Submission from Care Campaign for the Vulnerable (CCFTV)

To: Northern Ireland Assembly Adult Protection Committee

Date: September 2025

Re: Independent Safety Monitoring (ISM) in Adult Care Settings

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Introduction

Care Campaign for the Vulnerable (CCFTV) was founded over a decade ago to champion safety, dignity, and transparency in the care of older and vulnerable adults. Born out of personal experience—when my mother, Ellen, entered care during her dementia journey and our family witnessed first-hand the gaps in safeguarding—CCFTV has grown into a national voice representing families, care staff, and forward-thinking providers.

Our central focus has always been Independent Safety Monitoring (ISM), specifically the use of overt, consent-led safety monitoring systems in care settings. CCFTV has long argued that such systems are not only ethical and lawful but essential in protecting the most vulnerable members of society, while also safeguarding the integrity and wellbeing of care staff.

Over the years, CCFTV has worked with families, frontline staff, providers, policymakers, regulators, and technology partners to bring evidence and lived experience into the conversation. We welcome the opportunity to submit this evidence to the Northern Ireland Assembly's inquiry and hope our contribution will highlight both the urgency and achievability of progress.

Why Independent Safety Monitoring Matters

For too long, unexplained injuries, neglect, poor culture, and abuse in care settings have gone unaddressed or been discovered too late. Families repeatedly turn to CCFTV with photographs of bruises, stories of unwitnessed falls, and accounts of poor care that are often dismissed as "unsubstantiated." This creates deep mistrust between families and providers, leaves staff unsupported in their roles, and ultimately places vulnerable people at risk.

Independent Safety Monitoring offers a clear, ethical solution:

- Protection of Vulnerable Adults: ISM allows for the early identification of harm or neglect. Evidence from providers already using these systems shows a marked reduction in safeguarding incidents. Cameras act not as a punitive tool but as a safety net, ensuring accountability and transparency.
- Safeguarding Care Staff: Many carers have told CCFTV they fear false accusations. ISM provides clarity by evidencing the reality of what occurred. This is as much a protection for staff as it is for residents.
- Improving Standards of Care: The very presence of monitoring—when introduced overtly and ethically—encourages higher standards of care. Staff feel reassured that their professionalism is seen and valued, while management can use footage for reflective learning, training, and quality assurance.

Overt, Ethical, and Responsible Use

It is important to emphasise that CCFTV advocates overt systems only—never covert. Cameras must be consent-led, installed transparently, and managed with the dignity and rights of the resident as the primary consideration.

When introduced in partnership with families, providers, and staff, these systems:

- Build trust rather than suspicion. Families are reassured their loved ones are safe, while staff feel recognised and supported.

- Demonstrate that providers are confident in the care they deliver and are open to scrutiny.
- Encourage collaboration rather than division.

Compliance with Human Rights and Data Protection

Concerns are often raised about privacy, dignity, and legality. CCFTV has consistently engaged with legal experts and technology specialists to address these. Evidence is clear:

- ISM can be fully compliant with Human Rights legislation when based on consent, proportionality, and necessity.
- Data protection frameworks already exist to manage sensitive information securely. With proper training and governance, providers can meet these obligations.
- Families and residents overwhelmingly tell us they want the choice. It is their right to decide whether safety monitoring should be part of their care.

The ethical question is not whether cameras are “intrusive”—but whether we can justify denying families and residents a tool that could prevent harm, neglect, or abuse.

The Current Lack of Clarity

One of the greatest barriers remains the absence of clear, practical regulatory guidance. At present, providers are left to interpret vague or conflicting advice from regulators and safeguarding authorities. This results in:

- Inconsistent practices, where one provider embraces ISM and another rejects it outright.
- A “postcode lottery” where families’ rights depend on the interpretation of local inspectors or Deprivation of Liberty Safeguards (DoLS) teams.
- Fear among providers that implementing cameras may lead to criticism from regulators, despite families’ requests for them.

This lack of clarity is unsustainable. Vulnerable adults cannot be left at the mercy of inconsistent interpretation. Providers deserve a clear framework to implement ISM confidently, legally, and ethically.

Evidence from Practice

CCFTV has worked closely with providers who have introduced ISM. Their experiences demonstrate tangible benefits:

- Reduction in safeguarding incidents: Monitoring has provided evidence to resolve disputes quickly, avoiding lengthy investigations.
- Staff morale and retention: Carers feel valued when their good practice is visible and false allegations are disproved.
- Family reassurance: Relatives report reduced anxiety, fewer complaints, and greater trust in the provider.
- Cultural change: Homes adopting ISM overtly often see a cultural shift towards openness, learning, and partnership.

This is not theory—it is happening already. What is missing is the regulatory framework to ensure consistency and fairness across all providers.

The Role of ISM in a Modern Care System

Care in the 21st century faces significant pressures: staffing shortages, rising complexity of dementia, financial strain, and increasing public scrutiny. Independent Safety Monitoring is not a “nice to have” but a necessary safeguard. It offers reassurance in a system under pressure, and it reflects the values families expect: openness, honesty, and accountability.

Importantly, ISM aligns with modern expectations of transparency in public services. CCTV is already widely accepted in hospitals, schools, and even nurseries. The idea that it is inappropriate in care homes—settings where residents are most vulnerable—is no longer tenable.

Conclusion

The question is not whether Independent Safety Monitoring is needed—it is how quickly we can provide the clarity and framework that families, staff, and providers are calling for.

Care Campaign for the Vulnerable urges the Northern Ireland Assembly to:

1. Acknowledge the role of ISM in protecting vulnerable adults and supporting care staff.
2. Provide clear regulatory guidance that enables providers to implement systems confidently and consistently.
3. Embed the principle of choice—giving families and residents the right to opt in, in line with human rights and data protection.
4. Recognise ISM as a cultural driver for openness, trust, and improved standards across the care sector.

Families have waited too long for clarity. Vulnerable adults cannot afford further delay. Independent Safety Monitoring is not a threat to care—it is a pathway to safer, more transparent, and more compassionate care.

On behalf of the many families, staff, and providers who reach out to us every day, CCFTV thanks the Committee for considering this submission. We stand ready to provide further evidence, case studies, or testimonies from those directly impacted.

Jayne Connery

Founder and Director

Care Campaign for the Vulnerable (CCFTV)