Residential support workers meeting the health needs of older people with learning disabilities: an exploration of their developmental and support needs

Dr Robert Jenkins, Prof Ruth Northway, Dr Daniella Holland, Dr Paul Jarvis

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Background

• Increased numbers of older people with learning disabilities

• Growing body of evidence of the greater health needs of people with learning disabilities including older people

• Little research on the implications of this for social care providers in terms of the skills and knowledge of support staff
Aims and Objectives

Aims:
• Explore the experiences of residential support workers involved in meeting the health needs of older people with learning disabilities.

Objectives:
• Identify the developmental and support needs of residential support workers
• To use this information to determine how the health needs of older people might be more effectively met.
• To disseminate this information to key stakeholders
What are the issues facing social care support workers in supporting older tenants?

• Learning and support needs of staff
• Perceptions of competence to carry out their role
• Supporting access to healthcare
• Interactions with healthcare staff
• Relationships between tenant and support workers
• What helps or hinders the meeting of health needs
• What are the hidden issues or gaps
Stage 1

- Steering group comprised of Third Sector social care organisations in South Wales
- Focus group - older people with learning disabilities
- Semi-structured interviews with 14 residential house managers from organisations.
- Interviews were transcribed, and analysed to identify key themes.
## Results from thematic analysis

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<th>Theme</th>
<th>Sub theme</th>
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<tr>
<td>Social care staff</td>
<td>Personal qualities and values, Previous experience and qualifications,</td>
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<td></td>
<td>Induction, Pay and conditions</td>
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<td>Meeting health needs</td>
<td>Range of health needs encountered, Recognising and monitoring health needs,</td>
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<td>Health checks, Medication, Record keeping, Accessing health care, Specialist support</td>
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<td>The consequences of ageing</td>
<td>Signs of ageing, Ageing in place, The need for environmental adaptations,</td>
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<td>Training regarding ageing and health issues</td>
<td>Training received, Proactive versus reactive, Providers of training, Testing</td>
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<td>knowledge</td>
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<tr>
<td>Relationships</td>
<td>Boundaries, Knowing the person, Relationships with health professionals</td>
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Social care staff

• ‘what you need most is the right attitudes and values because you can teach everything else’
• ‘one of the areas we are really struggling with is basic literacy and numeracy skills’
• ‘there is a very detailed induction programme – a new one that has been developed. The feedback has been brilliant’
Meeting health needs

• ‘every year for people with learning disability, they do get their annual health check and it is the surgery that comes to us’
• ‘..because they are on so much medication for this and that and the other, it is awful hard to work out if they have any type of dementia’
• ‘we have health passports for all the service users’
• ‘yes all of that will be recorded and every single visit to any professional…’
The consequences of ageing

• ‘...when people are getting older their health is not so great and I don’t think it is always fair that they are having to go to day services...’

• ‘we talk about the importance of identifying sensory loss and the things to look for...

• ‘forgetting somebody’s name or forgetting their football team and he is really hot on his football teams’

• ‘there is a lack of services....they have gone to homes; it is not the right environment for them’
Training regarding ageing and health issues

Proactive v reactive

• ‘you cant cover all bases, you cant cover all the training you think about what might happen, until something happens....’
• ‘what we tend to do is as needs crop up...’
• ‘like I said if we really need it, we can go and ask for it from somebody...’
• ‘anything that crops up in an individual, we source out the training for that. We are quite confident we can do that’
Relationships

• ‘As the service users have grown they have grown with them’
• ‘I think some staff have worked here for nearly 20 years and I think it is brilliant that they know their clients so well...’
• ‘I think they would feel more comfortable then with an older person than with a younger person for certain things’
• ‘they know all the boundaries like socialising, not taking their things into work, not loaning money. It is all tied up in different policies’
People with learning disabilities’ perspectives

• Support workers need more training concerning:
  • Understanding learning disabilities, getting to know tenants, communication skills, Advocacy and Mental health issues
  • Safeguarding- going into to hospital
  • Detecting early signs of illness; signs of Dementia and deterioration
  • Working with hospital staff members
  • Training on when and how to make decisions regarding support to ensure tenants main as independent as possible
  • Accessing advice and knowledge for tenants including where to go
  • Help people with learning disabilities get up to date with technology
Stage 2

- Themes from stage 1 informed the development of the Stage 2 questionnaire.
- Questionnaire comprising both fixed response and open questions.
- English Pilot study- Third sector residential care organisation.
- All Wales study- 199 responses from a total of 1757.
- Focus group comprising of older people with learning disabilities, carers (including parents) and researchers.
Key findings

• 27% of support workers had not started any qualifications since they began in their post.
• 62% had received training on learning disabilities and ageing and 18% did not respond.
• 25% of support workers were uncertain or disagreed with the need for training and experience.
• Support workers had not had training regarding: Frailty 77%; End of Life care 73%; Healthy ageing 71% and Loss and bereavement 63%.
• 98% received training on medication. However 43% perceived that there would be increased side effects from medication.
• Inconsistencies across and within organisations regarding support workers including qualifications, length of induction, quality and standards of training.

• Lack of training for health promotion including nutrition, hydration and physical activities.

• Largely reactive rather than pro-active approach to training, based on tenant’s health issues as they arise.

• Inconsistent access to learning disability and healthcare specialists.

• Lack of understanding regarding who should provide consent.
• Lack of appropriate facilities including suitable housing available for older people with learning disabilities – ‘ageing in place’.
• An inconsistent approach to accessing healthcare across South Wales - over-reliance on individual relationships between staff and healthcare professionals.
• A need for joined up working between healthcare and social care providers to provide the most appropriate healthcare and support.
• Managers and support workers stated a high level of competence and confidence to fulfill their role in terms of supporting tenant’s health needs, despite a much lower level of training in areas relating to health
• Most support workers felt that they should support tenants for longer than 3 years. However, and should never view tenants as friends although surprisingly more felt that tenants could view them as friends
Recommendations

• Consideration should be given to developing the health related role of the social care support worker. More emphasis should be placed on health promotion activities related to healthy living with particular emphasis on healthy ageing. There also needs to be better understanding of the residential social care support worker role by health care professionals.

• There needs to be a national (All Wales) training programme for residential social care support workers which includes more focus on health through induction, core training and specific health related qualifications. This should be linked to a career pathway for support workers and for Wales to adopt a similar social care charter that operates in England. Consideration should be given to regular testing of skills and knowledge of social care support workers.

• Research is needed into how record keeping can be improved to provide more focus on health related issues. This should include baseline health assessments aid diagnosis and thus improve future care and support. There also needs to be an integrated record system for handing over information to healthcare professionals.

• Continue with the person centred / positive values based philosophy of care. Acknowledge that this may lead to strong emotional bonds developing over time with tenants and suitable relationship guidance for support staff needs to reflect this.

• More integration between health and social care personnel and services so that people with learning disabilities are able to ‘age in place’ or have a seamless transition to more appropriate services.
Contact details

- Dr Robert Jenkins
  - robert.jenkins@southwales.ac.uk
  - Tel: 01443 483055
- Dr Daniella Holland-Hart
  - daniella.holland@southwales.ac.uk
  - Tel: 01443 483042
- Prof. Ruth Northway
  - ruth.northway@southwales.ac.uk
  - Tel: 01443 483177