

## SCIEGuide14

# Improving outcomes for service users in adult placement:

## Commissioning and care management

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## Foreword

On behalf of the Association of Directors of Social Services I welcome this guide. We are at a time of huge change in social services and with the development of personalised budgets it is increasingly clear that Adults' Services will need to concentrate more on supporting very small scale services. These services can be very well placed to meet the requirements of the White Paper 'Our Health, Our Care, Our Say', by being flexible, rooted in local communities, and adapted to individuals with their need for independence and choice.

It is clear that many individuals will be opting for these tiny services under the new Individual Budgets and In Control arrangements. As commissioners we still have a good deal to learn about how to support these services. But it is also the case that they can offer good value for money.

Adult Placement is an excellent example of how small scale services can work. It has been with us for many years, often without the recognition it deserves. It should gain increasing attention in this new world.

It does depend on partnership between strategic commissioners supporting schemes, and then between care managers and the adult placement scheme, and adult placement carers all working with the service user. As always, it depends strongly upon good care planning and person centred focus. As for other personalised services, attention needs to be given locally as to how to develop advocacy which is both effective and independent.

I really look forward to this guide being an indispensable handbook for commissioners.

John Dixon  
ADSS (Association of Directors of Social Services)

## Summary

Improving Outcomes for service users in adult placement: commissioning and care management reports on a good practice survey undertaken for the Social Care Institute for Excellence (SCIE), building on an earlier study of person-centred approaches in adult placement services. Discussion groups including commissioners, care managers/coordinators and adult placement scheme staff in nine localities, and an additional group of adult placement carers, explored issues of assessment, care planning and supporting service users.

This Practice Guide sets out the key issues raised by project participants and suggests practice points for local authority commissioners and adult placement schemes, to help them meet the aims of the adult services White Paper and to provide quality adult placement services.

The practice survey and practice guide were respectively undertaken and written by Barrie Fiedler, independent social care consultant.

## Key findings

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Adult placement services are well placed to help social services (now adult social care) offer more control, choice and community-based support to people who use care services, including those with learning disabilities, mental health needs, physical disabilities and complex conditions. The project fieldwork, however, suggests that adult placement needs to become better known and understood by strategic commissioners and care managers, and schemes need to become more active partners in developing local commissioning strategies. Awareness of adult placement is often limited to just a few social workers in a locality, and purchasing of placements is rarely related to a local strategic commissioning policy. Many practitioners do not understand or embrace new policies, new regulatory requirements and new ways of working such as person-centred approaches, individual budgets and self-directed services.

While agreeing that assessment is key to making a good placement, discussion group participants reported a wide variation in assessment practice, and in the quality of information received at referral. Only people recently referred for adult placement are likely to have a care management care plan, and the quality and relevance of care plans was queried. Concerns were raised about responsibility for and quality of risk assessment, and about static and inflexible risk plans preventing adult placement service users from moving on in their lives. Participants confirmed the low profile of care management/social work in adult placements, and a trend among social work departments to appoint separate reviewing officers. Adult placement carers reported minimal and often unsatisfactory social work involvement in the placement. Many believe reviews are paper exercises, and that social workers do not listen to them or take them seriously.

Discussions confirmed a continuing lack of understanding of person-centred approaches and formal person-centred planning in social services departments. Service user aspirations set out in person-centred plans are disheartening if not achieved in reality. Independent advocacy is a rarity. Adult placement service users and adult placement carers are frustrated by (but also resigned to) the lack of independent advocacy, and sometimes disappointed with the advocacy service they do receive.

## Practice points

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### Commissioning adult placement

#### Adult placement profile

Senior managers should:

- Ensure that service managers, social workers and care managers understand the adult placement model and what it can offer, and know about the local adult placement scheme.

Line managers should:

- Include information about adult placement in care management induction training.

Care managers should:

- Establish and maintain regular contact with the local adult placement scheme.

Adult placement schemes should:

- Work to communicate to local authority staff at all levels, through personal contact and other methods, the benefits of the adult placement model.

#### Systems and structures

Senior managers should:

- Make sure that the design and implementation of electronic information systems (e.g. CLIX, SWIFT, SID) – in place or being developed in all participating localities – take account of adult placement, and do not result in less person-centred practice.

## Value for money

Senior managers should:

- Determine the range of costs of adult placements compared with other suitable service options, taking into account the needs of and outcomes for service users.

Adult placement schemes should:

- Understand their unit costs, and cost comparisons with other services, and ensure this information is available to service commissioners.

## Local needs

Senior managers should:

- Be aware that adult placement can provide a variety of flexible and personalised services for a wide range of individuals, including – with effective advance planning and care management support – those with highly complex needs.
- Work with schemes to plan recruitment of adult placement carers with the skills to support local people's needs, in areas where people want to live.

Adult placement schemes should:

- Work with commissioners to identify areas of unmet need, and plan the development of the adult placement service locally to meet those needs.

## National agenda

Directors of adult social services should:

- Be aware that adult placement offers the kind of small, personalised service, provided by individuals in the community, that is valued by service users.
- Be aware that adult placement offers the service user choice, control and personalised support, and can help social services and primary care trusts meet the challenges of individualised funding, performance assessment framework indicators, local area agreements and other Government targets.

## Making good placements

### Assessment

Senior managers should:

- Ensure that care managers and their line managers have a clear understanding of the unique qualities and flexibility of adult placement when considering options for prospective service users.
- Ensure that their assessment protocols provide complete, placement-specific, specialist information about a referred person, in order to obtain a full picture of the person and make the best possible match with an adult placement carer. The adult placement scheme can give guidance on information needed to supplement the local authority's standard assessment form.
- Ensure that an individual is not denied a placement because of disagreements between teams (e.g. learning disabilities and mental health) about who is responsible and/or which budget charged.
- Ensure that computerised assessment systems are individualised and person-focused, and do not result in tick box-type assessments.

Line managers should:

- Ensure that care managers recognise and adhere to adult placement procedures and protocols which represent best practice and are required by regulation.
- Consider requiring care managers to carry out assessments jointly with adult placement schemes, especially for complex assessments. Collaboration among all stakeholders, followed by joint decision-making, is more likely to result in a successful, stable outcome for the service user and the family.

Care managers should:

- Provide a recent, full care management assessment with each referral. Regular contact between care managers/coordinators and schemes – before formal referral and throughout the placement process – will help both parties to be ready to make timely and appropriate placements.
- Endeavour to provide the adult placement scheme with all information needed to make a good and safe referral.
- Plan early to ensure service users receive clear and timely information about housing and other benefits.

Adult placement schemes should:

- Ensure that referral processes are as streamlined as possible and mesh with local authority processes to avoid unnecessary duplication.

## Emergency placements

Line managers should:

- Develop protocols between care managers and placement schemes for delivering minimum information requirements for emergency placements, and for providing follow-up information (meeting the requirements of national minimum standards).
- Recognise that a crisis in an existing placement needs care management re-assessment and social work input. Commissioners should not assume that the placement scheme will find an emergency placement with another adult placement carer (although sometimes this may happen); nor should they assume that difficulties within a placement require that the person be moved elsewhere.
- Ensure that care managers understand and respect the difference between planned short-stay and emergency placements. Commissioning bodies should have comprehensive strategies for providing both services; placement schemes may be able to help as part of this overall strategy.

## Care plans

Line managers should:

- Understand the importance of the care management care plan and develop a strategy for tackling the backlog of adult placement service users who do not have a care plan.

Care managers should:

- Ensure that all adult placement service users have an up-to-date care management care plan, and that the role of adult placement in the person's whole plan is clear.

## Risk assessment

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Directors of adult social services should:

- Ensure that the local authority's approach to risk management supports the adult placement service user to make choices and live independently in the placement.

Line managers should:

- Ensure that care management assessments include risk assessment; that this information is shared appropriately with the adult placement carer and scheme; and that a risk management plan is agreed (and shares risk appropriately) between the care manager, scheme, adult placement carer and service user and forms part of the placement plan.

Care managers should:

- Ensure the personal risk assessment and risk management plan is reviewed and updated (involving the service user, adult placement carer and scheme) to reflect changing needs, abilities and aspirations.

## Care management support

Senior managers should:

- Ensure that adult placement service users receive appropriate and sufficient support from a named care manager/social worker throughout the life of the placement, in line with their statutory duties and the regulatory requirements of adult placement services.

Line managers should:

- Ensure that care managers and other practitioners understand the adult placement model (care manager responsible for ongoing support to the service user, scheme responsible for support to the adult placement carer); the kind of support a person needs in adult placement (and how this is different from other services); and the purpose and importance of continuing care management involvement in the placement.
- Ensure that the system is sufficiently flexible so that care managers can respond quickly when alerted to a problem in the placement by the service user, adult placement carer or scheme worker to avoid a crisis situation and unnecessary breakdown of the placement.

Adult placement schemes should:

- Ensure that senior managers understand the importance to the safety and

integrity of the placement of support from a named care manager/social worker for the person in the placement.

## Review and change

Line managers should:

- Ensure that care managers carry out their duty to re-assess the service user and review the placement, and that they attend placement reviews, recognising that the scheme worker represents the adult placement carer, not the service user.
- Consider merging the annual care management review and the placement review (including other services provided to the service user).

Care managers should:

- Ensure that the placement review focuses on the needs and wishes of the service user, and that the person's voice is heard at the review meeting (with support if needed) or by other means if the review meeting is too intimidating.

## Person-centred practice

Senior managers should:

- Work to close the gap between service user aspirations as identified in person-centred planning, and assessed needs and eligibility criteria required by care management, to avoid misleading and disappointing service users.
- Cascade learning from local authority person-centred planning pilots into mainstream practice, including adult placement, and include adult placement scheme workers in person-centred planning training.

Line managers should:

- Ensure that care managers understand and practice person-centred working, as distinct from person-centred planning.

Adult placement schemes should:

- Explore the potential of formal person-centred planning tools to improve adult placement practice.

## Advocacy

Directors of adult social services should:

- Press Government to expand local independent advocacy services, and ensure these services are available to adult placement service users.

Senior managers should:

- Ensure that each adult placement service user has, if they wish, a 'named person', independent of the scheme and of social services – someone who cares about and is important to the service user – to support and speak out for that person.

Adult placement schemes should:

- Work with the person in the placement and their care manager/social worker to identify a 'named person' independent of the scheme to support and speak out for them.

## Introduction

### Aims

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In 2005, as part of its Effective Services for Adults work, SCIE commissioned a practice survey to identify good practice assessment, care planning and social work in adult placement services, and to explore strategies for tackling barriers to good practice.

The project builds on an earlier study on person-centred approaches and adult placement, undertaken for SCIE in 2004 [\(1\)](#) and leading to SCIE guidance [\(2\)](#) [[www.scie.org.uk](http://www.scie.org.uk)], in which service users, adult placement carers and scheme staff identified good practice but also highlighted a number of commissioning and care management issues affecting best practice in adult placement services (see [Appendix 1](#)).

This report sets out the findings of the 2005 practice survey, and suggests practice points for care managers, line managers and their managers, and directors of adult social care services, as well as adult placement schemes, to help improve outcomes for people using adult placement services.

### Definition

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Adult placement provides highly flexible, short- or long-term accommodation and/or support for up to three adults in the family home of an adult placement carer. People in adult placements live an ordinary, domestic life in the local community, sharing in the life and activities of the adult placement carer. Adult placement can also offer home-based day services and outreach or kinship support. The majority of users of adult placement are people with learning disabilities, but older people, people with mental health problems, people with physical disabilities, and people with complex and multiple needs are also effectively supported through this service.

Adult placement services are defined by their association with adult placement schemes, which are subject to regulation under the Care Standards Act 2000 [\(3\)](#).

### Policy context

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This project has been carried out during a period of considerable change for social care services, and particularly for adult placement.

## Regulation

In August 2004 new regulations and national minimum standards for adult placement schemes (4) were established. During the period this project was carried out schemes were working to comply with new requirements and develop best practice standards. Also during this period the Commission for Social Care Inspection (CSCI) [[www.csci.org.uk](http://www.csci.org.uk)] was developing and piloting methodology for inspecting adult placement schemes; two schemes participating in the SCIE project were involved in the CSCI work. (This methodology is now in place but being reviewed as part of a wider review of inspection methodology for all registered services.)

## White Paper

The adult services White Paper, *Our health, our care, our say* was published in January 2006 (5). It builds on the Green Paper, *Independence, well-being and choice* (6), which set out a vision of greater choice and support, involving the whole community, and identified adult placement as an innovative service that the Government wished to see develop and grow. The White Paper calls for closer working between health and social care to assess and plan for the needs of the local population and to ensure the local care service market meets those needs. It further strengthens the development of commissioning at the level of the service user through expansion of 'individual budgets'.

These messages from the White Paper are reinforced by the first annual report from the Office for Disability Issues (ODI) (7) [[www.officefordisability.gov.uk](http://www.officefordisability.gov.uk)], set up in response to the Prime Minister's Strategy Unit report *Improving the life chances of disabled people* (8). The ODI report, which sets out progress towards meeting the Government's goal of achieving substantive equality for disabled people, includes a call for extensive development work to ensure that individual budgets and other proposed changes improve outcomes for disabled people.

## Methodology

The project survey was carried out by Barrie Fiedler, independent social care consultant.

Half-day discussion groups, held in nine locations throughout England in November/December 2005, explored the views of commissioners, care managers/coordinators, service managers, scheme staff and others. Localities were selected to include local authority-run and independent schemes, a mix of size and type of council, and services covering all client groups (people with learning disabilities, physical and sensory disabilities, mental health problems and older people). The survey sought examples of good practice as well as strategies for tackling problems, and these messages are reflected in the practice points suggested in each section of the report.

Discussion group participants explored a number of questions arising from the findings of the first-stage SCIE study, including:

- what are the roles and responsibilities of care managers and of scheme staff in assessment, making care/service plans, ongoing support and review?
- what makes a good match between a prospective service user and adult placement carer, and what care management policies and practices help or hinder this?
- how important is formal person-centred planning in adult placement, whose job is it, and what are the barriers to achieving it?
- how important is the advocate/independent person in placement: what does it mean, and whose job is it to provide such advocacy?
- what does 'moving on' mean for the service user, birth family, care manager/social worker, adult placement carer and scheme staff?

Following these discussion groups, a one-day meeting was convened to discuss these issues with the National Association of Adult Placement Services (NAAPS) North West adult placement carers group [[www.naaps.co.uk](http://www.naaps.co.uk)]. Discussions also took place with methodology officers from CSCI's Quality Performance Directorate, which is currently developing new adult placement inspection methodology (see [Context](#)) to consider issues arising from the two projects, which share the common aim of improving outcomes for people using adult placement services.

The brief for this project was based on the views of service users and adult placement carers interviewed for the first stage SCIE project. The 'personal outcome' and 'essential inputs' statements that CSCI developed with service users for their adult social care outcome framework were also taken into account. (CSCI's new outcomes framework for performance assessment of adult social care, in line with White Paper requirements, is now available for consultation.) (9) [[www.csci.org.uk](http://www.csci.org.uk)] Service users were not directly interviewed for this second-stage SCIE project, which focused on the role of commissioning and care management in adult placement, although discussion group participants provided many stories about and opinions expressed by service users.

The names of individuals referred to in this report have been changed.

## Author and acknowledgements

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This guide was written by Barrie Fiedler, independent social care consultant.

Many thanks to all those from local authorities, NHS trusts and adult placement

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schemes who contributed to this guidance through participation in the project discussion groups. Thanks also to NAAPS' chief executive, operations manager and carers' support and development worker for their assistance throughout, and particularly to members of the North West adult placement carers group who shared their experiences and ideas.

Brief profiles of and contacts for adult placement schemes and local authorities participating in the project are listed in [Appendix 2](#).

## Commissioning adult placement

Previous studies of adult placement and anecdotal evidence demonstrate how highly adult placement is valued by people who use it, as well as by local authority and other service purchasers. The ability of adult placement to deliver small, local, individualised services was acknowledged in the adult services Green Paper [[www.dh.gov.uk](http://www.dh.gov.uk)] which promoted expansion of the sector.

With its focus on the individual, family and community, adult placement is well placed to help social services departments (SSDs) meet the aims of the adults services White Paper: to commission at the level of the service user and offer 'more control, more choice and high-quality support for people who use care services, ...harness[ing] the capacity of the whole community' (5) [[www.dh.gov.uk](http://www.dh.gov.uk)]. The project fieldwork suggests, however, that in order to realise its value and potential, adult placement needs to become better known and understood by strategic commissioners and care managers, and schemes need to become more active partners in developing local commissioning strategies.

### Adult placement profile

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The project group discussions suggest that the extent to which adult placement is known varies widely between and within localities. Even where adult placement has been in operation for many years, awareness can be quite localised, perhaps limited to just a few social workers. While care managers and others attending the project discussion groups were quite knowledgeable about adult placement, they confirmed that many of their colleagues were not: they might, for example, consider placements as mini care homes. Participants thought most people – service users, prospective adult placement carers, practitioners – learned about adult placement by word of mouth.

At a national level, the National Association of Adult Placement Services (NAAPS) [[www.NAAPS.co.uk](http://www.NAAPS.co.uk)] works on behalf of its member schemes to enhance understanding of adult placement. NAAPS is currently looking at the 'branding' of the sector, and whether the term 'adult placement' misrepresents a service based on individualised support in a family setting.

In all localities visited, discussion group participants highlighted the importance of increasing awareness of adult placement among commissioners, aiming to ensure that it is always included as an option on health and social services menus (see [Local needs](#)). Participants spoke of the need to improve communication between schemes and social/healthcare professionals: 'Good working relationships need to be worked at, over time,' one scheme manager said.

Participants suggested, for example, that scheme staff could visit community teams; an

SSD finance officer could shadow an adult placement worker; or local authority and scheme staff could get involved in each other's groups and networks (e.g. joining health action or person-centred planning coordinating groups). Recent initiatives include:

- in [Staffordshire](#), following discussion of misunderstandings and difficulties in communication between the adult placement scheme and the learning disability team, the SSD agreed to have a named social worker in the learning disabilities team to liaise with the scheme and through whom all referrals will be channelled. The scheme is producing a flowchart for social care colleagues, setting out how adult placement processes work.
- in [Herefordshire](#), the scheme manager attends the special monthly learning disability team meetings which look at service users' accommodation needs, helping to ensure that the scheme is aware of individuals' up-coming needs, that placement vacancies are known in advance by the team, and that adult placement is always 'on the agenda'.

Raising the profile of adult placement was an issue in all localities. Successful current practice includes:

- in [Lewisham](#), the scheme manager visits local community mental health teams and sends 'email adverts' to colleagues, and the scheme is well known to all mental health team staff.
- in [Essex](#), the Home Share Day Care scheme is advertised through, for example, village and church newsletters and publicity leaflets in doctors' and dentists' surgeries, aimed at prospective carers and volunteer drivers.

## Practice points

Senior managers should:

Ensure that service managers, social workers and care managers understand the adult placement model and what it can offer, and know about the local adult placement scheme.

Line managers should:

- Include information about adult placement in care management induction training.

Care managers should:

- Establish and maintain regular contact with the local adult placement scheme.

Adult placement schemes should:

- Work to communicate to local authority staff at all levels, through personal contact and other methods, the benefits of the adult placement model.

## Systems and structures

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The continuing relentless pace of change, initiated locally as well as in response to the Government's agenda, forms the background for adult placement activity within local authorities and health trusts (see [Context](#)). Discussion group participants noted positive and negative elements, but overall staff appear overwhelmed by new systems and structures, reorganisation, regulatory requirements and administrative ('paperwork') demands.

Eight of the nine participating schemes are managed through the local authority (nationally, 90 per cent of adult placement schemes are local authority schemes), and all of these cited positive features of being local authority-affiliated, including:

- access to colleagues through sharing offices
- easier information sharing
- access to local authority training including person-centred planning training
- cost savings
- job security where adult placement scheme staff are seconded from the local authority.

Several schemes anticipate becoming independent of the local authority in the near future, and are apprehensive of this pending change. The sole independent scheme participating in the project is equally positive about the benefits of independence, including:

- easier to be firm with/make demands on local authority/health colleagues, e.g. insisting on full assessments and care plans before agreeing to a placement
- easier to be creative and flexible in designing and providing services;
- able to accept a placement funded through direct payments, and in future through individual budgets.

Several localities expressed concern that good relationships between schemes and local councils/NHS trusts, fostered over many years, would be undercut by rearranging primary care trust boundaries.

Staff in several trusts thought new electronic information systems made information-sharing between health and social services easier. Many care managers and scheme staff, however, thought new computer-based single assessment systems were 'tick boxy', 'long and medical' (see [Assessment](#)); several schemes said new Single Assessment Process (SAP) forms required by local authorities are 'not highly regarded' and do not give the full picture of the assessed person. [Lewisham Mental Health Trust](#)

has a good 'patient journey' electronic IT system to which the adult placement scheme (as part of the trust) has access.

Evidence emerged from the discussion groups that not all practitioners embrace changes imposed from above or understand new ways of working. Conversely, care managers in all localities wishing to work in a person-centred way, to be creative and flexible, and to support service users to take risks associated with independence, stressed the importance of supportive line managers.

## Practice points

Senior managers should:

- make sure that the design and implementation of electronic information systems (e.g. CLIX, SWIFT, SID), in place or being developed in all participating localities, take account of adult placement, and do not result in less person-centred practice.

## Value for money

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Commissioners considering service options take into account value for money as well as outcomes for prospective service users. There is currently little hard evidence available about the cost of adult placement services compared with other service options (e.g. care homes, day centres). Anecdotally, there is a perception that adult placement is less expensive than alternative services, but several scheme managers warned against looking at adult placement as the 'cheap option'.

An analysis of costs in six schemes providing a range of residential and day services to different client groups, carried out by NAAPS for the Department of Health, shows wide variations depending on the support needs of service users, but generally significantly lower unit costs compared with other forms of social care provision. This document stresses however that the responsiveness and flexibility that are particularly valued in adult placement make it difficult to cost and measure services [\(10\)](#).

## Practice points

Senior managers should:

- Determine the range of costs of adult placements compared to other suitable service options, taking into account the needs of and outcomes for service users.

Adult placement schemes should:

- Understand their unit costs, and cost comparisons with other services, and ensure this information is available to service commissioners.

## Local needs

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It appears from the project discussion groups that purchasing an adult placement is usually a matter between a scheme and an individual care manager, rarely related to a local strategic commissioning policy. Adult placement is best known and most used by learning disability services. The potential range and flexibility of adult placement services is poorly understood by local commissioners, but schemes can provide many examples of successful placements for people with mental health problems, autistic disorders, and people whose vulnerability and support needs defy labelling.

Participants agreed on the importance of adult placement both influencing and responding to local commissioning plans and priorities. Social services departments and primary care trusts need to understand what adult placement can offer (see [Adult placement profile](#)), and schemes should be sensitive to local authority/care trust priorities and requirements.

Project participants identified a number of locally needed services that might be provided through adult placement, including:

- planned, specialist short-stay ('respite') services
- floating support in service users' own homes/out and about in the community, including 'good neighbour' support
- support for people with acquired brain injury and with autistic spectrum disorders
- 'hospital (recuperation, rehabilitation, intermediate care) at home'
- support for younger and older people with dementia
- support for people with complex and multiple needs including 2:1 support (e.g. a placement carer couple or personal assistant)
- support for young people in transition from children's to adult services
- help for older people discharged from hospital or residential care
- help for people moving from mental health hospitals to the community
- wheelchair-accessible placements.

The [first-stage SCIE survey](#) found only a small number of minority ethnic people using adult placement services. Several participating schemes intended that their services should better reflect the ethnic make-up of the community. The SCIE studies support the findings of research carried out in 2004 for Skills for Care, which found a mismatch between the ethnic origins of service users and of adult placement carers, but that the percentage of black and minority ethnic adult placement carers broadly reflected their communities (11). Participants in this project included minority ethnic adult placement and local authority staff.

The lack of social housing stock for service users wanting to move to their own home was noted by several schemes, and is a particular issue for mental health service users for whom adult placement is usually a stage on the path to or return to independent living. One scheme manager said service users need their care coordinator to help them 'compete' for available properties. In [East Sussex](#) the adult placement scheme acts as a consultancy/advisory service for the local authority, carrying out assessments for a range of accommodation options, not just placements, for people referred by adult social care.

## Practice points

Senior managers should:

- Be aware that adult placement can provide a variety of flexible and personalised services for a wide range of individuals, including – with effective advance planning and care management support – those with highly complex needs
- Work with schemes to plan recruitment of adult placement carers with the skills to support local people's needs, in areas where people want to live.

Adult placement schemes should:

- Work with commissioners to identify areas of unmet need, and plan the development of the adult placement service locally to meet those needs.

## National agenda

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In light of the adult services White Paper and other national policy initiatives (see [Introduction](#)), it is clear that increasing emphasis will be placed on giving people more choice and control over the way they are supported, through direct payments, individual funding and self-directed services. Piloting of individual budgets is underway nationally, and early results show that people consistently choose services which are personal and intimate, and which strengthen connections to their own communities, rather than large-scale services [\(12\)](#). [\[www.in-control.org.uk\]](http://www.in-control.org.uk) 'There seems to be a significant gap in the market between [services aimed at] those who are willing and able to manage in all respects their own support and those who are happy to use large scale services. It is In Control's expectation that many more people would be interested in using services that were much smaller and more personalised but where some management functions might be paid for', but these 'micro-services' are seldom available [\(13\)](#). Adult placement seems well placed to offer such services.

Currently only a few adult placement service users in the project localities are funded through direct payments. Direct payments are not always readily available, but also people may not be aware that they can be used to purchase adult placement services.

In [Scarborough](#) several short-stay placements have been made with the independent scheme using direct payments. The [Essex Home Share Day Care scheme](#) in Braintree accepts a few direct referrals to adult placement carers from self-funding individuals.

Few discussion group participants knew about the national In Control project [[www.in-control.org.uk](http://www.in-control.org.uk)] or the Government's individual budget pilots [[www.individualbudgets.csip.org.uk](http://www.individualbudgets.csip.org.uk)], nor were they aware of the prominence of the individualised budget concept in the adult services Green Paper (now superseded by the White Paper). Even those care managers and scheme staff who had heard about individual budgets admitted that due to day-to-day pressures of work they were not yet thinking about what that might mean for their practice. Several scheme staff expressed concerns about being 'just a broker' or about not understanding how to assess 'unit costs' (the cost of the service for an individual service user). Others are concerned that individual budgets will change the relationship between the service user and adult placement carer, and between the service user and care manager. A National Association of Adult Placement Services working party is currently looking at these issues.

[Gateshead](#)'s first adult placement service user received individual funding via the In Control project (see [Person-centred practice](#)), demonstrating how placement can be effectively purchased through an individualised budget. Another participating locality, [Essex](#), is an In Control pilot area, but older people – the client group for the Home Share Day Care scheme – are excluded from the project. Gateshead and Essex have also been selected for the individual budgets pilot. Two other participating localities, [Herefordshire](#) and [Sheffield](#), have been chosen for In Control Stage 2.

## Practice points

Directors of adult social services should:

- Be aware that adult placement offers the kind of small, personalised service, provided by individuals in the community, that is valued by service users.
- Be aware that adult placement offers the service user choice, control and personalised support, and can help social services and primary care trusts meet the challenges of individualised funding, performance assessment framework indicators, local area agreements and other Government targets.

## Making good placements

This section tracks the key stages and ingredients of effective adult placement provision, looking in particular at the interface between care management and adult placement services, and summarises issues raised during the project group discussions.

### Assessment

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Most adult placement service users access funding through local authority care management (care coordination for people with mental health problems). For people referred through care management, the national minimum standards require a full care management needs assessment (Single Assessment Process, Fair Access to Care or Care Programme Approach). Best practice established through NAAPS guidance [[www.NAAPS.co.uk](http://www.NAAPS.co.uk)] calls for involvement of the referring care manager to ensure the interests of the referred person are represented, and their needs met, throughout the referral, matching and introductory processes (14).

Paul has mild learning disabilities, autistic tendencies, mental health issues and limited speech. He has a history of violent episodes triggered by seemingly insignificant events (sudden noise, food prepared in a different way, failure to understand an attempt to communicate). Working with Paul, his family and residential school staff, Paul's care manager prepared a record of Paul's behaviour, his preferred communication method, and the triggers and effective strategies for responding to his rages. With this information (supplementing the standard needs assessment) the care manager and adult placement worker were able to find an adult placement carer with the experience, knowledge and family situation to provide a supportive home for Paul and help him develop in a positive way.

The first-stage practice survey found that only those people recently referred for adult placement are likely to have had a care management assessment, and the quality of information about the referred person is often poor.

### Discussion group issues

While agreeing that assessment is key to making a good placement, discussion group participants reported a wide variation in assessment practice, and in the quality of information received at referral.

## Choice

Project participants were clear about the unique qualities of adult placement – in particular its family- and community-based nature, and the stability and continuity of support to the service user – as distinct from other service options. In many localities, however, adult placement is not widely known or understood among social care commissioners and practitioners and so not always on the service ‘menu’ (see [Adult placement profile](#)). Project discussions highlighted the importance of commissioner/care manager knowledge of what adult placement can offer and why it might (or might not) be a person’s preferred service.

## Information

Schemes seldom receive the information they need to make a good match, and almost always carry out their own, detailed assessment. Even some new referrals have very out-of-date assessments – over 10 years old in one case. Adult placement workers and carers spoke of the ‘lack of information following the person’, from the person’s previous home and between the person’s current service providers.

While scheme officers faulted care managers for failing to provide adequate information about prospective service users, care managers believe it is families – who may feel desperate to find support – rather than referrers who fail to reveal information. ‘Confidentiality’ is sometimes invoked inappropriately to excuse withholding information.

Some adult placement carers also had strong views on the failure to provide them with accurate or sufficient information about the person placed with them. They felt they were likely to be told either ‘only the bad things’ (e.g. a crime committed) or, more likely, ‘a rosy picture of 20 years ago’, but not told about daily routines and habits. Care managers generally were not involved in the introductory stages of the placement; adult placement carers reported that care managers only saw the person once or twice before the placement was made. Several had had particularly bad experiences. In one example, the person placed had previously made allegations of abuse but this was not shared with the adult placement carer, who subsequently had allegations made against her as well. One parent later confided to an adult placement carer that ‘I didn’t tell you that because I didn’t think you’d take him’. Sometimes a family may not intentionally mislead but may not see some behaviour as a problem if it has developed slowly over time. If the care manager does not know the person or carry out a careful assessment, such behaviour is likely to be missed. Insufficient or misleading information is not fair on the service user, who will have to move on if an unsuitable placement has been made.

Participants differed about what they felt was helpful and/or appropriate to discuss in advance, but many thought that some kind of informal, pre-referral chat about the person’s needs and wishes and possible, suitable placement vacancies helps both care managers and schemes to make effective placements with a minimum of delay.

## Assessment

Participants agreed that schemes should insist on a full assessment before accepting a referral for placement. One scheme reported that, although it requires that referrers provide a full care management assessment, not all care managers do so; if the scheme insists, the referred person may not get the placement. Several schemes said referrers made telephone assessments, without meeting the assessed person. Another reported that assessment amounted to no more than: 'Does the person meet the council's eligibility criteria?' Several schemes said data was simply transferred from the local authority's assessment form to the scheme's form without further contact with the referred individual.

Most local authorities have changed, or are in process of changing, to the Single Assessment Process (SAP) or equivalent procedure, and schemes' assessment protocols are changing in response to this.

- [Sheffield Adult Placement Service](#) is developing application guidelines for referrers, to be completed at the point of enquiry. These set out placement-specific information indicating why a person wants and needs adult placement. Following introduction of the SAP for all social services referrals, the scheme no longer uses its own assessment form, but hopes the new guidelines will help care managers fill the gaps in the SAP and provide a better 'sense' of the referred person. (For Care Programme Approach referrals, the scheme continues to require its original assessment form.)
- [Staffordshire Adult Placement Service](#) is altering and shortening the scheme assessment form to avoid duplication with new SAP forms (required by the council for all client groups), to improve the completion rate by care managers, and to make it more adult placement-specific and specialist.
- [East Sussex Supported Accommodation Team](#) currently undertakes its own assessment, building on other available assessments, asking the person about their history and past experiences. As East Sussex changes to the SAP the team will re-think its assessment requirements in light of results of these new-style care management assessments.
- In [Essex](#), the SAP has been in place county-wide for four years. Each referral to the Home Share Day Care scheme is accompanied by a SAP form and care plan; the scheme only undertakes an environmental risk assessment (and provides service user and placement plans).
- [Herefordshire](#)'s new detailed support needs assessment, authorised by the Partnership Board, was piloted in 2005 and replaces the community care assessment for people with learning disabilities.

Some care managers and scheme staff noted pressures to bypass requirements: for

example, a referrer requesting a placement, or even a particular carer, without assessment; or pressure to free mental health hospital beds quickly. A care manager with a heavy caseload may consider adult placement requirements as 'a whole load of hassle'. One care manager said prospective service users see assessment as an obstacle to getting a placement.

Participants reported that a person may fail to obtain an adult placement because of the local authority's narrow eligibility criteria or overprotection of team budgets. In one locality, a man diagnosed with a learning disability and mental health problems did not meet either team's eligibility criteria so was not offered a placement although all parties agreed the placement was appropriate. Elsewhere, another man was denied a placement when two service teams disagreed over whose budget might fund him.

Schemes reported delays in placing people because of problems obtaining housing and other benefits, and considerable confusion about benefits among service users, families and adult placement carers. Localities have different approaches to providing financial assessments and benefits advice. In [Essex](#), every person seen is referred to the financial assessment and benefits advisers. In [East Sussex](#) the adult placement scheme – recognised as accommodation experts in the county – supports housing benefit applications for people referred. The scheme believes 'adult placement carers need training on handling people's money as service users go on to housing benefit.'

## Practice points

Senior managers should:

- Ensure that care managers and their line managers have a clear understanding of the unique qualities and flexibility of adult placement when considering service options for prospective service users.
- Ensure that their assessment protocols provide complete, placement-specific, specialist information about a referred person, in order to obtain a full picture of the person and make the best possible match with an adult placement carer. The adult placement scheme can give guidance on information needed to supplement the local authority's standard assessment form.
- Ensure that an individual is not denied a placement because of disagreements between teams (e.g. learning disabilities and mental health) about who is responsible and/or which budget charged.
- Ensure that computerised assessment systems are individualised and person-focused, and do not result in tick box-type assessments.

Line managers should:

- Ensure that care managers recognise and adhere to adult placement procedures and protocols which represent best practice and are required by regulation.
- Consider requiring care managers to carry out assessments jointly with adult placement schemes, especially for complex assessments. Collaboration among all stakeholders, followed by joint decision-making, is more likely to result in a successful, stable outcome for the service user and the family.

Care managers should:

- Provide a recent, full care management assessment with each referral. Regular contact between care managers/coordinators and schemes – before formal referral and throughout the placement process – will help both parties to be ready to make timely and appropriate placements.
- Endeavor to provide the adult placement scheme with all information needed to make a good and safe referral.
- Plan early to ensure service users receive clear and timely information about housing and other benefits.

Adult placement schemes should:

- Ensure that referral processes are as streamlined as possible and mesh with local authority processes to avoid unnecessary duplication.

## Emergency placements

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National minimum standards require adult placement schemes to ensure sufficient information is available about and for the service user at the time of the placement, to protect all those in the placement, and to provide a placement agreement and meet other placement criteria within three days. The standards make clear that an emergency placement is not a fast track to a permanent placement (though with ongoing review and support some placements may successfully continue long-term).

When Sula's adult placement carer became suddenly and seriously ill, other arrangements had to be made quickly for Sula, who has learning and physical disabilities. A review meeting including Sula, her daughter and scheme worker, agreed Sula could stay on a temporary basis with another adult placement carer with whom she had had previous 'respite' stays. Sula settled well in her temporary home. When it became clear that the previous adult placement carer would no longer be able to work, a full review looked at all the options for Sula and decided to extend the placement on a long-term basis.

The first-stage practice survey found referrals for adult placement are frequently made on an emergency basis, making it difficult for schemes to follow good practice in matching and introductory processes, and often resulting in less successful placements.

## Discussion group issues

Project discussion groups identified a variety of scheme policies on accepting emergency referrals. Some have adult placement carers approved for emergency placements, while others – [Lewisham](#), [Essex](#) – firmly say ‘no’. Some care managers also thought schemes should refuse to accept ‘Friday night syndrome’ referrals. Several schemes thought too many placements were made as emergencies, under pressure, to help out the referrer or not disappoint a vulnerable person: one adult placement worker said schemes ‘want to make it happen’. Participants agreed that emergency placements should be made only with carers approved and trained to do so; that schemes should resist pressure to make emergency placements without adequate information; and that schemes and care managers should be satisfied that the placement is appropriate and safe.

In the [Essex Home Share Day Care](#) scheme, staff and care managers are very clear that the scheme provides planned day care, not ‘respite’. Even where a family carer is ‘on their knees’, and alternative support is urgently needed, the assessor will not refer to the scheme and the scheme will not accept a referral. (If an adult placement carer is ill then the service user might be placed with another day service carer.) Home Share Day Care is considering a different, home-based service where a carer would go to the service user’s home in an emergency. In [East Sussex](#) the whole adult placement scheme is registered for the local authority short-stay (respite) voucher scheme.

## Practice points

Line managers should:

- Develop protocols between care managers and adult placement schemes for delivering minimum information requirements for emergency placements, and for providing follow-up information (meeting the requirements of national minimum standards).
- Recognise that a crisis in an existing placement needs care management re-assessment and social work input. Commissioners should not assume that the adult placement scheme will find an emergency placement with another adult placement carer (although sometimes this may happen); nor should they assume that difficulties within a placement require that the person be moved elsewhere

- Ensure that care managers understand and respect the difference between planned short-stay and emergency placements. Commissioning bodies should have comprehensive strategies for providing both services; adult placement schemes may be able to help as part of this overall strategy.

## Care plans

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Adult placement service users should have a care management care plan, which sets out how their needs and preferences will be met through adult placement. The national minimum standards require that the scheme receive a copy of the care plan, which will form the basis of the service user plan and placement agreement.

Until her father died, Josie (aged 37, with learning disabilities) lived at home where she was content but over-protected; she rarely left the house or saw people other than family members, and had few life skills. Josie's social worker spent a lot of time with Josie, and sometimes with her sister and aunt, learning what Josie would like to do. While Josie could go to live with her sister, she yearned for friends, to learn to cook, and to go out on her own. Josie's care plan established that a supported home-based service outside the family would meet her needs, as part of a package including a day service offering accredited basic skills training. Josie was referred to the adult placement scheme and, following further assessment, was matched with an adult placement family and soon blossomed: Josie is learning to look after her own diet and personal hygiene, becoming more confident, helping with cooking and laundry, and learning to cross roads and take the local bus to college.

The first-stage project found that adult placement service users (particularly those in longstanding placements) are unlikely to have a care management care plan, and that even where a care plan exists it seldom provides the information the scheme requires.

## Discussion group issues

Discussion group participants confirmed the findings of the earlier SCIE project: only those people recently referred for adult placement are likely to have a care management care plan; schemes almost always carry out their own, detailed assessment (see [Assessment](#)) and produce their own 'care plan'. Participants agreed that schemes should insist on a full care management care plan from the purchaser before accepting a placement.

Participants also noted that some care managers have a poor grasp of what a care plan should provide, and/or do not have time to do a detailed care plan and assume the

scheme will produce one. The quality and relevance of care plans was queried, and the summary of assessed needs was sometimes thought to be more useful than the actual care plan which – according to one scheme manager – might be ‘just a list of funded services’.

Service users, families and sometimes adult placement carers are confused by what one scheme worker called a ‘series of care plans’ (community care plan, service user plan, placement plan, person-centred plan, and potentially an individual funding/broker plan). Some participants thought the adult placement carer should receive the full care management care plan, while others suggested the summary assessment or the scheme’s own assessment was more appropriate. Several participants suggested that the array of plans might be rationalised or combined (see also [Review and change](#)).

## Practice points

Line managers should:

- Understand the importance of the care management care plan and develop a strategy for tackling the backlog of adult placement service users who do not have a care plan.

Care managers should:

- Ensure that all adult placement service users have an up-to-date care management care plan, and that the role of adult placement in the person’s whole plan is clear.

## Risk assessment

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Assessment of risk and a risk management strategy should form part of the care management/care programme approach assessment and care plan. In adult placements the responsibility for risk associated with the person in the placement is shared between the referring body, the scheme, the adult placement carer and the service user. National minimum standards call for service users to be ‘supported to take risks as part of an independent lifestyle’, and require that risk management strategies are agreed and recorded in the service user’s plan (based on the care management care plan). Under the Mental Capacity Act 2005 [\(15\)](#) and codes of practice [\(16\)](#) people must be presumed to have the capacity to make decisions and risks unless assessed otherwise.

Ali, who is 23 and has learning disabilities, has lived with her adult placement carer Lynne (her former foster mother) since she was a child. Ali is quite independent, has a part-time job, and goes out

with friends to clubs. Now Ali has a boyfriend, and talks about wanting a sexual relationship with him. Lynne does not want Ali to bring the boyfriend back to her room (she does not allow her own children to do so); she is also worried that Ali is vulnerable to sexual and/or emotional abuse. Ali is meeting with her social worker, the scheme worker and Lynne to make sure Ali is sufficiently aware and informed, discuss what she wants from the relationship, and support her to make responsible decisions about this new aspect of her life.

## Discussion group issues

Scheme staff were clear that the scheme is responsible for carrying out an environmental assessment (of the adult placement carer's premises), but there was uncertainty among discussion group participants about who – service user, adult placement carer, scheme, care manager – is accountable for risk to (or from) a service user. Discussion among participants suggests that many local authority staff are not yet aware of the implications of mental capacity legislation and do not implement best practice risk management.

Participants discussed the need to anticipate possible risks at the point of referral, agreeing who is responsible for which aspects of risk assessment or whether a joint risk assessment is called for; to consider risk issues (including sexual relationships) as a matching issue; and to clarify the process that would be followed if things go wrong in a placement – a 'what if' clause, one social worker said. There is danger that risk plans get 'cast in stone' and prevent service users moving on in their lives; as they become more independent, people may want and need to begin taking more risks.

Adult placement carers stressed that the quality of information about potential risks is paramount, but that they often did not receive complete and relevant information. In one placement, the carer had not been told that the referred person was 'light fingered' or prone to fits of violence and he was not prepared to deal with the person's behaviour. Several adult placement carers also expressed indignation at being required to sign a standard risk form which they felt made them 'take all the risk', while also making unreasonable and non-family-like demands (e.g. the service user has to sit in the back seat of the car behind the passenger seat; the placement carer has to carry a charged mobile at all times).

## Practice points

Directors of adult social services should:

- Ensure that the local authority's approach to risk management supports the adult placement service user to make choices and live independently in the placement.

Line managers should:

- Ensure that care management assessments include risk assessment; that this information is shared appropriately with the adult placement carer and scheme; and that a risk management plan is agreed (and shares risk appropriately) between the care manager, scheme, adult placement carer and service user and forms part of the placement plan.

Care managers should:

- Ensure the personal risk assessment and risk management plan is reviewed and updated (involving the service user, adult placement carer and scheme) to reflect changing needs, abilities and aspirations (see Review and change).

## Care management support

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National minimum standards require that the scheme supports the adult placement carer and the whole placement, while the care manager retains responsibility for the service user. This arrangement recognises the duty of care managers (including NHS personnel under the Care Programme Approach) to assess and re-assess individuals' needs, and to plan and deliver local council care services, in consultation with service users and their family carers. It also helps ensure the safety of the placement and avoid conflicts of interest.

Malcolm, aged 22, knew he needed a complete change in order to come off drugs and recover his mental health. His key worker from the mental health team, Len, told him about adult placement. Len supported Malcolm through the lengthy referral and matching process, and at last Malcolm moved in with his adult placement family, under a placement agreement specifying everyone's role. Although Malcolm is now settled in his new life, Len still meets with him every six weeks to see how he is doing in the placement, check that his self-medication programme is on track, discuss any problems he is experiencing, and talk about the part-time job that Malcolm hopes to start soon.

The first-stage practice survey found that social workers rarely remain engaged once the placement is settled (community psychiatric nurses and psychiatric social workers significantly reduce their involvement), and adult placement workers increasingly support both the service user and adult placement carer in the placement. The study also noted adult placement carers' resentment of growing scheme worker involvement with the service user.

## Discussion group issues

Discussion group participants confirmed the low profile of care management/social work in adult placement. The referring care manager may provide follow-up for six weeks to three months (although some adult placement carers said even this is unusual), until the person appears settled in the placement, then withdraw. The mechanism and terminology for this vary: 'close to out of hours team'; 'open to team' or 'banked', where there is no named worker but no need to re-refer; 'held for review'.

Nearly all participants approved the principle of care management support for service users and scheme support for adult placement carers, and would like to close the gap between theory and reality. Participants, however, described a reactive, 'dipping in' social work role – to re-assess, find additional money, or review. Most care managers would like continuing social work involvement with adult placement service users but say workload and funding pressures make this impossible. While recognising pressures on social workers, one service manager suggested that attitudes and flexibility are also issues.

A few local authority participants believe adult placement scheme staff should support service users. Even within the same local authority staff hold different views: learning disability social workers in the independent living team said they only commission the accommodation, not the support, while the learning disability team social worker said: 'We commission, [the scheme] provides; if the person needs ongoing support, is [the scheme] doing its job?' Only [Brent Adult Placement Service](#) actively promotes scheme worker support for both service users and adult placement carers (but recognises the conflict with regulatory requirements); in several other schemes this happens by default. Participants stressed the need to 'learn, adapt, talk' and 'plan together' to ensure service users receive the support they need in the placement. In two localities, care managers deal directly with adult placement carers, bypassing the adult placement worker.

Local authorities are looking at ways to improve practice: Staffordshire SSD is developing a contract with the adult placement scheme whereby social workers will support the placement (normally the scheme's responsibility) as well as the service user, if the service user has complex needs and it is agreed the scheme lacks essential, specialist skills. Sheffield's mental health team is developing a service level agreement with the scheme, setting out the respective roles of the care manager and scheme.

Adult placement carers' view of care management (social work) in adult placement is disheartening, however. Carers discussion group participants reported minimal social work involvement in the placement (the exception is short-term 'respite' placement). While cases may not be formally 'closed', contact ends when the placement is seen to be satisfactory; if a social worker moves on there is usually no named replacement – 'social services are that into crisis management' according to one carer. Some adult

placement carers thought it did not matter whether or not there is a social worker: scheme workers are helpful, but mainly 'adult placement carers do it themselves'. Others thought social workers would be useful 'if they were doing social work' or were there 'to fight for the service user' (e.g. to keep a day place). Adult placement carers also reported that 'services we're told we can have [e.g. advocacy, college] are not there'.

## Practice points

Senior managers should:

- Ensure that adult placement service users receive appropriate and sufficient support from a named care manager/social worker throughout the life of the placement, in line with their statutory duties and the regulatory requirements of adult placement services.

Line managers should:

- Ensure that care managers and other practitioners understand the adult placement model (care manager responsible for ongoing support to the service user, scheme responsible for support to the adult placement carer); the kind of support a person needs in adult placement (and how this is different from other services); and the purpose and importance of continuing care management involvement in the placement.
- Ensure that the system is sufficiently flexible so that care managers can respond quickly when alerted to a problem in the placement by the service user, adult placement carer or scheme worker to avoid a crisis situation and unnecessary breakdown of the placement.

Adult placement schemes should:

- Ensure that senior managers understand the importance to the safety and integrity of the placement of support from a named care manager/social worker for the person in the placement.

## Review and change

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Regular review of the placement plan and service user plan is required by regulation, and an annual review of the care management care plan is required by Fair Access to Care guidance. (17) [[www.dh.gov.uk](http://www.dh.gov.uk)]

Ahmad is 35 and has learning disabilities. He lives with his family

and has two days a week 'kinship' support with an adult placement carer, and occasional short-term breaks with another service provider. He works as a volunteer with a day service horticultural project. Previously, each service was reviewed separately, which was confusing and overwhelming for Ahmad and everyone else. Recently, the social services department consolidated all service reviews for each individual service user: Ahmad's care manager has organised an annual meeting involving Ahmad, his mother, the scheme worker, day service key worker and respite carer, for a 'holistic' review of Ahmad's whole care plan package.

The first-stage survey found that both service users and adult placement carers are unclear about the difference between the care management care plan review, the placement review, and other monitoring and review meetings, and do not find them particularly helpful. Social workers known by the service user are rarely involved in placement or care plan reviews (see also [Person-centred practice](#)).

## Discussion group issues

Discussion groups confirmed the first-stage project findings. Participants reported a trend among social work departments to appoint separate reviewing officers (in effect accepting there will be no continuing care management support in the placement). The pros and cons of dedicated reviewing officers were debated. One authority employs dedicated reviewing officers, but a service manager reported that 'no one applies for or stays long in' these new posts, as there is no opportunity to build a relationship or rapport with the service user; reviewing officers are therefore the least experienced staff. A care manager, however, thought that the 'fresh eyes' of dedicated reviewing officers are beneficial. Service users' views are needed on this issue: a reviewing officer may be adequate if a 'named person' is there to support the service user (see [Advocacy](#)).

Most participating councils carry out different reviews for each service used (e.g. day service and college, as well as adult placement). In one locality, reviews are 'done when they come up on the list', but care managers and scheme staff agreed that adult placement service users are not always in the IT system so 'fall through the net'. In another, reviews are decided 'case by case' (there is no policy). In [Herefordshire](#) the care management review is the placement review; scheme workers try to attend reviews of other (e.g. day) services used by the service user.

Adult placement carers also feel strongly that reviews are 'paper exercises', carried out (if they take place at all) without regard to the service user. For example, invitations to attend the review were sent out by a care manager – 'but they didn't listen to who the service user wants to come'. Several placement carers said the care manager did not visit the service user but 'just copied the same [assessment] form – it's identical!' Adult placement carers have their own issues: as day centres close under local authority

'modernisation' programmes, there is an assumption by social services that the person will be cared for 24 hours a day by the carer – not an arrangement likely to meet the person's assessed needs, and in any case many adult placement carers have daytime jobs.

Several adult placement carers were angry that social workers and other practitioners do not listen to them or take them seriously, or recognise that 'we know the person best'. Many thought they were patronised or treated disrespectfully: 'It's a horrible feeling when someone comes into your home and doesn't respect you.' They felt social workers 'think we aren't objective', 'treat us as clients', 'call us WMAs – well-meaning amateurs'. One carer had been asked to keep time sheets for support provided to the service user.

Adult placement carers also noted difficulty in getting social work attention: the service user must acknowledge there is a problem before social services will get involved, but this is 'too conceptual for someone with a learning difficulty'. Without active social work in the placement, a problem can easily become a crisis. 'When adult placement carers keep coping, problems are not a priority for social services.' 'Adult placement should be an ordinary family, but we don't have the same rights as a [birth] family.'

While some care managers believe their role is to 'keep a watching brief' on the service user's future needs, to discuss with and support the service user to 'move on' or change service, in many placements scheme workers take on this role. Clarification is needed about the procedure by which a person goes back into the system for re-assessment if there is major change in the placement, and about whose job it is to help make wished-for changes happen.

Participants discussed the need to listen to what the service user is saying. People can 'move on' and become more independent within their placement. The emphasis on independent living ('my own front door') prevalent in learning disability and Supporting People services is not right for everyone: 'Don't set people up to fail', as one scheme worker said. Scheme staff spoke of challenging social workers who 'always choose the most "independent" – the cheapest' option, as well as those who are content with a settled placement and want to 'let it be'. 'Without the care manager [review and re-assessment], the scheme officer may note changes but nothing will happen.' Service users do not always understand that there are options for change.

## Practice points

Line managers should:

- Ensure that care managers carry out their duty to re-assess the service user and review the placement, and that they attend placement reviews, recognising that the scheme worker represents the adult placement carer, not the service user.

- Consider merging the annual care management review and the placement review (including other services provided to the service user).

Care managers should:

- Ensure that the placement review focuses on the needs and wishes of the service user, and that the person's voice is heard at the review meeting (with support if needed), or by other means if the review meeting is too intimidating.

## Person-centred practice

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William was assessed as ready to move from his long-stay learning disability residential home, and as a candidate for individual funding. William's care manager referred him to the In Control project and to the Person-Centred Planning pilot. After considering options with the In Control 'broker', William expressed an interest in adult placement. The adult placement scheme worked with William, his broker and the person-centred planning facilitator to produce an individual plan that set out how William's assessed needs and aspirations could be met through adult placement, together with daytime (work and social) activities. William's circle of support includes the person-centred planning coordinator, scheme worker and an independent advocate.

The first-stage practice survey found that, although adult placement carers generally work in a person-centred way, good practice is not being achieved through formal person-centred planning systems. The survey did not establish, however, whether using formal person-centred planning tools might improve adult placement practice.

## Discussion group issues

Project group discussions confirmed a continuing lack of understanding of person-centred approaches and formal person-centred planning (PCP) in SSDs (and in adult placement schemes). Scheme staff, social workers and others questioned their council's commitment to person-centred working.

Participants agreed with the earlier project findings that formal PCP tools are not always right for adult placement. Care managers and scheme staff reported disconcertingly separate streams of funding and practice for care management, PCP pilots and In Control pilots: 'PCP is not part of the social work task'; 'the care programme approach takes precedence over PCP'; 'PCP is a learning disability thing'; 'PCP is entirely separate from care management'.

The service user plan can be the PCP plan. [Gateshead Adult Placement Scheme](#) worked with the coordinator of the council's PCP pilot project and the In Control project to arrange the scheme's first long-term placement (see William, above). Among other project participants, however, the In Control project [[www.in-control.org.uk](http://www.in-control.org.uk)] and Government's Individual Budget pilots [[www.individualbudgets.csip.org.uk](http://www.individualbudgets.csip.org.uk)] were not well known, and only a few placements are funded through direct payments (see [National agenda](#)).

Elsewhere, care managers and scheme staff agreed that 'PCP aspirations can be disheartening for service users and for practitioners', including adult placement service users and carers, if those aspirations cannot be met. One service user took part in a PCP initiative in his day centre, and was 'promised all the things he wanted [but] it all fell through'. Another service user was 'guaranteed' shared supported housing but a year later nothing had happened. One adult placement carer reported that the social worker 'visited a few times and did a PCP plan'; another carer had prepared a 'life book' for the person in the placement which the social worker 'copied for the PCP plan'; yet another said: 'PCP frightened the life out of my Polly'.

Isolated PCP pilots may be less effective than mainstream person-centred working. In one participating authority, the intensive work and time devoted to one adult placement service user and one scheme worker caused resentment in the team. In another, the local authority was 'doing PCP as part of the modernisation and closure of day centres'.

Participants were frustrated that PCP is limited to people with learning disabilities undergoing major life change, funded through Partnership Boards, to help empty learning disability homes and hospitals. Officers from one council called for local authorities to lobby the Government to include a measure of person-centred working in the performance rating system.

## Practice points

Senior managers should:

- Work to close the gap between service user aspirations as identified in person-centred planning, and assessed needs and eligibility criteria required by care management, to avoid misleading and disappointing service users.
- Cascade learning from local authority person-centred planning pilots into mainstream practice, including adult placement, and include adult placement scheme workers in person-centred planning training.

Line managers should:

- Ensure that care managers understand and practice person-centred working, as distinct from person-centred planning.

Adult placement schemes should:

- Explore the potential of formal person-centred planning tools to improve adult placement practice.

## Advocacy

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National minimum standards require that adult placement service users have, if they wish, a named individual or advocate who is independent of the scheme.

At a service review, the care manager suggested that Liam might want to move from his adult placement to live in his own flat. Liam's parents were alarmed, and Liam's adult placement carer was reluctant to contemplate 'losing' Liam. Liam, who has significant learning disabilities, was upset by the conflicting views about his future. The care manager commissioned an advocate from the local independent advocacy service to work with Liam to find out what he really wanted and help him explain this to the care manager, the adult placement carer and his family.

The first-stage SCIE project found that people living in adult placements rarely have an independent advocate, and many do not have a named person. (Lack of advocacy support is an issue throughout social care services, not just for adult placement.)

## Discussion group issues

Project discussion groups confirmed that independent advocacy is rarely a reality. The terms 'advocate' and 'named person' are broadly interpreted (variously named as day service key worker, care manager, adult placement carer, adult placement worker, and family member) and widely misunderstood. Schemes reported inconsistent CSCI interpretation of regulatory requirements (NB: this finding pre-dates inspections under CSCI's new methodology [[www.csci.org.uk](http://www.csci.org.uk)]). One service manager said national and local government should 'make advocacy real' or remove the requirement from adult placement practice.

Participants reported that free volunteer advocates are sometimes available but are usually untrained; several localities have access to advocacy services but no way to pay for them. High quality advocacy exists in some mental health services but is very limited. One exception is [Essex](#), where the combined health, social care and mental health partnership funds and supports a number of advocacy services which are free to service users. Elsewhere, advocates may be provided via a day service or college but only for a crisis situation.

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There is little awareness of and therefore little demand for advocates from adult placement service users. Adult placement carers often are aware of service users' advocacy needs, but are both frustrated by and resigned to the lack of independent advocacy. Those participating in the discussion groups related poor experiences of advocacy. One service user was marginalised by an advocate who was quite inept – an excuse for someone who wanted to be an advocate', and who himself had an advocate. Several service users were 'on record' as having an advocate but in fact had almost no contact with that advocate. Adult placement carers also stressed that 'social workers have to listen to the advocate, or it's not helpful'.

## Practice points

Directors of adult social services should:

- Press Government to expand local independent advocacy services, and ensure these services are available to adult placement service users.

Senior managers should:

- Ensure that each adult placement service user has if they wish a 'named person', independent of the scheme and of social services – someone who cares about and is important to the service user – to support and speak out for that person.

Adult placement schemes should:

- Work with the person in the placement and their care manager/social worker to identify a 'named person' independent of the scheme to support and speak out for them.

## Appendix 1: Key findings from first-stage project

### Summary of key findings

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The practice survey aimed to identify emerging and developing practice where person-centred approaches have successfully been applied to adult placements. Visits to 16 'good practice' placements selected by the four participating schemes showed that these placement carers were working in a person-centred way with service users although they were not using formal 'person-centred planning' systems. The National Association of Adult Placement Services' model adult placement standards and processes help schemes support adult placement carers to support service users, from referral to review, to achieve choice, independence and inclusion. Schemes were clear that adult placement is founded on the relationship between user and carer in a family setting, and that carers' attitudes and values are the key to person-centred practice.

Discussions with scheme staff, adult placement carers and service users, however, highlighted a number of issues affecting person-centred working in adult placement, including:

#### Adult placement processes

##### Assessment and referral

- Many social workers/care managers/care coordinators are unfamiliar with adult placement.
- Few people referred for placement have a care management assessment or care plan, and the quality of information about the person referred is often poor.
- Referrals are influenced by funding availability (e.g. Supporting People), and therefore are not always needs-led.

##### Matching and introductions

- Placements are usually the best match available, not an ideal match.
- A successful placement may develop from a short-break/emergency placement as well as from following 'textbook' person-centred adult placement processes.
- The person referred may have little life experience for making a decision about where to live.

##### In the placement

- Some long-standing (unregistered) placements do not have a placement agreement and service user plan
- Service users and placement carers believe day-to-day support, choices and activities are more important than written plans and goals.
- Social workers rarely remain engaged once the placement is settled.

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#### Annual reviews

- Service users and carers are unclear about the difference between placement reviews, care plan reviews, and other monitoring and review meetings, and do not find them particularly helpful.
- Social workers are not active participants in reviews.
- Adult placement scheme workers rely on subjective criteria – 'gut feeling' – to judge the success of a placement (while recognising the need for evidence).

## Person-centred issues

#### Person-centred planning

- Formal person-centred planning does not have a high profile among scheme staff or adult placement carers (or local authorities).
- Informal person-centred working can be effective.
- People's 'dreams' are more likely to be about who they live with than about where they live; and more about daily life than about the future.

#### Moving on

- Schemes are changing from a 'forever' to a 'move-on' model of adult placement, but in practice scheme workers and placement carers respect the person's wishes.
- Many service users say they do not ever want to leave their placement (even if moving on/living independently is a specified long-term goal).

#### Adult placement carer training

- Some longer-standing carers believe they know best how to support the person in the placement, and do not value or attend scheme training events.

#### Adult placement carers' views on placement caring

- Where there is no social work support for the person in the placement, the placement carer may resent the scheme worker's attention to the service user and feel less valued by the scheme.
- Adult placement carers are motivated by what they gain from being a carer (someone to love and care for, company, feeling valued) as well as by the happiness and progress of the person placed with them.

#### Family life

- There can be tensions in an adult placement between the placement carer's and the service user's needs and rights.
- Adult placement requires the give-and-take and compromise of family life – no one in a family can just do what they want without consideration of others.

#### Birth families

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- Family contact is important but continuing inappropriate parental/family control over decision-making and money can deter independence.

#### Advocacy

- People living in adult placements rarely have independent advocates.

#### Inclusion

- While adult placement service users participate in a variety of community activities, the quality of some day services is disappointing.

## Appendix 2: Scheme profiles and contacts

### Brent Adult Placement Scheme (APS)

Launched in 1981, Brent APS provides long- and short-term placements for 44 people aged 20 to 79, supported by 26 carers, most of whom have worked for the scheme for many years. Of these, 31 are funded through Supporting People. Among the service users, 23 have a learning disability, 11 have a mental health problem and 14 are older people. There is a staff team of six. One placement – scheme worker, adult placement carer and service users – is involved in Brent Social Services' person-centred planning pilot project.

Brent APS was one of four schemes involved in the first-stage SCIE project.

#### Discussion group participants

Care manager, learning disabilities  
Care manager, older people  
Scheme manager  
Two scheme workers

#### Contact

David Kingsley  
Interim Manager  
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London NW2 5JH  
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[david.kingsley@brent.gov.uk](mailto:david.kingsley@brent.gov.uk)

### East Sussex Supported Accommodation Team (SAT)

The SAT in East Sussex provides both adult placement (up to three people) and supported accommodation (more than three people). There are 231 people accommodated overall in the scheme, of whom 123 have learning disabilities (the remainder mainly have mental health problems). Within adult placement there are 70 adult placement carers; 52 carers support 86 people with learning disabilities. The SAT operates from four area teams, with two senior practitioners and 14 supported accommodation officers covering adult placement and other supported accommodation provision county-wide.

East Sussex SAT was one of four schemes involved in the first-stage SCIE project.

### Discussion group participants

Support manager, learning disabilities  
Social worker, learning disabilities  
Team manager, independent living team  
Social worker, independent living team  
Senior practitioner, community mental health team  
Social worker, community mental health team  
Scheme manager  
Two scheme workers

### Contact

Sue Dean  
Practice Manager, Supported Accommodation Team  
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East Sussex BN27 4HU  
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## Essex Home Share Day Care

Established in 1994, the joint-funded Home Share Day Care scheme has nine host/carers providing a total of 59 placement sessions to 34 service users. Each carer has three placements (or a fourth person in an emergency situation), and offers a six-hour session between 9.30a.m. and 4p.m. The scheme is run by a full-time manager and part-time clerk, both seconded from SSD to the Braintree Care Trust (mental health service). All service users are over 55 years old and 36 per cent have mental health problems. Referrals are from the older people's social work teams and mental health services, often referred on from the mental health team.

### Discussion group participants

Provider manager, residential, domiciliary, sheltered housing and adult placement  
Locality manager, care management and social work services  
Manager, care management for older people  
Care manager, older people  
Scheme manager

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### Contact

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### Gateshead Adult Placement Scheme (APS)

Gateshead APS plans to offer long- or short-term or daytime support to people with learning disabilities aged 16–65, either in the adult placement carer's home or in the community. The first long-term service user has been recently placed, working with the local authority person-centred planning pilot project and the national In Control pilot scheme. Gateshead APS will place up to 25 people, and expects to place 10 people within the next year. Additional adult placement carers are currently being recruited. At present the scheme staff comprises solely the scheme manager.

### Discussion group participants

Manager, adult services team  
Coordinator, person-centred planning project  
Coordinator, adult protection  
Two reviewing social workers  
Leader, voluntary advocacy scheme  
Scheme manager

### Contact

Helen Morris  
Team Manager  
Daily Living Services to People with a Disability  
Community Based Services  
Civic Centre  
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## Herefordshire Adult Placement Scheme (APS)

Herefordshire APS is a generic (though mainly learning disability), local authority scheme operating county-wide. The scheme's 61 family homes provide accommodation for 124 service users: 24 supported lodgings for 42 service users, and 37 adult placement homes for 82 service users. There are some additional approved 'support carers' who support long-term carers. The staff team comprises a full-time manager and three support officers.

### Discussion group participants

Operational manager, learning disability service team  
Three mental health team social workers  
Scheme manager

### Contact

Jenny Williams  
Manager, Adult Placement Scheme  
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## Lewisham Adult Placement Scheme (APS)

Lewisham APS, a specialist mental health service based in Lewisham hospital, is part of the community services team which includes community mental health services and adult placement. The scheme provides 23 long-term placements (eight adult placements and 15 supported lodgings).

### Discussion group participants

Manager, community mental health services  
Manager, residential services  
Ward social worker  
Scheme manager

### Contact

Margaret Redman  
Manager, Adult Placement Scheme  
3<sup>rd</sup> Floor Ladywell Unit

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## North Yorkshire (Scarborough) Adult Placement Scheme (APS)

One of three teams in the county-wide APS scheme in North Yorkshire, the Scarborough team, in operation since 1995, now has 30 adult placement carers and 64 service users. Almost all service users have a learning disability and some also have mental health needs. Scarborough covers a large geographical area of North Yorkshire, and includes an identified area of deprivation as well as one of the wealthiest areas of the county. The scheme participated in the Commission for Social Care Inspection's adult placement inspection methodology pilot.

This is the only independent (non-local authority) scheme involved in this second-stage SCIE project.

### Discussion group participants

Manager, learning disability services  
Three care managers, learning disability services  
Advocacy officer  
Scheme manager  
Scheme officer

### Contact

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Director of Adult Placement Services  
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## Sheffield Adult Placement Scheme (APS)

Sheffield APS is a generic local authority scheme which has been in operation for about 22 years. Provision includes long-term placements (mainly for people with learning disabilities), short-term placements, day care (mostly older people), befriending services (mainly people with mental health problems) and sitting services. Approximately 100

adult placement carers support more than 300 service users.

### Discussion group participants

Joint commissioning manager, learning disabilities team, and member of adult placement approval panel

Team manager, learning disabilities assessment and care management

Reviewing officer, learning disabilities

Manager, physical disability assessment and care management team; and  
scheme manager

Scheme team leader

Scheme worker

### Contact

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## Staffordshire Adult Placement Scheme (APS)

APS in Staffordshire is a generic, county-wide local authority scheme providing a combination of long- and short-term placements, floating support ('kinship in the community'), respite and day care services. The scheme has rapidly expanded over the past few years: currently 55 carers provide placements to 60 service users, and there is a large waiting list. The staff team includes the manager and three senior practitioners.

### Discussion group participants

Senior practitioner, people with a learning disability

Three social workers, people with a learning disability

Social worker, older people

Team manager, older people

Service development manager, community living and adult placement

Scheme manager

Two APS senior practitioners

### Contact

Ron Church

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