



The Same as You? 2000 – 2012 Consultation
Response Framework

Turning Point Scotland provides person centred support to adults with a range of complex needs. We work with people who have a learning disability or an autism spectrum disorder, and those who find themselves in the criminal justice system or experiencing homelessness, substance misuse or mental ill health. We learn from service users and seek to influence social policy.

We welcome the review of The Same As You, an important policy in its time and one that has achieved considerable improvements in the lives of people with learning disabilities. We welcome the Scottish Government's recognition that there is still work to be done, and we look forward to working with you to develop a new framework that will deliver these changes.

In preparing this response, we carried out a series of consultation events across Scotland, inviting people who use our services, their families, support staff and advocates. These discussions have shaped our answers to the consultation questions, but there was one overriding theme to these discussions; as welcome as a policy may be, it's the implementation that dictates whether the desired outcomes will be achieved. Although we welcome efforts to re-shape this policy in line with current structures and challenges, thought must be given to ways in which delivery can be measured, assessed and improved.

Q.1 Do the findings of the evaluation broadly reflect your views about services for people with learning disabilities/carers?

In general, the information gathered through our consultation events supports the findings of the evaluation. We agree that the values and principles set out in *The Same As You* remain relevant and important, but with the rise in Self Directed Support, we feel that there is scope to include a further principle in line with those established in the Adults with Incapacity Act, Mental Health (Care and Treatment) Act and the Adult Support and Protection Act – that any decision taken on an individual's support, whether it is taken by a

carer or family member, guardian or welfare attorney, or by a local authority, should be based on a person's needs, preferences and aspirations, as far as they can be established.

We raised this issue in our written evidence on Stage 1 of the Self Directed Support Bill, where we pointed out that Section 7(5) of that Bill includes such a provision for children receiving support, recognising that although children may lack legal capacity, they are still able to and should be encouraged to express their views, and that these views should be considered. We would like to see this recognition extended to adults who lack capacity, in order to ensure that decisions about their care and support are driven by what is best for them as individuals, rather than what best suits the service providers or funders. This fits with the more general points raised by SCLD and ILIS in their evidence, that there should be a more explicit connection between these principles and the aim of Self Directed Support to protect and promote human rights and independent living.

Q.2 Can you give examples, either locally or nationally, of what you think has worked well over the last 10 years of *The same as you?*

Our ability to manage and overcome risk has improved, allowing us to support people to live more independently and more inclusively than they were previously able or allowed to. The goal of all TPS services is to enhance the independence of the individual as much as possible, and this is no different in the services that support people with complex needs. There can be a requirement for us to put a greater emphasis on risk assessment and management but our attention to these processes has in our experience enabled people to live fuller, safer lives as these processes have assisted in identifying how these risks can be overcome so that the individual's aspiration or goal can be achieved.

It is our belief that personal choice should not just be about the easy decisions, and in our experience some of the most successful supports have occurred when we have worked with individuals to stretch limits placed on them by others. That said, we are alive to our duty of care and our legislative commitments particularly around the protection on vulnerable adults and we have these in mind to ensure that all our approaches are designed to be risk aware but not risk averse. We will not limit the possibilities afforded to individuals unless there are sound reasons to do so.

For example, we currently work with someone in Dundee who received a conditional discharge from a secure forensic unit by order of the First Minister. The planning process took over a year of multi-agency engagement, where we developed strong working links with health, social work, the Police and eventually with the local MAPPA co-ordinator. Now this individual's activities are all community based, and he is engaged in voluntary work in approved settings. He is going on his first real holiday later this year, which has again involved extensive planning and engagement with the Risk Management Team. Our

approach to Risk Management ensures that we find the least restrictive means of meeting requirements, and enable people to live full and included lives.

Q.3 Can you give examples of issues in current work and/or policies that still need to be addressed?

Many people that we work with did live in hospital previously, and of those who did they all said how much happier they are now, living in the community. We agree that this is a huge and important achievement, but also agree that some placements are not appropriate and that people's integration into their community can depend on their support package.

Although local authorities may invest in shared homes, as a desirable living situation for many people, but thought must be given to whether a person will 'fit' in a particular environment. It is important to match people in a to ensure that they are compatible in terms of support needs and levels of ability, as well as all the other issues that apply to shared accommodation – such as interests, daily structures and preferences. One person that we spoke to described how her support needs were much lower than those of the three people she shared a house with. She did not benefit from the social interaction with her housemates, and as support is shared she felt that she didn't get the opportunity to do the things that she wanted to.

It is also important the people have access to accommodation – shared or otherwise – that meets their individual needs and requirements. For example, TPS supports people in flat in Dumfries town centre, where the central location near the shops, cafes and pubs, suits some people. Someone who prefers peace and quiet, enjoys outdoor space, or who may present a risk to themselves or others in such a busy location, would not be an appropriate choice for this accommodation.

There were a range of views on what the preferred living situation is. A number of people in shared accommodation hope to move into their own home in the future, and many of those in their own home are very happy with it. There is a social aspect to sharing a home that is welcome, and without this people can feel lonely and isolated.

There remains a tension between the life that people want to live and the support that they need to achieve this, and the support that they need in order to keep them safe. Some would like more or different types of support to be able to go out to work, to engage in more activities or even just to stay up later at night, but their support package does not allow for this. Others would like less support, they feel that they are able to do things themselves and resent having other people around.

People are noticing the cuts in funding. One person who lives in core and cluster accommodation described how, although his support package hasn't been reduced (yet – he is concerned about this happening), local authority cuts had led to redundancies at his service. The remaining staff now have less flexibility to support activities that fall outside of the formal package of support – such as trips to shows in the evening. This person receives the support that he needs to keep safe, to eat and to keep himself and his home clean, but not to engage in the activities that he enjoys and which make him feel like a part of the community.

Q.4 Can you provide examples of what you have done over the last 10 years, within your organisation, to improve services and access to services within your local area?

Our approach to risk assessment and management, as outlined in our response to Question 2, is one of our key achievements in improving the support that we provide and delivering better outcomes for the people we work with. We have always been driven by a person centred approach, with 'Making Service Fit People' as our strap line, and we continually challenge ourselves to develop the way we work to allow for greater flexibility and a creative approach.

We recognise that we are just one part of a person's wider support network, and the importance of working with other people and agencies involved. For example, working with housing providers to develop and provide accessible housing allows us to deliver more effective and appropriate support. One of our event participants used to receive full time support. Now with a home that is accessible for her, the social interaction offered by a core and cluster setting, and her own developing skills and abilities, she has enhanced her independence, and has more time to herself without support, something she is very pleased with.

Q.6 What still needs to be done to ensure that people with learning disabilities have access to better and more appropriate healthcare?

People had varied experiences of healthcare services, but were clear about what makes a good experience; when people listen to them and talk directly to them, not to their parents or support workers. GPs and nurses who took the time to explain things were also identified as important.

Although the people involved in these discussions were, in general, confident and able to make their feelings known, we also heard from support staff who work with people with more complex support needs, who may not be able to communicate as easily. Staff members described problematic relationships with nursing staff while the people they support were in hospital, and felt that there should be a more respectful and mutually

supportive relationship. Although medical staff have the expertise in terms of the medical treatment, support staff have a lot of knowledge and experience around caring for this individual, that would help the medical staff to fulfil their duties. We would like to see steps taken to improve this relationship and make best use of the resources available to ensure that people received the standard of care that they need and should expect.

Q.7 What still needs to be done to ensure that people with learning disabilities have access to better educational opportunities?

Many of the people we spoke to were either currently or had been going to college. Many enjoyed their courses, which included drama, cooking and computers, and were proud of their qualifications, but there was a sense that college isn't doing enough. Courses aren't linked to a job, people aren't learning the right things, and to some it feels like a different kind of day centre – just somewhere to pass the time.

The view from our discussions was that, while people enjoyed college courses, they should have the opportunity to engage in opportunities that are more focused on employment, that include practical work experience, and which offer the hope of a job at the end of it.

Q.9 What still needs to be done to ensure that people with learning disabilities have access to better employment opportunities?

No one we spoke to was in paid employment, although a number of people had had work experience and would be interested in and able to work given the right opportunities and support. Those who do work do so on a voluntary basis, and money was not the main motivating factor; some people enjoyed the type of work they had done, others enjoyed the sense of pride, of contributing to and being part of a team, and the sense of 'doing their part' to help others who are less fortunate.

When asked, the vast majority of people who attended our events said that they would like to do something different with their lives; getting a job was one of the main answers that people gave. One participant spoke about his interest in computers, how he would like to learn more about them with a view to developing his own business. A number of people had engaged in short term work experience placements, which they had enjoyed and benefited from, but which did not turn in to any long term, paid opportunities.

One participant felt very strongly that local authorities should be seen to lead by example in employing people with learning disabilities, in line with Recommendation 16 of The Same as You. The experience of the people we spoke to, and our understanding of the general picture, is that this recommendation has not been achieved. We heard about the value of Job Coaches, who not only helped people to prepare for and find employment, but also

offered support in the workplace. As well as overcoming the practical challenges of getting to know a new environment, learning new duties and skills and establishing a routine, these Job Coaches also offered support to the employer and other employees, easing some of the anxiety people have around working with disabled people.

Greater attention must be paid to the contribution that people with learning disabilities *can* make, and we must explore ways in which these opportunities can be developed and the appropriate support, for the individual as well as the employer, can be provided. Our involvement events heard great examples of what people can do – people who volunteer with the St. John's ambulance to provide first-aid services at a range of events across Scotland, people who have worked with our training department to develop and deliver training programmes, and people who enjoy office based tasks such as filing and organising rotas. We see the development of opportunities for people to get involved and make these contributions as a key priority.

One aspect that we will need to think creatively about is the way in which care and support is provided. The majority of the people we spoke to received adequate support to enable them to live independently and safely, but no more. Although a bare minimum, the focus of support on people's own homes is a welcome development from 10 years ago, but we now need to think about how we support people outside their home, in their community and into employment. This may be the next big step in *The Same as You*, or it may be a change that is forced into existence as people are able to choose the type of support they wish to purchase through Self Directed Support.

Although people like the idea of paid employment, their idea of what this would entail may not match with reality. One parent expressed concern that encouraging people into work would be a significant change to their lives, one that would have to be carefully prepared and planned for.

This is a complex issue, and an effective response will require activity at a range of levels and with a range of agencies, but there are examples of good practice in this area that we can learn from. One of our support teams in Dumfries and Galloway recently supported a service user who does have a job through difficult workplace issues and changes within the work place. He had been in this post for around 25 years, and was resistant to changes that were being made, leading to depression and a lack of motivation around the house and with his personal care. The Service Manager attended an appointment with the Occupational Health team, and fed information into the staff team that helped them to increase this person's motivation and get him to work on time. They agreed a change in his hours to allow him to start work later, and worked with him to develop his understanding of the workplace changes and prepare for their impact. The result of this partnership between the individual, his support team, the employer and the occupational health team is that he is

now happy with these changes and incidents of challenging behaviour have been reduced, leading to a better relationship with his colleagues.

Q. 10 What other future priorities do we need to focus on? (Please list these in order of importance with the most important first)

We agree with the evaluation findings that meaningful activities and social relationships benefit people's well-being, but a number of people we spoke to described how it's difficult to meet people and make friends, and that they can feel lonely and isolated. Of the 60 people who attended our events, only three lived with a partner, but when asked about what they would like to change about their lives, many people talked about their hopes to meet a partner and get married. Thought must be given to ways in which people can be supported to make their place in the community, to better engage in social activities, to meet new friends and develop relationships.

Bullying and harassment was not raised by anyone we spoke to as a key problem that they faced, but when we explored it a bit further, many people were able to recount an experience of bullying or manipulation. We are also aware of continuing stigma and negative attitudes among the public, and would not want to see eye's being taken off this ball. Participants spoke about the need for greater respect and understanding among the general public of disability and disabled people. The misuse of accessible parking spaces was highlighted as a shining example of either a lack of consideration for or a lack of understanding of why disabled people need these spaces. We are aware that legislation has been passed by the Scottish Parliament, but people's experiences suggest that this legislation has not fully delivered its goals.

We are members of the Learning Disability Alliance Scotland, and we support the practical suggestions they make in their response.

If you would like to discuss this response, or would like any further information, please contact:

Faye Keogh – Policy Officer
Turning Point Scotland
54 Govan Road
Glasgow
G51 1JL

Tel: 07989 114 693
Email: fayekeogh@turningpointscotland.com

I am responding on behalf of an organisation. I am content for this response to be made public, and to be contacted in future regarding this response.