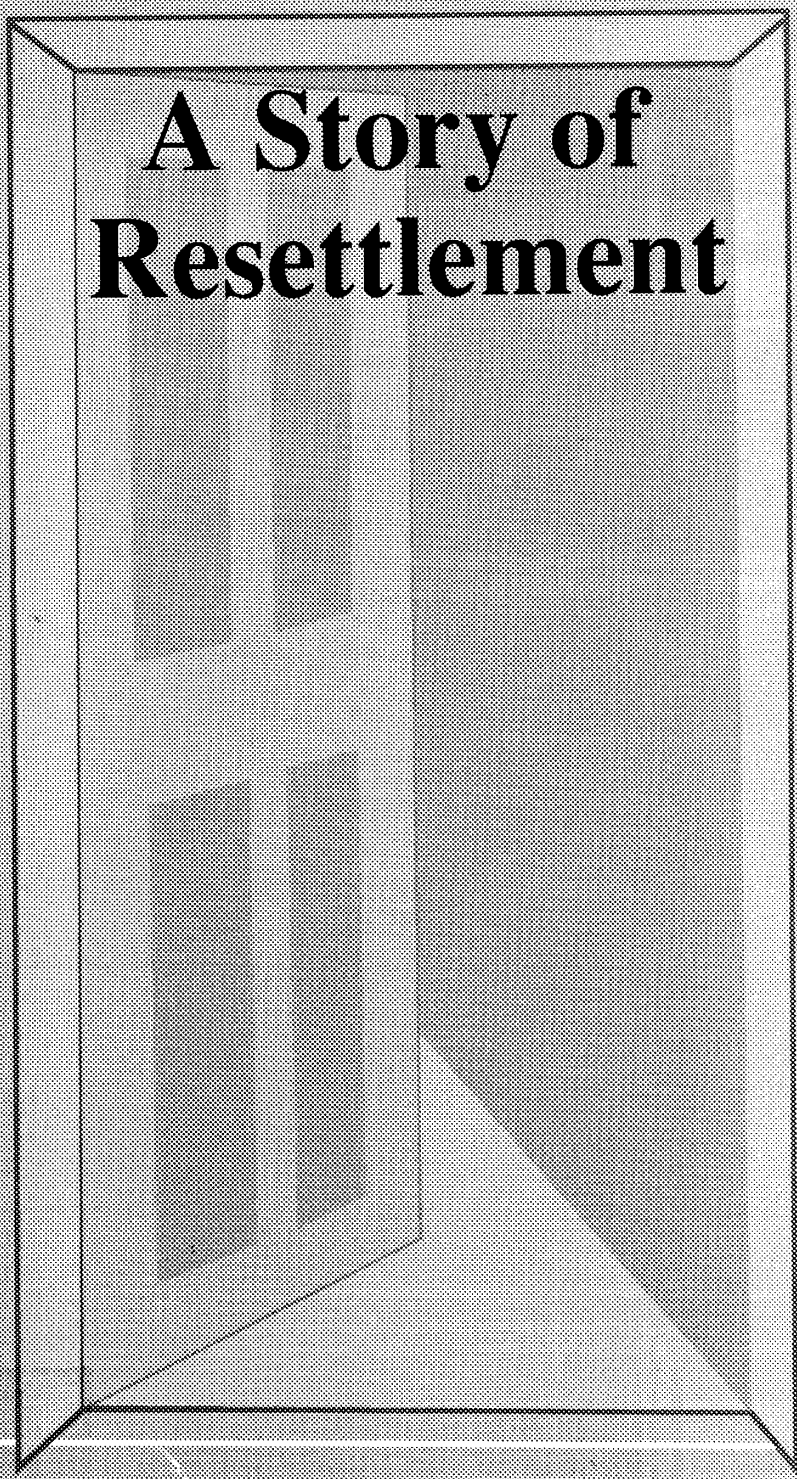
44 LANCASTER PLACE

A Story of Resettlement



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A STORY OF RESETTLEMENT

King Edward's Hospital Fund for London

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INTRODUCTION AND BACKGROUND

In May 1985, five young men aged between 18 and 21 moved out of Brockhall Hospital (a long-stay mental handicap hospital in the north west of England) to take up the tenancy of their own home in Blackburn. They moved with 9.5 whole-time equivalent health service staff to help them learn to live in the community. In January 1986 they began a special needs course at Blackburn College – the local tertiary college of education.

This report is an attempt to evaluate the quality of life for these young men when they had been living outside the hospital for two years.

LIFE AT BROCKHALL HOSPITAL

All these young men were admitted to Brockhall Hospital when they were children. On admission, Damien was the youngest at five years six months, and Anthony the eldest at eleven years four months. Philip was six years five months, James was seven years nine months, and Bernard nine years two months. Thus, when discharged in May 1985, out of a possible 100 years they had spent 62 in hospital care.

The reasons for hospital admission were various. The common theme was that their families were struggling to cope with a severely mentally handicapped child who was also behaving in ways that demanded 24-hour care and attention. Often there were other children in the family being deprived of a normal family life. In the 1970s, this particular area of the country offered few if any opportunities for families with severely mentally handicapped children to receive short-term respite care in their own communities. The large hospitals were used to give families a break and, when they felt no longer able to cope, there was nowhere else prepared or able to give their child a permanent home. Often families spent many months or years agonising over the decision to have their child admitted to a long-stay hospital. During these months of indecision their child could spend frequent and increasingly longer periods in the hospital.

On admission all the children began their hospital life on wards forming the paediatric unit – four wards called Orchid, Lilac, Sunflower and Primrose. Of these Lilac had the least beds and was the most modern. Although they did not live together until 1982, they all went to the hospital school and engaged in leisure activities organised within the unit for young people. They had, therefore, known each other all the time they had been in hospital.

Life on a long-stay mental handicap hospital ward has been graphically described in other publications. (See, for example, *Children in Long-Stay Hospitals* by Maureen Oswin, and *Looking at Life in a Hospital, Hostel, Home or Unit* by Alan Tyne.) The isolation of these hospitals often meant that family contact became increasingly difficult to maintain. Because of the rota system and staff turnover, parents who did visit found they were not discussing their child with the same person. It was also impossible to ring the ward directly because of the lack of external telephones.

In 1974 the DHSS published a report, *Mentally Handicapped Children in Residential Care* (The Harvie report), followed in 1976 by

the report of the Committee on Child Health Services, *Fit for the Future* (the Court report). These reports, as well as the government's own paper, *Better Services for the Mentally Handicapped* (1971), culminated in the initiative to resettle all children out of long-stay hospitals. Midway through 1982 all children under 16 had been discharged from Brockhall and emphasis turned to the adolescent, young adult residents. As vacancies arose on Lilac Ward, the opportunity was taken to form a cohesive group of young people. In 1982 these young men were moved to Lilac Ward where they lived for 12 months. Lilac Ward was then closed and the six adolescent but mobile young men were moved to a detached house in the grounds of the hospital called Woodside which had previously been used for staff accommodation.

Woodside was the first resettlement house at Brockhall. When it opened in October 1983 the six young men were living together, with eight day staff on a rota basis. As staff left they were not replaced and eventually five members of staff provided the necessary daytime cover. It was intended that this house should provide a model of care quite different to that on the large wards. A multidisciplinary team with representatives from nursing, administration, social work, psychology and two staff organisations had the task of drawing up an operational policy that would allow the house to be run as near as possible to a home in the community. (See Appendix 1 for composition of project teams.) Because Woodside was the first resettlement house at Brockhall, problems arose when operational policies did not conform to the usual hospital procedures. For example, there was no budget for buying ordinary household necessities such as food (not in catering sizes), cleaning materials or toiletries. Negotiations with hospital administrators, finance officers and district finance officers were protracted and the budget for Woodside was finally agreed just before the move to Lancaster Place in 1985.

Setting Up Lancaster Place

In November 1983, the North British Housing Association bought as part of their 'care in the community initiative' a four-bedroomed terraced house in Lancaster Place close to Blackburn town centre and offered it to Brockhall Hospital for resettlement use. It was decided that the house would be ideal as a fully staffed group home for the young men from Woodside.

In order to resettle them in the community, there were a number of points to be considered:

a. The thoughts and attitudes of the young men and their cohesiveness as a group.

b. The thoughts and attitudes of their families.

c. Because two of the young men came from Bolton, we needed to know what plans for resettlement Bolton was making, and what funding arrangements could be agreed.

d. At that time discharge from hospital needed a consultant psychiatrist's approval.

e. There were five places in the new house but six young men at Woodside.

f. Staff identified their own training needs in order to use the individual programme plan (IPP) system of service delivery.

In order to plan this move to Blackburn, as opposed to the move to Woodside, representatives from health, education, social services and staff organisations formed the Lancaster Place project team.

During the first nine months all these points were resolved. The six young men were tremendously enthusiastic about the plans to move out of the hospital. To provide an opportunity for families to meet informally and discuss the proposed move, a coffee evening was held at which staff outlined the proposals. All the parents agreed that their sons should be considered, but, naturally, with reservations. To keep families in touch with progress, coffee evenings were held regularly every two months.

Meetings were held with members of the project team and Bolton Social Services Department to discuss the two young men from Bolton. There was no guarantee that Bolton would be able to

contribute anything to the resettlement plans for Blackburn, but they did not have any immediate plans for them to return to Bolton. The final decision was made by the parents who wanted their sons to remain with the Lancaster Place project.

Discussions with the consultant psychiatrist took place fairly quickly and resettlement for all was agreed by medical staff.

The question of how to fit six people into five places resolved itself. One of the young men, who had a long history of challenging behaviour, began to make life so difficult for the other residents that they all avoided him. After consultation with all involved, his parents asked that he should not be considered for resettlement. He therefore went back into a ward in the hospital and the remaining five residents began to form a cohesive group.

In 1984 a new clinical psychologist was appointed to work in the community and with people to be resettled in Blackburn. She began a series of training workshops with the Woodside staff and helped initiate IPP meetings and goal planning procedures.

In order to plan this move to Blackburn a project team was set up which included representatives from the hospital, the community and the parents (see Appendix 1). The team decided to work on the following tasks and to ensure that they were successfully completed.

1. To write the Lancaster Place operational policy (see Appendix 2).

2. To write the job descriptions (see Appendix 3) and agree numbers and grades of staff with management and unions.

3. To organise a 24-hour rota for staff (see Appendix 4 for calculations of how number of staff needed was estimated).

4. To agree a financial operational policy (see Appendix 5).

5. To negotiate with Blackburn College about further education (Appendix 6 describes the Lancaster Place Education Project).

6. To negotiate with the North British Housing Association about the terms of the tenancy (see Appendix 2 and Appendix 7).

7. To continue to support, monitor and evaluate the home.

8. To negotiate with the DHSS about benefits.

1. *Operational policy* This was written very much on the lines of similar documents in operation at the time (see Appendix 2). The policy for the Ashington Project in Northumberland was particularly helpful. Ashington's job descriptions were also used as a basis for this project.

2. *Staffing* Because this was the first project of its kind it was necessary to have full and lengthy negotiations with the relevant trade union and professional organisations.

Eventually the staff levels were set at 9.5 whole-time equivalents (WTE). The staff consists of:

1 home leader/senior sister RNMH
1 staff nurse RNMH
1 enrolled nurse ENMH
6 full-time nursing assistants
1 part-time nursing assistant (18 hours a week).

Job descriptions are set out in Appendix 3.

3. The following points needed to be considered when organising the rotas.

The home leader works office hours most of the time.
One member of staff has to accompany the tenants to college each weekday during college terms.
One member of staff has to sleep in the house every night.
Members of staff have to undertake all the normal domestic tasks of running a home.
More staff are needed during leisure hours – that is, evenings and weekends.

4. *Finance* The same difficulties experienced in arriving at a financial operational policy for Woodside were also evident when attempting to agree a financial policy for Lancaster Place. The problems arose because of the need for flexibility – the tenants need to be able to spend their money their own way and the staff need to be accountable. This protects the tenants and the staff who have the responsible job of managing other people's income. There has always been a commitment from the health district to provide financial support towards staff costs (for example, telephone, bed space and rent). This commitment means that the health district treasurers have a responsibility to audit that part of the budget. They audit the tenants' money only by agreement with parents and the project team as a way of demonstrating that all the money is spent wisely. Parents also have the right to examine the accounts of their own son at any time. (See Financial Operational Policy, Appendix 5.)

5. *Education* Long negotiations began with members of Blackburn College to appoint a tutor to develop a special, full-time course for these five young men. Up until that time the college had not provided any special needs courses for young people with the severity of

learning difficulties presented by the proposed tenants of Lancaster Place.

The intentions of members of the project team was that all five young men would attend full-time adult education. This was primarily because, when they left Brockhall, Anthony, James and Philip were attending further education classes in the hospital, and Bernard and Damien had just left school.

In 1984 the regulations concerning proposals for joint finance were changed to include local education authority bids. A proposal for joint finance arrangements for an initial three-year period was made to the county joint care planning team. Unfortunately there was a 'hung council' and no decision regarding this bid was made until it was too late to appoint the tutor before the beginning of the academic year.

As the time drew near to open the house, negotiations with the local social services department had to be started to obtain five places in a new day centre to be opened in Blackburn in October 1985. This was a failsafe device, as no firm commitment had been made by the education authority to appoint the tutor at Blackburn College.

6. An agreement was drawn up with North British Housing Association giving details of their areas of responsibility towards the property, furniture and fittings, maintenance and insurance (see Operational Policy, Appendix 2 and Appendix 7).

7. By meeting regularly with the home leader and the line manager, the project team became a forum for discussing ideas and problems, and regular support and advice were given.

8. Long negotiations with the DHSS began concerning the benefits that the young men would be entitled to when they moved into Lancaster Place. Advice was conflicting and problems arose because DHSS officers can only assess someone's entitlement to benefits when he is in a situation in which he needs those benefits. In particular, there was an expectation that all five young men would be entitled to the attendance allowance.

THE MOVE

Staff appointments

The staff for Lancaster Place were appointed by a multidisciplinary interview panel. The successful candidate for the job of home leader was the nursing sister from Woodside. Of the six full-time nursing assistants, four were appointed who had known the young men for some time; this provided continuity.

All the staff were anxious to take part in some training workshops and a two-week induction course was organised by the psychologist. The staff wanted an introduction to community facilities and arrangements were made for talks to be given by social service staff, the local health visitor, and so on.

Readjustment

Like any of us who move into a completely new area, take a new job or in other ways find ourselves in a totally different environment, all five young men went through a period of readjustment.

During the first month particularly, James, who had been so confident and the unofficial group leader, found it difficult, because of his visual handicap, to cope with traffic, pavements, kerbs, uneven paths and so on. However Philip, who had been shy and diffident in hospital, could not wait to sample the delights of the community. His enthusiasm for exploring his environment and tasting all new experiences surprised even the staff who had known him for years.

For the first time staff and tenants were learning together. Everyone had to find out what the local shops were like, where the best bargains were to be bought, where the nearest leisure facilities were, what time the buses ran and where the stops were. Also, the same staff were in the house day and night, which was quite different to the system in hospital.

For the staff the first month was equally traumatic. Suddenly they had to work as one team (ex-hospital and new staff together); hospital staff had to cope with a completely new rota which involved working more days of the week and a shift system; all staff had to learn to 'sleep in' the house at night and to take full responsibility for night cover; the work now involved many 'non-nursing' duties – cleaning, cooking, shopping, washing and ironing.

The home leader particularly was under considerable stress. She had the tasks of coordinating everything in the house, supporting and encouraging her staff, being aware of how the change was affecting the tenants, and she had new responsibilities. For the first time she had to control all the monies in the house; she had to negotiate continuously with the DHSS to procure the benefits for the tenants; and she was the contact person for the housing association, the district health authority and the parents.

Support

As can be seen from the above, this period of transition was extremely stressful for the home leader. Although she was fortunate in having very good relationships with the immediate line manager, the administrator and the psychologist on the project team, the brunt of the day-to-day problems were dealt with by her. A particular frustration was that bureaucracies such as the DHSS and health district finance departments move at a speed different to that needed when you are trying to organise a house for five tenants and nine staff. The home leader was concerned to offer as much support and guidance to staff as possible during the first few months, but was suddenly without her own support network from the hospital.

For the tenants, support came from an individual member of staff who was designated as his 'key worker'. This meant that as well as other duties, all members of staff worked more intensively with one of the young men. (Because of the numbers involved, two key workers were allocated to four of the five tenants so that there was some consistency across the shift system and throughout the week.)

Activities and pursuits

The education department agreed to the appointment of a tutor to run a special course, but the delay meant that Blackburn College could not offer places until January 1986. Concern was expressed regarding daytime activities for the tenants. Initially, arrangements were made for them all to return to Brockhall for further education and daytime activities.

Despite the delicacy of these negotiations, the tenants *refused* to return to Brockhall after the first couple of days, saying that they were no longer hospital residents. This was the first time that these young men had made such a major decision for themselves.

During the summer, activities tended to be leisure and day trips. When the tenants refused to return to Brockhall, staff devised training activities in the home. On a rota basis, each of the tenants was included in training programmes for domestic activities.

In October 1985 the tenants attended Stansfeld Centre, a new 60-place day/social education centre, in Blackburn. During this time they had the opportunity to experience a different environment and different instructors, and had to learn to make the journey to and from the centre. Unfortunately they were the only students in the centre for several weeks, so opportunities to extend their social networks were limited. However, the centre's staff became very involved with training programmes for them and worked closely with their home staff.

In January 1986 the college lecturer was in post and she began the process of getting to know the five young men and their educational needs, learning about how the home was organised and what contribution the home staff were making towards education and training. She worked with the tenants in the home and spent considerable time in the college persuading other college lecturers to include her special needs students in their departments. Due to her success the tenants began to attend the college for the summer term, when a flexible and varied programme was devised for them. In the new academic year, September 1986, the college programme was considerably extended so that most of the tenants were able to attend full time. For a full report of the Lancaster Place education project see Appendix 6.

As well as activities during the day, a large part of staff effort was taken up with providing local leisure activities that didn't cost too much money and were in keeping with 'principles of normalisation' which underwrite the operational policy of the home (see Appendix 2). The young men began to experience the pleasures and cost of going to the local pubs, taking walks in the local park, going into town for a shopping expedition or a coffee, watching videos and going out for the occasional meal. Despite the staff's view that the tenants should not join in segregated activities such as special clubs for people with mental handicap, the men themselves chose to attend the Gateway Club, a weekly social club for adults with a mental handicap, run by volunteers under the umbrella of MENCAP. It was at the Gateway that the men could relax, meet old friends, make new ones, and learn to dance in a situation where no one criticised them if they didn't do things just right.

Soon after the move Anthony celebrated his 21st birthday. Everyone took the opportunity to combine a 21st party with a housewarming party for family and friends.

Family attitudes

The young men's parents were increasingly involved in decisions about the move to Lancaster Place. Anthony's mother was a member

of the Lancaster Place project team and Bernard's father was a member of the education project team. Parents of three of the men had attended their son's IPP meetings at Woodside and were familiar with this process of drawing up goals and teaching objectives that was to be continued in the community. Parents' meetings had taken place at Woodside before the move.

After the first three months' settling-in period, IPP meetings were held for each of the men, and their families were invited. At these first meetings parents were able to see what needs their sons had and how staff were going to help them meet those needs. This, of course, was a continuation of the work started at Woodside and went a long way to allay parents' fears. Life in the community meant that their sons would have the same opportunities for continued growth and personal development, but would have access to a wider range of ordinary, valued facilities in which to do that. Parents also began to realise that they were not being expected to give more just because their sons were now living in Blackburn.

In reality, as the months rolled on, families began to have much more contact with their sons. Visits to Lancaster Place were more frequent and for longer periods, and for at least three of the men visits home became a regular feature of their lives.

The informal parents' meetings were begun again in January 1986 and have continued at regular intervals. It is true to say now that none of the parents has expressed the view that their son's move to Blackburn has been detrimental in any way.

Role of the project team

At the meeting held on 21 October 1985 (the first after the move to Lancaster Place) it was decided that the project team should continue and consist of the home leader, manager, parent, social worker, administrator, assistant director of nursing services and psychologist. It was agreed that meetings would be quarterly.

The team met nine times between October 1985 and September 1987. Discussion centred on the following areas: finance; attendance allowance and a financial policy for the home; monitoring and evaluation; the behaviour problems of one particular tenant. There was also an opportunity for feedback on the progress of the project.

The continued existence of the team has helped everyone concerned with the home to express ideas and difficulties.

In order to support the tutor and college staff in the new course set up for the Lancaster Place tenants, a separate group, known as the Lancaster Place education team, met regularly to review progress and discuss any difficulties encountered at college. To facilitate

communication on issues of mutual interest and to provide mutual support, the home leader, administrator and psychologist were members of both teams.

Finance

a. Attendance allowance

The advice initially received from DHSS officers about the tenants' entitlement to attendance allowance proved inaccurate. When discharged from the hospital claims were submitted, but only Damien received the benefit. Questions were asked repeatedly but no satisfactory or consistent answers were given. Advice was sought from the regional health authority legal department, an independent barrister and the county welfare rights officer and, in the end, the appeal against the decision that these five young men are not entitled to attendance allowance was withdrawn.

The decision not to take the case to appeal was finally made in March 1987, some 22 months after the move to the community. During all these negotiations Damien had his benefit withdrawn.

b. Health district responsibilities

Before the move, long negotiations with the district health authority finance department took place and agreements were reached. These involved the responsibility of the health authority to contribute towards household expenses, staff meals, staff bed space and services, contingency rental, telephones, staff holiday escorts and repairs and damage to equipment by staff. Agreements were also made about the district health authority's right to audit all NHS monies connected with the home, and the recording of such expenditure. (This was for protection of the staff and the NHS.) The home leader's financial responsibilities were also agreed at this meeting.

Staffing difficulties in the district health authority finance department led to prolonged delays in the completion of a Financial Operational Policy for the home which in turn subjected the staff to additional stress.

c. North British Housing Association

In contrast to the above, all requests to the housing association for repairs, repainting and replacements have been dealt with promptly.

d. Because attendance allowances were not received, the men's income has always been lower than was expected and planned for. This has put enormous strain on staff attempting to encourage the young men to live an ordinary life when in reality they have not been able to afford to do much of what they wanted to do.

IN THE COMMUNITY: PROFILES OF THE FIVE YOUNG MEN

Anthony

Anthony is a lively and likeable character, who communicates readily with those he knows well, despite his lack of speech (which is due to a deformity of his palate). He is very aware of all that is going on around him – he looks, listens and takes note. He is very organised and takes pride in his appearance.

Anthony was born in 1964, the youngest of three children. He lived with his parents, older brother and sister until October 1975 when he was 11. Despite a very supportive family, the responsibility of looking after Anthony fell almost exclusively on his mother, because Anthony insisted that she was with him all the time. This burden of care, the demands of her other two children and a part-time job took its toll on Anthony's mother's health, and he was admitted to hospital in 1975.

In 1984 (when this project began) Anthony was a friendly sociable young man. He was enthusiastic and confident about living in a large house in the hospital grounds and, despite little previous experience of domestic tasks, he loved to help staff with simple tasks and run errands for them. He was proud of his own room which he kept neat and tidy. He was able to see to his own personal hygiene needs with minimum supervision, including selecting and coordinating his own clothes. He had always been proud of his own possessions, and looked after his own things carefully.

Anthony had maintained a very close relationship with his family throughout his life in the hospital, and had regular and frequent visits from them. He was a stable young man who did not show any anxiety about the move from the larger ward. He shared treats willingly with the others and knew what was socially acceptable behaviour. He had a good memory for things that were important to him. He enjoyed success and made sure everyone knew whenever he did things well! His interests were music, sport and watching television.

By 1984 Anthony had left the hospital school and begun further education classes in the hospital for two hours a day. He also attended an activity area in the hospital for some time each day. He was learning Makaton with a speech therapist and demonstrated his good memory when learning the signs. However, Anthony did not always use the Makaton signs in everyday life. It was acknowledged at that

time that what he needed most were opportunities to experience ordinary everyday things in the community.

The people who lived with Anthony at that time were most concerned that he should not draw attention to himself by rocking and shouting, and that he should learn to greet people in ways they would understand. (His enthusiasm to receive visitors to the house usually resulted in people being embraced by him.) It was also recognised that Anthony, like us all, got frustrated at times. However, his inability to express himself verbally resulted in him becoming very tense at times and he often took his frustration out on himself and others.

In July 1985 – six weeks after moving to his new home in the community – Anthony had adapted very well. He was particularly delighted to be living so close to his family whom he visited and who visited him frequently. He enjoyed all activities, and all social occasions. He was delighted to explore his new world, and was happy to watch and to listen. His good receptive language and gregarious nature, coupled with his willingness to take advantage of any situation that presented itself to him, helped him to take full advantage of his new lifestyle. He continued to make his needs known with noises and gestures, and was able to help himself and keep himself clean as long as he was reminded how much soap and shampoo to use. He enjoyed watching sport, listening to music and going to discos – in fact, going anywhere.

But his move out of the hospital highlighted priority needs for Anthony, some of which were quite new.

He needed to communicate with people using signs or symbols that would be easily understood.

He needed to understand what money is, what it is for and how to keep it safe.

He needed to learn to find his way around the neighbourhood and to use local shops independently with the aid of notes requesting his purchases.

He needed to learn about traffic – especially that cars do not stop when you walk into the road.

He needed to extend his social circle beyond the home and his family.

He needed to reduce the rocking movements he made when walking or dancing.

He needed to learn to take his turn, to have some patience, to allow himself to take time when doing things and not to rush at

everything. (Any breakages now have to be paid for out of his own money.)

Most importantly, Anthony needed to learn to behave in socially acceptable ways with strangers, especially in the town, in bars, in restaurants and public conveniences where Anthony met people who were not familiar with those who have severe learning difficulties.

Through the IPP process, and a consistent approach continued by home staff, family, support and college staff, two years later, Anthony had been helped in a number of ways.

He attended a special needs course at Blackburn College which concentrated on maximum integration in all college faculties and facilities. During his course he became much more independent. He can now enter the common room alone, get a drink and sit among people he does not know in a relaxed way. He now walks to and from the college with another tenant but without staff. He crosses busy main roads at peak periods, using pedestrian crossings. He moves about college independently and finds his way to local shops completely unsupervised. He takes a taxi to visit his family and can use a taxi independently to return home from town. He takes himself to the YMCA and moves about the local community with confidence.

Anthony attends a weekly Makaton session at night school with everyone else from the house. Because everyone in the house is learning Makaton together (staff and tenants), he has a ready supply of interpreters for all social situations. Being able to communicate on more than a basic level with the people with whom he lives has given Anthony the greatest spurt to his personal and emotional development.

As previously noted, Anthony has always had good self-help skills. Now he takes the opportunity to be totally independent to make choices about his personal hygiene. He needs the occasional reminder not to shave too vigorously or to be too liberal with toiletries.

Anthony has matured most in his social behaviour. There are very few concerns about his ability to behave appropriately in social situations. He greets strangers properly, he behaves with decorum in most situations and can be reminded to behave well with a glance. Unlike three years ago, Anthony rarely draws attention to himself.

Anthony has always had a placid and stable base within his personality. Every success has spurred him on to greater achievements. His increased communication skills and confidence, combined with his great impatience to get everything done by yesterday, mean that sometimes his frustrations get the better of him, his enthusiasm

runs away with him and he cannot cope. At such times he is inclined to be stubborn, impatient and to take things out on himself and others. He knows when he has lost his temper, that he shouldn't do it, and makes reconciliation attempts.

Anthony has always enjoyed outings and social occasions. He goes to the Gateway Club at the YMCA and enjoys going to the pub, swimming and walking. At home he plays snooker with James, listens to records and watches television. His relationship with his family has grown and matured. He is now seen as an independent adult within this close and caring family and he accepts changes in routine from them. His parents have been able to accept Anthony's increasing independence and emotional growth and are pleased to see him in a setting in which he is happy, so much so that Anthony no longer stays at his parents' house overnight, but prefers to return to his own home.

Bernard

Bernard is a tall, attractive and extremely interesting young man who in childhood was diagnosed as 'autistic'. He has no verbal communication but his comprehension is extremely good. He is physically very able and his fine motor skills are excellent. It takes Bernard a long time to form a relationship, but once formed it is made for life. Now he is quite fond of physical contact which is in stark contrast to how he used to be.

He was born in 1966, the middle child of three boys and, according to his parents, he passed his first milestones with ease. However, when he was around 15 months old things didn't seem quite right. He attended a day nursery for afternoon sessions but was uncooperative. He would run away, show obsessive and destructive behaviour and continually banged his head, although he did play constructively with toys and materials. Bernard saw many child specialists who thought his behaviour and withdrawal were emotional in origin, leaving his parents to believe that the prognosis was very favourable. Because of difficulties at home, however, Bernard received short-term care in the hospital from early 1975 and was admitted informally in July later that year. His parents divorced shortly after his admission. His mother now lives abroad but maintains contact. During the life of this project, Bernard's father has taken an increasing interest in his middle son and even accompanies him to Makaton sessions at the college.

In 1984 Bernard seemed to have many skills but chose not to use them. He preferred to be on his own, doing favourite activities – jigsaw puzzles for example. He loved being outside and engaging in physical activities, which he did on his own. He did not speak, he took what he wanted and made it quite clear through physical responses

when he was displeased. Despite the physical abuse he showed towards himself, objects and others, he could not tolerate being touched. All this had resulted over time in Bernard being left alone to engage in his solitary pursuits.

He would do simple and routine household duties but needed constant prompting and supervision. He had regular contact with his father who took him home from time to time. During the day he attended the hospital school.

The IPP meetings in 1984 identified that Bernard needed:

to tolerate other people being in the same room as him;

to use a consistent and recognised communication system;

to engage in activities other than playing with water in the house, and to go for walks without seeking out pools of water;

to spend time on tasks other than jigsaws;

to have the opportunity to be without minor tranquilisers;

to have frequent drinks (Bernard was able to take his own drinks whenever he needed them);

to eat balanced meals as well as puddings and sweets, and to chew food without making a mess;

to be more flexible and less routine bound;

to have access to a swimming pool;

to have an EEG examination.

Despite extreme anxieties about the effect of the move on Bernard, he settled well into his new home and he did not begin to display any of the severe behaviour problems (running out of the front door into the road, for example) that would have caused enormous concern in an ordinary house. He continued some of his long-standing rituals (tearing toilet paper into shreds, for instance) but, in the main, everyone was extremely pleased with Bernard's willingness to accept this huge change in his life.

Bernard's father was very supportive of the move. He visited his son frequently and took him home for the day.

While still at Woodside many of Bernard's previously identified needs had been met. He was now far more tolerant of other people, sharing his space and his activities with the other residents and the staff. He would sit on the settee next to others and sometimes allow himself to be touched. He had extended his repertoire of activities and had reduced his obsession with water (especially in the home). He had

been successfully withdrawn from tranquilisers and, despite the trauma this caused, was continuing to live without them. He had been for an EEG examination.

He continued to use his own very idiosyncratic means of communication. He was eating more than previously but still preferred to eat sweet rather than savoury foods. He continued full-time education in the hospital school.

In the community it was identified that he needed:

to eat his meals slowly without cramming his mouth full;

to show his annoyance in socially acceptable ways, not by banging his head;

to reduce his stereotyped behaviours – rocking, jumping and mouthing his hand;

to eat savoury foods and less sweet things because of his dental health, and to visit a dentist without fear;

to do more for himself without constant prompting;

to increase his meaningful communication with others;

to behave in a less ritualistic manner;

to be free from colds and to put his hand in front of his mouth when coughing because this behaviour had resulted in everyone in the house suffering from continual colds.

During the time Bernard has been living at Lancaster Place, he has continued to create challenges and difficulties for those who live and work with him. His unacceptable behaviour was sometimes so severe that he had to be excluded from some activities and college sessions. Despite this he has shown improvements in his concentration span, his tolerance of people, his acceptance to change routines and his ability to use the computer.

Like all young men Bernard has matured from a boy into a man. He is now stronger and his attacks on himself, and very occasionally on others, cause great concern. Despite the efforts made by everyone to avoid recourse to medication, the fact that he is in a community setting and meets many people in ordinary public places has meant that once again Bernard is taking tranquilisers. The doses, however, are not as great as those he was taking in the hospital.

His social behaviour continues to create the most difficulties however. Because Bernard is a physically attractive man, perceptions and expectations of him are always higher than he can reach. He will always need to be accompanied and supervised when out of the house.

Although he is fully mobile, and loves walks and outings, his understanding of socially acceptable ways of behaving are not developed to the extent that one can risk him going out alone. Because of his attractive appearance his antisocial behaviour is always more of a shock to the general public.

Progress has been made. Although Bernard still uses physical and facial expressions to communicate his annoyance and displeasure, he is more willing to use a recognised manual communication system to express what he wants if prompted. Like the other tenants, staff and some family members, he attends a Makaton session at Blackburn College and has learned some signs. Advice from the speech therapist will, we hope, increase his range of communication and help others understand him. Bernard has demonstrated to the staff that he is now capable of seeing to much of his own personal hygiene. However, years of consistent prompting and close supervision, and his own preference for being waited on, have meant that he is loathe to put his skills into practice. Because of the long period of difficult behaviour displayed by Bernard, he has not had the opportunity to develop and mature. Bernard's life changed drastically. He is the youngest of the five young men and attended the hospital school until he moved to Blackburn; he has since had to cope with enormous changes. As an individual who likes order and ritual, these changes must have caused him extreme confusion. However, the feeling is now that he is more settled and will continue to mature.

Bernard's relationship with his father has greatly improved since his move. They are spending more time together and relaxing in each other's company. Bernard has always tended to isolate himself from time to time. During the periods of his extremely challenging behaviour, the rest of the tenants would grumble and go happily on visits without him. Now that he is more settled, Bernard is once again a full member of the group. His good sense of humour, especially when he is in a responsive mood, makes him a pleasure to be with.

James

James is an interesting and pleasant young man whose communication skills are his strength. He has an excellent memory and is full of charm. He thinks it is right to be kept informed of anything and everything, particularly details of other people's lives. He copes with a severe visual handicap extremely well (he is registered blind).

He was born in 1965, the younger of two children, a normal, full-term baby. At the age of six months he fell from his pram, resulting in such severe head injuries that he had to spend two months in an intensive care unit; he left hospital no longer a normal child. His

parents knew that his development would be greatly delayed and gradually realised that he could not see. Nonetheless, they kept James at home and coped with his prolonged incontinence, hyperactivity and temper tantrums as well as looking after his sister, older by no more than two years.

When James was seven his father was involved in an accident at work, necessitating the amputation of one of his legs. This trauma forced the family to look for permanent hospital care, and James was admitted to the paediatric unit of Brockhall Hospital in 1972.

In 1984, when this project began, James was well settled in Woodside. He attended further education classes and the special unit for people with visual handicaps. His excellent language skills in some ways compensated for his poor manipulative skills and his reduced visual acuity. He was always eager to engage in conversations and attempted to monopolise any visitor to the house. He had an excellent appetite, and his reluctance to take part in any physical exercise resulted in his being overweight. James used his verbal skills and his confidence in order to dominate other residents. James enjoyed all music and would play his organ, composing his own tunes, from morning till night.

James had always had a very close relationship with his mother. He used to go home regularly, and see other members of his family who found it difficult to deny him anything.

An IPP meeting identified that James needed:

to have a full assessment of his vision;

to take his share of jobs around the house and not use poor eyesight as an excuse;

to eat a meal without prodding his neighbours with his elbows, and to hold his cutlery properly and not make a mess;

to keep his head erect when walking and when talking to people;

to spend his leisure time in appropriate ways, rather than talking to imaginary friends;

to take a back seat sometimes, and not always dominate other residents and every situation;

to value his possessions and pay for any damage he caused;

to recognise that other people in the house did not wish to hear his organ music all day long;

to lose weight;

to reduce his tendency to sulk if things did not go his way.

When James left the secure and familiar environment of Brockhall Hospital he suffered more than any of the others. Suddenly his good verbal skills could no longer replace his inability to find his way around in totally new surroundings. The staff who had known James for many years were particularly aware of this change in him. He was no longer 'king pin' among the tenants. He lost some of his brash confidence. He was particularly sad at leaving his friend on the visually handicapped unit, and talked about him for weeks after the move. Once there was more structure to his day and he was taking part in regular day-time activities, James regained his confidence and stopped talking about his friend. At about this time James's mother moved to Yorkshire.

Despite these initial setbacks the following changes had taken place since October 1984. James had a full visual assessment, the results of which indicated that he had more useful vision than had been supposed. This being the case staff no longer tolerated the excuses he gave for not doing things. Despite training programmes to help him eat in a more socially acceptable way, James continued to have his own style of table manners if not monitored carefully. He spent less time talking to imaginary friends, more time doing his share of tasks and was less inclined to interfere with other people's business.

In a community setting different priorities were identified and his needs were:

to complete domestic tasks and not leave things to other tenants;

to have full-time education/occupation;

to learn the value of money and to recognise coins by touch;

to dress himself properly and maintain a tidy appearance;

to use his glasses, to look through them not over the top, and to keep them on his nose;

to keep his head up, especially when walking and when talking to other people;

to regain his confidence when outside so that he could walk independently without holding on to someone's arm;

to stop chewing his dentures and juggling them in his mouth, which resulted in him frequently needing new dentures;

to cut food into manageable chunks and to eat without making a mess;

to extend his involvement with non-handicapped people;

to maintain normal facial expressions (for example, to keep his mouth closed and not dribble);

to maintain contact with his mother despite the distance between them;

to have music lessons.

During his years in the community James has learned much. He has increased in confidence and takes every opportunity to engage new people in conversation. He has enjoyed his time at college and is now independent of staff in many social situations. He takes his full share of the domestic chores and his love of snooker has provided him with a means of occupying his time. He still enjoys music but does not dominate the house with his organ playing. He has grown in maturity and was able to handle a disappointment when his mother was unable to keep a prearranged visit to see him. Because of the increased opportunities for physical exercise, both at college and from the home, James is now a slim, tidily dressed young man.

After his initial loss of confidence because of totally new surroundings, James began to develop greater independence. He now walks without holding on to staff (except at specific times such as crossing a busy road quickly). He has walked down to college with other tenants of the house. He can cross roads if he is supervised well and travels by public transport if accompanied. He goes short distances from the home to some local shops on his own. At times James will lose concentration and needs to be prompted to look where he is going and to think.

During his time in the community James has become increasingly aware of and skilled in most personal hygiene tasks. Sometimes, because of his poor eyesight, he will pick up the wrong clothes but in the main he dresses himself and maintains a neat appearance. He enjoys socialising and, except for the occasional burst of over-enthusiasm, James's social behaviour is good. He has many social graces, he makes friends easily and can be a pleasure to take out, as long as things are going his way.

Perhaps the one area in which James has made the most progress is in terms of emotional development. Previously he reacted badly if things did not go his way, or if he did not get what he wanted immediately. He is now able to tolerate disappointments, and to share both his time and his activities more. Through a mutual interest in snooker and pop music, James and Anthony have developed a close relationship which has benefited them both. As well as playing snooker, he enjoys going to the pub and to the Gateway Club.

James has been affected by his mother's move to Yorkshire.

Although they maintain close contact through letters and telephone conversations, and occasional visits home, this is quite different to the weekly visits he used to have. The initial disappointments no longer surface, and James has accepted that he cannot have the same regular contact with his family as other tenants.

James is an important and accepted member of the group. He no longer feels it necessary to use his good language to dominate the other young men; he has his own activities and his own life. He takes part in group activities and takes his share of chores. He has matured in the time he has lived in Blackburn.

Damien

Damien is a young man with a keen sense of humour and an excellent memory for past events. He is extremely pleasant and amenable when in the mood and the exact opposite when he is not. His epilepsy increases in frequency and severity as he matures, despite visits to his GP and the local hospital clinic; it is causing a progressive weakness of his right arm and leg. His stamina is somewhat limited and he is frequently reluctant to do anything other than the absolute minimum.

He was born a full-term baby by forceps delivery in 1966. Damien is their only child and his parents coped with very little support until he was four years old. He was extremely hyperactive, incontinent and abusive. This took its toll on the marriage and his parents separated, leaving Damien's father to take full responsibility for him. Consequently he was admitted to Brockhall in 1971. His father maintained contact during the years Damien was in the larger wards of the hospital. Unfortunately, Damien's habit of using verbal abuse to him (which could be directed at anyone) caused his father great distress. Despite this, however, he has continued to visit and always comes to family evenings arranged at Lancaster Place. The extended family also show care and concern for Damien. Of special significance to Damien is his strong affection for one of his school teachers from Brockhall school days. He rarely 'misbehaves' when in her company until she shows signs of leaving. This personal friend visits and takes him home to spend weekends with her family.

In October 1984, Damien had settled very well into Woodside. He was able to make firm and strong relationships with selective staff. He is a good mimic and has an excellent memory. His sense of humour is keen, but not always appreciated by everyone else in the house. He enjoys music and watching television (often doing nothing else) as well as all outings and social situations. Despite his epilepsy and slight hemiplegia he does many things for himself, including washing and dressing with minimum supervision. Damien could give a good

account of his experiences, but tended to repeat himself and to be oblivious to the effect this often had on those around him. He tended to rely on others instead of trying new things for himself, and in unfamiliar situations he lacked confidence and became agitated. Of all the five young men, Damien showed the greatest effects of his years in Brockhall in his behaviour. He would do nothing without seeking permission from staff. He had unpredictable changes in mood and at times used abusive language.

At that time his needs were identified as being:

to live in the community;

to continue education and further education;

to use his right hand at all times;

to accept changes in routine with minimum fuss;

to take a more active part in group situations;

to talk without constantly repeating himself;

to increase his self-confidence.

His tendency to repeat things incessantly is an area of verbal communication he has been helped with. He is now more cooperative and has learned to mutter under his breath rather than shouting out loud. His increasingly acceptable behaviour has created social opportunities for him, especially in the college where he will now tolerate being part of a group, and even to help occasionally. He goes to leisure activities in the evenings and at weekends when he wants to and he still enjoys outings.

Because of his physical disabilities Damien is doing as much for himself as he can. He needs supervision and checking but, in the main, tries most things for himself.

Finally, since the move to Lancaster Place, Damien no longer hovers on the outside. He is an accepted member of the group and contributes to the running of the home. Damien will always enjoy periods on his own. He can get into arguments if things don't go his way.

Philip

Philip is an active, friendly young man eager to please and to be liked. He has matured faster than the other tenants and now does many things on his own. For example, he goes shopping locally and attends and uses the local college and its facilities independently. He joined a local football team and began to attend a youth club. In college his

programme was extended to allow him opportunities to join other groups and courses.

He was born in 1963, two weeks premature by caesarean section, the middle child of three. At 21 months he was diagnosed as severely mentally handicapped and spastic. His hyperactive and aggressive behaviour caused stress and strain in the family. His mother found it increasingly difficult to cope and give attention to the other two children. After a short period of temporary care, Philip was admitted to the hospital informally in May 1970.

Although no longer hyperactive in the usual sense, Philip continues to want to keep doing things, not allowing himself time to relax or to wind down. His desire to please staff and to be liked seem to drive him on until he becomes agitated and nervous. At such times he forgets the skills he has. He sometimes does not listen and makes many careless mistakes which only increase his anxiety. At such times his anxiety inhibits his performance, causing him to make more mistakes which produces more anxiety. He is in many ways a sensitive young man who presents himself as having more capabilities than he can reasonably achieve and it is very easy for people to have too high expectations of him.

Philip has always had regular and frequent contact with his parents, his brother and his sister. He visits them and other members of his family, and when they came to see him at Brockhall they invariably took him out.

In 1984 Philip was a sociable, fairly independent young man who, considering he had lived in a ward for a long time, adapted very well to the more homely environment of Woodside. He was very helpful and loved to do jobs for staff. He always tried to please and would take on more responsibility than he could cope with. Despite his high level of independence in terms of self-help skills, he was nervous and immature. He had been used to smoking cigarettes regularly and sniffing aerosol cans occasionally. He was very keen on football and supported Blackburn Rovers.

The hospital IPP process identified that Philip needed:

to be aware of the value of money;

to have more confidence;

to behave in more mature and adult ways;

to speak clearly and to use whole sentences;

to face new situations without severe anxiety;

to not follow staff around constantly;

to concentrate on tasks and take his time doing things;

opportunities to extend his skills in daily living;

to live in the community;

to continue further education.

Once in the community, Philip took to his new life immediately. He was totally against retaining any links with the hospital and set about exploring his new environment. He was keen to learn everything at once and seemed to blossom in a home of his own to show off to his family. He was still anxious in new situations, continued to look for approval from the staff and wanted to please, but he anticipated the future with enthusiasm. In Lancaster Place Philip began to show that he had more skills than the other young men, and he took on responsibilities that he had never had before.

His new priority needs became:

to learn to budget his money;

to use his initiative and not to look to staff to give him permission;

to be less impulsive and to calm down, especially when out of the house;

to think before he does anything;

to learn about the area in which he was living and to go out on his own;

to make friends and mix with people other than those in Lancaster Place;

to learn 'survival cookery';

to have the confidence to own up rather than to try to wriggle out of a situation by telling untruths;

to use his leisure time constructively;

to go to watch Blackburn Rovers whenever possible;

to develop a more adult relationship with his family.

By October 1987, Philip had grown in stature and confidence. He is much less anxious in new situations, is more assertive and confident. He is helpful and reliable and is the most mature of the young men. He has limited his smoking to within his budget, and no longer abuses aerosols. For a time Philip had a part-time job helping in a restaurant. This more than any single event has helped to increase his confidence.

Of all the Lancaster Place tenants, Philip has made the most marked progress and development through his use of Blackburn College.

He is now able to make his own way, uses facilities such as the students' union bar and the refectory completely independently, and participates in courses arranged for students aged 19 and over. His confidence and independence contrast with his shyness and dependence on staff shown when he first began his college course. He now takes himself to college and supervises Anthony on the journey.

Philip began to use the local shops on his own as soon as he moved to the area. He also goes to play and watch football at the YMCA and uses the MIND drop-in centre and local youth club.

In the time since the move Philip has learned to give his own views and to hold conversations instead of just answering questions. His speech is much clearer but he can revert to short phrases when anxious or excited.

His family had some worries and reservations about Philip's move into his own home, but is now delighted with the changes in him. He goes home weekly, stays overnight, goes to football with his brother, and visits aunts and other family members. Philip now has a more equal and adult relationship with his family.

Because Philip has matured and gained more independence than any of the others, he holds a unique position. He takes it upon himself to look to the needs of others and to help in all sorts of ways. He is an invaluable member of the group.

LESSONS LEARNED

1. There must be an operational policy that has been agreed by all stakeholders and is understood and adhered to by all, including new personnel. Changes in the light of experience should be agreed by everyone.

2. It is important not to underestimate transition shock for staff.

3. The role of the home leader is crucial. The full weight of responsibility of holding the project together, running and organising the home, and communicating with managers fell on her shoulders.

4. The home leader has to be permitted to say 'no' or 'I can't cope' when things get bad. People should listen when she does so. Putting the home leader on a flexible rota to work office hours helps.

5. Don't believe what the DHSS tells you. Don't count the money until the order book is in your hand.

6. We underestimated the difficulties the young men would have when adapting to the community – what were strengths in the hospital were needs outside.

7. The space available in an ordinary house is much smaller than in a hospital complex. It was harder to have privacy.

8. Beware of feelings of isolation. It can be lonely in a house in a street away from line managers. Make sure there is frequent and regular contact and good communication. If possible set up a support group for home leaders.

9. Families will come round to the idea of resettlement when they see the positive changes in their relatives. This may take two years or more. Parents' meetings and videos to explain changes help this process.

10. Transition is easier with a strong, committed community team. If there is little turnover of staff, strong positive relationships can be built up.

11. Despite fears and anxieties from members of the project teams, reactions from neighbours and the wider community has been minimal. The decision not to broadcast our arrival seems to have been the right one.

12. Induction training may need to be repeated once staff have had experience to base training on.

13. Knowing that nurse managers and the psychologist would support staff when they took risks gave them confidence to continue taking people with severe behaviour difficulties into the community.

14. The continuation of a project team to monitor and support the home leader and staff has been an important factor in making sure that the operational policy is kept to.

15. Staff need opportunities to continue their own personal development and training, however qualified they are.

16. Having a parent on the project team has kept the focus of discussions on the service user.

Lessons learned about the college course

1. We did not think about providing an induction course for college staff. In retrospect this may have helped to produce a consistent value base for both college and home staff, particularly for staff who are not part of the special needs section.

1. Although home staff accompanied tenants to the college to act as non-teaching assistants, they were not given clearly defined roles and nothing was written down. This caused some conflicts and tensions.

3. It was sometimes difficult for college staff to realise that home staff work 25-hour shifts including sleeping in and could have been at work for hours before the college day started.

4. When the college course expanded in September 1986, the tutor's role changed from total involvement with Lancaster Place tenants and staff to more of a facilitator within the college. This change was rather abrupt and caused some confusion for tenants and staff.

5. College staff seem unaware of the limited income of the Lancaster Place tenants and had expectations that were sometimes impossible to fulfill.

CURRENT DEVELOPMENTS

It is two years since we started writing this story. It has been rewritten and amended many times and now it seems almost irrelevant. The traumas of the move, the difficulties of negotiating with staff organisations, the health authority, county education departments and the DHSS have receded in memory. More recent resettlement projects in Blackburn have learned from the experiences and lessons of this one.

All the tenants have grown from boys to men. They have developed in ways no one could have predicted. The house staff too have learned much from working in a home in the community and from the Lancaster Place education project. The college and the county have completely changed the way they deliver further education to people with severe learning difficulties. We could say that for Blackburn this project was the vanguard. We can never resettle in quite this way again because the policy now is for all resettlement projects to be managed by social services.

We are still left wondering 'where do we go from here'? No one attends college forever and with little or no work experience available it seems that, to occupy their time, the young men will have to go to a local authority day centre for part of the week. However, they will retain links with the college and be able to take part in specific sessions that meet their individual needs.

We wrote this story because of the enormous problems encountered in getting this project off the ground. The commitment of all the staff has been tremendous. In four years only five members of staff have left (three qualified staff for promotion and two nursing assistants because of their 'life events').

Even as this story goes to press, the effects of the white paper and the Griffiths report will change service delivery in ways we cannot predict. It seems that this account has already become a part of history.

As an addendum, this conversation was overheard between two painters decorating the house: 'I don't know about you Doug, but I'm coming back here when I have a new life. It makes you wonder who's daft. Us working our butts off or them swanning down to college'.

Appendix 1
Membership of Three Project Teams

Woodside working party

Assistant unit administrator, Brockhall
Nurse manager, paediatrics and resettlement
Principal clinical psychologist, community services
Social worker, Brockhall
Staff representatives, COHSE and NUPE
Ward sister, Woodside
Parent

Lancaster Place – initial setting up

Assistant director of nursing services
Assistant unit administrator, community and resettlement
Parent
Principal clinical psychologist, community services
Social worker, Brockhall
Social worker, community
Staff representative, COHSE
Ward sister, Woodside
Further education, Brockhall

Lancaster Place – in the community

Assistant director of nursing services
Assistant unit administrator, community
Home leader
Nurse manager
Parent
Principal clinical psychologist, community and adult services
Social worker, CMHT

Appendix 2
Operational Policy

1. *Introduction*

1.1 The development of homes in the Blackburn district represents not only a move away from the traditional models of long-stay care for mentally handicapped people, but also a unique opportunity for the reconciliation of health authority and social services residential provision.

1.2 It is anticipated that this opportunity will result in both services forming a joint approach to make the best use of the resources and skills offered by both authorities.

1.3 Number 44 Lancaster Place is a large terraced house in the centre of Blackburn which is being extensively renovated by the North British Housing Association. It will be used to accommodate five mentally handicapped young men who will be moving out of Brockhall Hospital to live a more ordinary life in the community. One important feature of the project is that the clients will be renting the home from the North British Housing Association as tenants in their own right. As such, the home cannot be considered as either a health authority or a social services property. It is quite simply the tenants' own home, although staff will provide intensive support to the clients on a full-time 24 hours a day basis initially.

1.4 Some of the work of the home staff will be different from that which takes place in hospitals. For instance, cooking, washing of clothing and shopping will all be undertaken by the home staff in conjunction with the clients. There will be no domestic or catering staff. This is a deliberate policy to ensure that tenants are fully involved in the work in the home with the same sets of staff at all times and that there are no demarcation lines between different groups of staff. The tenants will be given as many normal experiences as possible, including shopping expeditions, holidays and social activities involving ordinary people in the community. Relatives of the tenants will be encouraged to visit the home as often as they wish. Good relationships will be fostered with voluntary organisations and neighbours.

1.5 This document is an attempt to identify key areas considered necessary to provide continued care to the tenants moving into the house.

2. *Philosophy and goals*

2.1 The home will be run in accordance with the principles of normalisation, providing experiences that are as normal as possible and presenting the tenants to others in valued ways. This will likewise guide staff practices within and outside the home.

2.2 The principles of normalisation assume that the major goals for each resident will be that he will ultimately live independently in the community of which he will be a part; that he will choose the person(s) with whom he will live; that he will have meaningful, valued and paid employment; and that he will participate in leisure activities within his setting. (It is recognised that for some residents these *ultimate* goals will take a long time to attain.)

2.3 All food will be prepared in the home. It will be presented in an attractive and appetising form, and staff will eat with the tenants.

2.4 Staff will ensure that within the spending money available to them, that tenants can purchase attractive clothing appropriate to their age and to the weather. As far as possible, tenants will be encouraged to make their own choices.

2.5 Normal standards of health care will be maintained. All tenants will register with a local general practitioner and a local dentist.

2.6 Being in the community will allow the full range of local facilities (for example, shops, cafes, sports centres and swimming pools) to be used. The aim is that gradually the tenants will become full members of the community.

3. *The tenants*

3.1 There will be five young men living in 44 Lancaster Place. This particular group lived together at Brockhall for several years and it is anticipated that they will wish to share their home together for the foreseeable future. Should a vacancy occur, however, another appropriate person will be selected to fill that place. The tenants themselves will be fully involved in selecting somebody to live in their home. Parents will also be given an opportunity to be involved in making the choice. The home leader will obviously have a key role to play in this plus other professionals such as the members of the community mental handicap team. Any new tenant will spend a series of trial visits to the home, getting to know the people with whom he will share his home prior to moving in.

3.2 The broad criteria for admission to the home will be that only mentally handicapped people of an appropriate age who would benefit from the specialist facilities and opportunities offered by the home will be considered.

4. *The house*

4.1 The home is a large terraced house in the centre of Blackburn owned by the North British Housing Association. No adaptations have been made to the house, other than extensive renovation work, since all five tenants are ambulant and have no physical disabilities. An Exchange of Letters Agreement exists between Blackburn, Hyndburn and Ribble Valley

Health Authority and the housing association which sets out the responsibilities of each agency in relation to the home (see Appendix 7).

4.2 All repairs to the property will be carried out by the housing association. Repairs to furniture and equipment, however, will be carried out at the discretion of the home leader according to the needs of the tenants. This work along with the purchasing of such items as food should be locally based.

5. *Staffing*

5.1 The person in charge of the home will be known as the home leader and will be paid on charge nurse scale. In addition to the home leader there will be two other qualified staff. Other staff will be recruited from a wide range of backgrounds and experiences.

5.2 There will be an overall staffing complement of nine whole-time equivalents including the home leader. The home leader will be treated as separate from the eight staff who will be required to provide 24-hour support. This is to enable the home leader to organise the staff and cope with the administrative and financial aspects of running the home. It is envisaged that at some point in the future, at such a time when national agreements have been reached between health authorities and social services departments, that the home staff will transfer to social services employment. This will depend on clear agreements being made between the two agencies regarding the managerial arrangements for residential facilities for mentally handicapped people.

5.3 The staff recruited to the home will need to be flexible in their working arrangements. For example, at some point in the future the tenants of 44 Lancaster Place may require less support. This will happen gradually as they acquire more independence. It may happen that when a vacancy occurs a decision will be taken not to fill the vacancy in the interests of the other tenants. In such circumstances, as the number of community properties grows, staff may be required to support other people in other units in the locality. Staffing arrangements in the home will also be flexible, but the home leader will take full responsibility for arranging cover within the overall staffing complement. One member of staff will need to be available to attend Blackburn College on a daily basis with the tenants.

5.4 All members of staff will take part in an orientation period prior to the home opening in April 1985.

5.5 The interdisciplinary discussion that has been a feature of the planning of the home will also be extended to the selection of direct care staff. A panel consisting of appropriate nursing, social work and psychology representation will be involved in selecting care staff. The home leader will also play an important part in the selection process. (Jobs descriptions for the home leader and care staff are attached in Appendix 3.)

5.6 Tenants and their parents will also make an informal contribution to the selection of staff for the home, possibly in the form of a coffee evening prior to formal interview for all shortlisted candidates.

6. *Staff training*

6.1 Prior to the occupation of the house, staff will undergo an orientation programme. This will be a multidisciplinary exercise in which nurses, social workers and psychologists will participate. After the home has been occupied in April 1985, any new members of staff will receive their orientation training from the home leader.

6.2 Staff will be expected to attend staff development programmes arranged within the home and attend workshops, training courses, seminars and conferences as required.

6.3 All staff must be familiar with the operational policy relating to the home and any appropriate standing financial instructions with which they must comply.

7. *Individual programme plans*

7.1 The individual programme plan (IPP) has a vital place in a comprehensive, community-based system of services. It is the basis of planning for individual clients and ensures that those who come into contact with them regularly are together seeking the best possible services for them. It also ensures a consistency of approach because specific objectives are set and ways of achieving these are agreed among all those who work regularly with an individual. The chances of different approaches being taken along the way are therefore lessened. The IPPs encourage the participation of clients and their families no less than professionals in both decision making and the achievement of objectives. Finally, by pointing out the gap between what individuals need and what is currently available, IPPs yield invaluable information for the planning of service developments.

7.2 The IPP is essentially a written programme of intervention and action developed by a multidisciplinary team involving the people who work most regularly with the individual resident as well as the resident himself, his family, close friends and advocate. The meeting assumes a continuum of development and, after an initial assessment of the client's strengths and needs, it outlines progressive steps which should be taken to meet those needs. The overall aim is to enable the resident to function independently in the least restrictive and most valued setting.

7.3 At the IPP meeting goals are stated which will help the resident to meet his needs. It is the work of the IPP meeting to state the strategies to be used in order to reach the identified goals.

7.4 At 44 Lancaster Place each tenant will have an IPP meeting every six

months. These will be convened by the home leader or key worker who will chair the meeting.

7.5 After each meeting, copies of the strengths/needs list and the goals identified will be sent to every member of the IPP panel.

8. *House meetings*

8.1 Apart from IPP meetings there will be held weekly staff meetings to discuss progress achieved on each tenant's goal plan. An appropriate member of the professional support staff (psychologist, social worker or senior nurse) will attend each weekly meeting.

8.2 The home leader will hold regular meetings with his/her staff to discuss administrative issues concerning the running of the house. These may take place before or after the weekly 'client centred' meetings.

8.3 It is important that the tenants of the house are given every opportunity to contribute to decisions concerning themselves. The social worker (community mental handicap team) will befriend the tenants and informally canvass their views. Tenants will be welcome at all house meetings.

9. *Education day activities for tenants*

9.1 Further education facilities will be made available to the tenants at Blackburn College. A special appointment will be made at the college on lecturer 1 scale to provide educational opportunities and social and living skills training to each tenant four days a week.

9.2 One day a week, each tenant will remain at home and spend time with the care staff receiving intensive training in the home environment. This will be in such areas as shopping, food preparation and other home-making skills.

10. *Leisure activities*

10.1 Staff will ensure that each tenant has opportunities to take part in a whole range of leisure activities appropriate to his age and tastes. This may include joining local clubs and organisations or may simply take the form of using local facilities available such as sports halls, cinemas, pubs etc.

10.2 Tenants will be encouraged to make friends with neighbours and other people they may meet informally. As far as possible tenants should try to build their social lives around their friends and informal contacts, with staff help of course. Friends will play a very useful role in this.

11. *Equipment, furnishings etc purchased for the house*

11.1 The North British Housing Association will purchase carpets, curtains and other large items of equipment, such as cooker, fridge, washing

machine, freezer, etc. These will be replaced by the housing association on a wear and tear basis.

11.2 Furniture for the house will be purchased by the home leader and the tenants using money from the housing association's bed space allowance (currently £395 per bed space). This will include personal and communal items of furniture, such as beds and bedroom furniture, dining table, chairs, armchairs, settee, easy chairs, coffee table, book case, etc.

11.3 The health authority will provide equipment over and above the furniture and furnishings – for example, kitchen and utility equipment, linen, etc. As these become worn, however, it is expected that they will be replaced from tenants' own monies. A small repairs and replacement budget will be made available to the home and held by the district mental handicap team.

11.4 Home staff will be responsible for contacting appropriate suppliers or service personnel to repair equipment owned by the tenants. The housing association should be contacted in the event of damage to the house itself or any of the equipment provided by the housing association.

12. *Conditions of service*

12.1 Salaries and wages

12.1.1 Staff will be employed in accordance with the appropriate conditions of service agreed by the nurses and midwives Whitley Council (as previously stated it may be necessary at some future date for staff to transfer to social services employment as and when appropriate).

12.1.2 All staff will be required to complete a monthly time sheet and the home leader will be responsible for ensuring that such records are correctly completed and forwarded to the responsible nurse manager.

12.1.3 Payslips for full and part-time staff paid by cheque/credit transfer should be collected by the home leader from the district mental handicap team base and distributed accordingly to staff.

12.2 Transport

12.2.1 Car drivers among staff, who wish to use their cars for work, will be authorised car users to enable them to take tenants on outings and will be designated in accordance with the appropriate Whitley Council definition for car users.

12.3 Holidays/sickness

12.3.1 The home leader will ensure that all matters (for example, holidays, sickness, termination of employment) affecting the wages of the staff at the home are notified to the responsible nurse manager, district mental handicap team.

12.4 Administration

12.4.1 Staff sickness and lateness must be notified to the responsible nurse manager through the home leader. Mishaps, accidents and complaints must be reported as laid down by the Blackburn Hyndburn and Ribble Valley Health Authority Policy.

12.4.2 A sleeping in arrangement for night-time cover will be operated and no specific night duty staff will be appointed. The home leader and, if necessary, the responsible nurse manager, district mental handicap team, can be contacted in their own homes by telephone in cases of emergency or for advice and help.

13. *Finance*

13.1 Staff expenditure

13.1.1 Staffing costs will be met in full by Blackburn, Hyndburn and Ribble Valley Health Authority.

13.2 Non-staff expenditure

13.2.1 Day-to-day expenses may be met from the tenants' own monies – that is, the various DHSS allowances to which they are entitled. These allowances will cover the following items:

rent
general rates } Paid direct to the housing association
water rates }
electricity bill
gas bill
food and cleaning materials
clothing
TV rental and licence
holidays
insurance of tenants' personal property

13.2.2 Each client will have a personal account with the Giro Bank. This bank has been particularly recommended because it offers free banking to those who stay in credit and offers people the facility of being able to draw out cash during post office hours. It also gives a balance each time cash is withdrawn, thus making it easier to monitor expenditure.

13.2.3 The home leader will administer each tenant's bank account on his behalf and will act as appointee for any allowances received by the tenant. When handling cash for tenants, the home leader will keep a small separate lockable cash box for each person to ensure that money is kept safely. The home leader will draw DHSS allowances each week for each tenant and will bank an appropriate amount per week per person. The remaining cash will be placed in the cash boxes to be drawn by each tenant as and when necessary. A weekly sum will be put aside by each

tenant to be held by the home leader for food, shopping and other joint expenses.

13.2.4 All bills will be dealt with by standing order from each tenant's account. Rent will be paid on a weekly basis direct from the DHSS to the North British Housing Association. A weekly sum will be agreed with the North British Housing Association to include rent, general rates, water rates and fuel costs. Telephone bills will be paid by standing order each month based on an estimate of how much the quarterly bill is likely to be. A separate joint account with the Giro Bank will be established to handle the payment of bills. This will act as a budget account and each tenant will pay a monthly sum into this to cover bills or any other items for which they might jointly wish to save.

13.3 Audit of tenants' own monies

13.3.1 For the sake of both tenants and staff, some means of monitoring the expenditure of tenants' own monies must be devised. As far as possible receipts should be produced against tenants' expenditure and entered into an account book. However, it is accepted that receipts will not be requested when they are not provided at the time of purchase, but in such circumstances the member of staff expending cash will be entered into the accounts book and should include regular commitments such as savings, standing orders, etc.

13.3.2 The members of the district mental handicap team should take responsibility for checking that tenants' expenditure can clearly be accounted for. This should be done at least quarterly. Consideration should be given to paying for an independent audit of tenants' monies on an annual basis, for example, paying an outside firm of accountants to review the home's accounts annually.

13.4 Exchequer monies

13.4.1 The health authority will supplement the revenue costs of the home to compensate tenants for the use that staff may make of the home's heating, lighting, telephone, etc. The health authority will also pay for the administrative costs of running the home and for the rental of the staff bed space. A monthly account should be submitted to the district mental handicap team by the housing association to pay for the staff bed space.

13.4.2 A small supplementary budget should be held by the district mental handicap team. This should cover the following broad headings:
rental for staff bed space
contingency rental
telephones
repairs to furniture and fittings

staff contributions (meals, heating, lighting, etc)
staff holiday escorts

13.4.3 The staff contribution figure is based on the cost of meals for one and a half staff per day since staff will not receive a paid meal break and it is very important that staff eat with the tenants. The staff contribution budget should also include a small sum towards heating and lighting bills.

13.4.4 The staff contribution should take the form of a cash float held by the home leader for an amount approved by the district treasurer. The home leader will be responsible for the control of this cash float and will be required to maintain a record of expenditure providing the following information:
date of purchase
from whom purchased
description of item
items purchased
purchase price
(Stationery for this purpose will be provided by the district treasurer's department.)

13.4.5 Receipts – for example, till rolls – should, where provided, be retained and indexed as supporting vouchers for expenditure. However, it is accepted that receipts will not be requested when they are not provided at the time of purchase, but in such circumstances the member of staff expending cash will be required to complete and sign a pro-forma of expenditure which the home leader should then retain and index as a supporting voucher. The float must not be utilised for the purchase of items normally provided for clients from non-exchequer sources or for personal purchases by members of staff. The float must not be used for the purpose of cashing personal cheques or lending money on the basis of an IOU.

13.4.6 When reimbursement of the float is necessary, the expenditure sheets should be totalled and the request for reimbursement including a reconcilation of funds should be completed and signed by the home leader. The request for reimbursement, together with the supporting expenditure sheet and vouchers should be forwarded to the district treasurer's department. Reimbursement of the float will be made at regular intervals and actioned by the district treasurer's department, the cash/cheque reimbursement to be collected from Queen's Park Hospital by the home leader.

13.4.7 The home leader or deputy home leader will notify the district treasurer of the name of the individuals authorised to cash the reimbursement cheque for that week.

13.4.8 A reconciliation of the float should be undertaken by the home leader on receipt of each reimbursement. Reconciliation of the

float should also be undertaken by two officers on each occasion when there is need. For example, at periods of annual leave, etc, responsibility for the float will pass from the home leader to another nominated officer.

13.4.9 Exchequer cash held in the home (as with the clients' own personal monies) will be the responsibility of the home leader and must at all times be contained in a lockable cash box. For security purposes, this should be kept in another lockable facility – for example, a cupboard or filing cabinet. Duplicate keys for the cash box and cupboard will be retained by the district mental handicap team base.

13.5 Audit of exchequer monies

13.5.1 All procedures, practices and operations relating to the expending of exchequer monies will be subject to check by internal audit staff.

13.5.2 The home leader and the district mental handicap team members will have a joint responsibility to ensure that these procedures are complied with.

14. *Holidays*

14.1 Arrangements will be made by the home leader regarding the booking of holiday accommodation and transport. This may include consultation with parents and relatives. A decision will need to be made between the home leader and the responsible nurse manager regarding the amount of money available to each client in his own account for this purpose, and the suitability of the holiday chosen. Advice from other members of the district mental handicap team may need to be sought on this.

14.2 An amount of money as agreed with the district treasurer will be held by the district mental handicap team to pay for the cost of staff escorts.

15. *Documentation*

15.1 A daybook should be kept as a log to record daily occurrences – for example, any visitors to the home, the general wellbeing of the tenants, etc. A comment should be written on every tenant each day to record any positive or negative things which may have occurred.

15.2 Accident forms should be completed in accordance with current district health authority policy.

15.3 Personal notes on the tenants will be retained in the home. These will include any records of IPP meetings, regular weekly meetings with staff and other professionals, etc. Parents and tenants will have access to these notes. Anybody else wishing to see these notes should consult the home leader.

16. *Medicines*

16.1 Prescriptions will be obtained from general practitioners and dispensed by local chemists.

16.2 Common medicines (aspirin, cough medicines, etc) will be kept in the home and used when necessary. All medicines will be kept in a lockable cupboard out of the reach of tenants. A note of administration of all medicines should be kept in a book specifically provided. The home leader will be responsible for giving out medicines and will delegate this responsibility in his/her absence.

16.3 Tenants' medication will be regularly reviewed.

17. *Transport*

17.1 Tenants will use public transport as would any other member of community, except in circumstances when a member of staff will use his or her car to transport tenants. Car owners should be recognised as official car users for this purpose.

18. *Spiritual development*

18.1 Staff should be aware of spiritual growth as part of the tenants' total development and respond to parents' and tenants' wishes in helping them to attend appropriate local religious services.

19. *Visiting*

19.1 Unrestricted access will be afforded to parents/guardians. All other interested people/staff/professionals should contact the home before visits are made, except those few professional staff who are directly involved with the tenants – for example, the responsible nurse manager and a named social worker. This is to prevent disruption of the tenants' life by interruption of the home's routine. Since the house is not a health authority property, official visits should be arranged in consultation with the home leader.

19.2 Once the home is well established, staff should consider working on promotional material such as slides or a video which can be used to demonstrate the activities in the home to interested groups of people. This could prevent unnecessary disruption to the home.

20. *Involvement of trainees in the home*

20.1 The main aim of the staff in the home should be to provide a happy and secure environment for the tenants. Furthermore, it should be borne in mind that 44 Lancaster Place is the tenants' own home and not the property of the health authority. For this reason the number of irregular influences in the home should be kept to a minimum. Therefore, any person on placement for professional training who

wishes to be considered for this group home must be prepared to stay at the home for at least three months, and only one trainee should be accepted on placement at any one time. Moreover, no trainee placements should be considered until the home has been open for 12 months. This will help the tenants and staff to settle in and establish themselves.

20.2 If it is found that a trainee is having a particularly disruptive effect on the home and tenants, some mechanism should be sought for seeking alternative placement for that person (without prejudice, of course, unless there is a breach of discipline).

21. *Referral*

21.1 Should a vacancy occur in the home, a referral will be considered by a multidisciplinary team with the tenants and their parents. Any decision should be endorsed by the district mental handicap team, since any change of tenant may affect the level of staff support to the home, etc.

21.2 When a vacancy occurs the housing association will give 28 days grace to enable another tenant to be found. If it is decided that the place will not be filled, the remaining tenants may need to agree to share the cost of the rental for that bed space among themselves.

22. *Management and support*

22.1 Home staff will be expected to maintain good working relationships with general practitioners and all other professionals involved with the tenants – for example, physiotherapists, psychiatrists, psychologists, social workers, speech therapists, teachers, community nurses, etc.

22.2 An important way of supporting staff and making sure that their work continues to be of a high standard can be achieved through the use of positive monitoring. This means that the success and progress of the project should be regularly examined and issues should be aired and discussed before they turn into problems. Monitoring should not be a process which only takes place when something has gone wrong.

22.3 The home leader, and the members of the district mental handicap team, will play a valuable role in monitoring in a positive way how the project is working in terms of the wellbeing of the tenants and staff.

22.4 Parents will also have an important monitoring role to play and regular parents' meetings will be held.

22.5 Day-to-day problems can be referred to the responsible nurse manager at Ballantrae Road or to other members of the district mental handicap team according to their specific skills. Support and advice can also be obtained from the community mental handicap team, Blackburn North.

22.6 Secretarial support will be provided by the district mental handicap base.

23. *Public relations*

23.1 All official contact with the media will be handled by the administrator on the district mental handicap team. However, the home leader and staff will have a very important responsibility to develop close contacts with the local community through relationships with neighbours and friends. This is probably the most important aspect of public relations and will involve explaining to interested people the purpose of the home and the objectives it is trying to achieve for the tenants.

24. *Evaluation*

24.1 For the benefit of all tenants and staff, some regular means of evaluating the project should be devised. An objective means of assessing the project's success will be used, such as a questionnaire to canvass the opinions of users and parents. The information obtained by this method should be used to compare the project with other comparable schemes in other parts of the country.

Appendix 3
Job Descriptions

Title: Home leader

Responsible to: Senior nurse

Grade: Charge nurse/ward sister

General duties: The home leader will be expected to work in four different areas:

a. running the house (domestic)
b. running the house (administrative)
c. teaching and supporting staff and residents
d. reviewing practice

a. *Running the house (domestic)*

1. To provide a warm homely atmosphere in which residents can feel secure.

2. To welcome parents, relatives and friends to the home and foster good relationships with them.

3. To develop close contacts with the local community, not neglecting the need for spiritual development.

4. To take appropriate action to ensure and maintain a high standard of personal health and hygiene to residents by providing a healthy environment, regular exercise, good diet and high standards of care.

5. To ensure interesting, varied and well-balanced diet by preparing and presenting food in attractive way. All staff will take meals with residents.

6. Ensure appropriate clothing is worn at all times, that clothing is cleaned and repaired and that residents are involved in choosing and caring for their own clothes.

7. To provide basic health care to clients, giving first aid where necessary. Registering with GP, utilising local dental ophthalmic services etc.

8. To ensure residents are introduced to and take part in a wide range of stimulating and creative activities both indoors and out.

9. To ensure the house is kept in good repair. That residents are involved in all domestic chores as fully as possible. Local trademen will be used if appropriate.

b. *Running the house (administrative)*

10. To draw up duty rotas for staff, in line with the operational policy for the home.

11. To hold weekly staff meetings in which policy and practical arrangements are reviewed and in which programmes on residents are monitored, involving services managers where appropriate.

12. To collect residents' allowances and to implement a budgeting system with the district mental handicap management team such that each resident contributes equally to the household expenses and saves money towards clothes, holidays, outings etc. The home leader will be responsible for residents' money and accountable to the DMHT.

13. To keep records of staff sickness, annual leave etc. To keep a diary of outings and activities of residents as well as visits to the house.

14. To keep accurate records of all programmes implemented for residents and to monitor these weekly.

15. To inform the nurse line manager of any inadequacies in staffing or any other problems that arise eg, complaints, accidents and mishaps.

16. To ensure a safe and healthy environment for residents and care staff.

17. To liaise with the local community so as to build up contacts for residents in their neighbourhood.

18. To be involved in selection and interview of new staff.

19. To work closely with other professional staff in the community and include them in IPP meetings.

c. *Teaching and supporting staff and residents*

20. To use the teaching package as a basis for inaugurating all care staff into the philosophy of the service. It will be the home leader's responsibility to make sure his/her staff understand and follow the principles outlined in the policy document.

21. To use every opportunity to teach staff how to teach clients.

22. To consistently work at increasing client skills and competence in all self-help and domestic tasks.

23. To monitor residents' progress and staff problems at weekly meetings.

24. To work closely with the DMHT, especially the psychologist and social workers in monitoring progress in the house, using 'positive monitoring' whenever possible.

25. To implement and run an IPP system with the clinical psychologist.

26. To teach skills to individual residents as agreed at IPP meetings.

27. To ensure that clients have every opportunity to practice acquired skills.

d. *Reviewing practice*

28. To cooperate with the DMHT in evaluating the service and implementing any changes that are suggested.

29. To respond flexibly to the changing requirements of the client group with regard to work practices, hours of duty, location of employment etc.

Title:	Care staff
Grade:	Staff nurse
Responsible to:	Senior nurse, community mental handicap service
Reports to:	Home leader
Minimum qualifications:	RNMH
Role:	The home staff will be expected to work in the following areas:

a. personal care of the residents, including anyone confined to bed
b. operating training programmes and recording progress
c. recreation and leisure activities with clients
d. preparation of and coordination of meals
e. maintaining the household
f. encouraging active participation of friends, relatives and volunteers in running the home
g. making the home leader and senior care staff aware of any difficulties or problems that may arise
h. developing close liaison with neighbours and the wider community
i. working with other staff and undertaking self-training

a. *Personal care of the residents*

1. To provide and maintain warm and supportive relationships with clients in their home.

2. To acknowledge and respect the rights and personal dignity of clients.

3. To provide opportunities for growth, physical, emotional, spiritual.

4. To maintain a high standard of personal health and hygiene by providing a healthy environment and regular exercise.

5. To ensure that clients are appropriately clothed at all times.

6. To ensure that each client has an appropriate and balanced diet.

7. To ensure, under consultation with the home leader, that each resident has the necessary medical care he needs, including regular visits to dentists, opticians, chiropodists and any other relevant service.

b. *Operating training programmes and recording progress*

8. To implement all training programmes as indicated at IPP meetings.

9. To make careful and consistent recordings of all training activities.

10. To participate fully in IPP meetings where needs will be identified.

11. To participate in devising client training programmes, with senior care staff and members of the district mental handicap team.

12. To assist the home leader in providing written reports on residents.

c. *Recreation and leisure activities with clients*

13. To involve residents in a wide range of stimulating and creative leisure activities both indoors and out.

14. To use local facilities available to the community for recreational activities in keeping with the principles of normalisation.

15. To help residents to choose appropriate activities according to their interests, ages and abilities.

16. To provide opportunities for spiritual and religious activities for clients.

d. *Preparation of and coordination of meals*

17. To include residents in the preparation, cooking and serving of meals.

18. To accompany residents on shopping expeditions for food.

19. To eat meals with residents.

20. To use the preparation, serving and clearing up after meals as opportunities for continual teaching and training.

e. *Maintaining the household*

21. To ensure all residents' clothing and linen is in good repair and regularly cleaned.

22. To involve the residents in the care of their own clothes, etc.

23. To keep the home adequately cleaned and teach residents domestic skills as much as possible.

24. To report any damaged household articles to the home leader.

25. To carry out all jobs and activities appropriate to maintaining a normal household.

f. *Encouraging active participation of friends, relatives and volunteers in running the home*

26. To welcome parents, friends, volunteers and neighbours of the residents into the home and to encourage their full participation in home life.

27. To provide privacy for residents to entertain relatives and friends, etc.

28. To encourage residents to visit the homes of their relatives and friends if they wish to do so.

29. To understand the partnership basis of the relationship between staff and relatives and to foster this.

g. *Making the home leader and senior care staff aware of any difficulties or problems that may arise*

30. To advise senior home staff/home leader of any mishaps that occur even if quickly resolved.

31. To advise the senior staff of any deficiencies in the service provided, which prevents clients' needs being met.

32. To report accidents and complaints to the home leader.

h. *Developing close liaison with neighbours and the wider community*

33. At all times to remember the public relations position of staff working in community settings.

34. To encourage neighbours' interests in the residents and to accept offers of help where appropriate.

35. To make use of local facilities with residents so that they become part of the neighbourhood.

i. *Working with other staff and undertaking self-training*

36. To maintain good working relations with other professionals – for example, GP, teachers, social workers, psychologists.

37. To participate in IPP and review meetings.

38. To attend weekly staff meetings.

39. To undergo an intensive induction course/staff training before joining the home, and to attend seminars and so on as required.

40. To help new staff settle into the home and to explain the principles on which the home is run.

41. To be part of a team to sleep in on a rota basis (except for part-time posts).

42. To respond flexibly to the changing needs of the residents with regard to work practices, hours of duty, location of workplace.

43. To take part in any other reasonable duties when necessary at the request of senior staff/managers.

44. To act up on the absence of the home leader.

NB: Another care staff post for an enrolled nurse (EN(MH)) has exactly the same job description as the one above.

Title:	Care assistant
Grade:	Nursing assistant
Responsible to:	Senior nurse resettlement
Reports to:	Home leader
Role:	To assist the registered staff in the home, in ensuring that the clients are supported in all aspects of their day-to-day life.

Specific responsibilities

1. The clients

1.1 To provide a healthy environment, ensuring a high standard of personal health and hygiene. Provide the appropriate diet, amount of exercise and adequate clothing to minimise the risk of ill health.

1.2 Report any irregular occurrences pertaining to clients to senior staff or home leader.

1.3 To be a key worker in conjunction with senior staff, and assist in organising individual programme plan meetings. To help coordinate these meetings and make available all relevant information such as assessments and written plans.

1.4 Ensure that the clients have every opportunity to participate in the full range of indoor and outdoor social and recreational activities, making full use of local neighbourhood facilities.

1.5 Arrange, in consultation with the senior nurse, annual holidays for the clients that you are responsible for, and ensure regular attendance at school and other occupations for all clients.

1.6 To provide and maintain warm and supportive relationships with clients in their home.

2. The home

2.1 Assist in ensuring that the home, fixtures, fittings and furniture are maintained in a good state of repair. Report any defects/deficiencies to the home leader.

2.2 Promote a safe and healthy environment for the clients.

2.3 Assist the home leader in developing as normal an environment as possible, and promote integration of the home and its occupants into the local community.

2.4 Welcome family, friends and volunteers into the home and encourage their full participation in the residents home life.

2.5 To undertake all relevant domestic chores within the home and encourage clients to participate whenever possible.

3. The care team

3.1 Welcome new colleagues into the home and offer as much support as possible.

3.2 Attend weekly staff meetings.

3.3 Ensure that a high standard of care is given by staff at all times and report any failures in this connection to senior staff/home leader.

3.4 Undertake to extend own knowledge, by participating in inservice training.

4. General

4.1 Assist senior staff in ensuring proper control of clients monies and personal property.

4.2 To carry out training programmes devised by the multidisciplinary team.

4.3 Assist senior staff in maintaining full and accurate records pertaining to decisions made by the multidisciplinary team.

4.4 Assist senior staff by liaising with relevant disciplines to ensure the best possible care for all clients.

4.5 To undertake any other reasonable duties when necessary at the request of senior staff/senior nurse.

5. This job description is subject to variation in the light of experience.

Appendix 4
Formula for the Estimation of Staffing Needs in Group Homes

$$\text{whole-time equivalents required} = \frac{\text{staff hours needed per week}}{\text{hours in 1 whole-time equivalent}}$$

$$= \frac{\text{staff hours per day} \times 7}{37.5}$$

Let staff hours per day = X

$$\text{WTE} = \frac{X \times 7}{37.5}$$

Allowing for holidays (estimate 6.5 weeks as average)

$$\text{WTE} = \frac{7X}{37.5} \quad \frac{\text{weeks in year}}{\text{weeks in year} - \text{weeks holiday}}$$

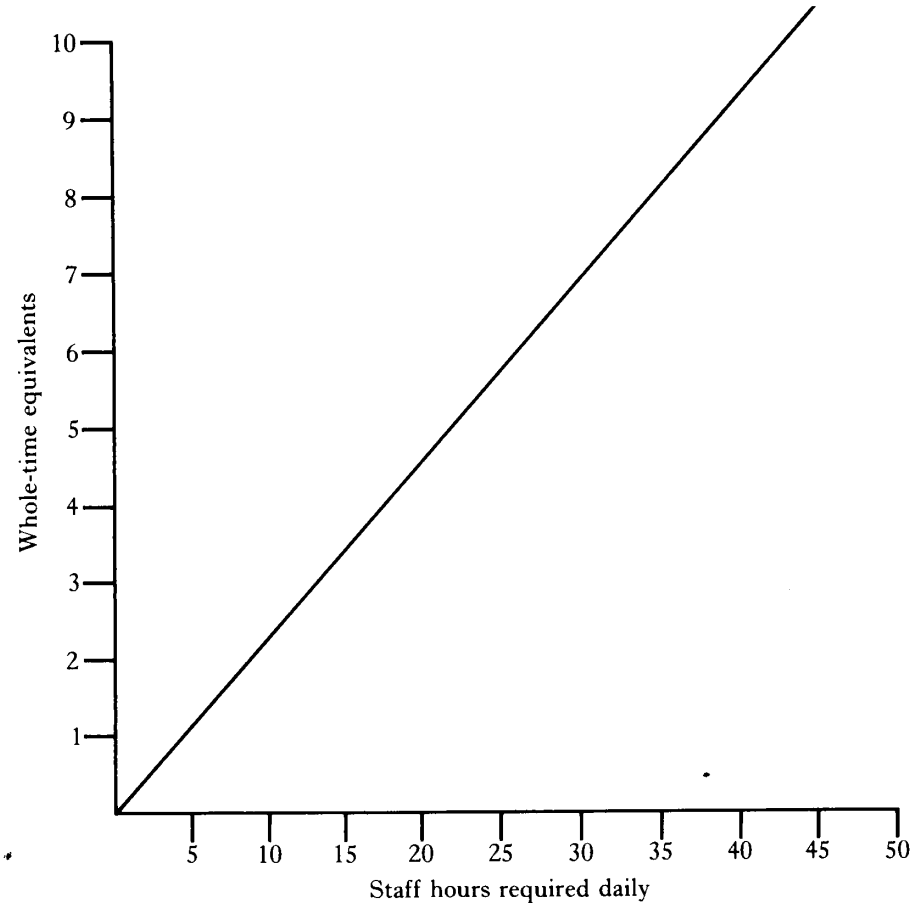
$$\text{WTE} = \frac{7X}{37.5} \times \frac{52}{(52 - 6.5)} = \frac{7X}{37.5} \times \frac{52}{45.5}$$

Allow for sickness 6%

$$\therefore \text{WTE} = \left(\frac{7X}{37.5} \times \frac{52}{45.5} \right) \times \frac{106}{100}$$

Graph of WTE for a range of X values is opposite.

Conversion of staff hours required per day to whole-time equivalents (allowing for 6.5 annual leave and 6% sickness)



Suggested hours for daily cover:

24	hour cover
7.5	hours for college
6	hours evening overlap
37.5	hours required daily

∴ 8.6 WTE required for daily cover, not including home leader.
Full staffing requires 9.6 WTE.

Appendix 5
Financial Operational Policy

1 Each tenant will claim benefits from the DHSS appropriate to the nature of their handicaps.

2. Each tenant will have a personal bank account with the National Savings Bank (ordinary account).

3. Each tenant will contribute, in cash weekly, a fixed amount to the housekeeping budget. The home leader will manage this budget. It will remain in a locked tin at the home; no bank account will be opened for this purpose.

4. Each tenant's weekly benefits will be paid from the allowance book *directly* into that tenant's own personal account. All transactions will be recorded on each tenant's individual expenditure sheet. This will be kept with the tenant's money in hand and personal bank book in a locked tin at the home. Each time a transaction is made it will be entered on the expenditure record sheet. The district mental handicap team and the responsible parent will have a responsibility for the audit of each tenant's account. Period spot checks will be undertaken by the director of finance (in practice, chief internal auditor and staff).

NB: Certain factors may inhibit the home leader's ability to pay from the allowance book directly into the NSB. In these instances the home leader will record such incidents on the tenant's personal expenditure sheet.

5. *Transferring DHSS allowance book monies to NSB*

If the tenant is unable to manage/control his own financial affairs, the home leader will act as appointee. For a withdrawal the 'witnessed mark' system will be used whereby the tenant marks the voucher with an X, which is witnessed by a member of staff other than the agent, and the officer collecting the cash – in practice, the home leader or deputy leader – will countersign the voucher at the post office.

6. *NSB withdrawals*

For a withdrawal the 'witnessed mark' system will again be used. The tenant will mark the withdrawal slip with an X and the officer collecting the cash, in practice, the home leader or the deputy leader will countersign the withdrawal slip at the post office.

7. An agreed amount based on 1.5 tenant contributions will be made to the housekeeping budget, on a fortnightly basis, by Blackburn, Hyndburn and Ribble Valley Health Authority (BHRVHA) and this will be paid in the form of a cheque to the home leader or the deputy and cashed at the King William Street, Blackburn branch of the National Westminster Bank. The home

leader or deputy will then enter that amount as a deposit on the housekeeping expenditure form. The amount contributed by BHRVHA will be reviewed annually to keep in line with price increases.

8. An agreed amount will be contributed by BHRVHA in the form of petty cash to reimburse costs incurred by staff while escorting tenants (for example, entry fees). This will be managed by the home leader who will reimburse staff on production of a receipt/entry voucher. Travel costs other than bus fares may not be reimbursed from this account but claims for mileage incurred for business purposes will be submitted to the director of finance in the usual way. If a member of staff uses his/her own vehicle for transporting a tenant then that tenant will cover any costs incurred for petrol only (public transport rate). Postage and other office costs will be met from the petty cash account. This will be kept in a locked tin at the home and reimbursed as necessary.

9. The district treasurers department will be used for all financial transactions with regard to the home and will hold the annual budget for the home.

10. A supplementary budget will be held by the district mental handicap team (DMHT) to include:

a. rental for staff bed space and services
b. contingency rental
c. telephones
d. staff contributions for meals
e. staff holiday escorts
f. repairs/damage to equipment incurred by staff.

11. The director of finance – in practice, chief internal auditor and staff – will audit all NHS monies connected with the home.

12. All monies and relevant documentation will be kept in locked boxes in a locked filing cabinet in the home.

13. Keys for housekeeping and petty cash boxes will be the responsibility of the home leader and deputy. A reserve set should be held at DMHT base in case of emergency. Other qualified staff will hold keys as necessary to perform the running of the home.

14. Keys must be available for each tenant to gain access to their own pocket monies.

15. The home leader will ensure a small amount of money, from the main housekeeping budget, is available for access by other staff in the evenings and at weekends for purchases necessary during these times.

16. Tenant's rent will be paid direct to the North British Housing Association by housing benefits as applicable.

17. Rent over and above that made by housing benefits will be collected from the tenant on a fortnightly basis by a representative from North British Housing Association.

18. Under no circumstances must any of the cash in the home be used for the purpose of cashing IOUs and so on.

19. *Household expenditure record*

All incoming monies will be entered into the deposit section of the household expenditure record and all purchases entered into the withdrawal section. Full receipts should be obtained wherever possible, entered and retained at the home. Where receipts are unavailable, an attempt should be made to do a blanket receipt. A separate sheet will be kept for each week and all receipts attached to that sheet. The sheet will have a duplicate copy, one sent to the senior nurse for checking and countersigning before being forwarded to the treasurer's department; the others will be retained at the home for purposes of audit. Spot checks will be made by the service manager and senior nurse, district mental handicap team.

20. *Tenants' personal expenditure record*

There will be personal expenditure sheets for each tenant. All transactions will be recorded in the same way as the household expenditure sheet. Each responsible parent will have the opportunity to review the relevant tenant's accounts. The DMHT and/or director of finance – in practice, the chief internal auditor and staff – will carry out periodic checks.

21. *Petty cash expenditure sheet*

There will be an expenditure sheet (duplicate) for the purposes of petty cash recording in the same way as the housekeeping expenditure record.

NB: Under no circumstances must staff make the mark of one of the tenants. Dates, times and route must be varied for collecting cash from the bank.

Appendix 6
Lancaster Place Education Project

1. *Historical perspective*

a. Further education provision for people with severe learning difficulties in Blackburn prior to 1985

Lancashire Education Authority has always had a substantial team of further education lecturers working with adults with a mental handicap because of the three large hospitals based in the area: Royal Albert in Lancaster, Calderstones and Brockhall near Blackburn. For Calderstones and Brockhall residents, 170 two-hour sessions a week were provided, involving some 1,700 enrolments.

A report on current educational provision in Blackburn, Hyndburn and Ribble Valley produced in 1985 reported that the tertiary colleges at Blackburn and Accrington offered continuing education provision for many school leavers up to 19 years of age, but in the main these courses catered for mildly and moderately handicapped youngsters and the more able school leavers from ESN(S) schools.

Link course with social services day centres provided some part-time education opportunities for adults with severe learning difficulties. These tended to centre around the use of facilities such as the gym and domestic science rooms, or to concentrate on basic literacy and numeracy. There was a trend to move people out of day centres or out of the hospital for a session of further/adult education within a normal setting – that is in a college or adult education building. In the main, these sessions were for people with severe learning difficulties only and provided little opportunity for real integration.

b. Community provision for people with severe learning difficulty in Blackburn

The local authority social services department provided services for people who had severe learning difficulties and lived in the community (that is, not in long-stay hospitals) in three main areas: residential, day care and field services.

Residential Hostels of 25 beds were built in the late 1950s to provide staff accommodation for people with learning difficulties who had to leave their family home. In Blackburn there was one 25–bed hostel and a smaller building being used as a 'core and cluster system'. Twelve people could be accommodated in the main house and staff supervised another eight people in their own homes.

Day care This had always been in the form of an adult training centre. In Blackburn, the 60-place day centre attached to the hostel near Lee Park Hospital was set up to provide some sheltered employment. Laundry and

concrete departments provided activities for the day attenders to produce 'useful' outcomes (laundered linen for social services establishments and concrete slabs to sell commercially). Gradually the degree of dependency of day attenders increased so that the philosophy of the centres moved away from one of sheltered work to one of a social education centre (see National Development Team pamphlet, 5 July 1977).

Field services Social workers in the Blackburn area team supported people with mental handicaps and their carers. In 1983, when community mental handicap teams were set up, specialist CMHT social workers working only with people with severe learning difficulties were appointed. Their job was to work with community nurses to offer support, advice and counselling.

c. Relevant government policies

During the 1970s and 80s, the concept of moving people out of long-stay hospitals and providing community services to meet their needs began to take shape. The following is a selection of some of the policy statements and discussion papers by government which helped to shape current thinking:

1971 – Education Act
1971 – *Better Services for the Mentally Handicapped*, DHSS
1972 – *Resettlement Policy and Services for Disabled People*, Department of the Environment
1974 – *Mentally Handicapped Children in Residential Care* (the Harvie report)
1976 – *Fit for the future* (the Court report)
1976 – Joint funding arrangements between the National Health Service and local authority social services departments came into being
1977 – *National Development Team Recommendation on Day Centres*, Pamphlet 5
1979 – Report of the Committee of Enquiry into Mental Handicap Nursing and Care (the Jay report)
1981 – *Care in the Community: a consultative document on moving resources for care in England*, DHSS
1981 – Education Act (following the Warnock report)

From the Further Education Curriculum Review and Development Unit:

1981 – *Students with Special Needs in Further Education*
1982 – *Stretching the System*
1982 – *Skills for Living*
1984 – *Roots to Coping*
1988 – *Adults with Special Needs*

2. *Background information*

a. Five young men

In 1985 when they left Brockhall, Philip was 21, Anthony nearly 21, James 20, and Damien and Bernard were 19. They had all been admitted to Brockhall as children. In 1985 when they were discharged, they had spent

between them 62 out of their cumulative 100 years in hospital care. They had spent most of their hospital life on wards forming the paediatric unit and, while children, they attended the hospital school.

They were all described as severely mentally handicapped. Two have epilepsy, two have severe communication difficulties, one has a visual handicap and one is autistic; they were all admitted to hospital because their families were unable to continue caring for them at home and there was nowhere else for them to go.

In 1974 the DHSS published its report, *Mentally Handicapped Children in Residential Care*. This together with the Court report recommended resettling all children out of long-stay hospitals. When the younger children were resettled in a house in Clitheroe, efforts were concentrated on finding homes for the remaining adolescents. In October 1983, the five young men moved to a detached house in the grounds of the hospital where they lived until they moved to Blackburn in May 1985. During these 19 months they left school and three began further education classes in hospital. They learned to live together as a cohesive group and to take more responsibility for themselves and their lives. The regime in this hospital house was quite different to that on the large ward.

A new review system was introduced which focused on each individual's strengths and needs and goals were set to meet those needs. One of the most important needs identified was for continuing further education full-time once they left the hospital.

b. Blackburn college

In 1984, further and adult education provision for students with special education needs in Blackburn was provided by the school of continuing education of Blackburn College. Blackburn College is a tertiary college offering a full range of full-time and part-time courses (advanced, vocational and non-vocational) to young people and adults in East Lancashire.

The school of continuing education offered a full course for young people (16–19 year olds) with moderate learning difficulties but was also developing part-time provision for adults with special needs. This varied from part-time attendance at the main college site to integrated and descrete classes at two adult centres based in the community.

The college had not attempted to cater for young people or adults with severe mental handicaps on more than a link basis before the Lancaster Place project proposal. It is true to say, however, that a number of individuals with severe learning difficulties were using college resources.

c. Setting up the pilot project

Negotiations with the head of the school of continuing education began as soon as the North British Housing Association offered the house in Lancaster Place for resettlement purposes. Reports from Brockhall school and further education lecturers at the hospital confirmed that there was no current provision at college which could continue to meet the educational needs of these five young men; their educational needs were different and special.

Their lack of life experiences outside the confines of the hospital meant that they would have to be introduced to the college gradually.

In July 1984 their educational needs were identified as:

Basic numeracy – including concepts of number, time, size, position;
basic literacy using social sight vocabulary;
communication skills – listening, comprehension of language, social speech (how to ask for help, for example);
social education – to learn about the community that they are going to live in;
opportunities to use full college facilities.

It was realised that for the project to be successful there would need to be very close cooperation between college and home staff. Many of their educational needs were an extension of the kind of programmes already going on within the home (increasing self-help skills, survival cookery, socially acceptable behaviour).

Agreement was reached through the client care planning team to put forward a proposal for joint finance for a full-time college lecturer, some equipment and some extra part-time teaching hours in order to set up a special full-time course at Blackburn College specifically for these five young men.

3. *The project*

a. The aims

To provide further education opportunities to five young men resettled from Brockhall Hospital into their own home in Blackburn.

To do this in Blackburn College where ordinary young people go for further education.

To use existing facilities within the college as well as providing some specialised teaching hours.

To work in close cooperation with staff in the home, especially the home leader, so that learning would be consolidated and generalised to the wider environment.

b. Negotiations with the college

In 1984 the hospital administrator concerned with resettlement contacted the head of the school of continuing education at Blackburn College, who confirmed that the five young men would not fit into any of the existing further education provision for people with special educational needs. Their severe learning disabilities, their unfamiliarity with life outside the hospital and their sometimes unusual behaviour meant that a special course would have to be set up for them.

In October 1984, a proposal for three years joint funding was presented to the client care planning team for consideration. The request was for approximately 18 hours teaching per week for a college year of 36 weeks,

with two additional weeks available for administration, preparation and liaison.

This application was accepted by the client care planning team and sent up to the district joint planning team for a decision.

From the middle of 1984, a small education project team had been meeting to plan the pilot project. The group consisted of Alistair Tranter (head of the school of continuing education at Blackburn College), John Parkin (special needs section head at Blackburn College), Jean Seneque (nurse-in-charge at Woodside), Debbie Downing (resettlement administrator) and Jan Hardy (community psychologist).

It was partly through the work of this project group that the need for extra staff and a very special course was identified. A job description was written and a post advertised in the summer of 1985.

c. Application for joint finance

In October 1984 a bid was placed before the client care planning team for joint finance to fund this pilot project for three years. The bid was accepted by the district joint planning team but was reduced from three years to one year (primarily because the education representative was not at that meeting).

The planning procedure is for all bids to go forward to the county joint planning system. Unfortunately in May 1985 at the county elections there was a 'hung council'. No decisions were therefore taken regarding the use of joint finance monies until after it would have been possible to appoint a lecturer for September 1985. Approval was given for one year's funding from joint finance monies to appoint a lecturer I from January 1986. Because the project was funded from January for 12 months it has always been out of step with the academic year.

d. Selection of tutor

In line with the multidisciplinary approach to this project, the interview panel, which advised the principal, consisted of representatives from the school of continuing education at Blackburn College, the college's academic board, and the health service members of the project team.

The interviews took place in September 1985 and the lecturer took up post in January 1986.

e. Steering group

As soon as the education project was set up, a small steering group was established to oversee and monitor the project. Membership of this group was as follows:

Health authority
principal clinical psychologist, community mental handicap services
assistant unit administrator
home leader, Lancaster Place

Education authority
county adviser, further education

Blackburn College
head of the school of continuing education
deputy head (studies)
chairman of special needs subcommittee
section leader – special needs
project tutor

Consumer
The parent of one of the Lancaster Place tenants.

Social services
Manager of local day centre

The steering group met approximately once a term. Its work consisted of receiving reports from the project tutor, ensuring that applications were made to renew the project and continue it's funding, and endeavouring to set the project on a long-term contract. Minor misunderstandings between staff working in various areas were also ironed out at that forum.

4. *Move to the community*

When the five young men left Brockhall hospital and moved to their house in Blackburn, Blackburn College was not yet able to offer them a course. In order to continue with some activities during the day, arrangements were made for them to return to the hospital units they had attended prior to their discharge. This continued for two weeks but three of the young men expressed dissatisfaction with this arrangement and said that they no longer wished to return to the hospital now they were living in the community. When given the choice they decided to remain at home.

When it was realised that funding would not become available until the following January, concern was expressed that the young men had nothing to do during the day. In October 1985 a new social education centre (social services day centre) opened and places were negotiated pending the college course starting. For approximately seven weeks from November to Christmas 1985, the five young men attended this day centre where they were introduced to specific programmes regarding personal hygiene, craft, music and home/life skills. They also had opportunities to practise and improve interpersonal skills and social behaviour.

Throughout the six months each of the young men continued to engage in activities in the home in order to increase his independence and self-help skills. The individual programme plan process continued from the hospital house. New needs were identified in the community, and staff and the community team worked hard to help these young men meet those needs.

In particular, emphasis was placed on familiarising each young man with the area he lived in. There were trips to the local shops, to the post office drawing out his own pension, to Blackburn town centre, and use of local leisure activities. It is important to recognise that the learning process takes place not only in the College.

5. *January 1986–June 1986*

a. Tasks for the lecturer

The job description identified the following tasks:

To design and implement individual learning programmes to be integrated into other aspects of special needs provision.

To initiate specific provision where appropriate.

To identify existing provision and the support staff within the college so that students could use existing facilities as much as possible. To work closely with all members of the project team.

To work closely with other members of the college staff and to negotiate a full use of their resources by these five young men.

To work closely with the home staff in order to get to know the young men and to understand the best approaches when working with them.

During the first two terms much time was spent working from the Lancaster Place house. The young men were introduced very gradually into the college but had plenty of opportunity to continue their education through work in the house and in the local community.

b. Task for students

The five young men had to familiarise themselves with the environment in which they were living. They had to cope with traffic, pedestrian crossings, and pavements. They had to learn to live in a street with neighbours. They had to learn about walking down to town on market days when it was busy and how to carry one's shopping up the hill!

The students had to learn to concentrate and to do a task that was expected of them by someone who was not looking after them in the house. They had to learn to share time and equipment.

On their trips to the college they had to learn how to use the refectory and the drinks machine; how to join a queue, pay for their own meal, carry a tray of food to a table. They had to learn now to negotiate busy corridors and how to wait until break time before having a drink.

Looking back it is difficult to remember all the little things they did not know when they first became students of the college.

c. Tasks for house staff

The project was organised so that there was always one member of the house staff on duty to accompany the five young men to all their educational activities. Each member of staff was on 'tech duty' for a week.

Their tasks included:

Accompanying the students to and from college (either by car, walking or on public transport).

Being available to act as a non-teaching assistant to college staff.

Intervening in cases of disruptive behaviour.

Performing in personal hygiene tasks if necessary (for example, after sessions in the gym or swimming).

Acting as a link between home and college.

6. *September 1986–June 1987: first full academic year*

a. Developments within the college and use of other schools

The first full academic year of the Lancaster Place Education Project was a period when the five young men were offered an intensive educational programme at the college. To achieve this, the project had to involve schools other than continuing education, and lecturing staff from other disciplines such as art, building, performance arts and physical education. While staff from some of these areas had had some involvement previously with full-time and part-time special needs students, they were unused to dealing with young people with severe learning difficulties. The presence of the Lancaster Place tutor in the classes was supportive and enabled new teaching skills and attitudes to be developed.

College students and staff became more used to the five young men (and others with similar handicaps who began to join them on a part-time basis) being around college. They were frequently seen at college concerts and other events and became part of the general student body on many college occasions. The project was being used as the means by which both staff and students might develop additional insight into tertiary education as an educational system open to all, regardless of ability or background.

b. Developments within each student

By June 1987, the five young men were being taught by and were relating to a team of 14 lecturers. They were mixing with mainstream students and with other special needs students. They regularly used the refectory, the student union facilities, the construction department, the sports hall, the art and design building and the Harrison adult centre as well as the Gateway Building (where the school of continuing education is based). In addition, they were used to the college minibus and had clocked up many hours of 'hands on' experience on computers. In general terms the five students became more relaxed, more confident, more socially aware of others and of how to relate to others, fitter physically and more alert, less passive and less institutionalised.

Each young man progressed and developed at a different rate; and the following summaries outline the effect of the project on each individual:

Anthony This young man has become much more independent during his time at College. He appears to have endless energy and is always keen to become involved in any activity. Changes have taken place in the following areas:

Communication Anthony now communicates in more recognisable

ways. He has responded well in the 'total communication' sessions where a sign language (Makaton) is used. The sign language is learned by all the students so that Anthony can communicate in the same way with more people. It is practised in the home by house staff.

Social skills Despite little speech, Anthony mixes well with other students. He is now able to enter a commonroom on his own, get a drink from the machine and sit down among people he doesn't know in a relaxed way.

Independence Anthony makes his own way to college with one of the other students, without being accompanied by staff. He uses the students' union on his own and spends time away from the other special needs students.

Behaviour At college Anthony seems less frustrated than he was at the beginning of his course. He is enthusiastic and energetic and responds well to every demand in his busy timetable.

Philip Of all the Lancaster Place students, Philip has made the fastest progress towards independence. He now joins full-time students on the 19+ courses and takes part in other classes away from the rest of the Lancaster Place group.

Communication In the early stages of the project, Philip would not use the language skills he had. He would point to something he wanted relying on staff to get it for him. Now he is able to speak up for himself and to hold conversations with others on an equal footing. At IPP meetings he now says what he wants without prompting.

Social skills Although Philip can still 'hover around staff', in the main he has the confidence and competence to join people he does not know very well and converse with them. He uses the college refectory and the student union commonroom on his own, and takes a pride in having the status of a 'college student'. He no longer becomes anxious or frustrated in unfamiliar situations.

Independence This has perhaps been the greatest area of growth. Philip makes his own way to college and takes responsibility for Anthony too. He circulates freely within the college department and the leisure areas and hardly needs the company of the other Lancaster Place tenants or their member of staff when he is in college.

Behaviour During his time in the community Philip has changed from an anxious adolescent, over-concerned to gain staff approval at all times, to a young man proud of his own achievements who is able to stand up for himself more and give his own opinions. He still needs the reassurance of staff from time to time and will become anxious if he thinks he is not doing things right. However he copes with responsibility and change to a greater extent now.

Bernard This young man presented the most challenges to the college. He does not communicate verbally and has his own range of physical behaviours to let people know what he wants. At times his behaviour has been so unacceptable that his college timetable had to be reduced, despite the fact that he was always first in the mornings with his coat on ready to go to college.

Communication Bernard does not use language but he understands what is said and will act on instructions. He has responded well in the total communication sessions and will use some sign language to express his needs. Because he has now established eye contact and uses his eyes to communicate it is to be hoped that increasingly he will use Makaton signing.

Social skills There has been a marked improvement in Bernard's tolerance of other people. Initially he took time to adjust to new people and new situations. Now he will be part of a large group and does not absent himself or withdraw to the edge as he used to do. Bernard has learned to use a winning smile to good effect!

Independence Because of Bernard's range of uncceptable behaviours he is always closely supervised outside the home. Within the home he chooses activities. In college he exercises some choices but is always accompanied.

Behaviour Despite going through a period of increasingly difficult behaviour, Bernard has settled into a pattern where he can now tolerate a formal teaching session for three hours, concentrating on the tasks demanded of him. He works well on the computers and now has his own micro at home. Staff at the college have learned to recognise signs of probable difficulties for Bernard, and he has accepted some constraints on his own rituals (for example, not having a drink in the middle of a session).

Damien Of all the students Damien displayed most fear and anxiety in his new surroundings. Although confident in the home with staff he knew, in college he was very anxious and uncooperative initially, standing outside a group and being very dependent on the proximity of home staff.

Communication Damien has always been able to express himself verbally. However, his language is repetitive and often abusive. Considerable effort by all staff to reduce Damien's inappropriate verbalisations and to reduce his anxiety has resulted in his behaving in ordinary, socially acceptable ways, and in holding conversations with people that do not include abusive language.

Social skills Because of Damien's abusive language and high anxiety he did not make relations with people easily, and tended to be avoided by other students. However, he is now more confident in all sessions in the college. When he relaxes and does not swear, he is able to behave in socially appropriate ways and to begin to make relationships with other students.

Independence Although Damien will always be in a supervised situation

because of his epilepsy and physical difficulties he has been able to learn to release his firm grip of staff's hands and to move about the college unaided. Initially he showed very strong fears of open spaces and would not participate at all in sports sessions. Now when in the gym he will engage in activities and does not look at all conspicuous.

Behaviour At first Damien's behaviour was such that college staff asked if he was suitable to attend at all. Now he has grown in confidence, his anxieties and fears are greatly reduced and his behaviour *much* more socially acceptable. The swearing is much reduced and the shrieking has stopped altogether.

James has always been a gregarious and communicative young person, thoroughly enjoying the opportunity to mix and socialise with a wide variety of people, as long as he was on familiar territory. When he moved into the community he lost confidence at first and began to rely heavily on staff.

Communication This has never been a problem for James as he has excellent verbal ability and loves to engage in social dialogue.

Social skills Initially James used his good verbal ability to demand attention from staff. He did not consider the needs of anyone else in the group and pushed himself forward so that he could talk. If he did not have the centre of stage he became uncooperative and sulky. Now he applies some social rules. He is becoming more perceptive socially and more aware of his own position in a group.

Independence Although he was very independent in the hospital, when he moved into an unfamiliar setting James lost confidence. He insisted his visual handicap prevented him attempting tasks. He began to cling to staff when out, and to demand all decisions be made for him. Now he participates fully in college activities, making decisions about his own timetable and exercising choice. He recently participated in a new class with an unknown tutor and enjoyed it. He particularly enjoys creative work as he is very musical.

Behaviour James was overdemanding at first. Now, however, he has learned to take responsibility for himself at college, to look after himself at break times and to recognise that he is not the most important person in any group.

c. Curriculum

It became apparent that many students who have severe learning difficulties – from long-stay hospitals or who live in the community – have generally had very limited life experiences. It is inappropriate therefore to ask a person to make choices about classes when the activities taking place are beyond his experience. Initially it would seem more beneficial, therefore, to provide a course which would offer a wide variety of experiences. In practical terms this would offer an induction course on a part-time basis in consultation with day centres which would involve broadening experiences through a sampling process.

During the first few months of the college course, the tutor forged links with other college departments in order to make possible opportunities for the Lancaster Place students to 'taste' various activities in different departments. From this sampling process the content of the course evolved. It has made full use of college facilities – the gym, multi-skills workshop, drama and visual arts, cookery, micro computers, total communication. Another important feature were the visits to ordinary places that hitherto had been outside the students' experience. Emphasis in the college was on using all the facilities available to the students.

As it has developed, the project has become less separate and more integrated within the special needs section of the college; it has expanded to allow other groups of students to work within it. Work is being done to set up provision for group teaching and cross college links, particularly in the creative area.

It has been conceptualised as a 'core and cluster' scheme, thus:

Support: Personal and social
Assessment: Development

Part-time sessions as and when appropriate based on individual need and reference.

A new group of students starting such a course would have a common need initially – that of adjusting to college life and developing the necessary personal and social skills to cope with the demands that college may place on them, as did the Lancaster Place group.

A period of induction would provide time for assessment for all concerned. Using the concept of 'core and cluster' within an educational framework, the 'core' being the adjusting and sampling period and the 'cluster' being when the students split away from the group and join various sessions throughout the college on an individual basis. The current 19+ provision within the college already enables some movement for the Lacaster Place 'core' group.

This provision has developed alongside the Lancaster Place project and offers numerous sessions including evening classes. This may also involve students attending existing adult basic education classes.

7. *Issues identified by the project*

The project, constrained as it was by uncertainties over funding and continuation of LEA support, has had a major impact both on parts of the College and, in the view of house and college staff, on the participants. The students have illustrated that integration is desirable and practicable. Important in this process has been the close liaison with and support from the Lancaster Place staff.

From an educational point of view the following issues remain:

a. Funding

The problems of joint finance between health authority and local education authority have not yet been overcome in Lancashire. As far as this project

was concerned, they cut short the initial period of induction for the lecturer and students, created uncertainty for the tutor in terms of her short-term temporary status and meant that provision for the students sometimes had to be negotiated late when many teaching timetables were already full.

b. Resources

A wide ranging 'tester' programme, with access to varied activities, can be demanding on resources. The funding of this project allowed five students to be supported by one tutor and a number of part-time teaching hours. While future programmes will build on the research work carried out as part of this project, it must be recognised and acknowledged that this is a demanding and expensive area of work.

c. Mobility and transport

Although the men do not live very far from the college, the journey there and back every day was exercise they were not accustomed to. At the very beginning, all of them needed supervision on the journey – too much for one member of the house staff alone when one considers that two of the men have epilepsy and one has a visual handicap. Therefore the college lecturer had to assist with transport.

Eventually two of the men learned to make their own way to college and the house staff were able to escort the others without extra help from the lecturer.

d. Diversification

As the students developed independent timetables, problems arose concerning supervision of students who wished to attend a class on another site when the rest of the group remained at the main college site. This difficulty has not been fully resolved.

e. Long-term planning

Process objectives, including those in areas of kinaesthetics sensory and social development, may have been attained with this project. The county further education adviser and project tutor are now looking at how future intakes may benefit from clearer attention to content based on the experience of the project.

f. New intakes

The project has established a form of progression that can be used with other groups of students resettled from long-stay hospitals in the future. An initial 'sheltered' phase based on the house, an intensive full-time period at college, a phase of integration into other special provision and some mainstream activities, and finally attendance at part-time adult classes (either special or main programme) with support. It has been recognised that there must be progression for the students to ensure that the intensive 'bridging' period into

further education/adult education is fully effective. In addition, as more groups are resettled into the community, the tutor must begin to build up new relationships with those individuals.

g. Professional support

The role of the steering group needs to be reviewed. Such a group should offer support as well as monitoring. Access to networks of members may be more important than formal meetings. By involvement on a personal and professional basis with college project staff, steering group members may be able to respond to a lesser cycle of meetings.

h. Care staff

The project would not have functioned without the presence of a member of Lancaster Place home staff at Blackburn College. This was particularly so at the beginning. The issue of care staff or non-teaching assistants has now been discussed with the Education Committee and two such posts have been established in Blackburn College to support further work with people who have severe learning difficulties.

8. *An assessment of the effects of this project*

a. The Lancaster Place students

There is little doubt that all five young men have developed markedly since January 1986. They came from leading very sheltered lives in a large institution, which offered relatively few 'normal' experiences, to a large college full of students from a mixture of disciplines. To cope with the resultant bustle, crowded corridors, a large and noisy refectory, the choices open to the students, the traffic and the different college sites meant that all five had to adjust to a totally different environment. They were offered a curriculum which began at home with a limited number of 'classes' and other experiences (swimming, shopping, and so on,) became more intensive (September 1986–June 1987) with the students being offered discrete college classes in mixed classes with other students and, finally, classes which could be attended on an individual basis.

The use of Lancaster Place house staff as non-teaching assistants helped the students to cope with the unfamiliar situation at college. Having the familiar face of the house staff with them was reassuring and acted as a reminder of the way they should be behaving. Especially at the beginning, the expertise of house staff in managing the students was invaluable to the students and to the college staff.

Throughout all this the very close liaison between the home leader and the tutor was essential. The tutor had the full responsibility for developing a curriculum appropriate to the students' individual needs at any time. Her teaching timetable allowed for liaison work with the staff of the house and other health authority representatives. The project would not have achieved as much as it has without the participation of the tutor and the total commitment of the home leader. The personal qualities of both these people,

their total commitment, enthusiasm and warmth, have done much to contribute to the developments made by each student.

b. Blackburn College

A major aim was to obtain access to whichever college facilities were appropriate. Movement towards achievement of this is recognisable by the increasing use of specialist classrooms, involvement with other students and staff, and access to buildings of other college schools.

The placing of the post of Lancaster Place tutor within the school of continuing education was significant for the involvement of the special needs section and for developing a cross-college brief. Professional support was given by the section and the significance of the project, coupled with the persistent style of the tutor, enabled expansion of opportunities in other schools – for example, physical education, art, construction, drama. Contact was initially via heads of schools with the gradual opening of access to facilities, staff, students, and courses – usually in that order. Facilities encompassed specialist rooms and student common rooms of other schools.

On occasions a difficult issue of wider integration arose in terms of support for other college staff. There can be a conflict between aspects of privacy, confidentiality, predetermining behaviour, and the desire of other lecturers to be fully informed.

The college has had a strong example of what is needed to maintain a policy of responding to needs. The project has opened a variety of doors in the College and outside and has illustrated potential developments and issues of short-term planning.

c. Lancaster Education Authority

Problems have arisen throughout the project as a result of the joint involvement of two public authorities. In particular, the annual funding of the project on a calendar year basis has resulted in the tutor being employed on a temporary short-term contract and has created a sense of insecurity. In addition, the initial delay in setting up the project resulted from a period of financial uncertainty following a change of control after the county council elections in 1985.

Despite this, the project has enjoyed support from the county further education officers and, especially, from the county further education adviser with responsibility for special needs who has served on the steering committee of the project.

d. Effects of the project on staff at Lancaster Place

Questionnaires were completed by Lancaster Place staff regarding their experiences at college, and from their answers the following points emerge:

For most of the staff coming to college was a new experience. For one week in six they changed from being residential carers on a shift system to becoming non-teaching assistants working five days a week.

At first it was isolating being the only national health staff in an education environment, and the only non-qualified staff working in sessions. They missed the team atmosphere from the home.

Initially transporting everyone to the college for a morning session was a problem. Not only did staff have to make sure everyone was up, breakfasted and ready, but then had to escort the students to college and stay with them all day.

The difference in work experience and expectations between college lecturers and residential staff sometimes made for misunderstandings. Definitions of roles were not always explicit.

The house staff enjoyed watching the students develop and take advantage of the facilities at the college (for example, domestic science, multiskills, gym). They were able to learn alongside the students.

Opportunities for integration with non-handicapped people gave house staff the chance to continue teaching appropriate social behaviour.

All staff said they were able to carry on at home the teaching that had begun in the college.

9. *Conclusion*

This project has been a worthwhile demonstration that people with severe learning difficulties who have spent most of their lives in an institution can benefit from further education in a tertiary college.

Appendix 7
Exchange of Letters Arrangement Between Blackburn, Hyndburn and Ribble Valley Health Authority and the North British Housing Association

The role of the North British Housing Association (as landlord)

1. Offer of licences to occupy the property to applicants selected for vacancies, ensuring that all licencees complete the Association's standard licence form.

2. Setting of charges

Set charges to residents equal to the equivalent charge determined by the rent officer plus apportioned amounts to cover general and water rates plus heating, lighting and power and the cost of services provided by NHBA. Such charges to be reviewed annually.

3. Collection of charges

Arrange for the collection of all charges weekly in advance, and any arrears from the residents. Consideration would be given to other suitable methods of payment (by bankers order, for example).

4. Maintenance of records

Maintain proper and accurate records in respect of all applications, licenced changes of occupancy, repairs and maintenance and all general accounting matters.

5. External and structural repair and redecoration

Keep in good repair the structure and external parts of the property (including in particular the roof, outside walls, drains, gutters, external pipes, woodwork, glazing, paths and parking areas) and redecorate the external parts of the property at least once every five years.

6. Internal repair and redecoration

Keep in good repair the main internal structure of the property (including in particular the internal walls, floors, ceilings, woodwork, handles, catches, hinges and locks of common areas and rooms) and redecorate the internal parts of the property at least once every five years.

7. Mains services

Keep in good repair the installations for the provision of all mains services (including in particular all basins, sinks, baths, toilets, flushing systems, waste and water pipes, radiators, valves, gas pipes, boilers, fitted fires and appliances, electric wiring, storage heaters, fitted heating and electrical appliances, sockets, light fittings and switches).

8. Furnishings

Furnish the communal areas and rooms of the property at a cost not exceeding the furnishings allowance payable to the Association and repair and replace furnishings as necessary, according to their condition.

9. Insurance of property

Insure the property, fixtures and fittings and contents belonging to the Association against loss or damage by fire and other normally accepted risks at full reinstatement value.

Role of the health authority

1. Residents welfare

Accept responsibility for the welfare of the residents in accordance with the aims of the project.

2. Staffing

Deploy the necessary complement of health authority employees to ensure that the welfare of the residents is catered for at all times.

3. Selection of residents

Identify/select and nominate to NBHA mentally handicapped adolescents or adults currently resident in Blackburn, Hyndburn and Ribble Valley who cannot live independently.

4. Rental void loss

In the event of the health authority being unable or unwilling to submit a satisfactory nomination within 28 days of receipt of notification in writing by the NBHA that a bedspace is or will be available for letting then the health authority will be responsible for payment of the rent and other outgoings attributable for the bedspace until such a date as the bedspace is let.

Steering group

A steering group will meet on a quarterly basis for the purpose of reviewing the totality of the project. The group will comprise members of the unit and a representative of NBHA. Invitations could at a later date be extended to members from other relevant local voluntary organisations, tenant(s) or relatives of tenants to join the steering group.

Liaison officers

The NBHA liaison officer, with respect to this scheme once it is operating, will be assistant regional housing manager, Mr Barratt. (Details of names of operational staff should be circulated to relevant agencies.)

Termination

In the event of either party wishing to terminate their involvement with the project then one year's notice in writing (or such shorter period as may be mutually agreed in writing between the parties) should be given.

Appendix 8
Evaluation Questionnaires

a. *Structured interviews with staff – key workers*

1. Since the tenant left Brockhall have you noticed any adverse effects or cause for concern? YES/NO
2. If YES what are these?
3. Since the tenant left Brockhall have you noticed any positive effects? YES/NO
4. If YES what are these?
5. Are there any ways in which you feel life for the tenant could be improved? YES/NO
6. If YES what are these?
7. Are there any ways in which you are dissatisfied with the way the project is running? YES/NO
8. If YES what are these?
9. Are there any ways in which you would like to make a different contribution? YES/NO
10. If YES what are these?
11. Any other comments?

b. *Interviews with each tenant*

1. What could you do at Brockhall that you can't do now?
2. Do you miss anyone or anything at Brockhall?
3. Would you like to go back to visit?
4. What can you do now that you couldn't do before?
5. Is there anything that you would like that you can't have, or would like to do that you can't do?
6. Who is your favourite member of staff?
7. Who gets/shouts at you most?
8. Would you like other people to visit who don't come? YES/NO
9. If so, whom?
10. Would you like some people not to visit? YES/NO

11. If so whom?

c. *Interviews with parents*

1. Since your son left Brockhall have you noticed any adverse effects or cause for concern? YES/NO

   If YES please state briefly.

2. Since your son left Brockhall, have you noticed any positive effects? YES/NO

   If YES please state these briefly.

3. Is there any way you think life for your son could be improved? YES/NO

   If YES please state what you think the project should do.

4. Are there any ways in which you feel you can contribute to the success of the project? YES/NO

   If YES please state what these are.

d. *Interviews with neighbours*

1. Are you aware that five young men who used to live at Brockhall now live at number 44. YES/NO

2. Has this made any difference to you or your family? YES/NO

3. Do you know any other handicapped people? YES/NO

4. Do you think it is a good thing that people are moving into Blackburn from Brockhall? YES/NO

5. Do any of your family have any contact with either the tenants of number 44 or the staff who work there? YES/NO

6. Would anyone like to meet the staff or one of the tenants? YES/NO

7. The tenants at number 44 use local facilities like the post office, shops, pubs. What do you think about that?

Immediate neighbours only

8. Are there any problems associated with living next door to number 44? YES/NO

9. Have you any questions or comments to make?

e. *Interview with the home leader*

1. What are the major differences in the two jobs (Woodside/Lancaster Place)?

2. In terms of resources, what did you have to manage at Woodside that you don't have at Lancaster Place?
3. What do you have at Lancaster Place that you didn't have at Woodside?
4. Are you getting adequate managerial support? (If no, what would you like that you are not getting?)
5. Are you getting adequate support from other agencies? (If no, what would you like that you are not getting?)
6. Do you feel your managers understand the stresses and strains of the job? (If no, what can you do about it?) (If yes, does that help you?)
7. What stresses do you feel under that you weren't under at Woodside?
8. What pleasures do you have here that you didn't have before?
9. How do you feel about running the first staffed group home in this area?
10. What differences do you find in staff management at Lancaster Place as opposed to Woodside?
11. What needs to be done to prepare future home leaders?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44 LANCASTER PLACE

a story of resettlement

In May 1985, five young men aged between 18 and 21 moved out of Brockhall Hospital (a long-stay mental handicap hospital in the north west of England) to take up the tenancy of their own home in Blackburn. They moved with 9.5 whole-time equivalent health service staff to help them learn to live in the community. In January 1986 they began a special needs course at Blackburn College - the local tertiary college of education.

This report is an attempt to evaluate the quality of life for these young men when they had been living outside the hospital for two years.

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