WHAT IS "SPECIAL" ABOUT NATIONAL HEALTH SERVICE RESIDENCES FOR PEOPLE WITH LEARNING DISABILITIES?
AN AUDIT OF RESIDENTIAL NEEDS

Sophie Nesbitt and Graham Collins

Introduction

For many years the National Health Service (NHS) was the main provider of residences for people with learning disabilities. In recent years there has been a tremendous growth in the provision of residences by other organisations such as Social services, Housing Associations and voluntary bodies. In a number of papers in the last decade, the government has set out the developing roles for both the NHS and Social Services Departments (e.g. Caring for People, 1989; The NHS and Community Care Act, 1990). These describe a major role for Social Services departments as lead agencies in the field. The NHS is to be the provider of more specialist services. As other agencies develop expertise and the proportion of residential care provided by the NHS shrinks, it is questionable just what is its "specialist" role in provision of residential care. Health Authorities have produced eligibility criteria, which attempt to define who should have continuing care in the NHS.

The eligibility criteria used in this study were taken from North Nottingham Health and Social service; Joint Strategy for Adults with Learning Disabilities, and states:-

In-Patient Care

This criterion relates to adults (primarily within the age range 16-65) with moderate or severe learning disabilities: a) who present with behaviour that severely challenges services; or b) who have associated significant physical disabilities.

Continuing Healthcare provided to those that need:

a) Regular supervision (at least weekly) by a consultant psychiatrist (specialising in learning disabilities) or a member of the medical team; and
b) require treatment and/or rehabilitation for their learning disabilities which re-

*Sophie Nesbitt, B.A. Hons.
Clinical Audit Researcher, Clinical Psychology Services, Central Nottinghamshire Healthcare (NHS) trust, Southwell Road West, Mansfield NG18 4HH.
Tel. 0044 (0)171 708 0782

Clinical Psychologist, head of Learning Disabilities Psychology Department
* For Correspondence
c) require treatment and/or rehabilitation for behavioural difficulties which are so severe as to place themselves or others at risk, physically or emotionally in any other environment; or
d) have a rapid degenerating or unstable condition which means that they will require specialist learning disability medical or nursing supervision.

This paper outlines results from an attempt to audit the residential needs of long-term NHS residents using the local eligibility criteria. The information is used to compare these residents with those living in housing association schemes, which are also staffed by NHS staff (known locally as “partnership” schemes).

In the Central Nottinghamshire District, the three leading disability institutions were closed between 1986 and 1993. The NHS still provides 50 places for long term residential care in small-staffed housing schemes. 70 more people live in partnership housing schemes, also with NHS staff but run by housing associations. The NHS residents are inpatients, but the partnership schemes residents are “discharged”, and are therefore considered not to need the “specialist” input of an NHS scheme. This paper attempts to discover what this “specialist” input is.

Method

An assessment was designed which incorporated several different aspects of healthcare service provision suitable for people with learning disabilities. The assessment was administered to both the 50 service users resident in NHS care and the 70 service users residing in partnership housing schemes.

The level of Learning Disability is represented by the Adaptive Behaviour Composite Score taken from the Vineland Assessment used in the score. This score indicates the levels of proficiency in a variety of skill areas.

This data was compared to average scores from two different specialised groups:- people with learning disabilities living in residential units and people with

<table>
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<tr>
<th>TABLE I</th>
<th>Demographic Data of Service Users</th>
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<tbody>
<tr>
<td>Service Users of:</td>
<td>Male</td>
</tr>
<tr>
<td>National Health Service</td>
<td>72% (36)</td>
</tr>
<tr>
<td>Partnership Scheme</td>
<td>71% (50)</td>
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<th>TABLE II</th>
<th>Level of Mental Disability</th>
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<tbody>
<tr>
<td>Service Users of:</td>
<td>Mean Score</td>
</tr>
<tr>
<td>National Health Service</td>
<td>166</td>
</tr>
<tr>
<td>Partnership Scheme</td>
<td>126</td>
</tr>
</tbody>
</table>
learning disabilities living in non residential settings (community).

The assessment was designed to divide into broad categories:

**Challenging Behaviour Assessment**

Four items were chosen from the Challenging Behaviour Scales (Wilkinson, 1989). This scale measures the frequency and severity of a wide range of challenging behaviours, using behavioural descriptions of levels of ratings. The four items chosen were: aggression to staff, aggression to other service users, self-injury, and destructiveness. These items were selected because they have frequently been shown to be the behaviours that cause rejection from units (e.g. Eyman and Call, 1977) and they have previously been shown to have adequate inter rater reliability (Collins and Halman, 1996).

**Mental Health Assessment**

A questionnaire was designed to rate various symptoms of mental ill health, using similar codings of severity and frequency as were used in the Challenging Behaviour Scale. The symptoms rated were delusion/hallucinations, depression/withdrawal, sexually inappropriate behaviour, obsessions/compulsions, eating disorders, sleeping disorders, autistic features and stereotypic behaviours.

**Needs of Health Care Assessment**

This included different types of medication administration. It was an attempt to assess what level of nursing was appropriate for the uptake of medication. Further questions were developed to incorporate other aspects of nursing care needed in terms of monitoring and supervision of the learning disability or challenging behaviour.

**Results**

It appears from the results that there may be sufficient differences between NHS units and partnership scheme units to warrant the conclusion that the roles of the care they provide may be different and that the two units may benefit slightly different service users.

There were two areas where this difference was most apparent: the first was the challenging behaviour assessment.

FIGURE 1 shows percentage of clients displaying moderate to severe challenging behaviour on any level of frequency. This was defined as behaviour that needed constant staff monitoring, so as to avoid injury and behaviour occurring at any time (Category 1).

The graph shows on every item that the percentage of clients in NHS units is at least double that of the percentage of clients in partnership schemes.

FIGURE 2 shows the percentage of clients displaying mild challenging behaviour, which was defined as behaviour that staff needed to be aware of, occurring twice to three times a week, or once a day (Category 2).

The NHS units have higher percentages on every item apart from self-injurious behaviour, however the differences between them are not quite as great.

The second area where differences were apparent was the mental health assessment.

Here Category 1 and 2 are defined as follows:

Category 1: Major Problems - Delusions/ Hallucinations, Depression/Withdrawal,
FIGURE 1
Percentage of Service Users Displaying Moderate to severe Challenging Behaviour on Any Level of Frequency (Category 1)

FIGURE 2
Percentage of Service Users Displaying Mild Challenging Behaviour (Category 2)
Sexually Inappropriate Behaviour, Obsessions/Compulsions

Category 2: Frequent Minor Problems - Eating Disorders/Sleeping Disorders/Autistic Features/Stereotypic Behaviours

From the graph it appears that mental health problems in both category 2 and 2 are higher in NHS units than in partnership schemes.

Finally, the Vineyard Adaptive Behaviour Scale (Sparrow et al., 1984) was used to assess the overall ability levels of people with learning disabilities, living in residential units, on a variety of indices. A measure of proficiency is taken on communication skills, daily living skills and social skills. This is combined to give an overall adaptive behaviour composite score. This score then can be compared to overall average scores of specific referenced groups.

The scores have been compared to average scores of people with learning disabilities in residential units.

The partnership scheme units appear to have a higher percentage of clients in both the Average (partnership scheme = 42%, NHS = 38%) and Below Average categories (partnership schemes = 30%, NHS = 10%). This suggests that the partnership scheme units have more clients with an average ability score and more clients with a below average ability score than the NHS units when compared to average scores of people with learning disabilities in residential units.

However in the Above Average Category the NHS units have a higher percentage (NHS = 52%, partnership schemes = 27%). Overall this suggests that the NHS units have more clients with an average ability score and less clients with a below average ability score. It would appear then that compared to average residential groups the NHS have a wider range of clients with a higher ability range than the partnership scheme units.

Discussion

The results suggest that there are quite considerable differences between the two types of units regarding behaviour and associated mental health problems. Although none of these differences are statistically significant there are several aspects of the study that could support them. Firstly, a review of the qualified staff nursing duties indicated a higher level of supervision for challenging behaviour and mental illness.

This implies that service users in the partnership schemes have lesser need for input and supervision regarding the management of challenging behaviour and mental illness.

Also the data collected on PRN (pro re nata “as required”) medication administration indicated that there is a greater

<table>
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<tr>
<th>Service Users of:</th>
<th>Challenging Behaviour</th>
<th>Mental Health Problems</th>
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</thead>
<tbody>
<tr>
<td>National Health Service</td>
<td>82%</td>
<td>40%</td>
</tr>
<tr>
<td>Partnership Scheme</td>
<td>58%</td>
<td>15%</td>
</tr>
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FIGURE 3
Overall Breakdown of mental Health Problems

FIGURE 4
Breakdown of Adaptive Behaviour Composite Scores Compared to Residential Supplementary Norm Groups
TABLE IV
Levels of PRN Medication Administration

<table>
<thead>
<tr>
<th>Service Users of:</th>
<th>Percentage of Service users needing PRN</th>
<th>Average amount of PRN administered per service users</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Health Service</td>
<td>84%</td>
<td>5</td>
</tr>
<tr>
<td>Partnership Scheme</td>
<td>55%</td>
<td>1</td>
</tr>
</tbody>
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amount of PRN administered in NHS units than in partnership scheme units which may be attributable to the amount of challenging behaviour displayed.

The last area to look at within the study was that of ability levels. The adaptive behaviour composite score, which is a combination of proficiency scores on a number of different scores was compared to average scores of people with learning disabilities living in residential care. There are three categories within which to fall:

Below Average - falling below the bottom 40% of average scores

Average - falling in the middle 30% of average scores

Above Average - falling in the top 30% of average scores

The data suggests that there are more service users falling in the below average and average categories in the partnership schemes than in the NHS units. There are less service users falling in the above average category in partnership schemes than in NHS units. This implies that the ability levels of service users in the NHS units are higher than the ability levels of service users in partnership schemes when compared to average ability of people with learning disabilities living in residential units.

Conclusion

From the results it is possible to create typical profiles comparing and contrasting the two types of units:

NHS:
- High levels of challenging behaviour on both a major and minor scale
- High levels of PRN administration
- High levels of mental health problems on both a mild and major scale

Partnership Schemes:
- Low levels of challenging behaviour on a major scale but higher levels of challenging behaviour on a minor scale
- Low levels of mental health problems
- Low levels of PRN administration

Summary

The results of this audit showed that the NHS residents tended to be more able, in terms of level of learning disabilities, however required greater help in managing challenging behaviour and mental health problems; whereas residents living in Partnership Housing Schemes tended to be less able in terms of learning disability, and they appeared to display less challenging behaviour.
This study has gone a long way in trying to determine differences between the NHS and partnership scheme service provision. There are important differences, which are fundamental in definition in order to pay full consideration to which service provision benefits which service users most adequately. The establishment of these differences will assist in trying to determine the exact role and function of these units in comparison within the NHS service provision.

Acknowledgements

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References


