

Early Indicators of Concern in Residential Support Services for People with Learning Disabilities

The Abuse in Care? Project

Dave Marsland
Peter Oakes
Caroline White

Centre for Applied Research and Evaluation

October 2012

Introduction

The *Abuse in Care?* Project

The *Abuse in Care? Project* is a long term research and development initiative focused on the abuse, neglect and mistreatment of people who receive support in staffed settings such as residential and nursing homes. To date, the project has concentrated on services for older people and people with learning disabilities.

The aim of the project has been to help to prevent abuse by enabling health and social care practitioners to reflect on the feelings of concern that they may have about a particular service and to take appropriate actions. Health and social care practitioners are skilled at noticing problems and subtle changes in services. With hindsight, such practitioners can describe complex patterns of concern that they had about services where abuse was later found to have taken place. The challenge for researchers and practitioners alike is to try to understand and use such patterns of concern to identify high-risk services and environments *before* the actual abuse or neglect occurs.

There are two main objectives in the context of this aim of prevention. First, the research project has sought to identify and understand the 'early indicators' of concern that are associated with situations where abuse and harm occur. These 'early indicators' are the aspects of support services that gave practitioners cause for concern, prior to, or at the same time as the actual abuse occurred or was discovered.

Secondly, the project has sought to apply the research findings by producing guides or reflective practice tools that might help practitioners to identify and address important problems at an early stage.

Information developed as a result of these two objectives is presented on the website of the Centre for Applied Research and Evaluation for both older people and people with learning disabilities. For each client group there is a document containing the full list of early indicators and a corresponding guide. These guides help people to record what they have seen and encourage them to reflect on their concerns, share their observations and take appropriate actions.

Please follow the link:

<http://www2.hull.ac.uk/fass/care/safeguardingadults.aspx>

Early Indicators of Concern in Residential Support Services for People with Learning Disabilities

This document presents the full list of Early Indicators of Concern for Residential Support Services for People with Learning Disabilities. The original research for these indicators comprised a series of interviews with practitioners who had been regular visitors to residential services where abuse had subsequently been found to have occurred. This research had built on the idea that such visiting practitioners

often develop a sense that 'something is not right' but that it is frequently difficult to bring together these concerns and to take actions.

It is important to note that the scope of the investigation did not extend to hospital-based acute services or to day care facilities, though the findings and principles may be of interest to those working in such services.

Commonly occurring areas of concern

The research enabled the identification of a large number of individual indicators or warning signs that were readily observed by the practitioners who were interviewed. Perhaps more importantly, analysis revealed that the indicators fall into a number of distinct areas of concern:

- Concerns about management and leadership
- Concerns about staff skills, knowledge and practice
- Concerns about residents' behaviours and wellbeing
- Concerns about the service resisting the involvement of external people and isolating individuals
- Concerns about the way services are planned and delivered
- Concerns about the quality of basic care and the environment

(These six areas are described in detail on pages 5 - 18)

Abuse was found to be associated with a *spread or range* of indicators

Analysis of the findings suggests that abuse or neglect was associated with situations where practitioners had identified a number of indicators of concern spread over a range of these areas of concern. For example, a practitioner may have noted concerns about the manager, together with concerns about staff knowledge and concerns about the quality of basic care and the environment. The findings from this project suggest that we should be most concerned when such a spread or range of indicators is identified.

When practitioners notice indicators of concern in one single area this is less likely to be associated with a high risk of abuse or neglect. This does not mean that action should not be considered or taken with regard to the concerns identified, but it does suggest that the level of risk *may* be lower.

Identifying a spread or range of indicators is not *proof* of abuse

Where a spread of indicators is revealed, suggesting a pattern of concerns, this is not, in itself, proof that people have been abused or neglected and, abuse can happen when concerns are not apparent. However, such a pattern of indicators of concern does suggest that actions need to be taken to change and improve the service delivered and lower the risk that abuse or neglect will take place.

In addition, using the information in this document and the corresponding Guide does not replace listening directly to people in services. On the contrary it gives an important reason to listen more closely before and after concerns are raised.

Dave Marsland
Peter Oakes
Caroline White

**Centre for Applied Research and Evaluation
University of Hull**

The Early Indicators

There are six main areas to think about:

1. Concerns about management and leadership

This is about the people who manage the home or service and other managers in the organisation. What are they doing, or not doing that gives you cause for concern?

2. Concerns about staff skills, knowledge and practice

This is about the people who work in the home or service. What are their skills and practice like? What are they doing, or not doing that gives you cause for concern? This is not just people who work as care workers or nursing staff but also includes, for example, cleaners, catering staff and managers performing care tasks.

3. Concerns about residents' behaviours and wellbeing

This is about the people who live in the home or service. How are they? Are they behaving in ways which suggest that their support is ineffective or inappropriate? Are there noticeable changes in people's presentation or their appearance?

4. Concerns about the service resisting the involvement of external people and isolating individuals

Are the people in the home or service cut off from other people? Is it a "closed" or an "open" sort of place? Does the service resist support from external agencies or professionals?

5. Concerns about the way services are planned and delivered

This is about the ways in which the service is planned and whether what is actually delivered reflects these plans. For example, are people receiving the levels of care which have been agreed? Are the residents a compatible group? Is the service clear about the kind of support they are able to deliver?

6. Concerns about the quality of basic care and the environment

Are basic needs being met? What is the quality of the accommodation like?

1. Concerns about management and leadership

The first section is about the people who manage the home (or service) and other managers in the organisation. What are they doing, or not doing, that might give you cause for concern?

Management of the home and organisation

Is there evidence that:

- The manager(s) either can't or doesn't want to make decisions or take responsibility for things
- The manager(s) doesn't make sure that members of staff are doing their job properly
- The manager(s) doesn't make sure that staff meetings and supervision take place
- The manager hasn't explained to members of staff exactly what they are there to do as members of staff
- The manager(s) has relatively little experience of working with people with learning disabilities and/or little understanding of the care needs of people with learning disabilities
- There isn't always a manager available to contact or to talk to
- The manager isn't aware of or works in a way that does not reflect the philosophy of the home or service. This is a set of very important ideas about how to care for people with learning disabilities. For example they are often about giving choice, keeping safe or being independent
- The manager behaves in a way that is not consistent with the values and ideas named in the home's philosophy. (This may also be called a Charter or Statement of Values)
- The manager(s) receives little support from senior managers within the wider care organisation
- The manager(s) appears to be unable to change the way a group of strong/powerful members of staff are working
- The manager(s) finds it hard to listen to ideas and suggestions about different ways of working. The manager doesn't seem to want to talk about these
- The manager(s) of the home and/or organisation does not support members of staff who complain or act as whistleblowers
- The manager(s) or organisation does not tell the people from Social Services or the Health Services who set up and pay for the service (the commissioners) that the service cannot meet resident(s) needs

Recruitment, deployment and shift patterns

Is there evidence that:

- There is a high staff turnover, staff shortages or high levels of staff sickness
- There is high use of bank/agency members of staff
- Staff morale is low and / or there are members of staff who are “burned out”
- There are frequent changes of residents’ key workers
- Staff employed for auxiliary or administrative purposes (e.g. domestic or office staff) take responsibility for the care of residents or help residents who are distressed or angry, where there should clearly be a member of care staff involved
- New members of staff lack experience and skills in supporting people with learning disabilities
- The staff group have only worked in this service with this group of people with learning disabilities (e.g. a staff group which moved from hospital to the home with the residents)

2. Concerns about staff skills, knowledge and practice

This is about the people who work in the home or service. What are they like? What are they doing, or not doing, that might give you cause for concern?

Knowledge, skills and actions

Is there evidence that:

- Members of staff don't understand what is involved in working as a support worker for people with learning disabilities
- Members of staff don't understand their roles and responsibilities as a key worker
- Members of staff don't understand what it means to have a learning disability and how a learning disability may affect a person's behaviour
- Members of staff don't understand how important events in peoples' lives might affect their behaviour. These events might include past abuse, living in an institution, making a new relationship or losing an important relationship
- Members of staff do not manage residents' behaviours in a safe, professional or dignified way
- Restraint is used frequently and as a first option before other approaches are tried
- Members of staff touch people in inappropriate ways. This might be over rough or too intimately
- Members of staff lack skills in communicating with residents or interpreting the communication of residents
- Members of staff have received little training
- Members of staff have had little training in behaviour management
- Members of staff lack training and awareness about what abuse is, signs of abuse and of the actions to be taken in the event of suspected or actual abuse
- Members of staff lack experience of working in other services with other groups of people with learning disabilities
- Members of staff are not clear about the appropriate use of residents' money
- Members of staff lack awareness of sources of support and the roles of other professionals and organisations

Values and attitudes

Is there evidence that:

- Members of staff do not appear to value people with learning disabilities and treat them as different from themselves and other people
- Members of staff use judgemental language when talking about or to residents, or give a negative impression when talking about them
- Members of staff communicate with residents in ways which suggest a lack of warmth, friendliness or dignity
- Members of staff are impatient or intolerant of residents
- Other work (such as cleaning, phone calls) takes precedence over supporting residents or spending time with residents
- Members of staff appear to lack motivation
- Members of staff are reluctant to change their practice
- Members of staff perceive residents' behaviour as a problem, rather than exploring the possible causes of that behaviour
- Plans are made for residents on the basis of what is practical for the organisation rather than the residents' needs and wishes
- Members of staff tease or play jokes on residents or treat serious incidents as a joke

Lack of choice, misuse of power and the culture of the home

Is there evidence that:

- Members of staff give few choices to people who live in the home. Members of staff don't involve people in decisions. Choices are undermined or not respected
- Members of staff are very controlling of residents
- Residents are not helped to access their money when they need or want it
- Members of staff treat residents as if they 'belong' to them/they know them best
- Members of staff shout at residents

- Residents are punished, threatened or ignored for lengthy periods of time
- Residents are locked in or out of rooms or there is confusion about when doors should be locked to preserve residents' safety
- Residents are not treated as individuals
- The organisation of the home is influenced more by staff members' needs/wishes than those of the residents
- There is a particular group of members of staff who strongly influence the way things happen in the service
- There is a strong staff clique and/or staff friendships and loyalties which extend beyond the workplace (e.g. belonging to a particular club or society)
- Established members of staff intimidate, bully or 'set up' newer members of staff
- People who challenge what goes on or report their concerns are cut off or bullied
- Members of staff feel powerless or reluctant to make decisions, or appear afraid of making errors
- Staff or managers insist on being present at meetings between residents and people from outside the home – even if there is no need for them to be there

Boundaries and inappropriate relationships

Is there evidence that:

- Members of staff don't seem to know what is OK in relationships between staff and residents
- Members of staff don't respect confidentiality and don't keep things confidential
- Members of staff get too involved with people who live in the home. This might be treating people as family or doing things that 'feel creepy'
- Members of staff appear to develop inappropriate levels of intimacy or are 'grooming' residents. Grooming is the process abusers use to create opportunities to abuse, to get their 'victims' used to more intimate contact, and to make sure that the abuse is kept secret
- A member of staff is the only person who performs or is able to perform certain tasks with a particular resident (e.g. dealing with their distressed behaviour)

- Members of staff do things with residents that are for their own benefit rather than the residents' (e.g. taking the residents out so the members of staff can do their own shopping)
- Members of staff spend time in the service on their days off
- Members of staffs' families come in and get involved in what goes on in the service
- Tangled family boundaries exist where families and/or couples work in the same service
- Members of staff stand by others who are accused of abuse or offer support to such members of staff

Inconsistency and lack of reliability

Is there evidence that:

- Members of staff tell different stories to explain something that has happened or has not happened
- There is poor communication among the staff team
- Members of staff forget or are not aware of when family, friends or professionals are due to visit
- Tasks requested by professionals are forgotten or incorrectly carried out
- Residents attend appointments with professionals at the wrong time/without appropriate paper work/accompanied by different staff members
- There are discrepancies between the amount of money residents are expected to have and the amount they actually have or the value of items bought with their money
- Members of staff disagree with managers and do not follow managers' recommendations and guidance
- Different members of staff respond differently in response to residents' behaviours

Getting important ideas wrong

Is there evidence that staff are confused with regard to the following important ideas:

- Being Adults: members of staff don't think about or take into account someone's special needs. They just say that people are adults

- Choice: members of staff saying that a person has choices without thinking through whether the person is able to understand risks and consequences
- Consent: members of staff don't understand the ideas of consent and of a person being able or unable to consent
- Consent: members of staff don't understand how people who live in the home communicate their consent or say "no"
- Consent: members of staff do not understand about consent in relationships. They do not have a good basis for judging whether two people are consenting to be in a relationship
- Consent; members of staff describe people as boyfriend and girlfriend when it appears that one of them probably does not consent to the relationship

Attitudes and responses to abuse

Is there evidence that:

- Suspected or actual abuse is not being reported through official channels
- There is denial or a lack of concern where the possibility of abuse is raised
- Members of staff do not know what to do when they suspect or have evidence of abuse
- Serious situations are being accepted and not questioned, or their significance is not appreciated
- Members of staff turn a 'blind eye' or fail to act when residents are abusing, hurting or controlling other residents (e.g. they fail to see behaviours as abusive or to use the language of abuse)
- There is a failure or reluctance to acknowledge abusive behaviours among residents and to intervene
- Connections are not being made between the onset of behaviour change and other significant events (e.g. the beginning of a relationship)
- Members of staff do not believe that abuse could be carried out by other members of staff

3. Concerns about residents' behaviours and wellbeing

This section is about the people who live in the home or service. How are they? Is there anything about their behaviour or presentation that gives you cause for concern?

Changes

Is there evidence that:

- Residents' behaviours have changed
- Residents are expressing emotional changes – for example they become withdrawn, weepy or anxious
- Residents' communication has changed – for example residents communicate differently or stop communicating
- Residents' needs have changed – for example residents need or ask for different types of care or different levels of care
- Residents' skills have changed – for example their self-care or continence management skills have changed

Consistency

Is there evidence that:

- Residents behave very differently with different members of staff
- Residents seem much happier or more relaxed in a different environment

Behaviour and wellbeing

Is there evidence that:

- Residents engage in self-harm
- Residents engage in inappropriate sexualised behaviours
- Residents have a number of physical injuries
- Measures which were introduced to protect individuals do not seem to make a difference

- Residents show signs of fear, or talk about not feeling safe
- There are residents who control, bully or harm other residents
- There are residents who might be abusing others and who don't understand or respect the idea of consent
- There are residents who talk about boyfriends/girlfriends, the possibility of pregnancy
- There are residents who don't understand what abuse is and who don't realise they should not be abused

4. Concerns about the service resisting the involvement of external people and isolating individuals

Are the people in the home or service cut off from other people? Is it a “closed” or an “open” sort of place?

Isolation of individuals

Is there evidence that:

- There is little input from outsiders and external practitioners
- Members of staff do not maintain links between people outside the service (practitioners, advocates, family and friends) and residents. For example, they do not pass on messages, do not return phone calls, do not ensure advice and information is shared among all the team
- There is poor liaison with people outside the service
- There is little involvement or contact with residents' families or other important people (for example residents have few relationships with people who aren't members of staff)
- Members of staff and managers are reluctant to ask for support from external practitioners or to work alongside them
- Meetings or training events are frequently cancelled without good reason
- Members of staff attempt to manage very complex situations or behaviours, such as aggression, severe distress or inappropriate sexual behaviours without or against the advice of external professionals
- Appointments are repeatedly cancelled
- The service does not permit or help residents to get independent representation (for example advocacy)
- A number of residents have been placed at the home from services a long way away
- The home is geographically isolated and/or cut off from the rest of the community

Defensiveness and lack of openness

Is there evidence that:

- Members of staff say things which appear to be untrue or unfounded
- Staff demonstrate hostile attitudes to visitors who are treated as unwelcome or as intrusive
- Staff or management respond negatively or defensively to suggestions, questions and criticisms
- The service is not being open about difficulties which are being experienced and is denying problems
- Members of staff are persistently not being open about things which happen or make excuses
- Staff have defensive or aggressive attitudes
- It is difficult to meet residents privately and discuss things confidentially
- Important meetings are arranged at very short notice, making it difficult for external people to attend
- Members of staff are critical or undermining of other external professionals involved
- Service conditions/standards change when external people are expected to visit

5. Concerns about the way the services are planned and delivered

This is about the way in which the service is planned and delivered to individuals and to groups.

Agreed care not being provided

Is there evidence that:

- Residents' needs, as identified in assessments or care plans, are not being met
- Agreed staffing levels are not being provided
- Agreed programmes or plans are not being carried out
- Members of staff or managers do not carry out recommendations made by external professionals
- Recommended specialist equipment is not provided and/or individuals are not supported to use such equipment effectively

Lack of available alternative options for service users

Is there evidence that:

- The service is unsuitable for one or more residents, but no better option is available
- Members of staff and/or others outside the service consider that this is the only place that the resident(s) could live, or appear unwilling to consider other options
- There are pressures to make the service work because of a perceived or actual lack of alternative provision
- The service is unable to provide personal support by workers of the same sex where this is required

Service design and placement planning

Is there evidence that:

- The residents are incompatible
- Residents with a history of abusing have been placed alongside other vulnerable people

- Residents of diverse abilities or with a wide variety of support needs have been placed together in the absence of strong friendships
- Residents are placed in a service where the majority of members of staff do not have the specialist skills needed to support them
- The design of the building prevents members of staff monitoring the safety of residents
- Respite services are being offered alongside residential services
- Residents are not able to use equipment provided to help them stay safe
- Lots of people who are connected to the organisation but not involved in the care of the residents come in and out of the home (e.g. the home is attached to the organisation's office or workers' families are coming in and out of the service)

6. Concerns about the quality of basic care and the environment

Are basic needs being met? What is the environment like?

Is there evidence that:

- There is poor or inadequate support for residents with health problems, who become ill or have special needs (e.g. sensory impairments)
- Residents' dignity is not being promoted and supported
- Residents are not given support to change inappropriate or harmful behaviours
- There are no or few activities and things for residents to do
- There is a lack of care of residents' personal possessions, clothing or specialist equipment
- Support for residents to maintain personal hygiene is poor
- Essential clinical records are not being kept
- Accountability regarding residents' money is poor
- The home is dirty, shows signs of poor hygiene
- There is failure to ensure the environment is healthy and safe (e.g. ensuring the safe storage and administration of medication, meeting health and safety requirements)
- The home is in a poor state of repair or poorly furnished