the rules within it reasonable to make sure the voices of people who do not often get a say in what affects their lives get recorded through the Citizen Voice Bodies. We think that overall the code strikes the balance between making sure you can secure people's views and protecting their privacy and autonomy. There are a few notes we do have about the code, which we hope will be helpful.

### Accessibility

We do have some concerns about the accessibility of this document. We appreciate the fact that there were easy read versions available of the documents in this consultation process. However, having easy read documents alone does not make a process accessible. In addition to the easy read documents, it would have been good to have clearer layout. It would have been good to have a clearer overview about what this consultation is actually about and a guide to what the different documents are for. We also suggest editing the document itself for clarity and to make sure that the language used in it is as straightforward as it can be.

**Question 03:** The code considers circumstances in which the CVB may seek to visit people in their private dwellings, and in their private spaces within premises such as care homes. Do you consider that the Code handles this issue correctly? Are there any improvements you would suggest?

## **Information sharing**

The code, overall, does a good job at making sure that people in social care will be informed of possible visits. We would suggest being more specific in directions of how residents in places that will be visited should be informed. Specifically, we would like to suggest adding specifications that the people should be given at least two weeks' notice and receive information in a format that is accessible to them. For example, we suggest including easy read information wherever possible.

## **Understanding consent**

The code says that "consent should be sought" before the CVB staff enter people's living areas. We strongly suggest being far more explicit in what this means. Many people with a learning disability, for example, have many experiences of being coerced and not being able to make their own decisions with the result that they may not be able to identify when they are being treated badly. In this context it is important to be thorough and open in getting someone's consent. The guidance should reflect the need to seek people's consent in a trauma-informed manner that focuses on peoples' rights and makes sure that people feel comfortable saying no to requests.

**Question 04:** In the draft statutory guidance on representations, we have taken the approach of setting out the characteristics which procedures around representations should have, rather than stipulating the procedures themselves. Do you agree with this approach? Is there anything which could be changed in the statutory guidance to strengthen it? Is there any detail which could be omitted to make the guidance more effective or easier to use? Please use the text box to note it, if so.

We do not generally disagree with this approach. However, one consequence of focusing on characteristics of the procedures rather than the procedures themselves is that the guidance is vague in places. This is worrying in so far as it does not put in place specific criteria to make sure that CVBs are inclusive and are safe for those participating. We would like to see some best practice examples in the guidance as well as specific criteria that should be met.

**Question 07:** Would any of the documents benefit from examples? If so, please explain, and/or use the text box to share any examples of which you are aware, and which you are content to be considered for inclusion in the final versions.

Yes, we recommend adding best practice guidance and examples in the guidance to setting up CVBs. We would specifically like those examples to include examples of guidance on working with different kinds of service users and how the context should change the way that people are engaged with.

Responses to consultations are likely to be made public, on the internet or in a report. If you would prefer your response to remain anonymous, please tick here: