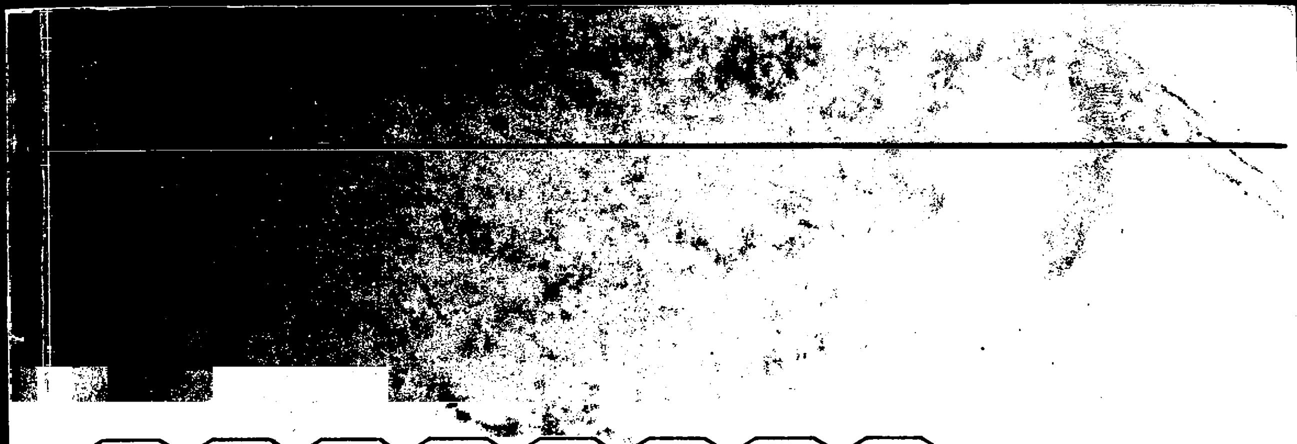

# BUILDING ON POSITIVES

## Staff development in community services

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# BUILDING ON POSITIVES

## Staff development in community services

Edited by Alison Wertheimer

Published by the King's Fund Centre

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We would like to say a special thank you to the residents, families, and staff in the services that were visited.

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# BUILDING ON POSITIVES
## Staff development in community services

TABLE OF CONTENTS PAGE NO:

PREFACE

1 Background 1

1.1 Background to the project 1
1.2 How the project was to be carried out 2
1.3 Selecting the services 3
1.4 Descriptions of the two services and their users 5

2 Some key issues in Ordinary Life services 9

2.1 Rights 9
2.2 Age appropriateness 12
2.3 Individualisation 15
2.4 Support for integration 20
2.5 The chance to learn 24
2.6 Involving families in the service 27
2.7 Homeliness 30

**PAGE NO:**

3 Development work with the two services 33

3.1 Development work with The Valley Project 33
3.2 Development work with The Oaks 41

4 Strategies for staff development 57

5 Lessons from the project 62

Appendix 1: Project Advisory Group members 69
Appendix 2: Criteria for selecting PASS team members 70
Appendix 3: References 71
Appendix 4: Addresses of Organisations 74

## PREFACE

In 1980, the King's Fund published **AN ORDINARY LIFE** — the report of a working party which had been examining how comprehensive locally-based services could be provided for people with learning difficulties (mental handicap). Services, the working party concluded, would be "comprehensive", in that no one would be excluded because they were considered to be "too severely handicapped", and "local" because they would enable people to remain in or return to the community where they belonged.

The working party defined its aims as:

> "to see mentally handicapped people in the mainstream of life, living in ordinary houses in ordinary streets, with the same range of choices as any citizen and mixing with the other and mostly not handicapped members of their own community"

This vision of the future for people with learning difficulties was based on three clearly stated principles or statements of belief, namely:

(1) People with mental handicap have the same human value as anyone else and the same human rights.

(2) Living with others in the community is both a right and a need.

(3) Services must recognise the individuality of people with mental handicap.

Since 1980, the **ORDINARY LIFE** project has had a considerable impact on the development of locally-based services. Conferences, workshops and other gatherings, at the King's Fund Centre and elsewhere, have supported and encouraged those involved in the planning and implementation of new services attempting to implement the **ORDINARY LIFE** principles and objectives. People involved in these initiatives have, over the years, met together as a network.

Publication of the **ORDINARY LIFE** report was timely. The last few years have seen increasing central government support for the development of "community care" to replace the large hospitals. Although, initially, the overall number of people leaving hospital every year to re-settle in the community was not large, the pace is now quickening as health authorities are being urged by central government to reduce their investment in long-stay hospital provision.

Although the development of community care has been welcomed by most people as a positive development, there is an understandable concern that when people move out of hospital, this change should offer them an improved quality of life. Living in an ordinary house in an ordinary street is likely to be more comfortable than living on a hospital ward. However, if the **ORDINARY LIFE** vision of mixing with other, non-handicapped, people as a fully participating member of the community is to become a reality, then the provision of housing is only a starting point.

Staff have a central role to play in enabling people with learning difficulties to lead active and fulfilling lives in the community. To do this, staff will need to acquire the knowledge and skills to enable them to respond to people's individual needs and preferences. So those responsible for setting up and managing community services need to pay careful attention to the development, training, re-training and support needs of their staff.

# CHAPTER ONE: BACKGROUND

## 1.1. Background to the project

Following discussions with people in the **ORDINARY LIFE** network, a core group met to discuss the setting-up of a small scale project which would look at some of the key issues in providing good in-service training and staff development opportunities for people working in locally-based services.

Major training issues, such as induction training and qualifying training, have already been addressed in a number of useful publications emanating both from the King's Fund Centre (Shearer, 1983; Ward, 1984; Ward and Wilkinson, 1985) and other national organisations (e.g. GNC/CCETSW, 1983; CCETSW, 1985; Open University, 1986).

Staff in new local services face many challenges and difficulties which differ from those confronting staff in more traditional services. Because new services tend to be provided in more dispersed settings, staff may feel more isolated than if they were working in a large institution. They may also feel a strong personal commitment to their clients, and to seeing the new service "succeed". Indeed, where a new service is being hailed as "innovative" or as an example of "good practice", the pressures on staff to do a good job are even greater.

Other challenges facing staff in community services include decisions about risk-taking for clients, enabling service users to participate in community activities; and working more closely with clients' families. For all these reasons, good in-service training and regular support are essential if services are to meet the needs of individual clients in ways which enhance their growth, development and participation in the communities in which they live.

It was decided, therefore, to set up a small-scale project which, it was hoped, would help all staff—direct care and management—to promote high quality services based on the ordinary life principles.

The project was established with the following aims:

(1) To investigate current practices in selected community residential services which are based on the principles of **AN ORDINARY LIFE.**

(2) To sustain an intensive staff development programme with all those involved with the services, in the light of (1) above.

(3) To develop a way of building in structures and mechanisms for continuing with the programme outlined in (2) above.

(4) To draw out the important lessons from this work and make them available to other services.

In practice, due to local circumstances, it did not prove possible to fully achieve aims 2 and 3 in one service in the time available.

### 1.2. How the project was to be carried out

The project was co-ordinated and supervised from the King's Fund Centre by a Project Advisory Group whose members were drawn from the **ORDINARY LIFE** working group. (See Appendix 1 for membership). The work was supported in part by a grant from the DHSS, but the DHSS does not necessarily agree with the views expressed in this report.

The project was based on the belief that in-service staff training and development should be focused on the particular objectives of a specific service and the needs of the individuals who use it. Staff need help to know how to work effectively with their clients on a day-to-day basis and support for their efforts to do so. If this help and support is provided, it is likely that the service to individuals will be improved, as will the morale of the direct care staff concerned.

It was intended that, ideally, the project would involve a number of different stages. In practice there were some minor variations to the sequence as outlined.

### (1) Gathering staff training and development materials

A wide range of staff training materials would be examined for suitability and appropriateness (for example, Mental Handicap — Patterns for Living, Open University; STEP materials; Bringing people back home, SETRHA). These materials are listed in Appendix 3 of this report. This part of the project was carried out to ascertain the range of training materials currently available to staff and to see whether existing materials could be used to address identified training needs in the two services examined.

### (2) Selecting the services

Two residential services which were attempting to implement the principles described in the **ORDINARY LIFE** report would be selected to take part in the project. Possible services would be identified through contacting people in the **ORDINARY LIFE** NETWORK (See 1.3 below for further details).

### (3) Investigating current practice in each service

Current service practice would be investigated using PASS — Program Analysis of Service Systems (Wolfensberger and Glenn, 1983). This qualitative assessment tool is based on the principle of normalisation and provides a structured method of assessing the extent to which services create valued environments (in this case, homes), and valued social roles for their clients (for example, as neighbour, friend, citizen). PASS has been widely used to objectively assess the quality of a range of human service programmes, agencies and entire service systems.

Two small teams of people experienced in the use of PASS (See Appendix 2) would be drawn together to evaluate each service using this method. They would familiarise themselves with all aspects of the service by examining written documentation, spending time in the service observing, and interviewing clients, staff and key managers. After spending about five days in the service, team members would rate it using the well-defined PASS guidelines on fifty aspects of service quality.

Having completed this extensive evaluation, members of the team would then suggest areas in which the service might need to improve and develop.

### (4) Selecting areas to be developed and improved

The team would discuss the PASS evaluation with the manager and staff, explaining in detail their findings and recommendations. This was seen as an important part of the process. It meant that staff and the evaluation team would have the opportunity to look at the service and thoroughly discuss the evaluation, the practical difficulties experienced by staff, and so on. Following this discussion, service personnel—guided by the team—would identify priority areas for development and improvement.

### (5) Working on priority areas

Training and consultation on some of the priority areas would be given to staff, and families and users in each service. Existing training materials would be used wherever possible or alternative methods of working were employed. In some circumstances colleagues in the **ORDINARY LIFE** network would be called upon to offer training, advice, and assistance. Links would be established with others in the country with similar concerns. For example, if helping people with challenging behaviour was a priority area, staff would be linked with the King's Fund **CHALLENGING BEHAVIOURS** group. The service providers would continue to work on other areas themselves, with the help and assistance available from existing service structures, and outside consultants if appropriate.

### (6) Describing the process and lessons learned

After this process (evaluation and the start of the follow-up developmental work) had been carried out with the first service (The Valley Project) it would be fully discussed and reviewed by the Project Advisory Group. On the basis of these discussions, modifications to the approach adopted with the first service would be made where appropriate.

### (7) Conducting the second evaluation

The process of evaluation and staff development outlined above, would be repeated with the second service.

### (8) Preparing the final report

The report would aim to offer a careful description of the process followed and the lessons learned and to provide guidelines for others who might wish to adopt a similar approach.

### (9) Disseminating findings

The report, which outlines key themes and lessons learned, would be published by the King's Fund Centre and a seminar held for an invited audience of service managers, staff and consumers.

## 1.3 Selecting the services

The proposed project was discussed with a number of colleagues in the **ORDINARY LIFE** network. Several expressed an interest in participating and submitted descriptions of their services. Following discussion by the Project Advisory Group, the choice was narrowed down from an original list of twelve interested authorities.

The main criteria for selecting the services were as follows:

- The service should be organised along the lines described in **AN ORDINARY LIFE.**
- It should be a residential service.
- The relevant managers and, ideally, all staff working in the service should have expressed a willingness to participate in the project.

## 1.4 Description of the two services and the service users

For the purposes of this report, the participating services are not identified. They are referred to as The Valley Project and The Oaks.

### The Valley Project

The Valley Project is part of a hospital resettlement programme, and was set up partly as a result of informal discussions between staff working at the nearest mental handicap hospital and former staff from the same hospital who had moved to work in the health authority which set up The Valley Project. Planning was informal and, initially, was delayed for some time because it was not clear who would provide the support to people once they had left the hospital.

Eventually, a Regional bridging fund was established and the health authority was able to get finance to set up the service. The first house opened in March 1984 and the second a year later (for a group of people with additional physical handicaps). There were some difficulties recruiting qualified staff to work as home leaders in the houses. However, a third house was opened when a young man was discharged from hospital on a Home Office order which provided access to additional funding, and the fourth house opened in 1986.

The health authority is committed to developing services based on the **ORDINARY LIFE** philosophy and over 200 of its staff have attended **ORDINARY LIFE** workshops on the principle of normalisation.

At the time of writing the Valley Project consists of four houses which accommodate 12 former residents of a mental handicap hospital, as follows:

The house in Willow Close has three women living in it, aged 23, 23 and 31. There are six staff members working in it whose weekly hours vary from 24 to 37½.

The house in Ashby Street has four women living in it aged 29, 32, 32 and 37 respectively. They are supported by six staff members, each working 37½ hours a week except for one (24 hours).

The house in Thornhill Drive has four women living in it aged 20, 22, and 24. There are five staff working there, all of whom, except one, work part time.
The house in Ridley Crescent is home for one man aged 26 who receives part-time support from two (non-residential) workers.

**The Oaks**

The Oaks is run by a district health authority. It offers short-term respite care to children and young people with learning difficulties as a service to both them and their families. Most of this care is offered in a building called "The Oaks", where the children and young people come to stay. Some support is also offered in people's own homes.

The service is "sectorised" into three areas and is currently working with about 60-70 families.

At the time of the evaluation, the future of the service was under discussion and it was possible that the residential component would change and that families would receive support in a number of different ways.

Subsequent to the evaluation being carried out, the health authority undertook a consultation exercise. Feedback and comments from the evaluation were fed into the consultation document.

In order to illustrate the backgrounds of the people who use these services, two brief 'life stories' are given below:

**Clare: a user of The Valley Project**

Clare was born in 1966; she is the youngest of three, with two older brothers. She seemed to be developing normally until the age of one when major illness left her with severe mental and physical handicaps.

When Clare was about four her father left home, and Clare's mother was left to bring up the children single-handed. She received virtually no help with Clare from any services until Clare was five when she began to attend a Junior Training Centre for two hours daily. Shortly after this, Gerry joined the family as Clare's new father.

By the time Clare was 11, even with Gerry's help, her Mum was finding it increasingly difficult to cope and their GP suggested respite care at the nearest mental handicap hospital. By the time she was 13, Clare was living permanently in hospital, with home visits once a month. At the hospital, Clare attended school and learned to do more for herself.

When she was about 15, Clare moved to a house in the community with three other teenagers from the hospital and continued to attend the hospital school and to acquire new skills.

After 18 months, Clare moved again, together with her three companions—this time to her home town where she continued to share a house, but with new staff and with new daytime activities. During her time in this house, Clare started going to college, had some good holidays abroad and developed a special friendship with her key worker.

At the age of 20 Clare moved to her present house, with her companions, although she still has the same teacher at college, and one or two staff who she already knew.

Despite all the changes in her relatively short life, Clare is able to give and receive affection, and although she has moved around a lot, her Mum amd Gerry have been "fixed points" in her life, as well as the three young women with whom she has shared her moves.

Music plays a very important part in Clare's life and she is able to switch the music centre on and off. She enjoys sitting and listening to music and, when smaller, she and her Mum used to sing and dance together a lot.

Her ability to concentrate is improving and she can maintain better eye contact than before. Although she has little speech, Clare can, for example, show you when she wants a drink.

Clare enjoys going out and although she loves being with one other person she also seems to be becoming more a part of the group with whom she lives.

## Clive — a user of The Oaks

Clive is a young man of sixteen and is described by staff at The Oaks as a "heavy user" of the service. Clive lives with his dad and younger brother. His married sister helps to look after him from time to time in his own home.

Clive's dad has not been happy about staff visiting the family home and doing activities there. Clive's dad felt his needs were better provided for by Clive's visits out and time at the Oaks. Clive has also been on holiday, out of the area with service staff, as well as staying at the Oaks

A foster family has been considered for Clive, but his father decided this was not what he wanted for Clive, because of Clive's unusual behaviours.

At The Oaks Clive came across as a rather silent and lonely person. He appeared to have little contact with the staff and few of them were seen by the evaluation team to talk with him or attempt to get him to communicate with them.

Clive is able to hold objects such as toys but they are often taken away from him by other children or young people. He has irregular sleeping patterns and will sleep for anything from two to ten hours a night.

Clive enjoys going out for meals and walking, which he does regularly with the keyworker and volunteer, where he is more outgoing and responsive.

# CHAPTER TWO: SOME KEY ISSUES IN ORDINARY LIFE SERVICES

This chapter looks at a number of issues which were highlighted by the two evaluations. Each issue focusses on one or more of the fifty PASS ratings. The issues will be familiar to those striving to implement the **ORDINARY LIFE** philosophy.

These issues have been selected from among the many which arose during the evaluations because they are, first of all, matters which have a significant impact on the lives of the service users. Second, they relate to staff development and, more broadly, to the role and purpose of staff working in **ORDINARY LIFE** services. They are, therefore, both consumer and staff oriented.

Each issue is discussed under three main headings. First, a discussion of the issue itself and why it matters to service users; second, how the particular issue was being tackled within each of the two services evaluated in the project; and third, a list of suggestions for action by staff and consumers which could help them improve the quality of the service. (These are only suggestions to be used as a starting-point and readers will probably want to add their own ideas).

## 2.1 Rights

### The issues

PASS asks: does the service actively encourage users to exercise their human and legal rights, and does it offer protection to those unable to speak for themselves and represent their own interests? Do users have the same rights as all people and is this recognised, acknowledged, and understood?

People with learning difficulties often have their full rights denied by services which maintain that this is necessary in order to protect them from possible harm. PASS asks: are there physical features in the buildings which unnecessarily restrict learning by physical over-protection; and are there social controls, rules and regulations which unnecessarily restrict learning?

People with learning difficulties need to be able to exercise the same rights as other people and to develop growing autonomy. To be seen as a valued citizen and to feel oneself to be so, means being able to exercise one's full human and legal rights.

## The evidence from the evaluations

### The Valley Project

Many of the people living in the four houses were being denied the opportunity to exercise their rights in numerous areas of their lives—both big and small.

Although it was official policy that residents and families were offered options of housing, some of the people found themselves having to live alongside other people they did not like and with whom they did not get on. As large parts of each day were often spent within the houses this must have been particularly difficult and unpleasant.

Residents who could speak for themselves had not been encouraged to develop self-advocacy skills which would have enabled them to start exercising a greater degree of control over the decisions which affected their lives. Neither was there any sort of independent advocacy available for the people who needed someone to represent their interests and to speak for them.

Residents appeared to exercise little or no control over their own financial resources. Many had no detailed information about the benefits they were receiving and did not hold any of their own money. They had little say in how their personal income was spent on a day-to-day basis.

The majority of residents were said not to have requested to vote and had not been helped to exercise this important civil right. Some declared that they could not understand the voting system and therefore "could not be bothered". Others felt they might like to vote but did not know how to register. In general they were not helped and encouraged to take part in voting and exercise their rights to have a say in local and national decision-making processes. Some staff felt that as the residents had severe learning difficulties it was unrealistic to expect them to manage money or take part in voting.

There was very little physical overprotection evident in the houses (although one person's room did have chains on the windows). But there was considerable social overprotection. For example, in one house medication was used "to calm people down" ( rather than staff trying to understand the reasons for the behaviour) and two women in another house were being given the contraceptive pill without their agreement having been sought, and even though neither of them were involved in a regular sexual relationship.

## The Oaks

The young people who use this service cover a wide age range and the service should reflect this in the opportunities it gives them to exercise their rights.

Some very positive attempts had been made to allow the young people to exercise choice and they were able to decide, for example, when they went to bed and, for the older ones, when their lights were switched off. They were also able to choose things like which television programmes they watched, although this would sometimes conflict with what someone else in the house wanted to watch.

On the other hand, they had no choice about such matters as how warm or cold their bedrooms were; most of them were allowed no choice about what they ate and when they went out or stayed in the house. The right to make such choices is particularly important for the teenagers who should be beginning to exercise these sorts of choices—as would many of their non-handicapped peer group.

The Oaks had many features which emphasised the physical protection of the children and young people; this did not acknowledge their need to be seen as developing young people who could be allowed a greater degree of reasonable risk as part of the process of becoming an adult and living in an adult world. There was a 'Yale' locked gate on the stairs, for example; there were locks on the office door and external gates and the dining-room windows were plastic glass.

## What could be done: suggestions for action

(1) Staff need to be aware of what the issues are regarding human and legal rights. This could be through workshops, discussion groups,which could use relevant publications and leaflets.

(2) Staff could help residents to become aware of their voting rights and encourage them to exercise this right. CMH'S pamphlet (Ward, 1987) has many good ideas on how to go about this.

(3) Staff can be encouraged to visit the local CAB or other legal and welfare rights services and to accompany — and where necessary advocate for—residents on visits to these agencies.

(4) The development of self—advocacy amongst service users should be supported and encouraged. Contact relevant organisations for information and advice: People First, c/o King's Fund Centre, 126 Albert Street, London, NW1 7NF.; CMH (Campaigning for

valued futures with people who have learning difficulties), 12a Maddox Street, London, W1R 9PL.; National Bureau for handicapped students, 336 Brixton Road, London, SW9 7AA; MENCAP (Royal Society for Mentally Handicapped Children and Adults), 115 Golden Lane, London, EC17 OTJ. Other self advocates can be brought in to meet with service users and share their experiences and ideas. Self-advocacy publications and videos can be purchased, or hired (Cooper & Hersov, 1986, CMH 1988).

(5) Links with local voluntary agencies can be established to find out if they would be interested in offering advocacy to residents. Information on citizen advocacy is available from National Citizen Advocacy, 2 Pauls Road, London, Nl.

(6) Staff need to think of ways in which the physical aspects can be altered in ways that remove unnecessary physical over-protection. (For example, are all the locks on doors and gates really necessary?).

(7) Senior managers should be able to spell out clearly to direct care staff what the authority's policy is regarding risk-taking and how staff are to be supported in this.

(8) Services need to consider how individuals can be supported in making more choices in their day-to-day lives, e.g. what they wear, what and when they eat, and when and where they go out and with whom. (NE CMH — 'Helping people make choices' 1986, — for ideas on this)

## 2.2 Age appropriateness

PASS looks at a number of different aspects of this issue. It asks whether the general design and appearance of the buildings where the service is based reflect the age of the people who use it. For example, does a building which was clearly originally built as a school create the impression that adults with learning difficulties who use it are really "children" too, or, at the very least, are "just like children"?

PASS also asks if the personal appearance and clothing of the service users reflects their true age and whether their daily activities, routines and rhythms are appropriate for their age. Does an adult's day mainly involve purposeful activity with leisure at appropriate times like evenings and weekends or are their days filled with leisure or non-activity? PASS asks, too, whether people are helped to express their sexuality in ways which are appropriate for their age.

In other words, "As an adult with learning difficulties, am I seen as an adult or do other people see me as a child, as someone who is less than fully adult? Do my clothes and possessions reflect my adult status or do they create the impression that I am still really a child?" For children and young people it can be put like this: "As a young person, am I seen as someone who is growing into adulthood? Am I being helped to change in ways that will reflect the fact I will not remain a child?"

## The evidence

### The Valley Project

In general, the houses themselves reflected the adult status of their residents, with only minor exceptions (e.g. a Mothercare lock in one house).

In terms of people's personal appearances, some efforts had been made to help residents achieve a personal appearance which was consistent with their age and did not make them look either much younger or older. In one house, for example, the evaluation team noticed that the residents had good hairstyles. However, in three of the houses some residents had very inappropriate footwear for adults — Andy Pandy and "clown" slippers, for example.

One or two people had personal mannerisms which made them appear childlike — for example, making sounds like ma—ma—ma or other repetitive sounds similar to those used by small children when they are learning to talk. Although staff paid some attention to mannerisms it was often by nagging and "telling off" rather than by using positive teaching methods.

One of the biggest challenges facing services generally is how to develop appropriate activities for people, and this service was no exception. Very few residents had appropriate adult daytime activities and the sort of structured daily routines which form a valued pattern of daily life for adults. Educational activities were undertaken by some adults but these were very part-time, rather than being a full-time activity leading perhaps to proper paid employment.

Some of the activities and routines in the houses were more appropriate for children than adults — for example, taking naps in the afternoon. There was also a lot of childish rough and tumble play, as well as tickling and sitting on people's laps — all of which reinforce images of childishness.

The people living in the houses were not seen as sexually mature adults and staff were not offering people help and advice about their sexuality. Some female residents were also being bathed and having other personal care undertaken by male members of staff.

### The Oaks

This was a service to children and young adults, their ages ranging from 21 months to 19 years. Despite this very wide age range, these children and young people needed to be seen in terms of their actual ages and also as people who were moving through childhood and into adulthood. This was particularly important for the teenagers coming to The Oaks.

The children and young people were referred to by their first names which was appropriate for their age.

Although there was very little contact with other non-handicapped young people of the same age, the children using The Oaks were involved in a wide range of activities which were appropriate for their age including — visits to Macdonalds, to the park and to the library, going swimming and attending a summer playscheme. Within the house, bedtimes were appropriate for the children's actual ages and the younger children were read stories at bedtime.

Activities were generally much less age-appropriate for the older children the teenagers and most of their activities were undertaken with adults rather than with their peer group which would be more usual in adolescence.

The children and young people were encouraged to bring their own toys and other possessions with them to The Oaks but more effort was made with some of the children than with others.

Efforts were being made to achieve a better balance of male and female staff to reflect the sex ratio of the people using the service. This would mean the boys and young men using the service would have more appropriate role models for their own development.

#### What could be done: suggestions for action

(1) More contact between service users and non-handicapped people of similar age could be encouraged by staff and families.

(2) Staff could brainstorm about age-appropriate possessions and personal appearances, clothes and hairstyle for each individual service user. Staff could use non-handicapped people they know who are the same age, to help them think about this.

(3) Training given to staff on sexual and personal relationships needs to be developed from providing opportunities to learn about the subject in a general way to helping staff understand the implications for individual people who use the service and how what they have learned can be applied to those individuals.

(4) People with learning difficulties need to have plenty of people around who can act as positive role models for their age and gender. This is likely to have implications for the type of staff recruited to work directly with service users, but also means involving people other than paid staff in the lives of people with learning difficulties.

(5) Possessions which are not age-appropriate could gradually be replaced with more suitable articles. For example, when slippers wear out, the childish styles can be replaced with something more adult.

(6) Think about ways of encouraging service users themselves to become more aware of what sorts of clothes and possessions are age-appropriate use window shopping expeditions, illustrated magazines, catalogues, television, etc.

(7) Find more appropriate ways for people who are not children to receive physical warmth and affection than tickling, sitting on people's laps, and rough and tumble play.

## 2.3 Individualisation

### The issues

Historically, services to people with learning difficulties have tended to group people together in ways which emphasise their shared handicaps ('the mentally handicapped' , etc.) and make it difficult for others to perceive them as 'people first' and as unique individuals.

PASS addresses this important issue, asking whether services enable a person with learning difficulties to feel that they are a unique and valued individual and whether the service encourages other people to recognise these qualities in them. PASS develops this issue further. It asks whether staff in the service know each person in the service as an individual with a past, a present, and a future? Does the service know what each person's individual needs are and does the service really strive to ensure that, as far as possible, those needs are met?

Moving people with learning difficulties out of hospital wards and offering them the chance to live in ordinary houses should provide greater opportunities for people to express their individuality. Leaving hospital should, ideally, mean that a person is no longer seen as one of a group but as a unique individual, with his or her own personal qualities, and particular needs and wishes.

But moving to live in a house or flat, either alone or with a much smaller group of people is only a starting point. Staff in community services will need to really get to know the people they are working with — to get to know them as individuals, to treat them with the dignity and respect which should be accorded all human beings and to learn how the service can best meet their particular needs.

The service is there to meet their needs—they should not be expected to fit into a pre-existing service, based on what other people think people with learning difficulties need. It is the individual users who must form the starting point of a community service.

### The Valley Project

A lack of focus on individuals was one of the major stumbling-blocks in this service. Inevitably, the resettlement of twelve people from hospital and the establishment of a new community service had absorbed a great deal of the manager's time and energy. Somewhere in this process, though, everyone seemed to have lost sight of the twelve individuals who were the reason for the service's existence.

It was health authority policy wherever possible to hire local non-nursing staff below home leader level. The health authority sought to employ local people in the hope that they might draw on their own local community networks to help the people with learning difficulties to develop networks of their own. There was a policy of recruiting people with no prior experience of working with people with learning difficulties, as it was felt that they would not enter the service with stereotypical—and possibly negative—ideas about people with learning difficulties.

In practice, however, the new staff members were unlikely to bring with them wholly positive ideas about people with learning difficulties or to have no preconceived ideas at all. It seems likely that they shared many of the same inaccurate and damaging stereotypes found in society in general.

Some of the qualified staff in the houses had previously worked at the mental handicap hospital and rumours and stories about some of the residents grew and spread. Many of these were negative and derogatory but a lack of accurate knowledge was not always available to the non-nursing staff to counterbalance these stories.

Because staff did not know individuals well this, in turn, made it very hard for them to know how to work effectively with individual people. Much of the activity in the house was directed towards staff doing things "for" and "to" people with learning difficulties rather than "with" them. The residents therefore lost many valuable opportunities to learn new skills and have new experiences. For much of the time, life was static and meaningless rather than dynamic and purposeful.

If staff had been able to know something of where an individual resident "was coming from", they might have begun to understand more clearly why that person behaved as they did, what their unmet needs were and why, perhaps, they had particular difficulties in some areas of their life. If staff knew some of the reasons why people had learnt to behave in certain ways, they might have been clearer about how they could help people to unlearn those behaviours. Instead, there was often an assumption that people did things "because they are handicapped", and the possibility of change then became more or less excluded.

This lack of real knowledge and understanding of the individuals living in these houses was reflected in many of the ways in which staff members talked about them and with them. For example, "you're a pest", and "daft thing", and referring to people in their presence as "they" and "them", all lacked any sense of dignity and respect for the residents. People's proper names were rarely used during the course of the visit.

Acquiring a sense of oneself as an individual, let alone as a valued individual, becomes very hard in these circumstances Although living in much smaller groups than on a hospital ward, people were living together without other options, and with other people whose only shared characteristic was their hospital experience.

## The Oaks

Although this service was made available to over 60 children and young people, only 2-3 of them were staying in The Oaks at the time of the evaluation. This should have enabled the health authority to offer a service which responded sensitively to the individuality of each person.

Staff seemed to have some good ideas on how to improve the service in general but were less clear about what the particular goals should be for each individual and how these goals could be accomplished. This was due, in part, to the fact that families were involved only minimally in shaping plans, making provision and reviewing the services for their particular child.

The evaluation team found some evidence that staff were striving to work with an awareness of individual needs and wishes. The bedroom of two brothers who were living full-time at The Oaks had many personal touches although this effort had not been extended to the other bedrooms which were rather bare and cheerless. However, when the children came to stay, the staff were trying to ensure that each child at least slept in the same bed on each visit.

There appeared to be quite a lot of interaction between staff and individual children, although the evaluation team noticed that the older children and those with more obvious handicaps received less attention and less physical contact with staff.

Some attempts were being made by staff to teach appropriate skills to individual children (e.g. making tea, ironing, using a tape recorder). However, there was no formal system for individual skills teaching, there was no goal planning, and no systematic teaching programmes. Teaching tended to happen on a day-to-day basis.

The ways in which staff spoke to or about the children and young people showed an awareness of their right to be treated with dignity and respect. This was also carried over into the way written material was presented and considerable attention had been paid to this. Staff referred to the children and young people by their first names which was appropriate for their ages.

### What could be done: suggestions for action

(1) All direct care staff need to work at getting to know the individuals in the service. There are a variety of ways of doing this, including "Getting to know you", (Brost M and Johnson T 1982).

(2) Each individual should have an individual plan for assessing individual needs, setting goals, reviewing progress, etc.

(3) Training on issues such as rights, sexuality, needs to be developed beyong the actual transmission of information to staff. Staff need to be able to go on to use what they have learned and apply it to the individuals with whom they are working.

(4) Wherever possible activities should be undertaken on a one-to-one basis or in small groups. This is particularly important when people are going out into the community in order that other people may see them as individuals rather than as part of a "handicapped group". Those responsible for the delivery of services should consider how non-handicapped people can share activities, for example through friendship, volunteer or advocacy schemes.

(5) Families of service users can be useful in helping staff get to know individuals. They probably know their sons and daughters as well as anyone else. Staff and families must work together much more closely.

(6) Support and encourage people to have some sort of "life story" book or record which could include photos, drawings, tapes, letters, etc. Life stories can highlight in a positive fashion that people with learning difficulties do have a unique and individual life — with a past, a present, and a future.

(7) Staff need to be aware of how they speak and write about the people who use the service. Are their communications, both direct and indirect, dignified and respectful? It may be worth asking yourself — how would I like to be described by other people and how do I like other people to talk to me?

## 2.4 Support for integration

### The issues

Evaluating a service through PASS provides a good opportunity to examine the extent to which it supports the social integration of its users. PASS asks a range of questions relevant to this issue: about the physical location of the house, the availability of local transport, proximity to neighbourhood facilities, etc. Where is the house situated? Does it give people the chance to use local facilities and meet with their neighbours? Is it easy to get to? Is there a range of interesting and useful places—shops, leisure facilities, community resources—nearby which service users and others can and will want to use?

A key issue in looking at a service which aims to enable people to lead an "ordinary life" is *integration.* How far does the service help the people who use it to meet and mix with ordinary members of the local community? To what extent do they participate, alongside their non-handicapped peers, in local events, activities and neighbourhood life? To what extent are they seen as valued members of the community in which they live? How big is their circle of friends and acquaintances? How many close, lasting, and meaningful relationships can they count in their lives?

An ordinary life—in terms of an ordinary house in an ordinary street—is only a starting point. Participation in the life and relationships of the local community is the next important step.

Integration is a two-way process, however. It is not only about enabling people with handicaps to have an active opportunity to spend time with valued, non-handicapped members of the community. That two-way process is sometimes forgotten. Although a few services are now beginning to work hard on the first aspect, the second has been largely ignored. Yet this has all sorts of implications for staff who themselves are likely to have masses of resources and people around them in their own personal networks that maybe they could help to bring into a handicapped person's life.

### The evidence

### The Valley Project

Spending time with people in the four houses made it clear how far even a community-based service has to go in these areas. The houses were generally situated in quite reasonable surroundings—that is, near to other houses, with basic shops close by, and public transport close to hand. However, there were other factors present which worked against integration. For example, living in a house with three other people with learning difficulties (plus paid staff) creates barriers to really becoming an accepted ordinary member of the local community. People tend to be seen as part of a group, rather than to be known well as a particular individual. Where people spend their daytimes mostly at home (rather than going out to work or classes or recreation elsewhere), there are few naturally occurring day-to-day opportunities to mix and meet with other people from the local area.

The key question is the extent to which people make use of "generic" local services—that is, services which are generally available to, and used by, other people in the area. This gives people the chance to be with others in ordinary settings — shops, pubs, doctors, dentists, post office, bank, hairdressers, church, etc. Most importantly, how often do people actually meet and take part in activities with other people without handicaps who are not paid staff? If individuals can have regular, positive contact with other people, perhaps pursuing a shared activity or interest together, then there is the chance of a social relationship or friendship developing, which may, in turn, lead to other opportunities and activities and a widening circle of acquaintances and friends.

At many community services, like this one, there has been little progress towards real integration. Most people spend most of their time either with other handicapped people (at home or at the SEC) or with paid staff. There are few positive contacts with other people on a regular basis. Activities outside the home — like outings, pub lunches, going to church, are mostly undertaken with fellow residents and staff or in the company of other people with handicaps (e.g. the local Gateway Club, MENCAP riding classes, SEC). An important exception in this service was the young woman interested in art who regularly attended an A Level art class at the local college. Clearly attendance at classes on a subject of personal interest is an excellent avenue to meeting other people and opening the door to the possibility of friendships developing over mutual interests — quite apart from the intrinsic enjoyment and boost to morale that the activity itself provides. It was also helpful that three people had outside jobs or employment.

On the whole, though, most activities were done as a group with fellow residents and staff. As a result each individual had few opportunities to meet with valued non-paid, non-handicapped members of the local community. Most of the time, people were being "looked after" in segregated places rather than being supported in attempts towards integration.

Why was this? There seemed to be a number of reasons. First, the need for working to support integration was not generally recognised as a priority. Staff tended to feel that "the house is enough". Beyond that, priority was given to teaching skills or "training for independence", rather than effort being put into developing social contacts and links outside the houses. Second, not enough effort had been put into thinking through how each individual could get to know other valued members of the community *before* he or she moved back to their home community from the hospital in which they had been living. Other — non-handicapped — people lived nearby but they had little opportunity to be with them.

## The Oaks

Situated on the edge of a village, on the outskirts of a semi-rural population, The Oaks had some community facilities which were accessible on foot or a short car-ride away. A country park, a shopping centre and riding stables, for example, could all be easily reached by car. A grocer's shop and post office were five minutes walk from the house.

The evaluation team found that the staff had made strenuous efforts to take the children and young people out to these and other local facilities. They avoided taking children out in large groups — a maximum of two children went out together at any one time.

It was disappointing, therefore, to learn that although the service users were going out into the community frequently (e.g. to MacDonalds, shopping and to the library), they had very little contact with non-handicapped people of their own age. The children and young people were always accompanied by staff. Even the teenagers were not taught the sort of skills which would perhaps enable them to explore the neighbourhood on their own — an age-appropriate activity.

## What could be done: suggestions for action

(1) Managers need to ensure that staff members' job descriptions state clearly that helping people to participate in the community, to develop new interests and activities and to make acquaintances and friendships is a priority area of work.

(2) Services need to recruit staff who either live locally or who have established links with the neighbourhood.

(3) Staff need to capitalise on their own contacts and networks in the community. They will probably have many people in their lives. This can be a real inroad to helping

individuals to become a real part of their community.

(4) Staff need to encourage and build on any existing family links which service users have. Families have interests and social networks of their own and the person with learning difficulties may be able to share in these. It is important to recognise that most parents have a real interest in their son or daughter and can have much to offer them.

(5) If there is a citizen advocacy project in the area or some kind of "leisure" or "friendship" scheme, staff could investigate how their service could make use of its resources.

(6) Try drawing up a list of local activities, clubs, and other community resources. When working with an individual service user, check out what that person might like to do. Use photos to explain possible activities or take the person along to see the actual facilities on offer. Try and find out whether there is somebody in that club, group, or class who would take an active interest in helping them to get involved on a regular basis.

(7) It is worth thinking which activities are likely to offer more opportunities for social contact. For example, a sports centre or hobbies club is likely to be more sociable than the public library.

(8) There are a range of publications which include helpful ideas on developing opportunities for social integration. It is worth getting hold of some of them. For useful ideas see **Ties and Connections — An ordinary community life for people with learning difficulties.** King's Fund Centre, 1988.

(9) Lastly, "think small, think local, and think one person at a time". A little effort and energy can go a long way towards changing someone's life.

## 2.5 The chance to learn

### The issues

PASS considers this to be one of the key issues for services. Staff must be able to identify the developmental needs of individuals and be able to teach people approriate skills.

Recent years have seen an increasing recognition that people with learning difficulties are capable of learning new skills. Where we have lagged behind is in putting that belief into practice. Too often services have been developed which have not given staff the necessary teaching skills.

For people moving into new community-based services, having the opportunity to develop their skills and abilities is often important as it can help them to mix more easily with other people. For example, if someone enjoys eating out in restaurants, having reasonable eating habits and table manners will minimise the risk of other people staring or making critical comments. Similarly, if someone is helped to acquire appropriate conversational skills they may be able to make friends more easily with non-handicapped people.

Human beings have a range of common needs. Some are basic needs — for food, warmth and shelter. But we also need what has been called "self-actualisation"— the chance to grow, develop and reach our potential. People with learning difficulties will usually require varying degrees of assistance if they are to develop to their full potential. Staff in services should be helped to enable them to do this.

### The Valley Project

In some respects, this service had made considerable efforts to try and provide a developmental service to the people living in the four houses. In practice, however, the intentions were not always translated into reality.

The service operates an individual planning system and formal IP meetings are held at which clients, families and relevant professionals (senior managers, OTs, key worker, etc.) are invited to attend. There are also goal setting and "behavioural programmes" for some individual service users.

However, the evaluation team found that although this mean that clients had numerous records of their strengths and needs and lists of various goals, these were not followed through in terms of direct care staff working with individuals to achieve particular goals.

Considerable time and effort had been invested in sending staff on training courses to learn about developmentally related issues such as goal planning and IPs. However, what staff had learned on these courses had not been carried over into their work with service users.

Two features of the service were observed by the evaluation team which seemed to run counter to a developmental approach. First, it was observed that staff were "doers" rather than "enablers". Comments were made about residents, such as: "they don't want to do anything (around the household)" and "it's hard to motivate them". As a result, the possibility that residents might be motivated, and might want to do more for themselves, had been virtually excluded. Staff devoted their time to being, as one of them described it, "chief cook and bottle-washer", running the house, and keeping the residents clean and tidy. The upshot of this was that staff had neither the time nor the energy to teach people how to do things for themselves.

Second,it was evident staff needed to learn **how** to teach. For example, most staff were not seen to be using teaching skills such as instruction, modelling, and physical and verbal encouragement. Some staff members seemed to be practising these skills naturally but others needed the opportunity to learn them.

Because there were not, on the whole, clear goals for individual service users, the need for them to acquire specific skills to achieve those goals was not generally recognised. Neither was the time available, since staff had not been helped to learn how to organise matters in a way which would have given them time to work on skills teaching with individuals.

### The Oaks

Although this service was only one of a range of services which the children and young people were using (including special school), there was no formal system for implementing a developmental programme. Staff working at The Oaks understood the importance of development for the children and young people, but there appeared to be no formal goal planning, or individual programmes and no means of recording and monitoring agreed objectives for individuals.

Staff did have some discussions with family members about developmental issues but, although this joint approach was sound, it appeared somewhat unstructured and erratic, at the time of the evaluation.

Staff were working hard to try and involve the children and young people in decisions about their own lives but the somewhat restrictive environment meant that the teenagers, in particular, were denied opportunities to become more independent. The young people were not allowed to explore the neighbourhood, for example, except with staff members.

The "families workshops" which the Project Worker ran after the evaluation provided much evidence that some families had very clear and appropriate ideas about the sort of goals they had for their children — for example: "to travel on a bus"; "to get treatment for her health problems"; "to get a job with children".

**What could be done: suggestions for action**

(1) Each person should have their own properly implemented individual programme.

(2) Staff and families of service users need opportunities for training on goal planning, IPs etc. This should be a starting point for staff working with individual service users.

(3) The overall plan for a service should include a clear statement that the service is committed to supporting and enabling the development of individual clients. Services must be based on a firm belief that people with learning difficulties are capable of growing and developing.

(4) Managers need to ensure that services are properly monitoring their IPs and goal planning.

(5) Job descriptions for staff should state clearly what their role in the service is to be. A service needs to be clear that staff have a role as skills trainers and are there to act as teachers and enablers, rather than simply to do everything for people.

(6) Staff need to be helped to learn how their work can be organised so that they can devote more time and energy to teaching skills to one person at a time.

(7) Where people are using a number of different services, collaboration between them will be important in order that skills teaching is coordinated and consistent for individuals.

## 2.6 Involving families in the service

### The issues

People with learning difficulties are part of a family, even if family ties have been weakened because of what has happened to their relative (for example, being placed in an institution and having to live away from the family).

As people become adults, their relationships with families are likely to change, particularly when young people leave home and set up homes of their own. However, for many people, family relationships often remain an important part of their lives. Being part of a family can also give a person a sense of belonging, and contribute to their sense of identity.

### The Valley Project

The people who were using the service were mainly in their twenties, though one or two were slightly older. In other words, they were all adults. As such it is difficult to make general statements about the desirable or appropriate role of family members in their lives. However, even if we believe that adulthood means "leaving the parental nest", it is worth remembering that families usually consist of more than just parents. There are often brothers, sisters, in-laws, grandparents, nephews and nieces etc.

The level of contact with family members varied from person to person. Families came from a number of areas, some at a considerable distance from the houses, which may have inhibited regular family contacts. The groups in the houses had been selected on the basis of people having lived together in the same hospital rather than because they originated from the same area. Few of the people had very regular contact with their families.

The evaluation team found that there were interested, but cautious, family members. Understandably, when a relative was leaving hospital, this was a significant event for their family too. Whatever they may have thought of the resettlement programme, families, and parents in particular, had a very real interest in what was happening.

Such a situation, however, calls for great tact and sensitivity on the part of staff members; for some families it could be a painful experience to visit and see their "child" doing things they had never been able to achieve with them, or, at the other extreme, to see them sitting around doing nothing very much. Some parents felt that staff were critical and judgemental towards them. That must have made contact with the service more difficult.

Although the service was operating an IP system, family members were not particularly involved in planning for their sons or daughters future. They tended to be informed of decisions rather than being offered the chance to participate in decision-making. Given the service's policy of not holding any previous records concerning an individual, family members have a valuable role in helping the service to understand how the past had shaped a person's present.

## The Oaks

This is a service for children and young people so the part other family members play is an important issue.

As the service operates mainly from a building, rather than going into people's own homes to offer support, this may inhibit greater involvement on the part of families using the service. There is also the added dimension that being a "respite service", it may be seen as "giving parents a break", so that too much family involvement may be considered inappropriate.

At an organisational level, there was considerable evidence of a commitment to including families in the running of the service. There were parent representatives on the Steering Group (set up to generate new ideas about the service) and parents also formed part of the Interview Panel for appointing staff.

However, there was little or no communication between families although this could have been facilitated by the service. Families could have benefitted from opportunities to exchange information and experiences with one another and to offer mutual help and support.

Staff, between them, had undertaken various training courses relevant to work with families (for example, courses on working with Asian families, and on working with parents of children with severe learning difficulties), but they needed to go on to apply what they had learned more directly to the families who used the service.

Although a number of the families using the service were of Asian origin, this was not reflected in the ethnic background of staff. Managers were aware of this shortcoming in the service. They were seeking to employ more Asian staff in order to provide a more sensitive service to all their clients. As the service was entering a consultation period—after which it was possible that substantial changes would be made—the maximum involvement of families would be essential if the new service was to be truly sensitive to the needs and wishes of the families it was designed to serve.

## What could be done: suggestions for action

These suggestions need to be read bearing in mind the age of the service users. Parents, or other relatives, of children or adolescents are likely to be much more closely involved with the service than, say, parents whose children are adult (although this is not always the case).

(1) Staff need to spend time really getting to know families. They need to see families together with their relatives who are service users, as well as on their own.

(2) It will be important to try and reconcile the needs and wishes of families and those of the person with learning difficulties. But remember, also—they may not always be identical.

(3) Invite families to visit—and help them to have a role to play in the lives of their sons and daughters, if that is what they wish. Don't be afraid to ask them for their help.

(4) Staff will probably have their own ideas about what constitutes ideal or appropriate family relationships—but remember that families of service users may not share these views. Learn to tolerate the differences!

(5) Staff need to listen to and respect what families have to say—even if they don't agree with it.

(6) Families should be given the chance to be involved in planning for their relatives. Make sure that they are invited to all meetings where their relative's future is being discussed. If they don't attend, staff should ask themselves why.

(7) Parents usually want the best for their son or daughter. They can be powerful advocates for their own children.

(8) Parents of children or young people will almost certainly have a great deal of information about their son's or daughter's likes and dislikes. Staff should make it their business to ascertain what these are before children start to use the service.

(9) Services need to be sensitive to the cultural and/or religious aspects of service users' lives. Families will usually be able to advise on such matters as diet, religious festivals, etc.

## 2.7 Homeliness

### The issues

PASS is concerned with the "physical comfort" and "environmental beauty" of service settings. It asks: is the place where people are living comfortable and attractive — a place which anyone would be glad and proud to call their home?

For most of us, our homes are very important. Where we live can be the place where we express our individuality, where we relax and where we feel most at ease. Our homes also give important messages to people who visit us: they tell others what sort of people we are, and how we feel about ourselves. Having a nice place to live can make us feel good. Conversely, living in unattractive or uncomfortable surroundings can make us depressed or unhappy.

### The Valley Project

For this service, the real issue is how the people living in these four "houses" can be helped to create real "homes" for themselves.

The people who used this service were sharing their "homes" with other people with learning difficulties, as well as with staff—some of whom also slept in the houses. With staff continuously present, it was hard to get away from the concept of the house being a service facility or an institution.

Sharing a house with three or four others, also meant that some of the rooms were communal areas. How could individuals have a sense of ownership and a sense of pride, about somewhere which was not wholly theirs and not always shared by choice?

The evaluation team found that, much of the time, people were living in uncomfortable surroundings. The evaluation feedback described the houses as "cold", "smelly", "noisy" and "not very clean". In some places the kitchen and lavatories were not very clean, placing residents in danger of physical ill health, as well as being uncomfortable and unpleasant.

One house had a lack of adequate seating which meant that people had to sit rather uncomfortably on the floor, and a lack of adequate storage space meant that possessions were also piled up on the floors.

The high level of noise in three of the houses must have been very stressful for the residents, particularly as it was something over which they had no control. Our homes are usually places where we can, at least some of the time, choose to enjoy rest and quiet. The people living in these houses had to contend with noisy domestic applicances, people shouting above that noise, and TVs and radios left playing continuously and sometimes simultaneously.

Although some efforts had initially been made to create attractive homes for people, there was a lack of maintenance and a general "bareness" in the houses. The gardens were generally not tended, and instances of torn wallpaper, a broken window and bare walls did not help to make the houses look attractive either inside or out.

In summary, it was felt that for much of the time, people lived in houses which were noisy, cold, smelly and uncomfortable; they were places where people felt anxious and lacked good feelings of physical and mental well-being.

## The Oaks

A "house" which is not a permanent "home" for someone should be attractive for visitors coming to stay there. If we stay in a guest house or hotel (or, indeed, in someone else's home), we would still want to feel "at home" and comfortable. If people are staying in unfamiliar surroundings, it becomes very important that they feel at ease.

The Oaks is a red-brick building which, unfortunately, looks institutional. The evaluation team found there was rubbish overflowing from the dustbins and an untended garden which at the time of the visit did not add to its exterior attractiveness.

Inside the house, some staff had attempted to make the place more attractive, but because the house was a "communal" facility, used by a large number of different people, no one person felt a sense of it being "their home" which they might have wanted to beautify and in which they could take a sense of pride.

Although the living rooms were comfortable, the evaluation team found that the bedrooms were "cold and uncomfortable", as well as being rather bare and impersonal. Only in one instance had staff made attempts to personalise a bedroom and that was where two brothers were living on a longer-term basis than the other children. Current practice made it hard to personalise the bedrooms although staff were trying to ensure that children slept in the same bed on each visit.

Despite the efforts of some members of staff, there was evidence of physical neglect in some parts of the house, including urine smells, dirty cutlery and broken furniture.

**What could be done: suggestons for action**

(1) Senior managers and care staff need to spend sustained periods of time in houses in their service, just experiencing what it feels like to spend time in these settings.

(2) Staff need to do this as a separate exercise from working with the service users. Extra staffing may be required while this exercise is being undertaken, in order that staff can experience their surroundings from the viewpoint of a service user rather than as a busy member of staff who is going in and out.

(3) It is important that staff use the facilities like bathrooms, lavatories and kitchens for themselves rather than supervising the residents using them. They need to have this direct experience.

(4) It is helpful if relatives could usefully spend sustained periods of time in the house in the capacity of "observers" and report their experiences to the service managers.

(5) Relatives could be asked to help staff think of ways to make the house more comfortable and attractive, perhaps bringing in things like plants or pictures for their relative's room or for the communal spaces.

(6) Advocates could spend time living in the houses and report back their feelings and reactions to the staff.

(7) In the respite care service, staff might usefully compare their experience of staying in hotels or guest houses with what it is like in the building they work in.

(8) Get everyone—residents, staff, families, friends—to brainstorm about how to make the house more attractive. Then make a list and decide what tasks are involved and who is going to be responsible for carrying out each task.

# CHAPTER THREE: DEVELOPMENT WORK WITH THE TWO SERVICES

## 3.1 Development work with the Valley Project

### 3.1.1. The sequence of events

Prior to any work being undertaken in the service, the Project Worker met with senior managers to discuss the aims of her work and what would be involved if the service managers decided to participate. Agreement was reached that the service would take part in the exercise.

Prior to the evaluation, the Project Worker, together with the Home Support Team Leader visited the four houses in the scheme and talked with staff and residents about the forthcoming PASS evaluation.

During the evaluation period, interviews were held with senior managers and with the families of some of the service users.

A date was set for the verbal feedback from the evaluation which was, unfortunately, only attended by the Home Support Team Leader.

Approximately one month later the Project Worker held discussions with the other evaluation team members to ascertain what they felt, in retrospect, were the key issues on which the proposed development work should focus. At around the same time, the Project Worker met with the senior managers to seek their views on the evaluation feedback and to start planning the follow-up work. It was agreed that the Project Worker would offer one day a week for ten weeks on staff development and a further six days on management issues.

A number of issues were identified which would need to be addressed during the course of the development work:

(1) The personal values and beliefs which staff held about people with learning difficulties needed to be reflected in their attitudes towards the service users. For example, some staff did not see all people with learning difficulties as people who could develop and learn new skills. Accordingly they did not expect change and growth in the service users.

(2) Staff needed to see residents as developing individuals and staff needed to help them become more accomplished and skilled persons. Staff tended to do things for people rather than helping them to do more for themselves.

(3) Staff needed to see the relevance of teaching people certain skills. For example, if Ann had been able to learn how to eat with less assistance and more appropriately, this could have made it easier for her to go out and enjoy the experience of eating in a restaurant.

(4) There was a general feeling that the service was organised in ways which were of benefit to staff rather than service users. When staff met with senior managers they were more concerned with issues like rotas, pay and holidays, than with the needs of the residents. Staff seemed to be working for a "service" rather than for people.

(5) Staff needed to learn how to work with the families of residents rather than despite or against them. This is an area which requires great tact and sensitivity and staff needed to spend more time understanding the feelings and concerns of parents.

(6) It was unclear whether staff were supposed to be enablers and facilitators, or doers and carers, or teachers, or even just general minders, and staff were unclear about this themselves.

(7) The houses were supposed to be people's homes but staff tended to treat them as the place where they did a job rather than as someone else's home.

(8) The senior managers roles' in the service needed to be clarified. Should it be concerned with longer-term planning? Monitoring? Staff support? Senior managers and direct care staff seemed to spend too little time together in a structured and sustained way working on specific issues. Such contacts as there were appeared to focus more on staff needs than on those of the service users.

(9) Direct care staff did not fully understand how to implement an IP system and they needed to gain a better understanding of the purpose of individual planning.

In collaboration with the Home Support Team Leader, the Project Worker planned two half-days for the direct care staff and senior managers. The Project Worker would hold discussions with individual staff working in the houses and would then feed in to the managers' meetings the outcome of this work. The purposes of these exercises were:

- to clarify the staff roles in relation to the needs of clients;
- to support management in further work with the staff on their respective roles.

There followed a series of meetings with senior managers. Discussions at each meeting tended to revolve around the same issues, however, without any further action being planned which could have moved things forward in the service. There were a number of reasons why this happened: for example, it was not always made clear who would be responsible for agreed actions being carried out; there was also a certain amount of resistance on the part of some staff to making changes in the service.

Eventually it was decided that further development work would focus on trying to improve the service for one individual, in the hope that this would provide a model for similar work with other service users later. The starting point of this was a one-day workshop: "Assisting in the life of Clare", which is described below as an example of the development work undertaken.

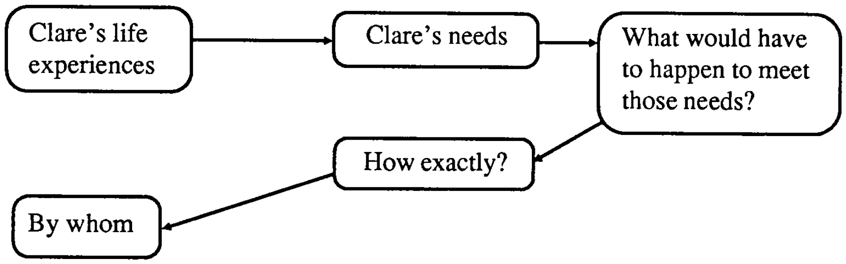
# A ONE DAY WORKSHOP ON "ASSISTING IN THE LIFE OF CLARE"

What follows is an abbreviated account of an exercise which lasted for seven hours.

The workshop was attended by key people in Clare's life:

- Clinical Psychologist
- Co-ordinator of Friendship Scheme
- Handicap Services Manager (NHS)
- Nursing Assistant, Home Support Team
- A friend for Clare
- In-service Training and IP Coordinator
- Clare's father
- Clare's mother
- Staff Nurse, Home Support Team
- Clare's Adult Education Teacher
- Senior Nurse — Mental Handicap
- Charge Nurse — Home Support Team
- Project Worker
- and CLARE

The following format was used:



(1) Clare's life experiences were mapped out from her birth onwards. An abbreviated version of these can be found on page 38. This was written up on large sheets of paper — part of which looked like this:

| 5 years | 6 years | 11 years |
|---|---|---|
| --> Started at A.N. Junior Training Centre | Walked again | Remembers songs |

--> Geoff becomes Clare's dad

--> Came to The Valley

--> Started at J. Centre

--> Occasional overnight stays

Mum looking after nearly all Clare's needs --> Needs break

(2) **Clare's life experiences** (abbreviated version)

Music plays a big part in Clare's life

Early part of life — suffering, painful

Clare took to Geoff — offered patience and acceptance

Security at home with Mum

Stands up for herself

Fits into new situations well

Loves garden and children at A's

Clare can — switch TV and music centre on and off
show she wants a drink
make eye contact

Likes things/people to be the same

Walks and runs better now

Uses her left hand

Comfy in knowing the group

Loves being with one person

Sense of humour is OK

Uses new words

Those present then looked at who Clare was, what her life had been like and what needs to be in place as a result of these experiences.

| Clare | Life has been | What needs to be in her life |
|---|---|---|
| Has good character | Utter turmoil | Stability |
| Wants to make friends | Frustrating | People-friends |
| Is adaptable/flexible | Constrained/ restricted | Maturity |
| Can be demanding/ assertive | Protected/childlike | Security |

Those present then looked at what should happen to meet these needs and how those present could go about making it happen.

Somewhere stable to live: where? for how long? with whom? on what terms?

Friends: advertise? meet in many different places; people who will accept her; someone to confide in and trust; a two-way thing.

The workshop looked at Clare's need for a proper home and for friends in some detail. They also looked at Clare's work and leisure needs and how these could be met.

Finally — people made various pledges for Clare, some of which were as follows:

| Pledge | Person responsible |
|---|---|
| To have Clare as a guest in her home occasionally to see if a real friendship develops | Friend of Clare |
| To get in touch with regional arts organisation with a view to finding activities for Clare | Charge nurse Home Support Team |
| To identify students who could meet Clare | Adult Educ. Teacher |
| To examine the relationship between Clare and the people she lives with | Clinical Psychologist |
| To come together in one year to review our progress | Adult Educ. Teacher |

## 3.2 Development work with The Oaks

This was a service in transition. When this project was involved with the service, it was mainly using a separate building — The Oaks. It was possible, however, that staff would eventually move out to offer a more local service which would work with families in and from their own homes. However, most of the issues discussed here are relevant to both the present and any possible future service.

The PASS evaluation raised a number of issues directly relevant to staff development (some of which were discussed in Chapter 3). Briefly, these were the questions raised:

(1) How can the service ascertain and understand the needs of individual children and their families? Parents know what the deficiencies in services are. How can they be helped to communicate these to people in power?

(2) How can managers and direct care staff develop a service which is responsive to these needs and consistent with the service's own ideology?

(3) How can the service sensitively support the families in caring for their children with special needs, but avoid supplanting and deskilling them? The "equivalent expertise" of families needs to be tapped more frequently. Families know their own children!

(4) What experiences, skills, and abilities do staff need to work with the children and their families? Staff and families need to learn how to work with each other.

(5) How can staff training be carried over into their work with the children and their families so that acquired knowledge and skills are put into practice? Staff training must be more systematically related to individual children in the service.

(6) Does staff development focus sufficiently on "non-handicapped" issues such as housekeeping skills, normal child development, using the community's resources?

(7) How can the service safeguard the rights of the children and young people while enabling them to live with a degree of risk consistent with the fact that they are developing towards adulthood?

## Staff development prior to the evaluation

The staff, between them, had attended a wide range of training courses. These included:

O.U. Course (Patterns for Living)
Leisure workshop
Helping Asian families
Normalisation and PASS courses
Toys and play
Personal relationships
First aid
Working with parents of children with severe learning difficulties.

Although the evaluation team felt the service was committed to training its staff, they concluded that what staff learned on these courses was not then carried over into their work with individual children. There were also gaps in training which the service needed to consider. The team recommended that staff needed to learn more about:

Skills in listening, observing and negotiating

Ensuring that individual programmes are maintained

Normal patterns of child health and development

How to work effectively with families, understanding the family and how the service can complement the family's caring

Effective collaboration with other service-providing agencies.

## Development work after the evaluation

It was agreed that the Project Worker would work with:

- the families of the children using the service;
- direct-care staff; and
- senior managers.

### Work with families

Two workshops were held with families who use the service and one of these is described below. The aim of these two-day events was to offer parents: an overview of services and the effect they have had on their users; and after each family had built a picture of their own child's life, to think about what they would like for their child and how that could be achieved.

### Work with direct care staff

This work began with the feedback on the PASS evaluation of the service and led on to discussion of what they, as staff, could do to bring about changes in the lives of the children, and to establish clear goals and objectives for the service.

A study day was subsequently held during which staff worked on the issue of "what my job is in relation to a specific child using the service". An account of that study day is given below. (Example C)

Staff were then to have a day with their own managers, when they would work on the issues raised during the study day mentioned above.

### Joint work with families, manager and staff

Five one-day workshops were held with the manager, staff and families. Each of these days focussed on planning for a particular child, and all those involved with that child were asked to attend. A description of one of these days is given below (Example B).

### Work with manager

Monthly meetings were held with the manager. The main purpose of these meetings was to offer feedback from the Project Worker's activities with families and direct care staff, so that management would be fully informed about the content of those activities, and could co-ordinate the development work.

## EXAMPLE A. A TWO-DAY WORKSHOP FOR FAMILIES

Seven families came to the workshop (although two families were only able to attend the first day).

### Day One

The Project Worker introduced the first day by explaining the programme for the two days and what issues it was hoped that the workshop would address.

The morning of the first day was spent looking at some of the ways in which people have, historically, responded to people with learning difficulties and the effect this has had on them (the "wounds", as normalisation describes them). Families contributed their own stories, relating what was being said by the Project Worker to their own experiences.

In the afternoon, the families worked in groups; they talked about "what are the good things in my child's life and what is not so good". See examples on p 45. These individual stories were then used to form a poster of "What is life like for me — the child with learning difficulties"? The first day ended with everyone working together, to produce another poster — "What do I need?" See examples on p 46)

### Day Two

The Project Worker introduced the second day with a brief overview of the principle of normalisation, focussing on the importance of finding *typical and valued* means to meet the children's and young person's needs.

The families then split into groups and worked on establishing their major goals for their own children — at home, at work and in leisure. From these lists it became clear what sort of services were needed, and the implications of this for The Oaks, the staff who worked there, and the children and families using the service.

The final exercise on the second day was to plan the types of questions each family would need to ask and to specify who they would address them to, in order to try and find out how the objectives they had spelt out earlier could perhaps be met.

## WHAT ARE THE GOOD THINGS IN MY CHILD'S LIFE AND WHAT IS NOT SO GOOD

**LYN**

| **POSITIVE** | **NEGATIVE** |
|---|---|
| Attends a normal youth club | Has no friends |
| Has an affectionate Granny | Doesn't understand time or money |
| Likes music and shows | |
| Plays cricket and tennis | Not enough activities in the holidays |
| Likes shopping | |
| Goes swimming | |

**SUZANNE**

| **POSITIVE** | **NEGATIVE** |
|---|---|
| Has family including grandparents | No social life of her own |
| Family holidays | Bad health |
| Likes music and TV | No mobility |
| Likes animals | No speech |
| Enjoys water | Is incontinent |
| Likes dogs | No social activities |

## WHAT DO I NEED?
## (THE EXERCISE WAS DONE FOR ALL THE CHILDREN TOGETHER)

Independence * Interests * Friends * Places to visit * Freedom *

Some way to get me to places * Clarity * Stability * Stimulation *

More choices * People to understand me *

To be with non-handicapped people * The right help quickly *

## WHAT ARE THE GOALS FOR MY CHILD?

| **LYN** | **SUZANNE** |
|---|---|
| To live at home, in the house owned by her brother | To improve the quality of her life |
| To live with friends, or perhaps with a husband | To widen her circle of friends |
| To get as much help as she needs from the services | To be able to visit places with friends |
| To attend a college and then go on a Youth Training Scheme programme | To get the best treatment for her health problems |
| To have any transport to college and a YTS that she might need | To have her seen as person in her own right |
| A friend she could go out with once a week at least | To have the right services after school |
| An educated society that would not treat her like a second-class citizen | To be confident she will be looked after when we are gone. |

## THE QUESTIONS WHICH NEED TO BE ASKED ABOUT MY CHILD'S NEEDS

### LYN

| THE QUESTION | THE PERSON TO ANSWER |
|---|---|
| How much time can you give her? | Staff/keyworker (of Oaks)<br>Lyn's teachers |
| What preparation is she having so she will be ready to attend college? | |
| What chance has Lyn got of being able to go to college? | A college representative |
| Can you find a suitable family with the Link scheme for Lyn? | Social worker |
| Can you liaise with everyone to make sure Lyn gets what she needs after 19? | Service manager |
| What jobs are available to people or like Lyn? | Local authority councillor and Pathway Officer |
| Are there any jobs in a children's nursing? | YTS person |

### SUZANNE

| THE QUESTION | The PERSON TO ANSWER |
|---|---|
| Does Suzanne have an IPP? | Suzanne's teacher |
| How can you help with Suzanne's social and recreational programme? | Her key worker |
| Are there any plans to adapt your home as Suzanne grows older? | Suzanne's foster (respite care) parents |
| Will there be liaison with social services to determine her post-school needs? | Service manager |
| What are you doing about integrating handicapped children into ordinary schools? | Local authority councillor |

One of the major issues which arose during the evaluation was that the service needed to focus much more strongly on the needs of individual children who used The Oaks. It was agreed by the Project Worker and agency, therefore, that they would start to address the issue by having a personal planning meeting for one service user and his family.

What follows is a slightly abbreviated account of a personal plan meeting for one service user and his family, facilitated by the service manager.

## EXAMPLE B. A PERSONAL PLAN MEETING FOR ALEC BROWN

**ALEC IS** 11 years old. He attends O. Junior School in H. He has stayed at The Oaks on average one weekend every month. He lives at home with his Mum and Dad, two brothers and one sister in H.

| | |
|---|---|
| **ALEC LIKES:** | walking in the country * swimming * music * endless cups of tea * good food * sitting in cafes * having snacks or meals * |
| **ALEC DISLIKES:** | crowds * enclosed noisy places * busy traffic * |

# A TYPICAL DAY FOR ALEC

## WEEKDAY:

Woken up 8.15 a.m. Reluctantly goes to toilet — supervised. Taken down for breakfast. Dressed for school. Waits by window for bus. Switches on TV. Sits and listens to background music. At school.
On return from school has cup of tea and slice of toast. If fine plays in garden. Goes down back path to see Gran. Has evening meal. If fine family will go down to the woods where Alec runs about and shouts. Back home. Has a bath. Goes downstairs to watch TV. Plays with musical box. Tears up some paper. Goes to toilet. Bed.

## WEEKEND:

Has short lie-in (to 9.30 a.m.). Cups of tea. Breakfast. Alec sits in front of TV. Plays with musical box and colouring magazines. Out in car, to country park or for a hike. Alec carries own rucksack. Then to cafe for drink and snack. After going home for tea, same activities as in the morning. But may also play a game with someone — sort of wrestling, tickling and chasing game.

# AN IDEAL FUTURE FOR ALEC

(as seen by his family)

On leaving school, Alec could be too big for his parents to handle.

It would be lovely if there was a place in the country, staffed by kind, dedicated professionals who understand his needs.

The place would have swimming pools, a few horses to ride, country walks — in other words, a sort of five-star Butlins.

If such a place existed, and it was really wonderful and normal, Alex might like to go and stay there for a while first.

## THE WORST POSSIBLE FUTURE FOR ALEC

(as seen by his family)

He will be alone

Enclosed in four walls

Ignored except for his basic needs

The first part of the day was used to establish what Alec's present life was like and what his likes and dislikes were. The group had then moved on to think about "an ideal future" and a "worst possible future". The rest of the day was spent working with "the five accomplishments" which any service should be striving to achieve for individual users: community presence; community participation; choice; respect; and personal competencies. Examples of two of these are given below.

## COMMUNITY PRESENCE

Alec attends a special school and stays at The Oaks

He has a favourite cafe in the market hall at H. He has recently started going to another one in H. as well, with his class from school. There are four other children in the class.

He goes swimming with his class on Tuesday in D.

He prefers buildings with a cafe in them, e.g. Fine Fare Supermarket.

During the last year Alec has had two stays at a farm cottage nr. C., as an alternative to staying at The Oaks.

Out of local youth groups, Alec would like to try a Scout Group first.

| ACTION | ACTION BY |
|---|---|
| Make contact with local Scout Group leader; find out what nights group meets and where, what activities they do.<br>Accompany Alec and introduce him to group members. | D |
| For time spent away from home, on average one weekend a month, we would preferably use alternative places to The Oaks. This should be planned between Alec's parents and D. and R. (service managers). | R |
| Find out more about youth hostelling | D |

### CHOICE

| | ACTION |
|---|---|
| At present in the classroom situation, Alec is being encouraged to communicate wishes and show that preference to an adult. | |
| To do this, whenever Alec communicates preference, the adult(s) go along with what Alec has decided. | |
| In future, we may pay particular attention to developing how Alec can participate in choosing his meals, especially when out in restaurants, as this is an activity that all of us are involved in with him. | ALL |

## EXAMPLE C: A STAFF TRAINING DAY

The study day started with the Project Worker outlining the main issues to be addressed during the course of the day:

* What are the aims of the service for each child?

* What is the service doing to achieve those aims? What goals?

* How can this and other training days best answer the above questions?

* What barriers are there in families that block the staff's understanding of their concerns?

The rest of the day was spent working on a series of questions relating to these objectives and some of the ideas which people came up with as answers.

**What do we, as staff, want for the children and young people?**

* To provide as many opportunities as possible

* These opportunities to be with people who do not have handicaps as well as those who do.

* To not need this service as a prime input

* For each person to have his or her own network of friends; and for those people to take over the staff's roles and to want to be with that person in an unpaid capacity.

* To be respected by people around them — family, friends — for who and what they are

* To have meaning in life

* To be accepted and part of everyday life

* To have more than what is ordinary

* To have friends to come and play

* To have a proper routine for day, evening and weekend

* To work and be paid for it

* To go to a neighbourhood school

* To learn to wash and dress without help

* To have other people listen and act on what they say

* To continue to live in own home

### What do we want to achieve in working with families

We would like the family and staff to come together to have a common language of what we ALL want for the child.

We would like to work with families to:

- take time to think through ideas
- enable families to trust staff
- allow families to let the child go (a little)

We would like to give families knowledge and information

We would like to be able to offer families a place in the community for their child.

### What can we achieve in the service for these children and their families?

- go and see what they do in school to continue the skills learning they are doing there
- get the child involved in things in the community
- get to know the child really well - spend time together
- stay at child's home in an emergency
- do things with the child that she/he hasn't done before
- find out more about the family link scheme
- ask the family how staff can best get to know their child
- know what is available for the child
- change other people's attitudes towards the children.

## CHAPTER FOUR: STRATEGIES FOR STAFF DEVELOPMENT

> Staff who are in direct contact with service users are the most valuable resource of any service for people with learning difficulties. The way in which those staff work largely determines the quality of the service provided.
>
> (Porterfield, 1987)

The selection, training, and support of direct care (or "front-line") staff should play a central role in the planning and delivery of community-based services. Until recently, however, relatively little attention had been paid to this important issue. More encouragingly, though, some recognition is now being give to specific strategies for supporting staff development in theory (if not on the ground).

### (a) Staff recruitment and training

### (1) Job descriptions

There should be a detailed job description for each post, not only for recruitment purposes, but in order that individual staff members are clear as to what is expected of them. Explicit job descriptions will also help the service planners and managers to be clear about the objectives of the service and the part which staff will play in ensuring that the service is working towards meeting those objectives. Job descriptions will also need to be updated regularly in the light of experience.

### (2) Intensive initial training

Induction training is particularly important for new community-based services where the service is likely to differ considerably from more traditional services and will require different approaches from staff.

Staff will need to familiarise themselves with the basic principles of the service (e.g. normalisation) and, just as importantly, to understand the practical implications of the service's philosophy.

Induction training gives new staff the chance to learn specific skills and working methods such as goal planning and skill teaching; these will be crucial to the subsequent success of the service in enabling clients to develop new skills.

### (3) Support groups for staff

Where staff are working a shift system, staff meetings may provide the only opportunity for them to meet together. Services will need to work out their own arrangements for meetings but staff need the opportunity to meet regularly together to share information and ideas, offer each other support and resolve any difficulties and differences of approach within the staff group as a whole.

Staff may find it helpful to have an "outside" person present, e.g. a clinical psychologist with counselling experience, who can offer a different perspective to staff who are more directly involved in the day-to-day work of the service. For example, staff may need opportunities to discuss their reactions to agressive behaviour from residents and how they can learn to work in such situations.

There will also need to be regular staff meetings to deal with practical matters which require forward planning.

### (4) Opportunities for individual support

There should be opportunities for offering support as well as for providing supervision. Staff need to be able to talk on a one to one basis about any difficulties they are having in their job, as well as being able to discuss the work they are undertaking with individual clients (e.g. skills teaching programmes), and any further training opportunities they feel they require.

### (5) On-going training opportunities

This will include both in-service training and opportunities to attend courses and workshops held by other organisations.

The content of regular in-service training sessions can be determined as the service develops and specific issues arise which need a training input.

Where individual staff members attend external training events there should be an agreed commitment to sharing the resulting information and ideas with other members of staff in order to maximise the benefit of sending staff on outside courses.

Staff must be enabled to incorporate what they have learned during training events into their day-to-day work with service users.

## (b) Working with individual service users

### (1) Key workers

Allocating a specific worker (or workers) to an individual service user, to act as their "key worker", enables a person to get to know one service user well, to think consciously about how they can improve that person's quality of life and what skills they can teach them.

Services need to be organised so that time is set aside for key workers to spend time with "their" client on a regular basis. Room management is one technique which can be used to enable staff to do this. (**Activity periods for severely and profoundly handicapped adults —details of the procedures.** November 1980. Available from Mental Handicap in Wales Applied Research Unit).

THINK:

| | |
|---|---|
| * SMALL | One person, one thing at a time |
| * LOCAL | Places to go, places to use e.g. shops, sports centres, churches etc. |
| * PEOPLE | Who might get involved/share interests e.g. class, church, residents' group |
| * ORDINARY | Integration NOT segregation; what would a non-handicapped person of the same age/sex do? |
| * INDIVIDUAL | What does this person like/enjoy? |
| * EXISTING CONTACTS | What is there to build on, perhaps from the past? |
| * OF YOURSELF | If it were me...what would I want to do?<br>How would I feel? |
| * POSITIVE | One change can bring about lots of others |

### (c) Involvement in Monitoring

#### (1) Positive monitoring

Positive monitoring is a way in which managers and staff can improve the quality of the service. It involves six steps which have been clearly described in a recent pamphlet from the British Institute of Mental Handicap (Porterfield, 1987): defining the aims of the service; specifying clearly what staff need to do to achieve those aims; helping staff work in a specified way; regularly observing staff work and looking at records etc.; giving staff specific feedback on their work and listening to their comments and suggestions; reviewing individual job performances.

Positive monitoring stresses the importance of giving positive feedback to staff and not simply intervening when things go wrong or their performance does not come up to scratch. Although this may sound like common sense, positive monitoring is still only used systematically in a few services.

#### (2) Quality action groups

These groups are a good way of involving staff (as well as users and their families) in maintaining commitment to a high-quality service. QAGs, as they are usually called, can involve anyone who has a stake in the service—managers, direct care staff, users, families, friends and advocates. Together they can form a group which meets on a regular basis to review aspects of the quality of service being delivered and deciding what action needs to be taken to improve that quality.

QAGs can be a useful way of enabling staff, users and families to feed into the monitoring processes their unique knowledge of the day-to-day operation of the service and their ideas on how things can be improved. This move away from "top down" monitoring by senior management can be one way of helping staff to feel they have a real stake in the service and can play a real role in shaping its future.

Various publications have begun to appear which discuss the work of QAGs (e.g. Independent Development Council, 1986; Beyer, 1987).

#### (3) Reviews and future planning

Although by no means all agencies will be using positive monitoring of QAGs, most should be undertaking reviews of their services, on either a regular or a more ad hoc basis.

All plans for new services should build in structures for regular review so that changes can be made in the light of experience gained. Direct care staff have a great deal to contribute to these reviews, and if managers ensure that they are allowed to make a real contribution, staff are more likely to feel happier and more valued in their work.

Consultation with staff as part of reviews must, however, be genuine; if it is undertaken merely to pay lip service to the principle of staff participation, the results are likely to be unsatisfactory for all concerned.

### (d) Staff/management relations

Several of the strategies discussed above have already touched on this issue (e.g. positive monitoring, staff supervision and support) but there are one or two other strategies which managers might like to consider when thinking about their relationships with staff working directly with service users. (Peters & Waterman, 1982, Blanchard & Johnson, 1982).

Managers might like to try and answer the following questions:

* How much time in each week do I spend with staff and clients?
* When I visit services am I really listening to what staff and clients are saying to me?
* Do I respond in a positive and helpful way when staff bring me problems with their work?
* Do I allow staff to make as many decisions as possible for themselves, whilst still offering them appropriate support?
* Are there ways in which the organisation can reward staff who are doing a good job?

**REMEMBER — IF MANAGERS VALUE THEIR STAFF THEN STAFF ARE MORE LIKELY TO VALUE THEIR CLIENTS**

# CHAPTER FIVE: LESSONS FROM THE PROJECT

## Lessons from the evaluation and follow-up work

Organisations are increasingly frequently turning to outside consultants to help them evaluate specific services, carry out development work or undertake training with staff. Even where people already employed within the agency are used in this sort of capacity, they may also be "strangers" to the staff working in the service and perceived by them as "outsiders".

The project which forms the basis of this report employed a worker who was independent of both the participating agencies and from this experience, others may wish to consider the following issues:

(1) It is essential for everyone involved in this sort of project to be very clear about the nature and purpose of such an exercise. This means that managers and consultants need to ensure that there are adequate written and verbal briefings for all those involved in the service. Failure to do so is counter productive and can result in low morale in direct care staff.

(2) All those involved in an evaluation or other development exercise need to be fully committed to the aims of the exercise if it is to be carried out for the maximum benefit of the service and its users.

(3) Well-defined communications systems can help to ensure that everyone involved knows what their own responsibilities are (e.g. for setting up meetings, circulating papers, etc.).

(4) Direct-care staff who may not have been involved in setting up the work need to be very clear about what is expected of them (e.g. whether attendance at meetings is obligatory, what their input to meetings is expected to be, etc.).

(5) Development work must be seen by staff to be relevant to their jobs and as offering them the chance to improve on their job performance.

(6) Feedback to staff about the service (including their job performance) needs to be carried out extremely sensititively. Remember to include positives and focus on them first. Appropriate criticism should not be avoided, but, at the same time, staff need to be helped to find positive ways of making changes. Consultants need to be aware that criticisms from people perceived as "outsiders" are often likely to be negatively received. Wherever possible, feedback should be given directly by the consultant to those whose work it discusses. Feedback through "third parties" should be avoided wherever possible.

(7) Development work needs to take account of staff mobility — which is very high in some community-based services. This has implications in terms of regular induction courses for new staff, but also for how existing staff are supported through periods of change, particularly when key staff members (e.g. a home leader) leave the service.

(8) Those conducting evaluations or other development work need to be clear about their own goals—even if these have to be renegotiated at some stage.

## ISSUES FOR PLANNERS

| | |
|---|---|
| * PHILOSOPHIES | Are plans consistent with the philosophy of **AN ORDINARY LIFE** ? |
| * OBJECTIVES | Do your plans for services have clear objectives for the service and are these objectives clearly understood by managers and other staff? |
| * SHARED ASSUMPTIONS | Is everyone involved in implementing your plans committed to the principles underlying them and to meeting those objectives? |
| * PRACTICAL STRATEGIES | Do plans spell out clearly what strategies will be used to achieve the objectives (e.g. clear timescales, lines of accountability and detailed operational policies) ? |

## ISSUES FOR MANAGERS

| | | |
|---|---|---|
| * | RECRUITING STAFF | Staff who live in and know the local area will be able to make links with the community more easily. The composition of the staff should reflect the ethnic background and sex of the service users. |
| * | VALUING STAFF | Remember that the service is there first and foremost to meet the needs of people with learning difficulties. But a well-managed staff who feel supported and valued by their managers are likely to do a much better job of supporting and valuing the people who use the service. |
| * | TIME | Time spent with direct care/front line staff is never wasted time. The manager who is always in meetings or behind his desk is not doing a good job. |
| * | CONSUMERS | Spend time really getting to know some of the people who use the service; this takes time, but how else can you manage a service which is truly sensitive to the needs of the people who it is there to serve? |
| * | LISTENING | Managers aren't the only ones with good ideas about how to improve the service. Staff on the front line have usually got a pretty good idea of what needs changing and how, so listen to what they have to say. |

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| * ACCOUNTABILITY | Managers need to be clear about their own responsibilities and about limits of responsibility which direct care staff should have. Allow your staff reasonable freedom, have proper risk taking policies but don't ignore your own responsibilities and then blame junior staff when things go wrong (Managers are supposed to manage!) |
| * MONITORING AND SUPERVISION | Staff may need to be reminded of the impact (positive and negative) they have on the lives of people they work for. |
| * STANDARDS | People with learning difficulties have the right to live in houses which are warm, clean and comfortable and managers have the responsibility to see that staff maintain these standards. |
| * CRISES | You need to be around to give support when a crisis occurs in a service but don't only turn up when there's a crisis or a dispute. |

## ISSUES FOR DIRECT CARE STAFF

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| * | JOB DESCRIPTION | You need to be quite clear about what is expected of you in your job. If you don't have a clear job description, then ask your manager to provide one. |
| * | ROLES | Staff in new community residential services need to be clear about what their role is. It may be easier to do things for people—to be a glorified housekeeper — but that will be rather boring for the person with learning difficulties and will not help them to learn any new skills. |
| * | GETTING TO KNOW YOU | Where you are working with a group of people with learning difficulties, if you are not the key worker for a specific person, try and spend time really getting to know one person really well and start trying to think about how you can make life better for that one person. |
| * | HOME OR WORKPLACE? | Remember that the house you work in is someone's home. You are there to help them make it into a real home. Think how you would feel if other people—who are not your friends — were constantly around in your home. |
| * | BOUNDARIES | Are there ways in which you can share some of your non-working life with the people with learning difficulties who you meet at work? Are there things which you enjoy doing which you think they might enjoy doing too? |

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| * SKILLS | Are there particular skills which you feel could help you to do your job better? Find out from your managers where you can learn these skills. When you have been on a course or workshop, have you been able to put what you have learned into practice? |
| * THE COMMUNITY | Do people get out and about enough and, if not, what can you do to widen people's opportunities to go out and meet new people and have new experiences? Should you be spending more time helping people make links in their local community? |

## PRACTICAL IDEALISM

How can staff be enabled to live with the shortcomings of present services but, at the same time, be helped to think creatively—dreaming up the best of all possible futures for people with learning difficulties who use their services?

## APPENDIX 1

## PROJECT ADVISORY GROUP MEMBERS

| | |
|---|---|
| * Jan Porterfield | Adviser, Joseph Rowntree Memorial Trust |
| Joan Rush | Senior Project Officer, King's Fund Centre |
| Linda Ward | Research Fellow, Department of Mental Health, University of Bristol. |
| The Project Worker was Oxana Metiuk | Freelance Consultant, Values for People, Lancashire |

* (until December 1987)

## APPENDIX 2

## CRITERIA FOR SELECTION OF PASS TEAM MEMBERS

Each member of the PASS evaluation will:

- have attended two or more introductory PASS workshops
- have used the ideology and issues of PASS in his/her own work. For example, practical implementation, organising workshops etc.
- have a clear understanding of the rationales underlying **An Ordinary Life.**
- be independent of the services participating in the project.
- give five days to each evaluation.

### PASS TEAM MEMBERS

| | |
|---|---|
| Lynne Elwell | Rawtenstall, Lancashire |
| Roger Fenton | Stockport, Cheshire |
| Jim Hall | Melksham, Wiltshire |
| Julie Harper | Basingstoke, Hampshire |
| Sue Henstock | Stalybridge, Cheshire |
| John Kenworthy | Sabden (Blackburn), Lancashire. |
| Diane Whittaker | Middleton, Greater Manchester. |

## APPENDIX 3

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## APPENDIX 4

## ADDRESSES OF ORGANISATIONS:

On issues to do with **electoral registration, voting or legal rights** for people with learning difficulties contact:

Legal Department, MIND, 22 Harley Street, London, W1N 2ED. Tel. 01 637 0741

On **rights** of people with learning difficulties generally, contact:

CMH (Campaigning for valued futures with people who have learning difficulties)
12a, Maddox Street, London W1R 9PL. Tel. 01 491 0727

On **self-advocacy** contact:

National Bureau for Handicapped Students, 336 Brixton Road, London, SW9 7AA
Tel. 01 274 0565

People First of London c/o King's Fund Centre, 126 Albert Street, London,
NW1 7NF. Tel. 01 267 6111

MENCAP (Royal Society for Mentally Handicapped Children and Adults)
115 Golden Lane, London, EC17 OTJ Tel. 250 4105

On **citizen advocacy** contact:

National Citizen Advocacy 2, St. Pauls Road, London N1 2QR Tel. 359 8289.

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