

# Confusion about poor care practice for learning disabilities demands clearer frontline leadership

**Questioning staff in care homes about real-life dilemma is highlighting their misunderstandings and an urgent need for managers to guide wide-ranging views of less experienced care workers.**

**Y**ou might expect that most trained staff caring for people with learning disabilities would agree on what is acceptable and unacceptable practice.

Not true, according to research funded by the SSCR at the University of Nottingham. Staff were deeply divided when faced with a wide-range of real life dilemmas, including birthday celebrations, challenging behaviour, diet, clothing, television, a desire to move home and control of money. In each scenario, a full range of responses was recorded, from 'acceptable practice', through 'poor practice' to 'abuse'.

For example, 56 staff from a number of institutions considered the following situation that had occurred: a resident asked well in advance to celebrate in the local pub. On the actual day she was told that there were not enough staff on duty, so she had to stay in and have cake with other residents.

A third judged this to be 'reasonable practice', while half thought it 'poor practice' and one in eight said it was 'abuse'.

In another example, a resident is cajoled into doing her share of the cleaning before she goes out shopping for the afternoon. Is this reasonable? Three

quarters of the staff thought it was, but nearly a quarter judged it either poor practice or abuse.

'We did not expect everyone to give the same response on these questions,' explains Rachel Fyson, leading the research. 'However, we were shocked that, for every scenario, there was always the full range of responses. It tells us that there is no agreement among staff about what constitutes "abuse" and what is acceptable and unacceptable practice.'

## **Difficulties in defining 'abuse'**

A similar confused picture emerged when staff participants were asked to actually define 'abuse' and 'poor practice'. 'Most listed different types of abuse – physical, financial and sexual,' explains Dr Fyson. 'But it is dangerous to think so concretely, because it means you are thinking about abuse as different from every day practice, rather than as a power dynamic, which would make you always question your everyday practice.'

In interviews with staff, everyone felt that, if they saw abuse, they would know it and report it. Dr Fyson was reminded of a chapter in Joan Smith's "Misogynies", on catching the Yorkshire Ripper: 'The police thought they were hunting a horrific beast and they would quickly recognise



*'We were shocked ... that there is no consistency of understanding among staff about what is abuse and what is acceptable and unacceptable practice.'*

Dr Rachel Fyson

him. That mistake wasted a lot of time. They didn't spot him because he was a bloke just like them. Likewise, people think that abuse is something they would recognise because it is something they don't do. In fact, they should always be questioning their own practice.'

#### **Facilitating shared understanding**

A lack of clarity about what is or is not abuse can make it harder for staff to challenge the poor practice of others or to whistle-blow. Clearer guidance and more staff training is needed to facilitate shared understandings about abuse and poor practice.

The Care Quality Commission, safeguarding leads from local authorities and the NHS, and the Ann Craft Trust, a national charity which works to prevent the abuse of people with learning disabilities, have been involved in considering these findings and in the development of new practice guidance for

staff working in residential care and supported living services for people with learning disabilities.

The recommendations call for continuing effective supervision of staff, more reflective spaces in the work environment and clear leadership from frontline managers. Practice dilemmas are best resolved, finds the research, when managers are accessible, rather than in the office doing paper work. Dr Anne Patterson, a research fellow on the project says: 'When they are around, they can help staff by modelling good practice, offering on-the spot advice if poor practice begins to creep in and encouraging reflection on practice by all members of the staff team.'

The next step, she says, is to work to disseminate the guidance as widely as possible, to ensure that the study's findings change practice across the country.

**Project:** Safeguarding and best practice in services for people with learning disabilities

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**Web:** The practice guidance will be available on the Ann Craft Trust website ([www.anncrafttrust.org](http://www.anncrafttrust.org))

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