

Adult Learning Disabilities Services Newsletter



February 2008 • Issue Four

Welcome to the fourth issue of the South West Centre of Excellence's Adult Services Newsletter. With eight projects in the Learning Disability area and numerous other collaborations underway, this newsletter provides information to keep everyone up to date on developments. Projects 1 & 2 were reported in our first newsletter, in this issue we report on Project 3, covering research undertaken by Bristol University into commissioning approaches.

This Newsletter has been designed to keep everyone up to date on developments. In future issues we will also be including information from the Adult Services activity being undertaken by the Department of Health within the CSED programme.

Past Newsletters

January 2007: featured the SW Fair Pricing Tool and Provider & Placement Database. National pilots are currently underway in the application of an enhanced Fair Pricing Tool in mental health and sensory and physical disability commissioning in addition to LD and the results will be presented in the next issue of the Newsletter in April/ May 2008.

April 2007 featured projects on Developing Model Partnerships and other activities to engage with providers.

August 2007 featured projects supported by the Institute of Public Care at Oxford Brookes University involving developing a commissioning framework for adult LD services and piloting different commissioning approaches. Of particular interest is the activity being undertaken in partnership with providers into 'outcomes based commissioning' which will feature in the next edition of the Newsletter.

All editions of this newsletter are available from the South West Centre of Excellence (SWCoE) website www.swce.gov.uk. To receive a copy by post please email Helen Maunder at h.maunder@dorsetcc.gov.uk or write to SWCoE, Suite 5, Stowey House, Bridport Road, Poundbury, Dorchester, Dorset DT1 3SB.

Project 3 - Where do you want to go next? Critical factors in care planning for people with learning disabilities and their financial implications

This study aimed to explore the factors which are associated with different outcomes of care planning for people with learning disabilities. In particular, it explored the differences for those LD adults going into residential care and those who had a supported living placement, or another community-based option.

Background

This project was initiated because of concerns about differential patterns in the use of residential care for people with learning disabilities. This is a crucial issue of national relevance, with Government policy firmly recommending social services departments move towards individual budgets, community options and mainstream services (DoH, 2006).

The impetus in recent years has been towards 'supported living'. Research in 2001 by Emerson et al comparing supported living with residential accommodation, found that people in supported living had more choice and a greater number of community based activities. Supported living was intended to be a model that decoupled support and housing, whilst providing choice, control and the status of being a tenant for people with learning disabilities.

Finally, the move towards using ordinary community services and activities is starting to be matched by increased personalised support. Support workers and personal assistants can be supplied by organisations or agencies, they can also be purchased directly by individuals in receipt of direct payments. These options mean that some people with learning disabilities continue to live in rented accommodation, or are able to purchase their own home through shared ownership arrangements. Others may be enabled to continue to live at home with parents, with one to one support to help them access activities outside the home. Research generally indicates high levels of satisfaction with these models of support, although we know that availability of staff and training are key to success.

Research has repeatedly indicated the anxieties of carers, lack of information (particularly at transition) and the confusion of people with learning disabilities about the process of care management.

However there was a real need to understand in more detail how care management presently works, and what factors determine the outcomes for people with learning disabilities. This research project was designed to explore this area.

The Study

The specific focus of this research study was to understand the main factors influencing decisions that lead to adults with learning disabilities either staying in the community or moving into a registered residential home. During the research, information on the costs associated with the chosen option will be sourced and the implications of this on the overall costs of the support package. The study also explored the success of each case analysed to:

- compare the outcomes for the service user, and;
- obtain views about what is helpful or otherwise about the current planning process.

The study took place between 2006-7 drawing on cases from four local authorities in the South West. In terms of outcomes, approximately a third resulted in a residential placement, the others choosing another option including, for those in receipt of an element of direct payment, living at home with their parents with day activities support.

Next SWCoE Adult Learning Disability Event 1st May 2008:

We are planning to stage a workshop to discuss the findings of this research as well as other aspects of the SWCoE Learning Disability programme.

The event will be held on 1st May at the Taunton Rugby Football Club. If you would be interested to receive details of the event please email h.maunder@dorsetcc.gov.uk and we will send you an invitation and registration details once the final arrangements are made.

Findings

People who received residential care placements were more likely to:

- have a larger number of support needs recorded.
- be amongst the oldest group of service users.
- not be moving from the family home.
- not have a person-centred plan taken into account.
- have previous high levels of support supplied.

Those who did not go into residential care were more likely to:

- have a lesser number of support needs recorded.
- have parents or family members who advocated for them.
- have a person-centred plan which was taken into account in care planning.
- have previous support arrangements of less than 24 hour care.

Age was not found to be a significant predictor of placement, with the caveat that all those over 50 moved into residential care. This was because they had been referred for care management because of increasing physical needs, due to ageing. Other factors, are the availability of family carers and an older age group not having the option of living with parents.

The number of people consulted during the care planning process also appeared to have an effect. Where 4 or more people were involved in the decision, there was a greater chance of moving into supported living, or some other option.

Previous arrangements influenced outcomes, those who had previously not been living at home were 4 times as likely to move to a residential placement as those who had lived at home. If a person's previous support was not 24 hours a day, they were less likely to move into residential care. Those who had been coping with lower levels of support were far more likely to be considered for supported living or other options.

Factors related to cost seemed to have little influence over choice of residential or non residential care, no proposals in this study had been turned down on the grounds of cost. Additionally, there was little relationship between the cost of the previous package and whether a person went into residential care.

People needing higher levels of support cost more to place, whatever the type of accommodation, however, this study delivered some evidence that the cost of residential packages was higher than the cost of providing community-based support regardless of the level of support required. In broad terms, the cost of providing residential care for one person was the equivalent of one person in supported living plus another staying at home with support provided.

Placement Selection was often determined by availability based on evidence from these cases. This was just as true for placements in non-residential situations, as for residential homes.

This of course is exactly the opposite of an empowering situation of choice. Nevertheless satisfaction levels with the outcome was found to be high in the majority of cases. Those who expressed a view reported that the elements most appreciated were new friends, supportive staff and the opportunity to go out to do things in the community, such as shopping and socialising.

Availability of Information on choices was a significant factor in placement selection. Surprisingly in this study there was evidence of a lack of information on choices available, both to people with learning disabilities and to social services departments. Unless families were really 'proactive', they could easily be told that they had to take up the first available placement, whether this was a residential or a supported living placement. Care managers, for their part, seemed to rely heavily on local knowledge regarding availability. Consequently the development of alternatives to residential placements still appear to rely on existing models of what works for individuals together with knowledge about actual places and options available for people.

Involvement in Person Centred Planning. Whilst over half of the people with learning disabilities had been involved in person-centred planning at some stage during the process, this had often been initiated by the family, with varying degrees of success. Even when the person with learning disabilities could not communicate verbally, family members reported having to make sure their voice was heard through the process of pulling together opinions of familiar friends and acquaintances:

People with learning disabilities themselves were seldom involved in decisions about their future in a meaningful way. Even when they had taken part in planning and had expressed their wishes in general, there was very much a 'best interests' culture about deciding where to move. In some cases this was to prevent them becoming anxious and disappointed should the particular option they were looking for, not being agreed or not materialise for some reason.

Contact with family and friends was seen as pivotal in a successful outcome. Parents and advocates cited the most important issues were that the move should take place in a planned way, to ensure the individual was in a confident state of mind, and that they would still have regular contact with family and friends. This often meant local choices, where the person was living in close proximity to the parental home. In other cases, parents also advocated for supported living or residential homes which happened to be near the student's former college, or where they would live with good friends they already knew.

For those moving on from residential colleges, it was hard to provide a smooth transition back to the local area. However, families were more 'decided' about moving on in these cases and college staff were often active in supporting the young people to plan for the future. Ways to keep up links with college staff and friends would be very valuable for the young people in their new homes.

The messages for good practice in care management for LD young people and adults were:

- Develop person-centred planning for listening to people and involve them in decisions.
- Work with families by giving them up-to-date, clear information about choices, and respecting their advocacy role.
- Get to know the person, if necessary through providing paid advocacy.
- Ensure good leadership and vision from the top, with management that encourages open discussion of individual budgets and direct payments options, together with creative ways of thinking about support packages.
- Provide open and clear information about the living options available, including supported living, shared ownership, renting, group living etc.
- Make information about housing options available to people and encourage them to pursue these options – to visit and discover for themselves what they would like.
- Judge satisfaction with outcomes by continued work alongside the person, if necessary through an advocate.

People Moving On From Hospital Living



A Dorset-wide “Moving On From Hospital Living/Campus Reprovision” project was presented to providers across the SW at a recent event. This project involves moving approximately 140 individuals with learning disabilities, currently living in health accommodation, to more appropriate community settings to meet their needs.

Providers are encouraged to make expressions of interest, including both housing and care and support providers, as people who are moving on from hospital living will require a wide variety of types of support and settings in the future. How services are to be delivered will be based on the identified individual needs and the outcomes of a person-centred planning process in which the individuals will be actively involved, including the development of an Individual Service Design. For further information about the Campus Reprovision project please contact **Philippa Scott, Programme Director on 01305 228555.**