

The British Journal of DEVELOPMENTAL DISABILITIES

formerly "The British Journal of Mental Subnormality"

Editor: H. C. GUNZBURG

Vol. XXXIX, Part 1

JANUARY 1993

No.76

EDITORIAL

It is an unavoidable consequence of de-institutionalization, normalization and integration into the community that the new conditions demand not only considerably more living accommodation but also considerably more service personnel for the very large number of widely dispersed units in the community. Many of the carers will be attracted to the service by genuine interest and desire to work in a worthwhile cause, others will consider the possibilities of a career in a "new" field, others again will be drawn to the employment simply because it is local and others by the chance of making a living by providing and managing residential accommodation. The difficulty of keeping even just only an eye on numerous, nearly independent living units creates the very real risk of "mini-institutionalization" creeping in by the backdoor.

In the large profession of carestaff the approaches by individuals to their tasks will vary quite markedly from the comparatively few excellent service providers to a, maybe, small number of inadequate ones whilst the majority of staff will give average, fairly satisfactory or indifferent services.

There are those who will leap enthusiastically and imaginatively at the new opportunities offered for putting their own ideas of furthering development into practice without having senior staff constantly breathing down their necks. They are essential for real progress because we must explore better ways of making use of the fallow ground of missed opportunities.

There are also those who have come to the conclusion that their task is mainly the provision of an acceptable standard of purely physical care in homely, domestic surroundings for people who are destined to vegetate in sheltered environments to the end of their days. They do not believe in the value of special programmes where, in their opinion, much effort yields scarcely noticeable results. They set dangerously low expectations to their work and tend to do as little as possible in often unacceptable ways. They view efforts at improvement with pessimism and the unshakeable conviction that "their experience" is adequate enough. Their contribution is of doubtful value and tends to perpetuate attitudes one had hoped not to encounter again.

And there is also a group of "carers" who do not "care" at all and whose inconsiderate management may have legal consequence if and when they are found out.

The large group of well meaning, conscientious staff poses very often the real challenge. They do ostensibly nothing wrong by following their own "good common sense" which more often than not turns out to be an adhering to traditional thinking and experience. Updating their approaches which are out of tune with developmental thinking makes it necessary to provide guidance, admonition and examples for them in the expectation that sensible advice will be accepted and integrated into daily practices. Otherwise one must insist that the new precepts are acted on unless there are good reasons for deviating from them.

Such insistence means not only an obligation for senior management to present clearly stated guidelines and principles but also to face their implications on established procedures, on the need

for changing infra structures, administrative regulations etc. Senior management must additionally accept the need for constant monitoring of the consequences of the many changes taking place. Assessments and evaluations are the necessary tools in this ongoing process of improving services and they can not be omitted.

Of course, care staff will feel disturbed by a procedure which will not only control the effectiveness of new administrative arrangements but also their own effectiveness in dealing with their charges. The irritation of the professional, who feels himself watched by "big brother", is understandable. He will quote numerous examples where "big brother" adheres to the rulebook and has no understanding for local conditions requiring deviations from the rules; and where "big brother" is blind and insensitive to either promising innovations or to disturbing signs of mismanagement, since the rules do not provide for exceptions. The shortcomings of a monitoring system are many, but they can be adjusted with experience. A quality control of a comparative and comprehensible system of standards to be maintained will guide and support everyone engaged in the care of developmentally handicapped people.

There are now several reports by American researchers which give cause for examining carefully the system of monitoring standards and service delivery*. In the US the funding of many residential facilities is adjusted in accordance with their adherence to a system of standards. This, of course, seems to realize the dreams and aspirations of all those interventionists who would reward the "good" practices financially and starve out those who deviate from the straight and narrow. One would expect that such procedure should automatically give significantly better results in "good" places. Yet, research findings are not at all clear cut. The funding of "good standards" seems not to produce necessarily better results than achieved by the independent facilities, a controversial finding which will lead to much speculation and renewed research.

Among the possible contributory reasons for this unexpected, and for many people "illogical" finding, is perhaps the excessive and time consuming overdetailed monitoring process itself as adopted in the USA to ensure that standards are adhered to. This kind of monitoring results in forcing people not only to devote far too much time to paperwork, but also to focus educational and training efforts on aspects which contribute to favourable scores when monitoring should really attempt to gain a comprehensive view of the whole of the developmental approach pursued in a particular unit. As in ordinary school life pupils, faced with an examination, tend to prepare only for those aspects where they expect nerve racking investigation by the examiner, so may many facilities, dependent on funding, adjust their work entirely to the demands implicit in questionnaires. They will strive not to miss out on the lifeblood of extra funding which ensures their continued existence. Rigid adherence to established safe policies must result in lifeless practices. The absence of experimentation can only lead to an institutionalization of procedures, which can by no means already be declared to be the last word in effective habilitation work.

The American method of insisting on a general meticulous detailing of requirements and goals may backfire and lead to disappointing results. The European way of neglecting common standards, goals and systematic monitoring altogether, in favour of individual approaches, leaves far too many loopholes for inefficiency and makes it too easy to avoid being accountable for the adequate development of latent social and personal abilities. But there is no doubt that both methods have their merits and they could be adjusted in an approach which provides management and staff with a more successful system of developmental practice than has been evolved so far.

H. C. G.

* see for example the Symposium on "Compliance and Quality in Residential Life" (MENTAL RETARDATION, (1992), Vol. 30, No. 3).