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DOI:

[10.1108/JAP-03-2016-0005](https://doi.org/10.1108/JAP-03-2016-0005)

Document Version

Peer reviewed version

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Citation for published version (APA):

Manthorpe, J., Njoya, E., Harris, J., Norrie, C. M., & Moriarty, J. (2016). Media reactions to the Panorama programme 'Behind Closed Doors: Social Care Exposed' and care staff reflections on publicity of poor practice in the care sector. *Journal of Adult Protection*, 18(5), 266-276. <https://doi.org/10.1108/JAP-03-2016-0005>

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Media reactions to the Panorama programme 'Behind Closed Doors: Social Care Exposed' and care staff reflections on publicity of poor practice in the care sector

Journal:	<i>The Journal of Adult Protection</i>
Manuscript ID	JAP-03-2016-0005.R2
Manuscript Type:	Research Paper
Keywords:	Safeguarding, Older people, media, care homes, scandals, care workforce

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Media reactions to the Panorama programme '*Behind Closed Doors: Social Care Exposed*' and care staff reflections on publicity of poor practice in the care sector

Abstract

Purpose

The aim of this paper is to present an analysis of media reactions to the BBC Television Panorama programme, *Behind Closed Doors*' and to set this in the context of interviews with care staff about their reflections on publicity about poor practice in the care sector.

Design/methodology/approach

This paper reports on an analysis of media reactions to recent exposes of abuse in social care in England and data from an interview based study of care workers. The interviews were analysed to consider the impact of such media reports on staff and to explore their views of action that might be need to be taken about care failings.

Findings

There are mixed reactions to exposes of poor care on television and to the debates that precede and follow their broadcast. Debates occur in print and on television, but also in social media. The particular expose of care home practices by the Panorama programme, *Behind Closed Doors*, led to debate in England about the potential role of covert cameras in care homes. The interviews revealed that while care staff are affected by scandals in the media about social care; they do not necessarily focus on themes that the media stories subsequently highlight. Overall some are disenchanted while others have ideas of what needs to change to improve practice. Care staff consider that there remain problems in raising concerns about practices and some staff feel unable to stay in workplaces where they have made complaints.

Research limitations/implications

The care workers interviewed may not be representative of the sector and they may have wished to provide socially acceptable answers to the researchers. Practice was not observed.

Practical implications

Local Safeguarding Adult Boards may wish to develop a communications strategy to deal with requests for reactions to media reports locally and nationally. Safeguarding practitioners may wish to prepare for increased referrals following media coverage of poor care in their areas. They may later be able to use media reports to discuss any local differences of interpretation over matters such as prosecutions for abuse. Trainers and educationalists may wish to clarify the importance given by care providers to raising concerns, the ways in which difficult conversations can be held, and the protections available to whistle-blowers or those raising concerns – with local examples to provide assurance that this is not mere rhetoric.

Originality/value

Television reports of problems with social care attract wide media interest but we know very little about how care workers respond to depictions of their work and their occupational grouping. This paper links media and expert commentator reactions to television exposes with data acquired from interviews with those on the frontline of care.

Keywords: care homes, care quality, media, elder abuse, care worker

Introduction

On 30th April 2014 at 9 pm, the BBC televised an investigative documentary entitled *Behind Closed Doors: Social Care Exposed* as part of its long-running current affairs series, Panorama.

The programme showed, through covert filming, the apparent abuse and neglect of care home residents by care workers, and commentaries were provided by social care experts. Incidents had been filmed in two independent care homes, *Oban House* in South Croydon then owned by HC-One Company and the August Equity-backed care village *The Old Deanery* in Essex. The undercover filming at *The Old Deanery* appeared to show some residents being mocked repeatedly on separate occasions, roughly handled, and one resident was shown apparently being physically assaulted. At *Oban House* a secret camera in a resident's room recorded her calls for assistance to help her get to the toilet, apparently without anyone coming to offer assistance in time.

Four Panorama programmes have featured the mistreatment and poor care of vulnerable adults by health and social care workers in recent years. An expose of Winterbourne View Hospital was aired on Tuesday 31 May 2011, with the title *Undercover Care: The Abuse Exposed* and an update on political reactions and service changes following responses to the Winterbourne View report followed on 29th October 2012, with the title *Winterbourne View - The Hospital That Stopped Caring*.

1
2 In between the two programmes covering Winterbourne View, a further Panorama programme
3
4 was broadcast on 23rd April 2012, entitled *Undercover Elderly Care*. This used secret footage
5
6 obtained from a hidden video camera disguised as an alarm clock that had been placed by a
7
8 suspicious daughter in the bedroom of her mother, a resident at *Ash Court Care Home* in
9
10 Kentish Town, North London. She was concerned about the frequent physical bruises on her
11
12 mother's upper arms and signs of emotional distress. Extracts from the two day's film footage
13
14 were broadcast (see Greig 2012 for a critical account of what he saw as the superficiality of the
15
16 analysis of care quality).
17
18
19
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21
22

23 Prior to the broadcast of *Behind Closed Doors* the content was released to the wider media by
24
25 the BBC. The story both focused on poor quality of care and how this had reportedly been
26
27 declining over time in the two homes (and in Winterbourne View), numerous attempts to notify
28
29 the Care Quality Commission (CQC) and the management by the two homes of their problems.
30
31
32
33
34

35 During this time we were conducting an ongoing study of the social care workforce in England.
36
37 Media attention to social care provided an unexpected element during fieldwork since, not
38
39 surprisingly, many participants made reference to external perceptions of the sector. While
40
41 retaining our focus on the key elements of our study (recruitment and retention) we adapted
42
43 our interview schedules to capture data on contemporary concerns. While our research is not
44
45 being undertaken in the localities covered by the Panorama programmes, it was evident that
46
47 across England reactions to the TV transmissions and subsequent media debates were affecting
48
49 the whole sector. It is in this context that this article is set; starting with a synthesis of some of
50
51 the press and social care community's reactions (as reported in the media) to the programme.
52
53
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57

58 **Background**

59
60

In this section we focus on the numerous and vociferous reactions to *Behind Closed Doors*. We collected an illustrative sample of national newspaper headlines (see Box 1) to communicate the essence of media reactions. The media responses to subsequent stories were similar in content.

Box 1: Media headline reports of the Panorama programme Behind Closed Doors

Name of National Newspaper	Headline
The Guardian	<p>Essex care home worker sacked over elderly abuse claims BBC's Panorama says undercover reporter filmed staff mocking residents and ignoring their calls for help Wednesday 30 April 2014 http://www.theguardian.com/society/2014/apr/30/essex-care-home-worker-sacked-elderly-abuse-claims</p> <p>Essex care home worker arrested on suspicion of assaulting elderly resident Police detain woman after Panorama broadcast shows resident being bullied and slapped at Old Deanery in Braintree Saturday 3 May 2014 http://www.theguardian.com/society/2014/may/03/essex-care-home-worker-arrested-assault-panorama</p>
The Independent	<p>Elderly care home abuse: Shocking footage shows elderly residents being taunted and assaulted at Essex care home, Wednesday 30 April 2014 http://www.independent.co.uk/news/uk/home-news/shocking-footage-shows-elderly-residents-being-taunted-and-abused-at-essex-care-home-9303888.html</p>
The Daily Mail	<p>'Will you help me, please?' Bedridden great-grandmother, 98, cried out 321 times in an hour - but her carers ignored her, reveals shocking secret film taken inside homes 30th April 2014 http://www.dailymail.co.uk/news/article-2616339/Slapped-bullied-supposed-care-Secret-filming-reveals-appalling-catalogue-abuse-homes-elderly.html#ixzz36u7AltL5</p>
The Mirror	<p>Woman arrested over 'assault on care home resident uncovered by Panorama investigation' <i>May 03, 2014 11:05</i> http://www.mirror.co.uk/news/uk-news/old-deanery-care-home-woman-3490375#ixzz36tdLwSjS</p> <p>Eight people suspended after care home mistreatment probe Apr 30, 2014 00:18 http://www.mirror.co.uk/news/uk-news/eight-people-suspended-</p>

	<p>after-care-3476572#ixzz36tezgPt2</p> <p>'Help me please': Distressing footage shows 98-year-old lady begging carers to take her to the toilet Apr 30, 2014 15:01 http://www.mirror.co.uk/news/uk-news/oban-house-care-home-croydon-3478736#ixzz36tvj2YW7</p> <p>'Will you help me please?' Carers ignored old lady begging for help over 300 times in an hour, Apr 30, 2014 04:33 http://www.mirror.co.uk/news/uk-news/will-you-help-please-carers-3476629#ixzz36txmjQCy</p>
The Telegraph	<p>Woman arrested after BBC care home investigation <i>Police arrest a woman in her 40s after a BBC Panorama investigation showed a care home resident being bullied and slapped by a worker, 3rd May 2014</i> http://www.telegraph.co.uk/health/healthnews/10805991/Woman-arrested-after-BBC-care-home-investigation.html</p>
The Times	<p>Dementia Sufferer slapped and taunted in care home, 30th April 2014 http://www.thetimes.co.uk/tto/news/uk/article4076676.ece</p>

The initial reactions, as reported in the national press, included statements from politicians and other social care stakeholders, some of whom had been interviewed or provided almost immediate media statements. Minister of State for Care and Support at the time, Rt. Hon. Norman Lamb, MP, argued that the minority of care providers that fail to meet acceptable standards needed to be tackled and that they should be under 'no illusion' as having a place as social care providers. He added that collaboration between government, the regulators, local authorities and providers would help improve standards and ensure that 'our loved ones' get the best possible care (excerpts from the BBC Panorama 30th April 2014 <http://www.bbc.co.uk/iplayer/episode/b042rcjp/panorama-behind-closed-doors-elderly-care-exposed>). Later he described the images broadcast as 'absolutely disgusting' and said there 'could be a role' for the use of closed circuit television (CCTV) in care homes (BBC News UK, 2014).

1
2 Chief Inspector of Adult Social Care at the health and social care regulator, the Care Quality
3
4 Commission (CQC), Andrea Sutcliffe declared:

5
6 There are organisations that are running homes and they are getting paid to provide care
7
8 and to provide support. We are expecting these people who are running services and
9
10 who are managing these services to deliver, people should not be getting into this
11
12 business if they don't care. (Extract from BBC Panorama interview 30th April 2014
13
14 [http://www.bbc.co.uk/iplayer/episode/b042rcjp/panorama-behind-closed-doors-](http://www.bbc.co.uk/iplayer/episode/b042rcjp/panorama-behind-closed-doors-elderly-care-exposed)
15
16 [elderly-care-exposed](http://www.bbc.co.uk/iplayer/episode/b042rcjp/panorama-behind-closed-doors-elderly-care-exposed)).

17
18
19
20 She later commented, 'I'm shocked and really angry about what Panorama has found' stating
21
22 that the incidents portrayed, were 'heartfelt' by those affected but also to the 'hundreds of
23
24 thousands' of good care workers who had been let down by the 'small minority' (BBC News
25
26 30th April 2014 <http://www.bbc.co.uk/news/uk-27229367>).

27
28
29
30
31
32 A representative of the owners of *The Old Deanery* was quoted in the Panorama programme as
33
34 saying that the incidents involved a 'small number of staff' and were not reflective of the high
35
36 standards of care it demanded from its employees. A further statement provided by the
37
38 company reported that 'as soon as the new management team was made aware of the
39
40 allegations we took immediate action'. These were listed as including hiring an independent law
41
42 firm to carry out a full investigation, suspending eight staff who had 'not returned to work,
43
44 pending a full inquiry' and dismissing 'the care worker responsible for slapping a resident' (as
45
46 apparently seen on the footage). It added, 'Our priority remains the health and wellbeing of our
47
48 residents and we have more than 200 dedicated members of staff who remain committed to
49
50 the highest standards of care' ([http://www.bbc.co.uk/iplayer/episode/b042rcjp/panorama-](http://www.bbc.co.uk/iplayer/episode/b042rcjp/panorama-behind-closed-doors-elderly-care-exposed)
51
52 [behind-closed-doors-elderly-care-exposed](http://www.bbc.co.uk/iplayer/episode/b042rcjp/panorama-behind-closed-doors-elderly-care-exposed)).

1
2 *Oban House* in South Croydon, owned by HC-One Company, also featured in the programme. Its
3
4 representative stated 'The failings in care from that period are totally unacceptable. We
5
6 apologise unreservedly to (the resident) and her family. We always seek to deliver the kindest
7
8 possible care'. ([http://www.bbc.co.uk/iplayer/episode/b042rcip/panorama-behind-closed-](http://www.bbc.co.uk/iplayer/episode/b042rcip/panorama-behind-closed-doors-elderly-care-exposed)
9
10 [doors-elderly-care-exposed](http://www.bbc.co.uk/iplayer/episode/b042rcip/panorama-behind-closed-doors-elderly-care-exposed)).

11
12
13
14
15
16 From the voluntary sector came further reactions of shock and calls for policy reform. Caroline
17
18 Abrahams, charity director of Age UK, stated: 'I want to see the elderly and their families given
19
20 more of a say in the running of care homes and clear avenues to raise the alarm when standards
21
22 do drop and staff given more protection when they do speak out' (BBC News 30th April 2014
23
24 <http://www.bbc.co.uk/news/health-27225318>).

25
26
27
28
29
30 The Health and Care Professions Council used the Panorama programme debate to illustrate its
31
32 case for care workers in England to be registered and thus regulated:

33
34
35 Yet again, we are presented with evidence of appalling treatment of vulnerable
36
37 individuals in our care homes. Whilst we recognize that the vast majority of people
38
39 working within this sector are dedicated individuals working in difficult circumstances,
40
41 there is no individual regulation at present to ensure minimum standards of care. (Seale
42
43 and van der Gaard, 2014)
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45
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47
48

49 **Specific themes**

50
51 One response that emerged in the media was the 'need' to set up hidden cameras in care
52
53 homes, as suggested by Norman Lamb MP, and also the representative of one of the care home
54
55 chains (HC-One) that was implicated in the programme. The Care Industry News website
56
57 reported:
58
59
60

1
2 One of the homes investigated is part of HC-One who this week announced they were
3
4 considering installing CCTV into all their homes to prevent care staff from abusing
5
6 residents. (Care Industry News, 2014)
7

8
9 The CCTV industry also developed this storyline, with the trade expressing positive opinions
10
11 about the capacity and ethics of CCTV technology. Trade unions were reported as taking this
12
13 suggestion seriously. Justin Bowden, GMB National Officer for the care sector, said *'Cameras in*
14
15 *care homes is a highly emotive subject which provokes understandably strong views and such a*
16
17 *big step requires very careful consideration. HC-One is wise to be approaching this with caution*
18
19 *and as part of a wide scale consultation. GMB will be talking to our 6,000 members in 227 HC-*
20
21 *One care homes – the experts in providing care to the vulnerable and elderly – and seeking their*
22
23 *views'* (Professional Security Magazine, online 2014).
24
25
26
27
28
29

30 This suggestion was not uniformly welcomed, as some experts argued:
31

32 The answer to preventing abuse in any care setting is not an Orwellian vision of society
33
34 with cameras and computers spying on every person's movements. Technology is a quick
35
36 fix, and will not address what happened at the Old Deanery care home in Essex. Society
37
38 needs to wake up to the changing demographic of increasing numbers of frail older
39
40 people, in particular those with dementia, and a more sophisticated debate needs to be
41
42 had about how to manage this frailty and pay for care. (Meyer, 2014)
43
44
45
46
47
48

49 It is with a heavy heart that those of us in the care industry pick up the headlines to see
50
51 "staff sacking and suspensions over poor elderly care" and "CCTV could be considered" in
52
53 the papers. (Smith, 2014)
54
55
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1
2 In response, the CQC (2015) produced a guidance leaflet about covert recording entitled,
3
4 *'Thinking of using hidden camera or other equipment to monitor someone's care?'* This was
5
6 reported in the Daily Mail (McTague, 2014), and The Times (Bennett, 2014), as families being
7
8 given the 'green light to spy' on care homes.

9
10
11
12 Significantly, the Royal College of Nursing's conference passed a resolution on 22 June 2015
13
14 *opposing* covert surveillance with three quarters voting against hidden cameras (Plomin,
15
16 2016:194). This development was reported in the Daily Mail as "*Ban worried relatives from*
17
18 *filming the elderly in care homes*" argue nurses who "*don't want to be scrutinised*".
19
20
21

22
23 Joe Plomin, the investigative journalist (who has made five films about social care and produced
24
25 the Panorama documentary exposing Winterbourne View Hospital) argues that there is often a
26
27 'fake' argument for and against covert filming. He promotes the need for a more nuanced and
28
29 informed discussion about proportionate and effective undercover recording and avoidance of
30
31 invasion of privacy (Plomin, 2016:16). Other commentators also support this view. Fisk (2015)
32
33 recommends a move from an overly narrow focus on cameras in care homes to the
34
35 development of ethical principles about their purpose and use in the light of the different forms
36
37 of technology available to providers, to residents and their families. As Hayes (2016) notes,
38
39 feelings of being spied upon by home care workers may provoke great anxiety.
40
41
42
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44
45

46
47 Relevant to our study was the feeling expressed in the media that portrayals of care homes as
48
49 described above were having an accumulative and unjustifiably negative effect on the public's
50
51 view of the sector. In a public survey conducted for the Demos Commission on Residential Care,
52
53 three-quarters of participants said they would not consider a care home move (Wood, 2014);
54
55 just over half (54%) saying they feared neglect or being abused.
56
57
58
59
60

1
2 Such judgments echoed the Minister's views, as reported above, and were further articulated by
3
4 many representatives of the care sector who argued that not all care is abusive and that by
5
6 implication the abuses portrayed were those of 'bad apples'. Smith (2014) asked the
7
8 whereabouts of good practice stories in the media to balance accounts of 'shocking' care. The
9
10 charity Friends of the Elderly stated: *'We are disappointed that the media continues to*
11
12 *broadcast stories of poor standards and incompetence in the elderly care sector with a less than*
13
14 *balanced view. Presumably the producers of Panorama believe they are encouraging better care*
15
16 *by creating this programme'* (Allen, 2014).
17
18
19
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21
22

23 In contrast to portrayals of one-off or personal moral failings in the sector, other related
24
25 debates touched upon poor care as being part of system-wide problems. British Geriatric
26
27 Society (BGS) President Elect, Dr David Oliver, for instance, noted the implications of this and
28
29 other Panorama programmes for his fellow geriatricians:
30
31

32 Some of those older people portrayed in Panorama might not have required so much
33
34 assistance with continence or mobility, or might not have had such "challenging"
35
36 behavior if local clinicians or clinical leaders had done their jobs properly. Some might
37
38 still have been at home. And doctors visiting care homes could be a useful pair of eyes
39
40 and ears to spot problems earlier and could be involved far more in staff training. (Oliver,
41
42 2014)
43
44
45
46
47
48

49 Scandals potentially create an environment that encourages public debate, a demand for policy
50
51 reform and may result in policy changes (McCombs, 2004) but this may need to be fostered by
52
53 other facilitative factors such as agreement over what needs to be done and what is feasible.
54
55

56 Initial reactions from key stakeholders in older people's social care as presented in this
57
58 background section will need to be tracked over the coming years and decades to see if they
59
60

1 have had single or cumulative effect. Studies of previous exposes have also concluded that there
2
3 are various impacts from such scandals, some leaving little legacy at all (Stanley, Manthorpe &
4
5
6
7 Penhale, 1999; Manthorpe & Stanley, 2004).
8
9

10
11 Little is known of the reactions to programmes such as *Behind Closed Doors* other than those
12
13 reported in the media and through online communications. While these reflect a variety of
14
15 opinions, there are many stakeholders in social care and not all of them make their views known
16
17 through social media or public pronouncements. The aim of this article is to broaden this debate
18
19 by providing views from the frontline of care, drawing on analysis of our interviews with care
20
21 workers.
22
23
24
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29

30 **Study design and setting**

31
32 The Longitudinal Care Work Study programme of work aims to increase understanding of the
33
34 factors that facilitate or constrain recruitment and retention in the social care workforce in
35
36 England through purposive sampling of social care staff in four different sites across England: in
37
38 North, Midlands, South and London areas. The sample was recruited from a range of settings,
39
40 including home care, day centres and care homes. These were run by local authorities, not-for-
41
42 profit or commercial care providers.
43
44
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48

49 **Method**

50
51 Interviews were semi-structured with the topic guides covering recruitment, retention, job
52
53 satisfaction, career development and included opportunities to discuss adverse publicity about
54
55 social care and any experience of whistleblowing or safeguarding. Participants were interviewed
56
57 at a venue of their convenience, mostly their place of work or own home. All interviews, except
58
59
60

1
2 for those few where notes were taken as there were difficulties with recording, were digitally
3
4 recorded and transcribed verbatim.
5
6
7
8

9 ***Data analysis***

10
11 Transcripts were subjected to thematic analysis (Braun & Clarke, 2006), to identify consistencies
12
13 and trends in the data. Each was read thoroughly before data being systematically grouped into
14
15 categories or core themes. The interview guide questions served as a starting point for these
16
17 themes. A second researcher then examined the larger core themes in order to interpret the
18
19 data and interpretive links with other categories. Themes were renamed or re-categorised
20
21 iteratively as the analysis continued (the data reported here were from the theme of
22
23 safeguarding under which were subcategories of whistleblowing, regulatory burden and
24
25 empowering workers). Trustworthiness was ensured through multiple coding and team
26
27 discussions to seek out varied interpretations. NVivo 10 was used to manage the data during the
28
29 analytical process.
30
31
32
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34
35
36

37 ***Ethical considerations***

38
39 Ethical approvals and necessary research governance permissions were secured and renewed
40
41 where necessary. The managers of the organisations approved contact with their staff, but did
42
43 not know whom we interviewed. We provided information sheets to all participants and offered
44
45 token payments to individuals. Ethical considerations included details of our confidentiality
46
47 policy and our need to inform authorities if we became aware of potential serious safeguarding
48
49 matters. We do not report details of sites or employers to help assure anonymity.
50
51
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54
55

56 ***Findings***

1 This article draws on data from 229 interviews with care home and home care managers
2
3
4 (n=112) and staff (n=117), which were carried out over two phases. The first round of interviews
5
6
7 (T1) took place between 2009 and 2012 and the second round (T2) took place between 2010
8
9 and 2014. Those 54 interviews undertaken at the latter end of Time 2 (in 2014) mainly form the
10
11 basis of this present analysis.
12

13 14 15 16 *Emotional reactions*

17
18 For many participants programmes, such as Behind Closed Doors, were distressing and gave rise
19
20 to strong emotions. A team leader said:
21

22
23 When I watch those kind of programmes, it just makes me so angry, because I just you
24
25 know—I haven't got the words to describe how it makes me feel, because I am in this
26
27 kind of work and I know what it can be like and I know what it should be like. I think
28
29 people just, how would they feel if it was a member of their family and I can't
30
31 understand why people just haven't got the empathy these days. I can't change it. I
32
33 haven't got a magic wand. (Team leader, care home for people with learning disabilities)
34
35
36
37
38

39
40 Most of those had heard about the programmes at Time 2 and felt they had worried residents'
41
42 families. Very few were surprised by the abuse that had been televised; many provided
43
44 accounts of what they had witnessed in their own work, but often these examples came from
45
46 previous jobs and on some occasions were specifically acknowledged as having taken place at
47
48 times when attitudes to disabled and older people were very different. Of these accounts of
49
50 abuse, some were highlighted as having occurred in hospitals; there seemed a strong feeling
51
52 among some that it was not only in the social care sector that such mistreatment could and did
53
54 happen. There was support for criminal charges to be brought against those responsible and for
55
56
57
58
59
60

1 regulators to focus less on minor paperwork, and more on the 'bad apples' of the system;
2
3
4 unannounced inspections were much approved by some.
5
6
7

8 For managers, fear of bad publicity could jeopardise their business, as the following quote
9
10 illustrates:
11

12
13 The thing is these days as well; it's getting trustworthy staff because you've got to allow
14 somebody to go in unsupervised into somebody's house. They have got to be 100%
15 trustworthy to do that. That is a difficult call to make. So far, touch wood, we haven't
16 had any problems. You've only got to employ the wrong person and it can damage your
17 reputation, dreadfully. Even the stories in the newspaper about care staff being rough
18 with clients. Families have put a camera in the house. (Home care service manager,
19 working with older people)
20
21
22
23
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25
26

27 **Taking action**

28
29 Some participants provided accounts of taking action on witnessing poor care or abuse, which
30 was often referred to as whistleblowing. A home care worker, for example, reported:
31
32

33
34 I was deputy manager at (specialist) unit for people with (autism) It was absolutely awful
35
36 (...) It was so bad. I just couldn't believe... I ended up being the whistleblower and the
37
38 place was closed down. And then I was out of work for several weeks.
39
40

41
42 INTERVIEWER Must have been difficult.

43
44 It was, yes. I was on my own with (financial commitments).
45

46
47 (Home Care 'Floating' (peripatetic) Support Worker)
48

49 Those who had whistleblown did not regret it but did not think it had been necessarily effective.

50 Following taking such an action from which there seemed 'no return' many left their employer,
51
52 as the next section describes.
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58 **Moving on**

1 Reactions to witnessing poor care or abuse included not only whistleblowing but resigning from
2 a job that seemed untenable. One person declared her feelings and concerns to her employer
3 and then resigned:
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8 Everything was done on a budget ... You would complain and complain that standards
9 were going down. They just weren't willing to do anything about it. From being
10 registered manager at the end of the day, I felt well it's my neck that's on the block here.
11 I put it in writing to them that I wasn't happy with the way things were ... I felt that I had
12 no option but to hand my notice in, because I wasn't going to leave myself in that
13 vulnerable position. At the end of the day, they held the purse strings, but they weren't
14 willing and they were in it for a profit and they were not willing to put the money back
15 into the business and see to everybody's needs. (Night shift working senior care worker,
16 care home)
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32 Several participants spoke of changing jobs when they could no longer tolerate staying with an
33 employer. More broadly, several were aware of local 'bad employers' from listening to their
34 colleagues' accounts of previous employers. A few had heard from care users of places (such as
35 care homes) where treatment was poor. Staff's views of such providers were typically anger in
36 that they felt these gave the whole sector a bad name. With the benefit of hindsight some felt
37 that they could have done something at the time about certain behaviours they had witnessed,
38 but it was now too late.. Very few participants said they had never seen or heard of poor care.
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50 **Improving practice**

51 In contrast there were other accounts of trying to forestall the need for whistleblowing, seeing
52 this as potentially divisive and not a way to deal with problems of possible poor practice or
53 concerns. For some, if whistleblowing occurred it damaged relationships with colleagues and
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1
2 made remedial action almost impossible. Prior to the implementation of the Care Act 2014,
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4 which places the responsibility upon care providers to take up matters of concern internally and
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6 to address them, some managers found it more effective to let staff address minor behavioural
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8 problems themselves:
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11 If a member of staff comes to me and says, oh, you know, 'That member of staff has
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13 done this and that and I'm unhappy about it' then, I would say to them, 'Okay, you've
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15 got two options, either I can deal with it and talk to that person, which means they might
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17 feel 'Oh, you've gone behind my back instead of talking to me,' or we can three of us sit
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19 together and just talk it out'. That normally works. Then everyone can sort of group hug
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21 and it's like everyone goes away feeling happy, rather than leaving it to become
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23 something serious. (Care home manager)
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28 Such practice was argued to be most effective because whistleblowing either led to
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30 confrontations between staff or because individuals were just too afraid of taking such matters
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32 outside the care setting and so did nothing. Whistleblowing has many definitions – including
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34 both going outside the organisation or going to authority within the organisation. For some
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36 participants if members of staff reported their concerns to managers then this too would be
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38 whistleblowing, bringing with it fear of reprisal even if their manager's reception of this news
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40 was not criticism. One care home manager conveyed the considerable problems of getting staff
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42 to report their concerns:
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47 The most important thing really is trying to emphasise about safeguarding and about
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49 whistleblowing policies really. And as much as you drum whistleblowing policy even into
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51 long-term staff they are still scared, because they're scared ... it's going to come back on
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53 them. As much as I say, "You're protected. You will be protected. You are safe. There
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55 will be no reprisal because if there is, then there's further disciplinary actions that can be
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1 taken.” But there’s still an element of fear. (Manager, care home for people with
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4 learning disabilities)
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9 **Discussion and conclusion**

10 The limitations of the present study are its size and the risk of bias of possibly recruiting people
11 who were willing to talk to researchers and may feel positive about their practice. The method
12 of an interview study means there is no opportunity to observe practice. Acknowledging these
13 limits, this study heard views and experiences in confidential interview from those at the
14 frontline of care services, and those responding were not media or professional commentators.
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25 Through the internet we located examples of the press and social media coverage of reactions
26 to the programme to inform the background to this article and to chart the development of
27 storylines such as the CCTV theme and regulatory reform that may be the legacies of the
28 Panorama care home programme. From the interview findings it was evident that most
29 respondents were positive about the role of media in exposing cases of abuse of care that had
30 apparently gone unchallenged. They saw this as a way to constructively highlight some of the
31 failings of the care sector but were aware that there would consequentially continue to be
32 damaging of care home reputations and also personal distress at the potential undermining of
33 their professional and caring image. Monitoring of their work by CCTV was not a major concern;
34 in contrast to some frustrations with raising concerns and to their feeling that the sector did
35 indeed have poor quality care providers and personnel, albeit a minority. None of the
36 participants in this study considered cameras in care homes to be the solution to such deficits –
37 they saw problems lying in broader system of care and support that failed older people, as well
38 as care sector cultures in which raising concerns was seen as a risky activity. Plomin (2016:200)
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1 highlights how similar debates about appropriate levels of surveillance are arising across the
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3 public sector:
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6 In almost every setting where I see secret cameras used, whether it is in care homes or
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8 nurseries, hospitals or animal sanctuaries, neighbourhoods where racist neighbors are
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10 victimising people or landlords or debt collectors are terrorising folk, the problems could
11
12 have been avoided.
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16 The media's role in publicising abusive practice has encouraged discussion of social care's
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18 shortcomings and debates around what can and should be done. Some participants predicted
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20 other similar media exposes would follow. However, there were expressions of disenchantment
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22 among some who felt there may be little or no lasting positive effect from such programmes on
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24 social care practice and policy. Such impressions chime with studies of media reportage of long-
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26 term care facilities in other jurisdictions, such as nursing homes in the United States. Miller et al
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28 (2012) observed that media reporting of nursing homes was predominantly negative in tone,
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30 and, not surprisingly, considered that this contributed to the public's poor opinion of nursing
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32 homes and those staffing them. There was substantial support for the prosecution of abuse
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34 among our participants some of whom felt that expose programmes should convey the
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36 potential for criminal prosecutions of abusive care (see Manthorpe and Samsi, 2015) and that
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38 not all care provision is abusive or contains poor practice.
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46 For the safeguarding community there are several messages from this study; the first being that
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48 there are mixed reactions to exposes of poor care as portrayed in *Behind Closed Doors* which
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50 should be recognised, and second, that debate is created in the print and on television, but also
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52 in social media so this too needs monitoring. Local Safeguarding Adult Boards may wish to
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54 develop a communications strategy to deal with requests for reactions to media reports locally
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56 and nationally. Board members may wish to contribute to 'positive' reports of safeguarding as
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1 part of such a strategy. Safeguarding practitioners may wish to prepare for increased referrals
2 following media coverage of poor care. They may be able to use media reports to discuss any
3 local differences of interpretation over matters such as prosecutions for abuse. Trainers and
4 educationalists may wish to clarify the importance given in agencies to raising concerns, the
5 ways in which difficult conversations can be held, and the protections available to
6 whistleblowers or those raising concerns – with local examples to provide assurance that this is
7 not mere rhetoric. Those working with people using care services and their family carers will
8 doubtless be aware of their concerns about care quality; professionals' strategies for assuring
9 them that there is good social care could be more widely shared and their effectiveness
10 evaluated.

27 **Acknowledgments and disclaimer**

28 We are most grateful to all who participated in this research, the interviewers, and the wider
29 research team who include Shereen Hussein, Michelle Cornes, Martin Stevens, Stephen
30 Martineau and Janet Robinson. This research was part funded under the Department of Health's
31 Policy Research Programme support for the Social Care Workforce Research Unit and formed
32 part of a Master's dissertation undertaken at King's College London by Esther Njoya, supervised
33 by Jill Manthorpe.

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