



Warehousing

As the parents of a young man with autism and severe learning disabilities, my wife and I watched the recent *Panorama* exposure of abuse at the private Winterbourne View hospital run by the Castlebeck group near Bristol with distress, horror, and rage.¹

Much subsequent commentary has focused on the bullying and brutality experienced by vulnerable people supposedly receiving expert 'assessment and treatment' in a facility offering 'specialist health care and rehabilitation'.²

Much less attention has been given to another revelation of the BBC documentary: that adults with learning difficulties, autism, and other complex needs are being simply 'warehoused' in institutions in which they are condemned to lives of idleness, boredom and neglect.

After watching scenes in which a male staff member sat on a chair pinning to the floor a young woman, keeping one foot on her hand to prevent her from pulling herself up, it is painful to read Castlebeck's claim that 'we offer structured and meaningful programmes of therapeutic activity' (the company had the gall to repeat this statement from its website in its formal response to the *Panorama* revelations).³

Yet, the lack of such programmes for adults with learning difficulties — whether they are resident in larger institutions like Winterbourne View, still favoured by some local authorities and NHS trusts, or in the smaller scale community-based facilities more popular with families and voluntary organisations — remains a major problem and one likely to be exacerbated by growing public sector austerity.

Programmes providing purposeful activity and occupation for people with complex needs require high levels of well-trained and properly-qualified staff. It is clear that these conditions are not fulfilled at Winterbourne View. Throughout the residential care sector, staff are poorly paid and many lack appropriate training.

It is richly ironic that an earlier Care Quality Commission report (one of three in the past 2 years) on Winterbourne View notes a lack of staff training in 'de-escalation and physical intervention techniques'.⁴ The problem revealed by

Panorama was not merely that there was scant evidence of any improvement in such training (quite the opposite), but that it was the very lack of appropriate therapeutic activities (complemented by staff bullying), that provoked some of the patients into 'challenging behaviour'.

Now that our son is on the verge of transition to adult life, we have been investigating what services are available when he leaves school. We find that further education provision for people with learning disabilities has been curtailed and local day centres are being closed down (partly on the grounds that these have an institutional character, but without any alternative arrangements being made). There have been some improvements in the provision of alternative housing through specialist housing associations. However, arranging programmes of 'meaningful activities' remains a major challenge.

The Winterbourne View story reveals that people with learning difficulties are no safer in an institution run by a private corporation than they were in the only recently closed down long-stay NHS hospitals. It reveals that official regulators are not reliable guarantors of quality or even of safety. Yet, Castlebeck continues to promote its 'holistic approach based on non-aversive behavioural interventions and person-centred planning', its 'homely and supportive' specialist facilities (costing £3500 a week at 56 locations in the UK) and its 'robust systems of Quality Assurance as well as Clinical Care and Governance'.⁵ No doubt the frontline staff exposed by *Panorama* will soon be dragged before the courts. But who will hold Castlebeck to account?

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