

**Supporting an
individual back into
their community: a
case study**

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The History

- **Bob - 23 years old with a Mild LD. Diagnosis of ADHD and personality disorder. Disputed ASC diagnosis. Verbally expressive.**
- **Child protection issues relating to neglect at aged 3 and taken into Care.**
- **Over 15 different placements in 20 years before ending up in Treatment and assessment unit.**
- **Verbal aggression, Property damage, Physical aggression, Self-injury/ Self Harm.**

Development?

- Involved early on, developed good relationships via our PBS specialist
- Worked closely with Enhanced Psychology service – funded by LA and ‘Better Care funding’
- All parties signed up to a shared plan
- ISF funding
- Attitude of staff– empathy and true understanding identified as key
- Honesty and realistic



Development

- Careful planning and Transition (3 months) to a shared 2 person property with own tenancy
- Nothing off the table
- Willingness to learn. Duty of candour.
- Positive risk Taking
- Consistency - Joint MDT Staff consultation days
- **FELXIBLE APPROACH TO FUNDING REQUIREMENTS E.G. 6 WEEKLY BREAKS**



What happened?

- 2 years of real progress
- Started to disclose a history of alleged abuse across a number of placements. **THIS WAS A POSITIVE THING**
- Risk increased due to increase in frequency and intensity. Due to shared living, tenancy at risk.
- Staff burnout and stress
- CTR held – invaluable to prevent sectioning

What happened [2]?

- Alternative living arrangements sourced – positive risk taking maintained. Still nothing was kept off the table
- No local specialist services/ staff available
- Kept the staff team together to maintain consistency. - Stickability
- Remained committed. MOVED BACK TO HIS OWN FLAT
- No Local support existed in the end to meet his needs

BUILDING THE RIGHT SUPPORT

Oct 15 LGA, Adass, NHS England

- **Greater Manchester (2.18)** – *Recognising that occasionally the needs of individuals can increase, ...investing..., in six local crisis beds and an in-reach/outreach team providing safe short intensive support ...*
- **Lancashire (2.23)** - *They will developa crisis intervention and support services across the area. A small number of community-based assessment and treatment services to prevent unnecessary out of area placements*
- **Arden, Hereford and Worcestershire (2.57/58)** - *An admission avoidance scheme short-term accommodation for people who need support when a placement breaks down..... or, for example, if a tenancy breaks down....create intensive community support teams which will work with existing mental health crisis teams to provide comprehensive crisis care 24/7.*

What we could have done better as a provider/ do in the future

- Support for staff during 'crises' e.g. Mindfulness, RESPOND etc
- Keep need for therapy on the agenda
- Keep contingency needs on the agenda.
- Promote new ways of working – Work with commissioning so local market offers what is needed. Competitive tendering for complex services is counter productive. Use providers to share staffing capacity and housing. Work collaboratively – pool of Individual Budgets.

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Company Reg. No. 2189556

Charity No. 298149

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Date: 29/09/15

Version: 1.1