

FEEDBACK ON PROJECT FROM TWO CARE MANAGERS

At the end of the project, the project manager emailed the 14 care managers and several others who had been involved with the project and asked 6 questions:

1. *What did you find useful about the project? What worked well?*
2. *What could the project have done better? What did not work well?*
3. *What did you learn from the project? How did it help you?*
4. *What barriers do you think there are to achieving personalisation for people with complex needs?*
5. *What solutions do you think are needed so they can be overcome?*
6. *Do you have any other comments?*

Two care managers responded and two others indicated that they would but did not.

Care Manager One

1. What did you find useful about the project? What worked well?

I found it useful discussing the case with people who are working with or have experience of working complex cases. However, what was most useful was having the involvement of the PBS and housing consultants and project manager.

The PBS consultant was able to appraise the work/assessments of the 'specialist' placement and conclude that CD did not require the on-going clinical support and that it could be provided on an outpatient basis. This enabled both parents and SWs to view things very differently re what CD needed and question why he was at the specialist placement. The housing consultant was able to offer a wealth of info on housing which can only be provided properly by an expert. Usually a SW would have to do this.

The project manager offered care management skills around cases which in a climate of LA's where managers are managers and are no longer knowledgeable/experienced about the fields of care they are responsible for.

2. What could the project have done better? What did not work well?

One of the barriers to moving people with complex needs can be parents. I know the project did offer some support to parents on a case by case basis, responding to need when they became aware of it.

Perhaps a day at the beginning of the project getting parents together to outline project and meet the team and then on going meetings? When I speak to CD parents they see their case as very different to others, which obviously it is. However, I think this is why parents/professionals hang on to these specialist placements because they feel no other case is like there's and it needs the specialist provision nowhere else can offer.

3. What did you learn from the project? How did it help you?

As a worker coming back into LD work I learnt a huge amount on many different levels. I have learnt how very difficult it is to move people from these specialist placements once they are in, even if we all agree it's for the best and it's what the person wants. Having expert involvement helped me break through the 'fog' on knowing where to go next...I've learnt that everyone else is experiencing the same :my case is not unique.

4. What barriers do you think there are to achieving personalisation for people with complex needs?

Medicalisation. Parents/professionals are made to feel by clinical leads that the person needs to be in their placement. I feel that in our case CD would benefit from on-going clinical support but the problem is we don't have the Psychology or the clinical confidence/'sell' the placements have. Psychology is difficult to commission and then provided in an adjacent area which relays to parents that this is an ad hoc service which doesn't work tightly with professionals in our local area. Parent still feel where challenging behaviour is an issue that clinical advice is the decision maker.

We have a huge difficulty getting providers to work in our small county because we don't have the numbers to make it worth their while. Also recruitment for them is a really difficulty. This also impacts on personalisation as we do not have the scope to recruit the people we need to post (through providers or Direct Payments). Also we don't get the people who we know are needed/have the skills to support complex needs on the wage providers are paying. With my case, the family feels a Direct Payment would put more work on them when they are already exhausted by caring for a person with complex needs.

Parents can be a barrier. As much as we advocate for SU's, we are always walking a line where we are taking parents views on board. It may be that a barrier is that SW's listen more to parents than SU's. But with MCA and best interests, family would be the people who we would be accessing. Obviously this can be challenged but in reality I don't think this is done unless there are clear concerns that someone is not acting in someone's best interests.

LA's view is that we have to have independent provider and not workers from LA's (again though, we are laying ourselves open to being led by their agenda and marketing) be it in a placement or living locally. A barrier in my case to using independent providers is that parents feel the risk increases if they move someone into independent living. They feel this because there is no team close by and communication and monitoring is more difficult.

Parents also feel cynical about providers as they have already fallen for the "hard sell" (their words) and that if they move to a core and cluster the provider would have to be very different to the usual elite companies that have most of the 'market'. They are not convinced this is the case. Barrier is gaining parents trust with providers who are not providing what they say they will. There are pockets of providers who are managing to provide excellent personalisation care but they are still in the minority.

SWs trying to co-ordinate this by themselves within the time constraints of the job and work pressures.

Children may have already been placed in high cost placements away from home earlier on because maybe one aspect or more had broken down. In our area we have no special needs schools in county so children have to go out of county. It becomes the norm by the time they reach adulthood. Independent Service Providers are out of county. These provide specialist care/education for complex cases.

Parents are used to this type of provision and feel by the time a child reaches adulthood that they cannot live locally as provision has never been there.

5. What solutions do you think are needed so they can be overcome?

I have looked at everything, housing, behaviour modification, person centred, talks with clinical leads, PCP review and plans, PCP service spec, working with contracts, exploring other providers to moving CD locally. What stops this happening is that parents are not convinced (even with PCP service spec) that supported living providers will provide the care they say they will and that the clinical support is not as robust if he moves back locally.

We have a health community learning disability team of - OT's, outreach nurses, SALT, Psychiatry (not Psychology - but we can refer to adjacent area) who meet every two weeks as part of our MDT process. They work quite separately in many ways because they have health processes and are not co-located with social care workers.

Ideally they would work together with SWs to support complex cases moving back. But they can't be involved before because the person's GP is not in our LA (funding issue). But if the LA and health agreed a way forward for professionals to have a robust team in place to support people with complex needs moving back locally to supported living, parents may feel more confident than a lone SW talking of the benefits.

A multi-disciplinary team approach both in the transition and the care management would be ideal. And I think this could be done using existing resources differently. I felt it was me negotiating all the processes/systems that health/ social services/independent providers have, within the time pressures of a SW's caseload

If LA provided a specialist in house service to support the high need, complex cases this would erase some of the issues we have. If we could have an in-house service, this would provide a more robust care that parents would feel better about and would be cheaper for LA than his current out of area placement. But this won't happen because the view of LA is that they don't want to provide services in-house. Yet they are willing to pay overpriced placements out of county!

6. Do you have any other comments?

No

Care Manager Two (who referred the two people in Appendix B)

1. What did you find useful about the project? What worked well?

Once I had information on the CBF, the work was carried out quickly. The report that was completed on the customer addressed the issues and gave solutions. Good feedback on Sarah's input from the staff that are working with the customer.

2. What could the project have done better? What did not work well?

It was difficult in the beginning as I got involved in the project later on so communication did take a while to become fluid. I feel that there would have been several customers that would have benefited from the project but with the time restraints it was not possible to include them.

3. What did you learn from the project? How did it help you?

Having knowledge of the project is helpful and I feel it is something that we could use in the future to support with reviewing complex customer to ensure needs are met in the most cost effective way.

4. What barriers do you think there are to achieving personalisation for people with complex needs?

Not having enough appropriate resources within the County, not having enough skilled experienced providers to meet the needs of complex customers so they are able to have choice on who supports them. Finding appropriate accommodation.

5. What solutions do you think are needed so they can be overcome?

Having more specialist providers that can meet the needs of the customers, in turn this would provide the customers with more choice of who support them.

6. Do you have any other comments?

I found the staff on the project very helpful and knowledgeable. Jayne and Sarah were very professional and Sarah went off and completed the assessment and gave me feedback and the report in a timely manner. The report enabled me to follow up issues that she raised. I feel this service could be beneficial with other customers we support.