dimensions

Effectively discharging from ATUs

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Proving life can get better

"With appropriate resourcing, legal frameworks and genuine co-working between agencies, families and the person, people can live in the community to achieve their potential.

"If at all, hospital should only ever be one small step in a pathway.

"For the pathway to avoid dead ends, it must include person-centred philosophy, trauma-informed planning and practice, targeting resources to prevention and removing the opportunity to profit from institutional care."

Dr Jeremy Tudway
Clinical Director, Dimensions

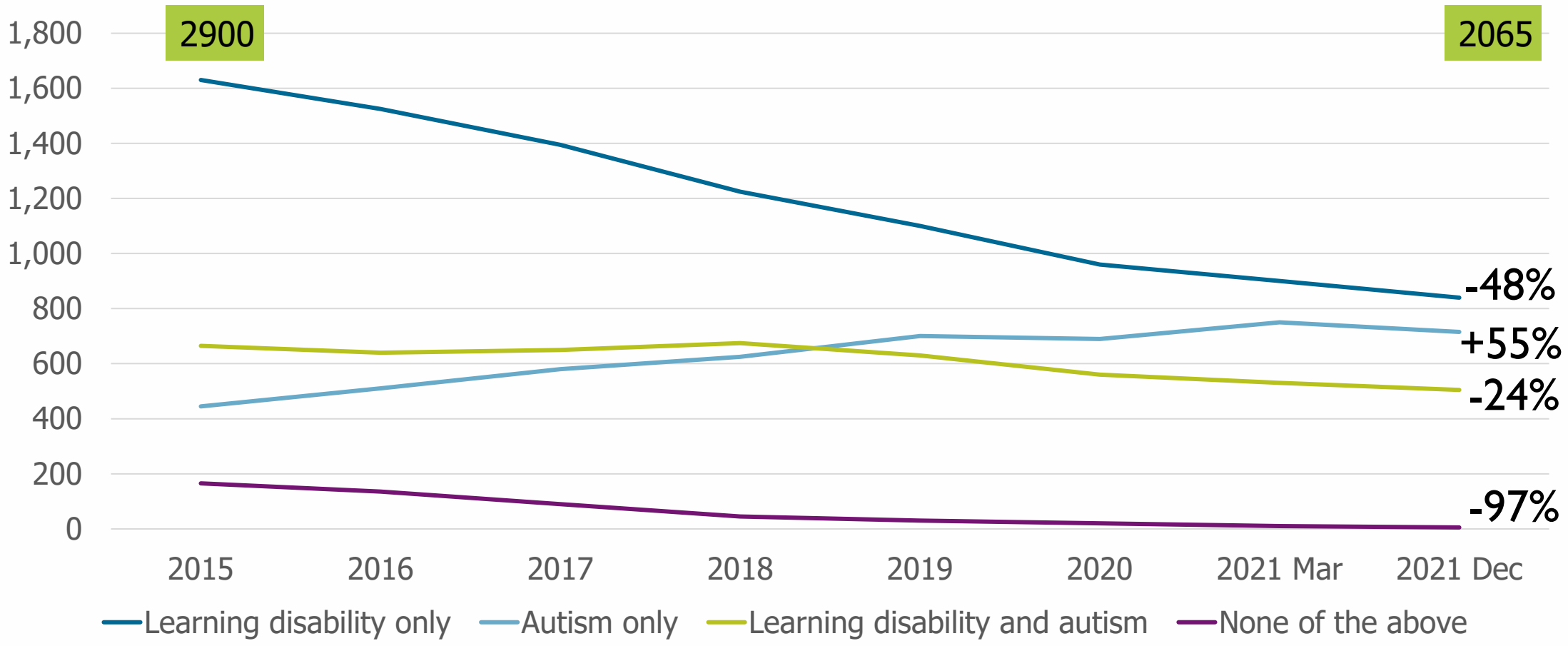
Building the Right Support (2015)

- More than 2000 people spent last Christmas locked up in an ATU
- For 1200 of those, this was at least the second consecutive locked-up Christmas
- 100 people have spent more than 10 years locked up in an ATU

Building the Right Support (2015)

"In three years we would expect to need hospital care for only 1,300-1,700 people where now we cater for 2,600..."

Building the Right Support (2015)



Differences between hospital and home

- Hospitals aim to teach people real world skills in a false setting
- When someone is in their own home they will experience **different expectations, choices, stresses and opportunities**
- Importance should be placed on developing somebody's skills in the appropriate context and using **real experiences as learning moments**
- **We all learn how to engage in relationships through experiences** – this is no different for the people we support

Making informed choices and taking responsibility

- Many people with learning disabilities in hospitals have become institutionalised
- Institutions decide their routine, their diet, their activities, who they have to be friends with etc
- Giving somebody the opportunity to learn to make informed decisions and to take responsibility for their actions and behaviour gives them more independence and confidence

Identity

At the start

- “I have a black belt in karate”
- “I was raised by Hell’s Angels”
- “I could kill you with one punch”

At the end

- “I am a good neighbour”
- “I am more than my past”
- “I have a disability. I am not my disability”

Labels

What labels do we give ourselves?	The labels the people we work alongside have when they come to us:
• "Family" • "Good Friend" • "Good Colleague" • "Hobbyist"	• "Disabled" • "Challenging", • "Lacking in social knowledge", • "Lacking confidence"

Labels are self-fulfilling prophecies:
If you were told you were these things your whole life… why would you continue to try and change people's minds?

Attachment and relationships

What are the three most important things in your life?

- Most people's answers all refer to **relationships**
  (This is no different for the people we work alongside)
- Because professionals and peers in people's lives change frequently in health and social care, the people we work alongside have experienced more loss than most of us
- This is why working with people to develop **longstanding, unpaid, non-professional relationships** is key

Repair

- If we continue to let relationships rupture without seeking to repair, how will people develop long-lasting relationships outside of us?
- The ability to resolve conflict, apologise, accept an apology are skills to be taught
- These are the foundations of relationship skills, which **we all learn through experience**
- By filling in these gaps in their learning the people we work alongside can develop relationships they **truly care about** and do not want to lose

Trauma informed support

- The people we work alongside have usually had traumatic experiences in their life
- We need to consider this and ensure we are taking a trauma informed approach to supporting them; safety, trust and transparency, collaboration, empowerment and choice, and peer support
- We also realise that some of the histories of the people we work alongside may impact on trauma our support colleagues have – they also need to be supported with this in mind

Realisation about trauma, recognising signs, resisting and retraumatisation and responding

Expect incidents - stickability

- Incidents when somebody is first discharged from hospital are expected.
  - Their whole life has just changed
  - They have just left everybody they know, most of their relationships – and they will probably test us to see if we can be trusted
  - There are additional **stresses, expectations, and responsibilities**, which they did not have in hospital
  - They are scared for their future, there is a lot of pressure to succeed in this unfamiliar environment with these unfamiliar people

Because we expect this there is an additional value in our team: **stickability**. If the person makes a bad decision we will stick by them through it. This builds trust and helps them feel safe with our support

Natural consequences

- **Natural consequences** are the consequences which naturally occur as a result of our actions. i.e. if I was to punch my friend he will not be my friend anymore
- These apply to **all members of society** regardless of diagnosis
- **Capacity** has to be taken into consideration when using natural consequences as a tool – did that person not understand the decision they made or did they make an informed unwise decision?
- Policy should reflect this approach – if somebody offends then there should be legal consequences, and the support provider should support this process

What we do – Hospital to home

- Assess
- Individualised Recruitment
- Work in partnership with the individual
- Work in partnership with Multi-Disciplinary Teams
- Housing
- Risk Manage
- Reduce support

Changing culture – Dimensions' values in action

Ambition	We seek to help people reach their potential
Courage	We are guided by the courage of our convictions to make a difference
Integrity	We ensure that what we do is grounded in what we believe
Partnership	We work with others to achieve more for people
Respect	We recognise that every person's unique contribution is valuable

Thank you for listening
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