

# From Acute Provision To Supported Living

## The Care Pathway

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# Supported Living - our Values

**Put the Service User at the Centre of their support** - Everything we do should be Service User led and not service led.

## Respecting People

We treat the people we work with and for with courtesy and respect, enabling them to live fulfilling, independent lives.

## Responsibility

We develop services and solutions based around the needs of each individual, continually building on our longstanding reputation and delivering on our promises.

## Independence and Choice

We champion independence; promoting rights and life skills for individuals to live fulfilling lives within their community.

## Flexibility and Well-being

We offer a flexible but safe support service for our service users, we seek to work creatively in developing solutions with Commissioners and Service Users and their families to meet individual support needs.

**We believe a quality provider sets out its provision based on a set of core values.**

**What values are important to you?**

Citizenship is  
possible for  
everyone

it just might  
take some  
extra thought



Diagram used with  
kind permission of  
**Professor Simon  
Duffy**, Director at  
the Centre for  
Welfare Reform

## Citizenship is vital to safety

- 1. Direction** - Its risky if my life lacks meaning and value
- 2. Freedom** - Its risky if I cannot direct my life, communicate or be listened to.
- 3. Money** - Its risky if I lack money or if I cannot control my own money.
- 4. Home** - Its risky if I cannot control who I live with, my home and my privacy.
- 5. Help** - Its risky if I've no one to help me and if I cannot control who helps me.
- 6. Life** - Its risky if I am not a valued member of my community.
- 7. Love** - Its risky to have no friends or family.

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## Bestwood Independent Hospital Nottingham

This outcome based provision was set up initially around one person we built the service around that person. Not the other way round.  
Developing a unique Apartment-based hospital providing locked rehabilitation services, specialising in working with people who find it difficult to thrive in multi-occupancy settings

*Don't be afraid to be innovative when looking at solutions.*



**Self-contained apartments; including own front door, kitchen, living space, bathroom and garden to maximise the opportunity to develop independent living skills**

# Case Study

## Apartment-based hospital - Joan

- In her previous placement Joan had been nursed in isolation for 6 years in a single room.
- Having her own living space has enabled Joan to live a more 'normal' life which has had huge therapeutic benefits for her well being and recovery.
- At first Joan had minimal interaction with staff but we have managed to build up her contact times and she is now happy for staff interaction.
- She has recently started going out in the community and has gone shopping to choose her own clothes even interacting with shop staff. This is a huge step forward for her.

Where there's a problem  
there's a solution.

Don't give up - if you don't have the  
solution within your own care pathway  
consider collaborative working with  
commissioners and other providers.



# Enhanced Supported Living

There are options other than residential care for people who challenge mainstream services; they can live in their own homes.

Appropriate accommodation and well trained staff are key; our properties are more robust, they have utility cut offs in staff areas, damage is kept to a minimum due to the property being adapted around the person.

People can have their own tenancies and autonomy over **their** living space



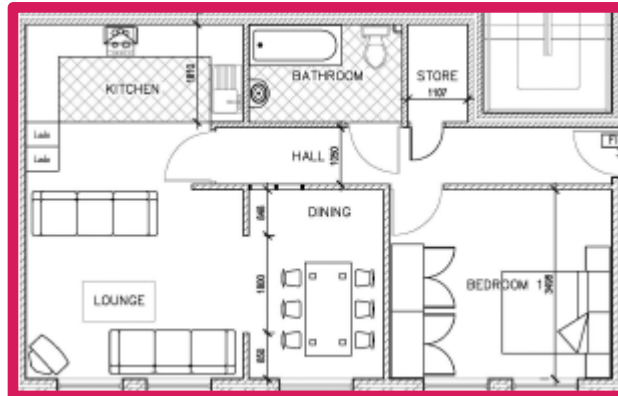
# Case Study

## Enhanced Supported Living - Keith

- Due to diagnosis (complex autism) and behaviours, Keith was held in a high security hospital without having a section under the mental health act or a forensic history.
- Eden worked in direct partnership with the commissioning teams, service user and family to develop a bespoke living environment that can be adapted to meet Keith's changing needs.
- After 40 years of institutional care Keith now lives in supported living which is a phenomenal achievement for him, this enables him to have a level of independence he hasn't experienced before.

## Intermediate Support

- Individual apartments for people with complex needs they have their own tenancy agreements and therefore autonomy over **their** living space.
- Single-occupancy, fully self-contained apartments.
- There is a staff presence on each floor with 24 hour access to shared support.
- Individual support hours range from 1-1 / 2-1 / 3-1, all are planned to meet individual outcomes.



# Case Study

## Intermediate Supported Living - Sam

- Sam has a forensic history and spent a lot of time in medium and low secure services
- Sam wanted to have his own place, a place to call home that would enable him to build on his independent living skills and his self-esteem.
- His attachment disorder had damaged Sam's relationship with his family, he wanted to re-engage with his family and build other fulfilling social relationships.
- 1:1s have been used to support Sam to re-engage with his family and develop his social skills.
- The availability of staff 24 hrs has enabled Sam to seek support when he has felt vulnerable and get reassurance when needed.

# Supported Living

People rent through registered social landlords or privately. This model gives the person a lot of choice when deciding **where** they want to live and **who** they want to live with.

## Shared houses up to 5 people

- communal bathroom, lounge and kitchen.
- Essential to get compatibility right.
- 24 hour shared support can be built into packages as required.
- Ideal for those who don't want to live alone

## Single Occupancy

- Own house / flat
- 24 hour shared support can be built into packages as required.
- Ideal for those who do want to live alone



# Case Study

## Supported Living - Jack

- After leaving home Jack first went to live in a care home, he felt restricted there and ‘wanted to get’ away.
- Jack was restrained fairly often and it was felt that the environment did not suite his needs and could not support his aspirations.
- Since having his own place Jack hasn’t been restrained once.
- One of Jack’s aspirations was to pass his moped test. Rather than dismissing this goal Eden staff sought advice of appropriate professionals and supported him to get his licence.
- Having control in his life and achieving his goals has enabled Jack to feel fulfilled and no longer ‘frustrated’.

# Floating Support / Touch base services

Up to several hours of support a day in their own home - Supporting people funding

- Managing finances
- Developing domestic skills
- Tenancy compliance
- Neighbour relations
- Healthcare appointments
- Support with benefits



# Case Study

## Floating Support - Stewart

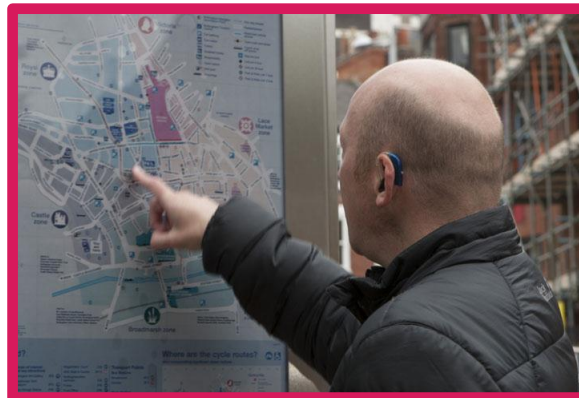
Expert by experience; Stewart has progressed through the care pathway and shares his experiences of this and of the floating support service he now receives.



## Independent Living - Not reliant on paid services.

This model enables people to go up and down the care pathway when their needs change.

The right support often leads to a reduction in support hours and can lead to support not being required at all.



If you only have part of the care pathway that we have listed above why not look at collaborative working with other agencies in your area. We all need to work in partnership to produce better outcomes for people with learning disabilities.

## Group exercise

In groups of 5 for 15 mins reflect and answer the following questions. As 1 person to feedback to the rest of the group

- 1 ) what are the pros of the Eden Care Pathway
- 2) what are the cons
- 3) what would you improve
- 4) can you identify another agency in your locality that you could approach to create other areas of the care pathway to give people more opportunities.

## Questions and Answers Session