

SCIE Guide 8: Adult placements and person-centred approaches

September 2005



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Introduction

Sources of knowledge available for this guide

This practice guide, about person-centred approaches in adult placement, is based on three pieces of work commissioned by SCIE in 2004:

- a **practice survey (191kb PDF file)** that identified emerging and developing practice
- a literature review that pulled together the key literature on adult placements
- an analytical report that identified the key messages from these two surveys.

Barrie Fiedler, an independent consultant, undertook the work with support from Sian Lockwood, the Chief Executive of the National Association of Adult Placement Services (NAAPS). The guide also draws upon previous SCIE work and other relevant material.

There is very little formal research in this field, and the guide, therefore, draws on practitioner, user and organisational knowledge. In particular it draws on a comprehensive practice survey of four adult placement schemes

Who the guide is for

The guide is aimed at local authority and health commissioners, practitioners, service users, adult placement scheme staff and carers in England. It identifies relevant national minimum standards, and highlights findings and case examples from the practice survey, as well as from the literature where available.

The Guide contains practice points, including areas of conflict, on-going debate about roles and responsibilities, and the application of person-centred approaches to adult placements.

The guide is specific to England, as regulations in Wales and Northern Ireland are different. However, it may have relevance for future service development in all countries of the UK.

Adult placements have a part to play in the implementation of the adults social care green paper on this work.

'Adult placement schemes help approved adult placement carers (ordinary people from the local community) to share their home or time with someone in need. Similar to fostering, but for adults, it is a highly flexible model and services can be tailored to meet the needs of a particular area or community group'.⁽¹⁾

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It is clear that we need further research and a much broader survey to develop the knowledge base. Consequently, SCIE is keen that this guide informs future guidance for local authority commissioners, and that this product is used as a basis to test the practice issues that have been identified.

Acknowledgements

Our thanks go to Barrie Fiedler and Sian Lockwood for their support in the development of this practice guide. Additionally, we would like to thank all of those who contributed to the practice survey.

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Adult placement and being person-centred

What is adult placement?

Adult placement (AP) offers people (predominantly those with a learning disability, but also older people and people with mental health problems) an alternative, highly flexible form of accommodation and person-centred support, which is provided by ordinary individuals or families (adult placement carers) in the local community. This enables individuals to share in the life of the adult placement carer.

Adult placement carers provide long- and short-term accommodation and support in their own home, with the majority of carers providing services to one, or at the most two, people at any one time.

Adult placement carers are members of adult placement schemes. These schemes receive referrals, match potential service users with carers, and monitor placements to ensure standards are met.

Regulations affecting adult placement

In August 2004, the government changed the way in which adult placement in England was regulated. Before August 2004, adult placement schemes were required to follow Department of Health guidance, and adult placement carers were registered as 'care homes providing adult placement' with the Commission for Social Care Inspection (CSCI).

From August 2004, adult placement schemes were required to register with the Commission for Social Care Inspection (CSCI). Individual carers are no longer directly regulated.

Adult placement schemes have to conform to the *Adult Placement Schemes (England) Regulations 2004*. In assessing whether an adult placement scheme meets the regulations, CSCI takes into account published national minimum standards.⁽²⁾

Formal definitions

The Department of Health national minimum standards use the following definition for adult placements:

- accommodation with care, or intermediate care, in the family home (habitual residence) of an adult placement carer
- accommodation with support, including support funded through Supporting People, in the family home (habitual residence) of an adult placement carer

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- day services based in or outside the home of the adult placement carer
- short breaks, with or without personal care, inside or outside the carer's home
- support in the community by an adult placement carer acting as extended family ('kinship') support or 'outreach' support in the community.

It goes on to define the following terms:

- **Adult placement carer**
A person who, under the terms of a carer agreement entered into with an adult placement scheme, provides, or intends to provide, care or support (which may include accommodation in the adult placement carer's home) for no more than three service users at any one time.
- **Adult placement scheme**
A scheme regulated under the *Care Standards Act 2000*⁽³⁾ managed by a local council with social services responsibilities, or independent (profit-making or non profit-making) body-responsible for recruiting, assessing, training and supporting adult placement carers; for taking referrals, matching and placing people with adult placement carers; and for supporting and monitoring the adult placement.
- **Adult placement worker**
An individual employed by an adult placement scheme who has the competencies, qualities and experience needed to carry out its tasks.

The adult placement model

Adult placement has its roots in fostering. Adult placement carers, like foster carers, are self-employed and are required to share their daily life with the person placed with them. Central to the aims and objectives of the scheme are the following principles:

- To live a normal life in the community.
- To share the daily life of the adult placement carer.
- To stay well and keep safe through the use of key documents and processes.

These are defined in the regulations and national minimum standards for adult placement schemes, and are referred to at the beginning of each chapter in this document. They can be also be found in full at www.dh.gov.uk.

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Person-centred planning - an explanation

This is a brief summary; for a detailed discussion, go to the **person-centred planning** section of this guide.

The government set out its strategy for services for people with learning disabilities in a white paper 'Valuing people' ⁽⁴⁾ published in 2001. It introduces the concept of person-centred planning (PCP), as:

'a process for continual listening and learning, focusing on what is important to someone now and in the future, and acting upon this in alliance with their family and friends.'

Person-centred planning provides the basis for, and promotes, 'ways of commissioning, providing and organising services rooted in listening to what people want'. It is based on principles of rights, independence, choice and inclusion.

So, person-centred planning is about helping a person work out what they want, and person-centred approaches focus on how this is delivered. Services should fit in with the needs of the individual and make changes accordingly, rather than expecting the individual to fit in with what is already there. This means looking to the wider community and not limiting resources to specialist learning disability services.

'Implementing person-centred planning means change: change for the person, for the people around them; change for organisations providing services, and for the work staff do: and change in the way the service system engages with people and families'. ⁽⁵⁾

'Valuing people' ⁽⁴⁾ identifies five key features of person-centred planning:

- The person is at the centre.
- Family members and friends are full partners.
- Person-centred planning reflects a person's capacities, what is important to that person, and specifies the support they require to make a valued contribution to the community.
- Person-centred planning builds a shared commitment to action that will uphold a person's rights.
- Person-centred planning leads to continual listening, learning and action, and helps a person to get what they want out of life.

In 'Valuing people', the government asked Local Partnership Boards in England to implement person-centred planning in a strategic and joined-up way. The recent government green paper on the future of adult social care, '

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Independence , well-being and choice' ⁽¹⁾, proposes that person-centred planning should be an integral part of future service provision for adults.

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The current situation: Facts and figures

In a recent study⁽⁶⁾, Sylvia Barnard found that there were 130 adult placement schemes in England supporting around 5,000 carers. These carers provide services to more than 6,500 service users comprising:

- 71 per cent people with learning difficulties
- 17 per cent older people
- 8 per cent people with mental health problems
- 4 per cent people with physical disabilities.

The survey also found that local authorities run 86 per cent of schemes, whilst 14 per cent are managed by charities. Most carers are white women over the age of 35. The survey calls adult placement a 'valued model of social care', 'increasingly recognised as a valuable and flexible service option'.

Although the majority of carers and users are of white ethnic origin (85 per cent), comparisons with census data 'suggest a higher representation of people from ethnic minorities among adult placement carers than the general population'. This suggests:

'Some minority ethnic groups are experiencing difficulties in accessing adult placement carers'.

Most schemes (83 per cent) offer long-term care, and about half provide short-term or respite placements.

Long-term care is the most common form of service provision for people with learning disabilities (34.9 per cent) and for people with mental health needs (24.7 per cent), while older people and those with physical disabilities are most likely to receive short-term care or day services in the service user's home.

Qualification levels of staff compare favourably with the rest of the social care sector. About 80 per cent of adult placement workers already have an appropriate care qualification. However, the majority of the 130 adult placement scheme managers are currently unqualified and only 12 per cent of carers have met the Skills for Care induction standards (although the majority were approved before the introduction of these standards). All schemes report difficulties accessing training for carers.

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Assessment and referral

What national minimum standards say

The referral process is defined in **Standard 2** of the national minimum standards for adult placement schemes. The scheme can accept a referral only on the basis of a full assessment of the individual, undertaken by trained staff, involving appropriate communication methods, and with an independent **advocate** as appropriate.

Findings from the practice survey

- Most people in adult placements access funding through local authority care management / care coordination.
- Despite the requirement for a needs assessment and care plan, the practice survey found that this happens rarely, and applied only to those recently referred to schemes, with the majority of placements pre-dating national minimum standards.
- Unfortunately, the quality of information about people referred to schemes is often poor, and all schemes visited were carrying out their own detailed assessment of the referred person

Practice points

How should the assessment be done?

A comprehensive needs assessment, informed by a **person-centred plan**, is essential in ensuring that the adult placement is tailored to the individual. The person-centred plan should be the basis of the referral to the adult placement scheme. The **service-user plan** and **placement agreement** are informed by the needs assessment (see below), and set out the way in which the placement will meet the identified needs of the person in the placement.

The scheme has a responsibility to ensure that this needs assessment involves the individual.

Person-centred planning is different from a general assessment of need. Whilst the latter takes place in the world of the care manager, person-centred planning takes place in the world of the service user, and a move to person-centred planning requires an investment from local authority staff across the board if it is to be effective. There are a number of useful tools that can be used in the development of **person-centred plans**.

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Needs assessments and care plans are the responsibility of care managers and care coordinators. It is vital that these people have the knowledge, skills and time to carry out assessments that are based on person-centred plans.

What should the assessment cover?

The needs assessment should cover the following areas:

- requirements for accommodation and personal support
- meaningful education, training and occupation
- family and social contact
- adequate income
- assessment and management of risk
- cultural and faith needs
- physical and mental health care
- specific condition-related needs and specialist input
- provision of disability equipment, including arrangements for payment and supply
- treatment and rehabilitation programmes
- methods of communication
- potential restrictions on choice, freedom, services or facilities-based on specialist needs or required by a treatment programme-likely to become part of a prospective service user's individual plan.

Where placements pre-date the introduction of the national minimum standards, the scheme should ask the care manager to carry out a comprehensive review of the needs of the person placed (ideally informed by a person-centred plan).

Schemes have limited powers to influence care-management practice. For new placements, where the scheme feels that the needs assessment is inadequate, the scheme should feel at liberty to refuse the referral. Alternatively, the scheme may carry out its own needs assessment. The needs assessment should cover the areas listed above and should involve the individual.

The service user may also like an independent **advocate** to help with the process, and it should be the role of the care manager to identify someone suitable.

The assessment should also include others who have the service user's best interests at heart, even if those interests conflict with the views of the service

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user. It can offer a comprehensive and accurate picture of what the adult placement scheme needs to think about in finding an appropriate match.

What information should go to the adult placement scheme?

The adult placement scheme should not accept a referral from a care manager unless it is accompanied by a comprehensive needs assessment. The care manager must provide detailed information to the adult placement scheme for a suitable placement to be found. This frees up the adult placement staff to focus on the carers, so it is essential that policies, procedures, paperwork and other minimum requirements be agreed between the local authority and the scheme.

It is clear from the practice survey that this level of assessment and information sharing is not always happening: this can lead to conflict in the role of the adult placement scheme, as it can take the worker away from supporting the carer.

The care plan should be supported by an assessment of risk, and there should be on-going contact between the care manager, the scheme and the service user to ensure all parties are aware of developments.

The same principles should apply in an **emergency placement**, where emotions and anxieties may be even greater, and service users will want a familiar face to support them through a potentially traumatic transition. In this instance, a full person-centred placement may not be available, but attention should be given to prioritising the hopes and fears of the service user.

All assessments should be carried out according to '**Fair access to care services**' ⁽⁷⁾ guidance. This should be used in conjunction with the single assessment process when assessing an older person; integrated with the **Care Programme Approach** for those with mental health issues; and consistent with '**Valuing people**' guidelines for those with a learning disability.

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Matching and introductions

What national minimum standards say

Finding a **suitable match** and managing the **introduction** are key aspects of ensuring a successful placement. The scheme makes sure that the placement will suit the person and that the carer is able to meet the person's needs. These processes are defined in **Standard 3** of the national minimum standards for adult placement schemes.

Findings from the practice survey

- The matching and introduction of an individual with an assessed and approved adult placement carer is one of the key person-centred tools of adult placement.
- Because schemes may know little about the person referred, and the referred person may know little about adult placement, the matching and introductory processes are especially important in ensuring the placement is right for the person (and carer).
- Meeting all a person's preferences and needs, and achieving a 'perfect' match, is seldom achievable. Placements are the best match available, as schemes have a limited pool of carers.
- However, schemes stress that a placement should not be made if no appropriate match is available.
- Schemes emphasised the importance of taking time—commonly six months to a year—to develop and test the match between user and carer. Flexibility is essential.

Pam identified two possible carers that met Martin's specification. Harry and Chris lived in a village. Their home was lively without being frenetic, their adopted son was around the same age as Martin, they had dogs and cats and Martin liked animals. Harry and Chris' own children had grown up and left home but visited regularly with their partners and children; and there was also an older lodger.

Pam gave a copy of Martin's assessment to Harry and Chris. They recognised that it didn't give a full picture of Martin and felt that it was important to meet him. Pam arranged to bring Martin to meet Harry and Chris and see their home. They spent an hour or so together at that first visit and Martin had an opportunity to see the two spare rooms and decide which room he might like if he came to stay. Martin decided straight away that this was right. He didn't want to meet the other prospective adult placement carers.

Martin came to stay for three weekends over the next couple of months. His mum brought him and she liked Harry and Chris at once.

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Martin, Harry and Chris all found the wait before Martin was allowed to move in frustrating. The funding process extended the delay, although Pam worked hard to move things along (the placement agreement was drawn up in advance to trigger the funding; the licence agreement was drawn up and signed; the housing benefit application could only go in once a moving date was agreed).

The placement agreement meeting involved Pam, Martin, Harry, Chris and Martin's mum. The agreement set out what everyone was going to do and what Martin wanted from the placement. Everybody signed and had a copy of the agreement.

Findings from the literature review

The literature review did not identify any research findings in this area of adult placements. However, there has been some research into matching in the fostering of children, which may have some relevance to adult placement.

SCIE Knowledge review 5 entitled *Fostering success*⁽⁸⁾ discusses evidence that most placements from the community are made at short notice, and in most of these cases there is limited or no choice of placement. *Fostering success* goes on to highlight two findings of interest:

Placements regarded by social workers as not fully suitable, and placements made in a hurry, in an emergency or without adequate information are more likely to break down.

There is no evidence that placements 'matched on ethnicity' do better than those which are not matched. The study found that black boys placed long term with white families did better on some criteria. The reverse was true for black girls, but this was not significant.

Practice points - matching

Engaging the person in the matching process

One challenge for a scheme is to arrange a suitable match for someone who has had little experience of life outside a protected (family or care-home) environment, who has limited interests, expectations or ambitions, and who may not understand the concept of adult placement.

Schemes identify the need to spend time with the individuals and to involve the people who know them best in explaining adult placement and the way in which it works. People may need to experience the range of options open to them before being able to make a meaningful choice.

Another potential difficulty for schemes is balancing the different views of parents, social workers and scheme workers about an individual's wishes, needs or best interests. There may well be potential for conflict if the care

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manager is anxious to place the service user in a placement that the scheme does not think suitable. The carer may also have reservations, and there should be a mechanism in place for discussion and resolution that involves the service user.

The care manager clearly has a lead role in ensuring the service user's views are not lost in the process. A thorough assessment should identify, with the service user, how best to communicate, how to create a safe environment to facilitate communication, and what the service user wants from the placement. This information will help the adult placement worker and carer throughout the placement. It is even more important where there is no **person-centred plan**.

The importance of being person-centred

Being person-centred means going beyond the provision of a roof over a person's head and regular meals. It is about listening to and understanding the dreams and hopes of that person; what makes them excited; what makes them sad; what they would like to do with their lives. This information should form part of the **placement agreement**, which clearly states everyone's agreed roles and responsibilities throughout the placement.

Person-centred planning takes time and resources. It requires a high level of training and commitment from everyone involved. It needs cooperation and communication, and a commitment from local authority commissioners to adequately fund their schemes so that care managers can offer appropriate support to the service user and carer.

Perfect matches in an imperfect world

Pools of carers are limited, and so a perfect match is rare. It might be useful to think about advertising for someone with particular skills or interests to meet the needs of the service user.

Schemes in the survey worked on a formal or informal basis to develop a 'priority list' of the service user's needs and wishes. Introductions were offered to carers who met the essential matching criteria.

It is important that both the carer and the service user have as much information as possible about each other before a match is made. Many carers received inadequate information, so they were ill prepared for the placement. They believed that occasionally information was withheld because it was thought that they would not consider the match if they knew everything about the person being referred. Experience shows, however, that carers will accept people with difficulties if they trust the information that they are given

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and are confident that they will receive the training and support that they need.

Schemes recognised that some matching criteria were not essential if other aspects of the match were right. Occasionally these 'essential' criteria were heavily influenced by family or the social worker and were found to be of far less importance to the service user.

Experience from schemes (and evidence from fostering) shows that placements should not be made if the match is not right. Ill matched placements are likely to break down and are destructive for the person and the carer.

Although schemes are able to recruit carers specifically for an individual, this is a lengthy and costly process and care managers need to plan for the fact that the right placement may not be found for many months.

Henry, aged 94 with learning disabilities, wanted to leave the hostel where he had lived for 20 years (previously he had been in a large, long-stay hospital from the age of 17). The other residents were too noisy, and Henry wasn't allowed to come and go when he wanted. Ann worked at the hostel where Henry lived. When Ann's husband Gary picked her up from work, Henry would often show him his photographs. Occasionally Henry went to events at Ann and Gary's home. Ann had heard about the scheme, and when she became increasingly unhappy working at the hostel, she and Gary agreed to talk to Henry about living with them. After a number of visits organised through the scheme, Henry said he didn't want to go back to the hostel any more. At Ann and Gary's it was quiet, he had his own room, and he could go out and about whenever he wanted.

Practice points - introductions

The introduction is a key aspect of setting up a placement. It needs to be flexible and discussed in full with the service user. For some it may be an extremely quick process, but for others it may take a year to reach a point where everyone involved is comfortable enough for the placement to be finalised. Once again, there would appear to be a significant role for an independent **advocate**.

This can be a very stressful period for the service user and carer. The introduction needs to be undertaken with considerable thought and sensitivity. If problems arise the carer needs to know who to go to for support, without fearing that the adult placement worker might be more concerned about the service user.

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The adult placement worker should not be compromised by having responsibility for both carer and service -user. The care manager should continue to play a role and support the placement, maintaining an emphasis on the need to be person-centred and ensuring the service user has the time and support necessary to make decisions. This may also require the care manager to undertake some training with the carer about person-centred planning.

It is important that the person's family feels fully involved in the matching and introductory process (unless, exceptionally, the person does not want their involvement). Schemes stress that placements are much more likely to succeed if they have the support of the family. Conversely, placements (no matter how well matched) can be undermined if the family are unhappy with the match.

The adult placement worker maintained contact with the family over a period of months, helping them to understand what was important to their daughter, giving them a chance to reconsider as they learned more about adult placement and began to trust the adult placement worker.

The skills and knowledge of the adult placement (AP) carer

The **adult placement worker will need to assess the skills of the carer** and provide access to appropriate training if necessary, as well as supporting them through the transition.

Carers will inevitably have demands on their time from other placements or family members, and training will not necessarily be their priority. Nevertheless, for placements to be effective in the long term, development of knowledge and skills remains essential, particularly if carers are to apply person-centred approaches to their work.

Emergency placements

Sometimes, it is necessary to make an emergency placement, and Department of Health national minimum standards⁽²⁾ should be followed. It can be very difficult to think about being **person-centred** when the main aim is to provide a placement quickly and efficiently. However, this should not prevent the service user's views being taken into account.

In some instances, the placement will be successful and go on to be long term. However, this cannot be assumed, and as part of the placement agreement, processes need to be in place for early **review and monitoring**.

Jim, now in his 60s, whose parents both had learning disabilities, spent his childhood in a Barnardo home but was moved to a mental hospital when he became disruptive. By the time he was 18 Jim was sleeping

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rough and had severe mental health problems and a criminal record, as well as learning disabilities. Jim had no personal experience of family life and did not really understand what adult placement meant. Jim was placed with Maggie and Bill on an emergency basis nine years ago-mainly because they were prepared to have him. The placement proved successful, and was made permanent, not as a result of person-centred pre-placement processes but because the scheme and carers worked slowly and carefully with Jim, helping him especially with communication, relationships, sexuality, and focusing on 'what he can do'.

The placement agreement and service-user plan

These are key documents in the establishment of a placement.

- The service-user plan sets out in detail the way in which the assessed needs and the goals of the person will be met in the placement. It is defined in **Regulation 20** of the *Adult Placement Schemes (England) Regulations* . The process to be used drawing up the plan is set out in **Standard 5** of the national minimum standards for adult placement schemes.
- The placement agreement is a written agreement between the adult placement scheme, the adult placement carer, the person in the placement and / or their representative and the placing authority (where there is one). It sets out the terms and conditions of the placement and the responsibilities of the adult placement carer. It includes the elements of the service-user plan that will be met by the adult placement carer in the placement. It is defined in **Regulation 13** of the *Adult Placement Schemes (England) Regulations* . The process to be used in drawing up the placement agreement is set out in **Standard 5** of the national minimum standards for adult placement schemes.

The placement agreement and service-user plan are working tools. The placement is monitored against these two documents. It is important that both are clear and realistic and that they are in a format that is accessible to the service user and the carer.

The person placed and the carer should have been fully involved in the development of both documents. Where the person does not wish to take part in formal meetings, it is important to ensure that their views are fully represented (e.g. by meeting with the care manager or advocate beforehand to agree what should be included).

After a lengthy assessment and introductory period, Michael, who is recovering from drug abuse and subsequent mental health breakdown, was placed with Elaine and Tony. A placement agreement was drawn up before the placement started in order to trigger the funding (along with a licence agreement and housing-benefit application). Michael, his

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mum, mental-health-team key worker, adult placement worker and Elaine and Tony all contributed to the placement agreement meeting, and everyone signed and had a copy of the agreement. The agreement set out what Michael wanted from the placement and what everyone was going to do: Cath (the mental health team worker) will work with Michael to develop a daytime routine and handle his medication better. Elaine and Tony had already produced a short introduction to the house and family, including practical information (e.g. telephone and internet access) the scheme's 'house rules' (around confidentiality and respect) and some specific rules for the household (e.g. smoking, guests, privacy).

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In the placement

What national minimum standards say

Standard 4 states that the adult placement scheme should ensure that carers understand and fulfil their responsibility to support service users in accordance with the key principles of **adult placement**.

Findings from the practice survey

- In the practice survey all service users felt strongly that the placement was their home, and that the adult placement carer was their family.
- Written plans seemed of marginal importance to most service users and carers, and some were not aware that a placement plan existed.
- Adult placement seems suitable for adults of all ages. The older people interviewed saw their placements as an end in themselves, not a stepping stone to some other, more independent lifestyle.
- The profile of adult placement carers and of service users mirrored the National Association of Adult Placement Schemes (NAAPS)/Skills for Care survey⁽⁶⁾.
- In successful placements, the people placed were doing what was important to them, from their perspective, within the boundaries of family life. Adult placement carers were also fulfilled. The give and take required did not feel like restriction or compromise but the behaviour of responsible adults in a family setting.
- The adult placement model of living as a family unit can, however, create tensions between the user's and the carer's needs. This may be at odds with being person-centred. For example, it was suggested that sometimes a placement could only continue if boundaries are put on some behaviours (e.g. noise, late nights). These are sometimes referred to as 'house rules', and acknowledge the equality of everyone in the household.

Although ground rules had been set about an appropriate time to come home at night (9:30 during week, 11:30 at weekend), Kevin pushed the boundaries later and later. The carer felt responsible and stayed up until he came in. After involvement by the scheme, the social worker talked to Kevin explaining the carer's point of view. Eventually a compromise was reached and new ground rules agreed.

- The practice of some older long-term carers can be seen to promote dependence rather than independence.

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- Schemes visited in the practice survey acknowledged the challenge of changing the practice of some older, long-term carers. Some carers (including former foster carers) found the new regulatory requirements and documentation a challenge.

Dan's social worker is very supportive, visiting three times yearly, and attends his twice-yearly care plan review (along with Dan and his cousin who is his **advocate**). Short breaks and transport are arranged (and rearranged) quite speedily when required. Dan chooses to go to his day centre rather than stay at home for the adult placement worker meeting, so he rarely sees the adult placement worker. Dan's carers find the Adult placement scheme very supportive-'second to none'.

- Very few service users in the practice survey had an active social worker or care coordinator; cases were generally closed following placement and initial review.
- Adult placement workers in several schemes were increasingly taking on the social work role with service users, supporting both the user and carer in the placement. This sometimes created difficulties and conflict for schemes and carers: several carers interviewed resented their adult placement worker's shift of focus to the service user. They said that they felt unsupported, and there was some evidence that this affected their long-term commitment to adult placement.
- Most of the service users spent some time in jobs, day services, or at college, and a few would go out on their own. Several people were out all day, every day (some carers also have day jobs). Service users were generally happy with these activities, and some were enthusiastic.

Molly has a paid job at the local stables; Len looks after trolleys at a local shop; Cath does odd jobs for a garden maintenance project; Harry chose his placement in part because of the freedom it gave him to come and go as he pleases, and Terry likes to go round the shops with her carer; Tom prefers to take part in bird watching and other activities enjoyed by his carer.

Findings from the literature review

Hirst (2000) ⁽⁹⁾, refers to 'plenty of anecdotal evidence among social workers of the benefits of a one-to-one caring relationship' offered in adult placement. A number of journal articles over the last decade have described the benefits to service users of this model of social care, describing adult placement as, for example, the 'epitome of community care' and 'one of the unheralded success stories of the shift to community care'. ⁽¹⁰⁾

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Three Social Services Inspectorate (SSI) inspections noted (and praised) adult placement services, but gave few details. An SSI inspection of services for disabled people in Bolton ⁽¹¹⁾ in 2002 found 'there were positive examples of developments [in line with an inclusive model of disability] in the adult placement scheme', and recommended expansion of the service. The only specific reference, however, was to a befriending scheme valued by service users.

In 2003, SSI carried out an inspection of learning disability services in nine councils in England ¹², looking at progress made toward delivery of principles set out in 'Valuing people' ⁽⁴⁾. The report described a lack of adult placement schemes in some councils as 'a serious omission as such schemes were well liked by carers and offered a cost-effective solution to the challenge of re-providing services'. The sole example of good practice (Leicestershire) noted that family carers particularly valued this short-term break scheme and its flexibility, and the 'positive relationships that developed between the family and substitute carers'.

An SSI inspection ⁽¹³⁾ of short-term breaks for disabled and older people (focusing on how arrangements affected carers) found that the Croydon Partners in Care scheme was a 'well thought through and praiseworthy way of providing short-term breaks within "real homes" that were small registered homes' (not referred to as adult placement), but recommended developing breaks in service users' own homes.

Many journal articles also extolled the virtues of adult placement. ^{(9) (14-17)} Supporters of adult placement include the Director of East Sussex Social Services ⁽¹⁸⁾ who referred to the 'scandal' of only 6,500 placements in England, and a service user and member of the National Forum of People with Learning Disabilities ⁽¹⁹⁾ who wrote about losing her much-loved placement because her carer could not cope with registration.

Robinson and Simons (1996) ⁽²⁰⁾ found that carers consistently identified one of the factors defining adult placement as a 'strong emphasis on family life' but researchers found a few services that 'did not appear to constitute "family life"'. The authors summarise the areas of main concern to service users with learning disabilities-house rules, privacy, keys, transport, telephone, money, holidays-and conclude that adult placement 'particularly provided what many users wanted'.

The views of people with learning disabilities in adult placements were gathered as part of a Tizard Centre study ^(20, 21) of user focus groups and Best Value in services. Overall the group 'reported positive experiences of adult placements and wished them to continue'. Service users talked about the family nature of their placements, and said that their carers were 'kind' to them.

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The practice survey confirms the Robinson and Simons (1996)⁽²⁰⁾ finding that most people with learning disabilities were positive about (and wanted to stay in) their long-term placements. It shows that long-term placements are providing the 'family life' that defines adult placement.

Practice points

The challenge of being person-centred in adult placement

Being **person-centred** goes way beyond the issue of a person's bedtime. It is about far more fundamental issues, and includes having the support and structure with which lives can be much more fulfilling and meaningful.

This means that every placement will be different from the next. For some people, working in a person-centred way might be making sure they are able to get up every morning. For others it might be finding a job, a social life, and things to do that develop interests and skills, just like everyone else.

It is important that the changing needs and wishes of people in placements are sought and identified. Person-centred plans are not static documents. People grow and develop (often very rapidly) after they move into an adult placement. Families also change, and a placement that was originally well suited to a person can become less suitable. **Placement reviews** should identify the changing circumstances of the family, changes in the needs and requirements of the person placed and the continuing suitability of the placement.

Tensions between person-centred approaches and adult placement must be recognised. The person is living as part of a family, and in any family the needs and wishes of all household members have to be considered.

In families there is constant compromise and negotiation. A fully person-centred approach may have a detrimental impact on other family members. This tension needs to be recognised and acknowledged. The service user's wishes and choices must have the same weight as the wishes and choices of other family members.

Mary is spending a great deal of time helping Colin develop a day-time routine that gives him a reason for getting up and does not exhaust him. Colin tries to get to the gym several times a week. Mary begins the process of waking Colin up at about 10am, and they go out together later in the morning. Some days Colin finds it easy to get up; other days he spends most of the day in bed. Colin has some difficulties around food; he gets his own breakfast, and Mary keeps the fridge stocked with things that Colin likes. She cooks a meal and Colin can choose whether to eat the meal or get himself something else. Colin doesn't much like food shopping-he will go with Mary but under

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sufferance. Colin is beginning to expand his repertory of meals, and is learning to cook the things he likes to eat.

Mary has been supporting Colin to handle his medication better. Because of Colin's disturbed sleep pattern he wouldn't always remember whether he had taken his medication, and some days would miss it altogether or take two doses. Together they have set up a 'nomad' system, which Colin now manages; this is working well and his medication is reducing.

What does this mean for carers?

There is a challenge for some more established carers, who may be used to doing things in a particular way. They were often recruited to provide a 'home for life' and the focus of their work was 'caring for' and 'keeping safe'. These adult placement carers are now being asked to work in a very different way. They are now being asked to support the service user to become more independent, and think about **moving on**. Perhaps the key issue here is 'what is good enough?'

Schemes have had to acknowledge that change is unlikely. They have then had to make a judgment call about whether the benefits of the placement for the person outweigh any negative aspects.

In longer-standing placements, schemes spoke of 'going slow' in putting in place new placement plans, 'ratifying'-rather than risk upsetting-existing arrangements. The scheme also spoke of 'winning over' old-style carers to a more person-centred way of working; one carer called it an 'evolutionary approach'.

It was clear from the practice survey that some carers are being person-centred, but do not use that terminology to describe what they are doing. However, there is a contract between the local authority, adult placement scheme and carer that comes with certain expectations about the care of the person placed.

Training need not be presented as a chore, but as an opportunity to learn from other carers, as well as develop formal and informal support mechanisms.

A mental health nurse visited at first, but decided that Sarah was already doing what the nurse was meant to do. Sarah has worked hard with John on relationships, sexuality, communication, and things like 'who would you go to if you needed help'. She tried to teach John how to read, and he can now recognise a few words to associate with feelings (happy, sad, angry). John started college but could not pass the written test, which is a condition of college funding, so Sarah decided with John to concentrate on what he was able to do. John is

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enthusiastic about his twice-weekly job at the local stables. He likes all outdoor and physical activities, which he does with Frank. Although it took John two years to learn to swim, he loves it now.

John wants to be 'normal'. He does not make friends, and his life is with Sarah and Frank (and their children and grandchildren). He is usually acquiescent ('he likes to do the things we do'); and is likely to say 'yes' to whatever is offered to please them, but they can tell by his face when he means 'no'. John needs frequent prompting for personal and household tasks, but does not need firm rules. But John can become angry and 'up-close'; Sarah and Frank have strategies for helping him calm down, but have to be careful with him in company. They are certain that John knows he can come to them for support and love.

Can direct payments help?

Whilst this was not raised in the practice survey or literature review, it is certainly an issue worth thinking about in adult placement.

A direct payment is money given to an individual by a social services department to buy the support they have been assessed as needing. This is in lieu of services and there is no set financial limit. Guidance on direct payments, including easy-read versions, can be found on the [Department of Health](#) website.

Payments can be made for day-to-day things such as dressing, cooking, driving, bathing children, and support to facilitate discharge from hospital. But perhaps more importantly, for adult placements it can be used for social activities-visiting friends, evening classes and college, gardening-as well as assistance to access training and employment. These are areas that may well be part of someone's person-centred plan.

Direct payments are flexible and can be used as part of a combined package. For example, a care package can be provided partly through direct services, such as a day centre, and partly through direct payments, enabling someone to live independently and choose their own support.

A change of culture is required, and this is never easy. However, direct payments could make person-centred planning more achievable, and if we are to move towards individual budgets, as proposed in the green paper, service users should have greater autonomy. This is further reinforced in the Strategy Unit report '[Improving the life chances for disabled people](#)'⁽²²⁾

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Monitoring and review

What national minimum standards say

The adult placement scheme regularly supports, monitors and reviews each placement to ensure that the person's needs are met by the carer, and the aims and underlying principles of the placement (as set out in the **placement agreement and service user's plan**) are achieved. **Standard 6** of the national minimum standards for adult placement schemes and **Regulation 14** of the *Adult Placement Schemes (England) Regulations* sets out how this is to be done.

Findings from the practice survey

- Whilst the care manager should be present for reviews, the survey found that the adult placement scheme generally does it by default. The practice survey found a lack of social work involvement at all stages of adult placement, and a blurring of scheme and social work roles and responsibilities.
- In many cases, care managers tend to close cases after initial review, and any future contact is dealt with on a duty basis.
- This means service users rarely have a named social worker who knows them well and who can attend the (placement or care management) review.
- Social workers are playing little part in the lives of service users, relying on adult placement schemes to ensure all is well in the placement. While this may be a 'vote of confidence' for schemes, it leaves a number of unresolved issues including:
 - Inadequate referral information reducing the effectiveness of the matching process
 - lack of planning and reliance on emergency placements
 - unclear roles and responsibilities.
- The practice survey found that service users and carers were frequently unclear about the purpose of and differences between reviews (sometimes they were merged), and between reviews and scheme-monitoring visits.
- For users, carers and sometimes adult placement workers, annual reviews were seen as a chore, not a positive experience.
- When asked how they judge a successful placement, scheme staff all stressed 'gut feeling', based largely on observation.
- More objective positive indicators of success included: carers achieving 'knowledge and skills statements' in NAAPS' *Learning the ropes* ⁽²³⁾

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- person starting to talk about moving on
- person able to talk more freely about their feelings
- good balance of respect and compromise between user and carer
- person's confidence and self-esteem growing
- 'amazing change' in person
- person becoming known in local shops.

Findings from the literature review

The Tizard Centre ⁽²¹⁾ said that service users reported mixed feelings about their reviews (supportive, frightening); and were confused about the differences between their placement officer, care manager, social worker and key worker.

Cambridge and McCarthy⁽²⁴⁾ found that some people with learning disabilities were distressed by their review meetings and confused by the difference between adult placement and social services staff.

Practice points

Care managers' involvement in the placement

In the best practice adult placement model, the scheme supports the adult placement carer and the whole placement, while the social worker or care coordinator retains responsibility for the service user. This would appear to be very different to the findings in the practice survey and is a fundamental issue for local authorities to consider. The comments from the literature review underline the importance of avoiding confusion.

Lack of care-manager involvement can put adult placement workers in a very difficult situation. It can compromise their role in supporting and monitoring carers. It also hinders **person-centred approaches**. Local authorities need to balance limited resources against the practice implications of ending active care-management involvement in adult placements.

The lack of care-management involvement in reviews inevitably compromises their value and independence. The practice of allocating 'duty care managers' to represent people at reviews increases the danger that their views will not be properly represented. Again this is an issue for local authorities.

Inevitably, provision is resource-driven, and care managers do not have the capacity to maintain involvement with everyone. This raises questions about person-centred planning, and whether a placement can be a long-term success without adequate support for everyone involved.

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Good practice in placement reviews

Why have reviews?

They are an opportunity to:

- Hear views and identify issues or areas of conflict.
- Reflect upon the care plan, and see if its aims are being met.
- Make changes to the care plan to take developments into account, for either the service user or carer.

Who should organise the review?

The national minimum standards say that this is the role of the scheme worker, who should support the placement and be responsible for the standard of care provided. The scheme worker should consider who should be involved with the review (for example, advocate, family members, care manager, carer) and ensure that they are informed.

Making reviews a positive experience

Adult placement workers should be imaginative and flexible in planning review meetings. They may want to try to find an appropriate place to hold the meeting—an environment in which the service user feels comfortable: for example in the practice survey, one person wouldn't talk if the adult placement worker was carrying a notebook; another wouldn't talk in her day centre. A series of shorter sessions may be easier for the person, talking about one issue at a time.

Service users may dread reviews just as much as carers. The care manager can have a key role to play in reassuring the service user, particularly if they know each other. They should consider a pre-review meeting. This is an opportunity to explain the process, ensuring that there are no surprises at the meeting and that the person is aware of any decisions that need to be made.

As well as reviewing the placement, the care plan should also be reviewed, and the care manager should initiate this process. If there is no person-centred plan this could be an opportunity to discuss if the service user is interested.

Walter dreads and detests review meetings. The adult placement worker has tried to make the review as tolerable as possible by keeping the meeting informal and limiting the number of people who attend. The adult placement worker learns Walter's views on issues that may arise through informal meetings, chatting in the worker's car or over a cup of coffee. The carer encourages Walter to put his thoughts on tape and this is played at the review meeting.

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Carer reviews

The national minimum standards (**Standard 7**) say that the adult placement scheme should 'support and review the work of the adult placement carer to ensure that they have the resources, skills and knowledge to fulfil their responsibilities under the placement agreement and service-user's plan, according to the underlying principles of adult placement'.

The adult placement carer review focuses upon the carer, but feedback should be sought from all relevant parties on the performance of the carer. The views of the person in the placement are of particular importance. Good practice suggests that this should be done through the care manager, who should be present. Yet this can be a problem if the care manager does not know the service user, and may lead to some resentment on the part of the carer.

Certainly the presence of an **independent advocate** or whoever knows the service user best should be facilitated.

The carer review is an opportunity to identify areas that the carer would like to develop and any training or learning needs. It is a good opportunity to discuss **person-centred approaches** and how these can be applied on a day-to-day basis in a placement.

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Moving on

What national minimum standards say

There is no specific standard relating to moving on in the national minimum standards, but the notion of independence is implicit.

Findings from the practice survey

Maria and Neville share a placement with Derek, who is actively planning a move to supported living. Maria (who has mental health problems) also has a 'map' and person-centred plan which identifies moving on as her goal, but she is not motivated or ambitious to do so; moving will be 'in her own time'. Neville refuses to have a plan at all.

- The practice survey found that some carers had difficulty thinking about the person moving on, because they felt close to and protective of the person in the placement.
- Other carers had difficulty in thinking about the person moving on because they were financially dependent on their adult placement income and not confident that the scheme would make another placement with them quickly enough.
- Older established carers, who were often recruited to provide a 'home for life', saw their key role primarily as safeguarding the person, and did not find it easy to understand or adapt to new ways of working, or see the value of a person moving on.
- All these adult placement carers may therefore (consciously or subconsciously) influence the person's views about moving on or leaving the placement, and yet the practice survey showed adult placement carers are well placed and equipped to help service users plan for the future.
- All of the schemes visited were increasingly working towards a model of adult placement as a 'stepping stone' toward living independently, and yet independent living was rarely the goal of the people visited.
- This was even the case where it had been identified as a long-term goal in their plan.

The carers in the placements visited were helping service users increase their confidence, self-esteem and independence skills, and take part in activities outside the placement (though often with the carer). These carers seemed well placed and equipped to help the service user plan for the future. One carer had been paid by the

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scheme as a 'kinship' carer for the person who had left the placement to live in supported housing.

Findings from the literature review

Robinson and Simons'(20) study of people with learning disabilities in adult placements found that 'Most people wanted to stay in their long-term placements. However, there appeared to have been little attempt to help the minority who would have liked to live elsewhere'. People were mainly positive about their short-term placements, but 'their responses to our questions suggested a feeling of powerlessness and lack of ability to influence events around them.'

Practice points

What does 'moving on' actually mean for service users?

Moving on is extremely complicated. It can mean different things to different people, and it may be useful to think of the term in a much broader sense. For example, for some it might be living in a safe environment as part of a family; being employed, involvement in the community or activities. In other words, 'moving on' might not just be about leaving the placement but developing skills, confidence and going at a pace that has been set by the service user as part of their person-centred plan.

It could also mean a transition to independent living (with support as appropriate). The practice **survey** illustrated some of the difficulties that there can be in ascertaining whether the person placed does in fact want to move on and some of the (often unconscious) pressures that can prevent the person from even thinking about leaving the placement.

For some people, the thought of leaving their placement may feel like a betrayal of their carer or, as identified in the **literature**, they may feel powerless to make any change. Either way, they will need support to make a decision that is right for them.

Terry, who is 29 and has a dual diagnosis, has lived with the Williams since he was six (the Williams became adult placement carers so that they could continue to care for Terry; he sees the Williams as his parents). Terry says that he would like to have a flat of his own one day but this deadline keeps slipping. Five years ago his social worker offered him a flat of his own-Terry has avoided this social worker ever since! The Williams work with him on daily living skills, but doubt he will ever achieve 'his' goal of independence.

So, the adult placement scheme worker and care manager should be sure that moving on is what the service user wants. Given the finding by Robinson

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and Simons **above**, it is clear that this is a process to happen over a period of time and not something that can be rushed. Service users need the opportunity to explore what it means, what the options are, and then, once they have the information they need, make an informed decision.

In **person-centred planning** terms this would mean that:

- There is a clear vision of the desired outcome-people having the lives that they want and everyone using a person-centred approach in their work. The outcome is not just lots of person-centred plans.
- There is an understanding of current circumstances and their implications in achieving the desired outcome.
- Lessons are learned from existing planning efforts.
- We must be clear about the skills, structures, relationships and organisational culture that would make achieving the desired outcome more likely. ⁽⁴⁾

The adult placement carers should be involved in any person-centred planning process-their involvement will help to demonstrate their support and reduce the sense of betrayal that the person may feel in thinking about moving on.

A planned move may also be delayed or thwarted by lack of appropriate accommodation for supported housing, or it might be necessary even though it is not the person's choice or a positive change. When a carer chooses (or is forced) to retire, the service user must 'choose' from alternatives provided by social services (though in practice, the scheme often seeks another adult placement and tries to achieve a smooth transition).

Who should support the service user to move on from the placement?

The practice survey showed that carers are in a good position to support the person in planning for their future and in any move on from the placement. In order to do this well, they will need good emotional and practical support from their scheme. The scheme's main responsibility during any transition period, therefore, is to support the adult placement carer.

The person will need support from outside the scheme in their move on from the placement. Family, friends and advocates play an important role here, but key will be the care manager or care coordinator who has knowledge of accommodation and support options.

Those with responsibility for supporting service users should recognise that they may experience emotional struggles in moving on from placements. Service users may need support to express how they are feeling and help to understand these feelings. People around service users will need a high degree of sensitivity in order to understand whether they wish to change their minds about the move or need support to carry on with the move.

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What about the impact on the carer?

Moving on is potentially traumatic and distressing for everyone, and that includes the carer and their family. There are examples where contact between carer and service user is on-going, as identified in the following example from the practice survey, and a previous example about in the 'Moving on' chapter about kinship support.

Edward was found with severe amnesia but was identified through a missing persons trace as having local links. Unable to cope in social situations, Edward would become distressed and go into foetal position. He was placed with Frank and Gina who over 18 months familiarised him with the area, creatively supporting him through his trauma. Edward began to go out on his bicycle so he could speed away when he saw someone he knew. Frank and Gina supported a renewal of his relationship with his four children, and through his training to become a nurse. Now a qualified nurse, he lives independently but has continuing contact with his former adult placement carers.

Nevertheless, supporting a person to move on can be difficult. In addition to feelings of loss and bereavement, the carer may feel they are failing the service user.

The adult placement worker should think about how to help the carer acknowledge that the placement is no longer right for the person, and how the separation might be handled. Moving on can also be seen as an enormous success on the part of the carer, and this should be recognised.

Additionally, most carers are financially dependent on placement fees, so long waits between placements, together with lack of severance pay, can be a disincentive to supporting the person to move on. Schemes need to consider possible solutions: for example whether they are able to pay some sort of retainer to the carer.

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Adult placement carers

What national minimum standards say

Standard 8 states that the adult placement scheme selection, procedure and training programme should ensure carers have the competencies and qualities to carry out the tasks required to meet the person's needs.

It goes on to say that carers should receive training to meet Topss - now 'Skills for Care' - induction and foundation standards, and any national occupational standards for adult placement carers, linked to Learning Disability Awards Framework requirements, if the person has learning disabilities.

Annex 4 defines in detail the process that must be used. It includes:

- a pre-application meeting
- completion of an adult placement carer application form
- satisfactory completion of references and checks
- demonstration of adult placement carers' skills, knowledge and abilities to support service users
- completion of the scheme's pre-placement learning and assessment programmes, and approval by an independent approval panel.

Annex 5 of the national minimum standards sets out the 25 adult placement carer skills and knowledge statements. **Annex 6** of the standards details the way in which the approval panel must operate. **Regulation 16** and **Schedule 3** of the *Adult Placement Schemes (England) Regulations* set out the requirements that must be satisfied by prospective adult placement carers before they can be approved.

Findings from the practice survey

Motivation of adult placement carers

- Schemes involved in the practice survey emphasised the importance of adult placement carers as the resource upon which adult placement depends. Issues raised during the practice survey had implications for the selection, support and training of adult placement carers (and of the adult placement workers who support them).
- Most of the adult placement carers interviewed spoke of helping the person placed with them to change, grow, develop, and become more independent.

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- Whilst a few were aware of, and used, the language of **person-centred working**, it was clear that adult placement carers are most motivated by 'giving' and 'caring'.

Despite a background in care, and relatives who have been adult placement carers, R believes that pre- and post-approval training is definitely valuable in helping him support the needs of the people placed with him (especially on challenging behaviour, medication, and safety) but also to give him confidence in his attitudes and working methods.

- Although all the carers interviewed were enthusiastic about their jobs, several were frustrated by changes in their roles, and felt they were not valued and were 'doing it wrong'.
- One carer said that other professionals were not interested in their views, and didn't involve them-'you're just the adult placement carer.'
- Several were concerned that adult placement was becoming more user-than carer-centred: meetings with adult placement workers were now 'all about service users' rights.'

The Gs are successful, long-term carers who appear to work in a very person-centred way, and think highly of their adult placement scheme. However, they feel that the scheme now focuses more on (and cares more about) the person placed than about them. At the annual carer review, the scheme worker now has to talk to service users about their views of carers-this should be the carers' time. They attribute these changes to 'the government', 'the system' (regulatory requirements), not the scheme. They resent twice yearly National Council for Social Care / Commission for Social Care Inspection inspections despite consistently 'high marks'.

Training

- In the practice survey, managers and staff spoke of the importance of both pre- and post-approval training for adult placement carers, and of an 'evolutionary' approach to changing the practice of traditional carers. Once again, NAAPS' '*Learning the ropes*'(23) was thought helpful.
- Some long-standing carers believe they know best how to support the person placed with them, and do not value or attend scheme training events .
- Changing working practice was particularly difficult for older, long-standing, traditional carers, who were resistant to change ('we tried it and it didn't work'), or found new requirements daunting.
- When one scheme expanded to include former small care homes, scheme workers re-assessed these carers and made judgements about whether, with training and support, they could raise their standard of caring.

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Practice points

The changing role of adult placement carers

The introduction of national minimum standards for adult placement has led to changes in the roles and requirements of adult placement carers. Carers now have to demonstrate that they have the skills and experience to do their work, and they are expected to participate in on-going training and learning designed to ensure that they continue to work effectively with the people placed with them. They are subject to regular support and monitoring visits and to annual reviews of their work.

For established carers these changing expectations can be hard to accept. They have been providing valued placements for many years and possess numerous skills. The challenge for the adult placement scheme is to work with carers in a way that values their experience and skill but enables them to develop and work in new ways.

Training and learning opportunities are important in helping adult placement carers to reflect upon and change their practice, although the practice survey found that this can be a difficult process with which to engage some carers. Schemes are sometimes faced with the realisation that the carer's practice is unlikely to change. They will then have to make a judgment about whether the placement is 'good enough' and whether the benefit to the person of staying in the placement outweighs any disadvantages.

Effective adult placement carer support

Inherent in this is the notion of the service user **moving towards independence**, rather than staying with the carer for life. This can, potentially, change the relationship, and yet there is still an expectation that the carer will provide a safe and loving environment. This is a role that requires a significant level of flexibility, understanding and insight into the needs of the service user, as well as the ability to put all of that knowledge into action. Support from the schemes to do this effectively is essential, as is effective recruitment of carers.

Yet, there does seem to be a conflict of interest for adult placement schemes where there is little on-going support provided by the care manager. Supporting the service user might then become the priority, to the detriment of the carer.

Additionally, it is clear that where there is no social work support for the person in the placement, the carer may resent the adult placement worker's attention to the service user and feel less valued by the scheme.

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This has implications for a whole range of issues, including the carers' development of their skills base, and their ability to work in a person-centred way without adequate support. It also calls into question the role of the care manager, and is, therefore, an issue for commissioners.

Person-centred planning will not be done well, or will not go beyond the planning stage, if the people who should implement it do not have the skills or resources to do so.

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Advocacy

What national minimum standards say

Standard 2 states that the adult placement scheme accepts a referral only on the basis of a full assessment of the individual, undertaken by people trained to do so, involving the person using appropriate communication methods, and with an independent advocate as appropriate.

Standard 3.5.1 states that the adult placement scheme should ensure the service user is informed about independent advocacy / self advocacy schemes.

Findings from the practice survey

- The service users saw their adult placement carer (and occasionally a birth family member) as the person who would carry out the advocate's role of speaking up for them and representing their interests. Advocacy services were limited in all four participating schemes.
- Only one service user interviewed belonged to an advocacy group and was actively supported by an advocate, and this was through her day service, not the scheme or social services.
- One person had had a short-term advocate to help with a complaint.
- No service user appeared to have any other 'named individual'.
- Service users named their adult placement carer as the person they would go to for help.
- A few people used a family member as their 'advocate'.

Diane is a member of the Speaking Up Group at her day centre, facilitated by the local advocacy organisation. Diane's advocate, Sue, worked with Diane to decide the agenda for her annual review, making sure that the issues important to her were discussed, and that enough time was taken to deal with them. Sue also supported Diane to make a formal complaint about a problem at her short-break home. Diane says, 'If someone bullies you, Sue will speak up for you.' Diane is helping to make a film about self-advocacy to help other people with learning disabilities.

Practice points

Why do we need advocacy?

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'Valuing people' ⁽⁴⁾ said advocacy was one of the ways people with learning disabilities could get more choice and control in their lives.

It said there should be more advocacy, so that people could choose which type suited their needs.

Some of the different kinds of advocacy are:

- self advocacy-speaking up for yourself
- citizen advocacy-people who get to know someone with a learning disability so that they can help get their wishes understood and heard
- short-term, issue-based or crisis advocacy-where people are (usually) paid to speak up for someone about a particular issue, or when they are in a crisis.

Independent advocacy can ensure that service users have the support they need to express their views and make decisions. The advantage of being independent is that they are not subject to the demands of statutory roles and responsibilities, and can focus solely on the service user's needs and wishes. This means that, over time, the service user will develop a relationship with someone who can get to know them really well, and who should have their best interests at heart.

An advocate should, ideally, not be the adult placement carer or a family member. The former is not able to be independent where problems concern service provision, and the latter may have views that conflict with the user's interests.

Schemes may assume that care managers take this role, but this is clearly unsatisfactory where they do not know the person well. The role of the care manager is not to be the advocate, but to facilitate access to the advocate. As with family members, the role is open to a conflict of interest and a blurring of boundaries if done by the care manager.

The adult placement scheme, with the care manager, should therefore endeavour to ensure that independent support is available for service users. Where possible, they should put service users in contact with advocacy groups or help them to find peer support from someone who shares the service user's disability, heritage or aspirations.

Why doesn't it happen very often?

There is limited access to independent advocates in many areas.

Where formal advocacy is not available, the scheme and care manager should work with the service user to identify a person independent of the

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scheme to act as their advocate. This should be someone who knows them well and whom they trust to represent their views.

Dean is very close to his cousin, who acts as his advocate, and is the person he would turn to first for help. Dean enjoys visits and phone chats with her, and with Pat's family. They made clear they do not make plans and then tell Dean, but discuss with him beforehand what they might do and when; they also talk to Dean's cousin before making a firm plan, to make sure they are meeting his preferences. Dean has a short break two days each month. His current social worker is very supportive, visiting three times yearly and attending his care plan reviews (which Dean attends along with his cousin), and is very helpful in arranging and rearranging respite and transport quite speedily to suit Dean's plans.

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Person-centred planning

What national minimum standards say

Standard 1.1 states that the adult placement should support the person to live independently, to express their views, and to make choices and decisions, with assistance as needed.

Findings from the practice survey

- Schemes highlighted that adult placement is founded on the relationship between the service user and adult placement carer, and that carers' attitudes and values are the key to person-centred practice.
- Schemes said that adult placement carers are given clear expectations of their role at recruitment, and sign up to a way of working that focuses on the individual.
- 'Valuing people'(4), with its promotion of person-centred placements, has brought these issues more to the forefront of people's minds. One carer in the practice survey said, 'It makes you think, not make assumptions'.
- Formal person-centred planning did not have a high profile in any of the four schemes visited in the practice survey, and yet the service users visited described the experience of living in an adult placement in a way consistent with being person-centred.
- Although the adult placement carers were working in a person-centred way, good practice was not being achieved through schemes' use of formal person-centred planning systems (nor always through rigorously applied adult placement processes).
- Adult placement workers, adult placement carers, or service users rarely used the term 'person-centred'.
- Staff in some of the schemes visited believed they had been developing person-centred working for some time, and that they were trailblazing rather than following person-centred planning trends.
- One scheme had produced draft proposals to achieve a more person-centred approach.
- Several adult placement workers had trained as person-centred planning facilitators, and several adult placement carers and service users in another scheme were involved in a local authority person-centred planning pilot, but both these projects were peripheral to scheme operations.

Findings from the literature review

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Given that adult placement is valued for its focus on individual need, it is perhaps surprising that the literature search did not produce any specific studies of person-centred planning or approaches in adult placement services.

There is much literature available on person-centred planning, promoting the benefits to service users and explaining how it should be done.

Practice points

As indicated in the **introduction** to this guide, person-centred planning, as defined in 'Valuing people'⁽⁴⁾, 'is a process for continual listening and learning, focusing on what is important to someone now and in the future, and acting upon this in alliance with their family and friends.'

The challenge of person-centred planning for adult placement practice

The national minimum standards for adult placement schemes are explicit in focusing on the individual. They state that regulators should look for evidence of positive outcomes for individuals, including active participation, consistent with principles of rights, independence, choice and inclusion. This should include evidence of meeting the service users' assessed and changing needs, and requires local authorities to be person-centred rather than service-centred.

The model of adult placement places some curbs on the idea of pursuing an individual's 'dream' or supporting the person to do what they want, putting it at odds with the principles of person-centred planning. It can be extremely difficult to get the balance right for everyone, as in reality anyone living in a family must respect family members and family rules. This may involve limitations on an 'ideal' lifestyle.

Yet, the practice survey did find evidence that person-centred planning was happening. It was not referred to explicitly, but was an informal version that had proved to be effective.

There is a wealth of material available to improve and develop knowledge and skills in this area, and the opportunity to make a real difference. If it does not happen, some service users will miss out and not receive the support that they need to fulfil their dreams.

'Person-centred planning is likely to lead to families working as partners with professional staff and the person to plan and provide support...It includes families in developing a shared understanding of what matters most to the person and in planning and providing support'.⁽²⁵⁾

The challenge of person-centred planning for local authorities

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The implications for local authorities are fundamental. The implications are for commissioners, planners, and providers of services alike. It is not adequate for one part of the organisation to make changes: person-centred planning must be supported throughout. This is service provision that requires investment. Failure to resource person-centred planning adequately will result in lots of plans, but few people having different lives.

According to Sanderson et al⁽²⁵⁾, person-centred planning requires:

- a change in the relationship between paid staff and the people they are paid to serve
- a change in the content of the work; more time will be spent on helping people make connections in the community
- a change in the relationship with the employing organisation: staff will work with more autonomy and more flexibility, and they will be recruited, supported and directed in different ways.

One Brent carer and participant in the local authority's person-centred planning pilot said person-centred planning is 'a great guide-you have to listen, write it down, talk to [the person]'.

In the case of adult placement, local authorities need to recognise that lack of ongoing care-manager involvement can result in practice that impedes person-centred approaches. Local authorities will need to balance limited resources against the practice implications of ending active care-management involvement in adult placements.

Approaches to person-centred planning

There is no single 'best' way of doing person-centred planning; a number of different 'brands' or styles of person-centred planning are marketed. Schemes may wish to think about:

Essential lifestyle planning (ELP): essential lifestyle planning is a tool that lets you know how someone wants to live and shows you how they would like it to happen through an extremely detailed action plan

ELP lets you discover what is important to service users, what support they need (from their perspective) to remain healthy and safe. A good plan reflects the perceptions of the service user and those who love and care for that person. Essential lifestyle plans look at:

- what people like and admire about service users
- what is important to service users
- communication

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- how to provide support
- identification of successful methods
- how to solve problems.

ELP is a good way of starting to get to know someone, and work out what is needed on a day-to-day basis. It does not focus on 'dreams' unlike some of the other methods.

Personal futures planning: this is similar to essential lifestyle planning, and includes access to community resources. It is a way of describing life now and looking at what the person wants in the future. It provides more of an overview than the detail of some of the other approaches.

MAPS: this is similar to PATH, below, in that it focuses on desirable futures or dreams, and how service users might try to achieve these. It covers people's history and identifies their gifts.

PATH: PATH stands for Planning Alternate Tomorrows with Hope. This is a fast-moving tool that can be quite graphic and powerful. It pays most attention to the process of change, and helps a group of people who are committed to the service user to understand the plan and how it will progress. This is not so much about gathering information, but planning action. It focuses on the 'dream' and works its way back from there, mapping actions required along the way.

Individual service design: this aims to gain a greater understanding of service users by seeing the past through their eyes. From this it is possible to identify how services need to be designed.

Circles of support: a circle of support is a group of people who meet to help someone along the path to their hopes and dreams: a support network. The focus person asks the support group to help them to leap over barriers that they might come across. The support group also helps the person by opening new doors to opportunities and experiences.

Several organisations have developed expertise in this area and you may want to check the following websites:

- www.personcentredplanning.com
- www.bild.org.uk
- www.valuingpeople.gov.uk

You may also wish to consider some of the person-centred-planning training programmes on offer. For examples you can go to:

- www.nwtdt.com
- www.circlesnetwork.org.uk

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