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Is it abuse or poor practice? How this distinction impacts upon risk and vulnerability for People with Learning Disabilities

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Background

- Is it abuse?

Safeguarding alert?
Whistleblowing?
CQC care standards?

- Or ‘just’ poor practice?

Report to manager?
Commissioning & monitoring arrangements?
CQC care standards?

Project aims

1. To describe poor practice from the perspectives of adults with learning disabilities and their families
2. To explore understandings of both ‘poor practice’ and ‘abuse’ amongst frontline care/support staff
3. To use findings to develop guidance on best safeguarding practice in residential care & supported living services

Methodology

1. Focus groups with people with learning disabilities (n=25) and family members (n=9) to identify common examples of poor practice
2. Development & piloting of interview questions, including scenarios drawn from real life experiences of focus groups members
3. 56 interviews: 6 frontline managers; 50 direct care/support staff

Areas of concern (from focus groups)

- Health
- Physical harm
- Staffing
- Emotional harm
- Care of belongings
- Choice and opportunity
- Financial harm
- Consistency and monitoring

Broad Findings – care-staff interviews

- Participants found both ‘abuse’ and ‘poor practice’ difficult to define and differentiate
- When faced with a range of potential, real-life scenarios, interviewees did not have a shared understanding of what constituted acceptable practice, poor practice or abuse

A member of staff is leaving. All residents are expected to contribute £10 towards a leaving present

Reasonable	1 person (1.8%)
Poor Practice	7 people (12.5%)
Abuse	46 people (82.1%)
Couldn't decide	2 people (1.8%)

It's a resident's birthday and she has expressed a wish to go out to celebrate in the local pub. On the actual day she is told that there are not enough staff on duty, so she stays in and has cake with other residents.

Reasonable	**18 people (32.1%)**
Poor Practice	**27 people (48.2%)**
Abuse	**7 people (12.5%)**
Couldn't decide	**4 people (7.1%)**

On a Saturday evening shift a member of staff brings in a horror film on DVD. A resident who is scared of horror films is told to watch TV in her own room.

Reasonable	**3 people (5.4%)**
Poor Practice	**23 people (41.1%)**
Abuse	**24 people (42.9%)**
Couldn't decide	**6 people (10.7%)**

Findings

- The key finding was a lack of consistency of response
- For every scenario presented the full range of responses was recorded, from ‘acceptable practice’, through ‘poor practice’ to ‘abuse’

Findings

- Frontline staff found it hard to define either ‘abuse’ and ‘poor practice’
  - Concrete conceptualisations predominated
  - 43/56 (77% mentioned physical harm)
  - 3/56 (5% mentioned abuses of power)

Broader Findings

- Much information was recorded to ensure the safety of service users and quality of service – but staff had limited understanding of the purpose of what they recorded
- Staff were confident that they would report abuse, but acknowledged that they would find poor practice hard to report
- The role of the frontline manager was regarded as key to setting organisational culture

Risk and Vulnerability – Over to you…

- An obese resident lives on a diet of McDonalds, pizza and fizzy pop. Staff do not try to change his diet because it is his choice.
  - What would you do…..and why..?
- A resident has a suspected ear infection and needs to see the doctor but when their behaviour becomes challenging the appointment is cancelled.
  - What would you do…..and why..?
- What does this mean for risk and vulnerability?

Practice development issues

1. Need for more spaces for reflection within residential care and supported living services
2. Need to keep frontline managers ‘on the floor’ working alongside staff
3. Challenge of ‘floating support’ services or situations where support is delivered by multiple agencies

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