
Downloaded from
https://kar.kent.ac.uk/85465/ The University of Kent's Academic Repository KAR

The version of record is available from
https://doi.org/10.1108/tldr.2012.56217baa.001

This document version
Author's Accepted Manuscript

DOI for this version

Licence for this version
CC BY-NC (Attribution-NonCommercial)

Additional information

Versions of research works

Versions of Record
If this version is the version of record, it is the same as the published version available on the publisher's web site. Cite as the published version.

Author Accepted Manuscripts
If this document is identified as the Author Accepted Manuscript it is the version after peer review but before type setting, copy editing or publisher branding. Cite as Surname, Initial. (Year) ‘Title of article’. To be published in *Title of Journal*, Volume and issue numbers [peer-reviewed accepted version]. Available at: DOI or URL (Accessed: date).

Enquiries
If you have questions about this document contact ResearchSupport@kent.ac.uk. Please include the URL of the record in KAR. If you believe that your, or a third party's rights have been compromised through this document please see our Take Down policy (available from https://www.kent.ac.uk/guides/kar-the-kent-academic-repository#policies).
EDITORIAL

Our shared needs

Peter McGill, Tizard Centre

When things go wrong in our attempts to facilitate good lives for people with learning disabilities there are usually elements of failure to see people with learning disability as being like “us”. They may be treated as less than human or as, somehow, having different needs to the rest of us. An emphasis on personalisation should not distract us from what we all share. The articles in the current issue draw our attention to some of these shared needs.

Ruth Bell outlines a simple system for increasing the safety and security of people with learning disabilities in acute hospital settings. At some point in our lives most of us will spend some time in hospital. By definition we are not likely to be at our best. A recent report noted that 25% of the acute hospital population in the UK will have some degree of dementia. Even if we were at our best, communication with hospital staff could be problematic – we are in an unfamiliar environment where people don’t know us and where we may be hearing bad news. The kinds of things that help people with learning disabilities in hospital are, therefore, potentially of value to the rest of us. Just as improving the accessibility of the physical environment helps more than people with physical disabilities so improving communication in hospital can help more than people with learning disabilities.

It is often striking how ordinary are the outcomes of successful support for people with complex needs. John Shephard tells the story of the ups and downs of one person’s experience of services over a 17 year period, noting how “unremarkable” a typical day in his life is now. Clearly, the process
of developing support arrangements that allow such ordinary days has not been unremarkable and has required persistent and skilled effort. At the same time it is important not to turn planning with and for individuals into a technology that only highly skilled practitioners can carry out. Yes, people with learning disabilities have special or unusual needs but we all share human needs for, amongst other things, shelter, occupation, understanding and love.

An understanding of such shared human needs is at the root of the notion of human rights. Michelle Redman and her colleagues provide an evaluation of training for support staff in a human rights based approach. The strength of this approach is its emphasis on things that we all share. In being asked to proactively uphold human rights staff are not being asked to do anything different to what they would want for themselves or their own relatives. It is clear from this article that the training was effective in increasing staff knowledge but that more needs to be done to change attitudes. Approaches which effectively change attitudes will increase our shared understanding of each other and will, therefore, be of benefit to us all.

One of the most fundamental shifts in our understanding is when we realise that our role in respect of people with learning disabilities is reciprocal – it involves more than doing things to or for them. This can happen when we realise that a person with learning disabilities is supporting us, perhaps at a time of our own grief or distress. Tina Cook’s and Pamela Inglis’ article provides a particularly striking example because of its focus on research. Research is the archetypal intellectual activity and has been jealously guarded by the “intellectuals” amongst us! Cook and Inglis convincingly show how an increased understanding of informed consent arose only through collaboration in the research process with people with learning disabilities. We have shared needs to understand but, with the possible exception of particle physics, such understanding requires engagement with other
humans. This notion of co-production is itself a shared need. We all wish to have an influence on the key events of our lives and for our decisions, along with those of others, to shape what happens.

While this issue will appear in the Spring of 2012, I am writing this just before Christmas and reflecting on my first year as Editor of TLDR. I would like to note the contribution made by members of the editorial board and others who have reviewed articles and written commentaries. In the current issue we have three excellent commentaries by Pauline Heslop (with Peter Fleming, Matt Hoghton, Anna Marriot and Lesley Russ), Tony Osgood and Jo Kidd. There have been many more throughout the year. Authors – please keep submitting interesting articles. Reviewers/commentators – please keep responding to my requests, often, I know, with very short timelines.