United Response
support that changes with you

Transforming Care:

New referral checklist – our approach to supporting people to move from Assessment and Treatment Units or Long Stay Institutions to their local community

United Response has a wealth of experience in supporting people with complex disabilities – including people who display behaviour which challenges – to live successfully and happily in their local community.

We have particular expertise in supporting people with profound learning and physical disabilities and have pioneered Active Support as a way of engaging people with even the most complex needs in all areas of their lives. Since 2000, we have been working in partnership with the Tizard Centre and the late Professor Jim Mansell CBE to develop our approach to Active Support, to put a comprehensive programme of training and practice leadership in place and to track our progress. Our latest evaluation, carried out in 2012/13, showed that on average, people we support are engaged for 61% of the time (compared to a national average of 11%) and that 92% of people we support have regular contact with family members.

In the last few years we have supported a number of people to move back to their local communities following long term placement in Assessment & Treatment Units and/or long stay institutions around the country.

During this time we have learned a lot; from our own staff, the people we support, families of the people we support and other professionals about what works and doesn't work and how important it is to get the planning and transition right.

This referral checklist has been developed with:

- Service Staff
- Development Managers
- Families and friends of people with behaviour which is described as challenging
- A range of professionals

As part of the Transforming Care agenda, we hope that this resource will help a wide range of people, including families, commissioners, service providers and staff to successfully support people to move back to their local communities and live the meaningful, enriched lives they deserve.

This checklist indicates the approximate sequence of actions, though it is recognised that some will occur concurrently. In every case a thorough and comprehensive project management plan relevant to the circumstances will need to be developed.

Phase 1. Develop partnership agreement between stakeholders ✓

- **a.** Develop a formal agreement for roles and responsibilities before, during and after the move. The agreement needs to cover: ☐
  - Who fulfils the role of project manager and chairs the project meetings ☐
  - How families are to be involved in the project ☐
  - Who will deliver the various components of the project and by when, and ensuring appropriate professional input is agreed and planned ☐
  - What the opportunities for recourse are when disputes arise ☐
- **b.** Ensure contracts are agreed with organisations or companies that will be providing services (eg. housing, training etc) after the move ☐
- **c.** Review any service specification that has been developed by commissioners and renegotiate where necessary (eg. with respect to issues such as in d. below) ☐
- **d.** Ensure funding arrangements are agreed for: ☐
  - Overlap of previous service and new service (minimum period of funding both services: approx 3 months). A key determinant here is the speed with which the person concerned can cope with the introduction of new staff ☐
  - Repairs ☐
  - Staff training ☐
  - Consultancy fees for any specialist support not locally available ☐
  - Higher utility bills if the accommodation is to be larger than normal ☐
  - Higher than normal vehicle costs ☐
  - Any higher than normal medical costs ☐
  - Any higher than normal staff remuneration costs (eg. in order to provide time for regular team meetings, debriefs, supervision and handovers between shifts) ☐
  - Any provision of standby staff ☐
- **e.** Develop clear role descriptions (over and above the standard job descriptions) for the Service Manager and Team Leader in the new service ☐
- **f.** Ensure agreement is in place to recruit and appoint the Service Manager early in the process ☐

Phase 2. Gather information about the person to inform service design

The following sources should be used to acquire, from a range of perspectives, as much information as possible about the person and what they need:	✓
a. Full functional analysis (including detailed descriptions of challenging behaviour)	☐
b. Communication assessment	☐
c. Environmental assessment	☐
d. Assessments of additional impairments	☐
e. Family and significant others	☐
f. Reports from external professionals (where necessary request a current report)	☐
g. Views of current staff	☐
h. Existing records	☐
i. Current records of Routines and Rituals (including information about which are most significant)	☐
In addition the following approaches should be used to gather relevant information:	
j. Direct observation of current situation	☐
k. Shadowing current team	☐
l. Supporting the person directly	☐
m. Analysis of current informal support cultures	☐
n. Use of person centred thinking tools (particularly Important To/For, Good Day/Bad Day, Relationship Circle and Matching Staff)	☐
The following information about current support arrangements also needs to be acquired:	
o. Positive Behaviour Support Intervention Plan	☐
p. Physical Interventions and relevant training arrangements	☐
q. Health Protocols	☐
r. Support Plans and Profile	☐
s. Medication Details	☐

Any service specification developed by a commissioner or provider, prior to United Response gathering their own information about the person, should be reviewed in light of the information gathering process.

Phase 3. Requirements for Service Manager's skills & knowledge ✓

- **a.** Competent Practice Leader particularly in: ☐
  - Confidently demonstrating good practice in supporting people with challenging behaviour (this should be observed to verify if possible) and/or relevant experience of managing a similar service ☐
  - Supporting staff skills development through observation and feedback, and through working with staff to translate their training into day to day practice ☐
- **b.** Ability to produce easy to follow guidance (including video and role play as well as written) ☐
- **c.** Ability to use Positive Behaviour Support tools to assess and analyse challenging behaviour and develop intervention plans ☐
- **d.** Specific ability to manage in stressful situations ☐
- **e.** Debriefing ☐

4. Plan staff recruitment ✓

- **a.** In accordance with agreed ratios, levels of responsibility and of remuneration ☐
- **b.** Sufficiently in advance to ensure training and familiarisation before the move ☐
- **c.** In line with identified requirements for skills, knowledge, interests and aptitudes ☐
- **d.** An agreed percentage of staff to be contractually in place prior to the person moving in ☐

5. Plan development of staff skills and knowledge ✓

- **a.** General staff induction ☐
- **b.** Core training: ☐
  - Positive Behaviour Support ☐
  - Active Support ☐
- **c.** Service specific training (based on information gathered specific to the person being supported), eg: ☐
  - Physical Intervention (usually Level 4) ☐
  - Autism ☐
  - Mental Health ☐
  - Intensive Interaction ☐
  - Communication ☐
  - Health ☐
- **d.** Plan involvement of staff in project management and service design ☐

Phase 6. Determine appropriate living environment ✓

- **a.** Ensure the living environment is physically suited to the person, taking into account, for example: ☐
  - Robustness of structure, fixtures, fabric and furnishings ☐
  - Décor ☐
  - Steps, stairs and levels ☐
  - Levels of sensory stimulation ☐
  - Noise protection ☐
  - Visual screening with regard to being overlooked ☐
  - The local neighbourhood (eg vulnerable individuals) ☐
- **b.** Ensure in addition that the property is large enough to accommodate the person, and the number of staff who will be on duty ☐
- **c.** Take into account the proximity of the location to: ☐
  - Family or other existing relationships ☐
  - Preferred activities ☐
  - Public transport links ☐
  - Existing United Response management, services and support ☐
- **d.** Ensure any vehicle is suitable to the person and their support needs ☐

Phase 7. Clarify and agree any necessary legal considerations, for example: ✓

- **a.** Restrictive practices subject to Deprivation of Liberties safeguards ☐
- **b.** Application of mental health legislation ☐
- **c.** Community treatment orders ☐
- **d.** Orders of the Court of Protection ☐

Phase 8. The following is a bottom line requirement list of components that must be in place before a person moves in to a new service in these circumstances ✓

- **a.** Practice Leader and an agreed percentage of staff in place for 3 months ☐
- **b.** Staff Rota and staff to deliver it ☐
- **c.** Shift Plan ☐
- **d.** Emergency Plan and contingency protocols on-call and/or standby arrangements ☐
- **e.** Positive Behaviour Support Intervention Plan ☐
- **f.** Clear record of the person's routines ☐
- **g.** Provision for debriefing staff, more frequent supervisions and shift handovers ☐
- **h.** Provision for frequent team meetings ☐
- **i.** Daily time to review service ☐
- **j.** Support from external professionals ☐
- **k.** Mental capacity assessments re physical interventions, Deprivation of Liberty Standards, etc, agreed by the Multi-Disciplinary Team ☐

To find out more about our work go to **www.unitedresponse.org.uk**

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