Making Positive Moves
Workshop Write Up

Dr Louisa Rhodes shared information about the Making Positive Moves (MPM) research project, including the new 'Making Positive Moves Toolkit', with CB-NSG attendees. Attendees reflected on how they could learn from this project and embed this learning in their own lives and work, and how learning from the research could be disseminated more widely and built upon.

'Making Positive Moves' – Research Summary

The Making Positive Moves research project focuses on how people with learning disabilities can move out of hospital and live their best life in the community.

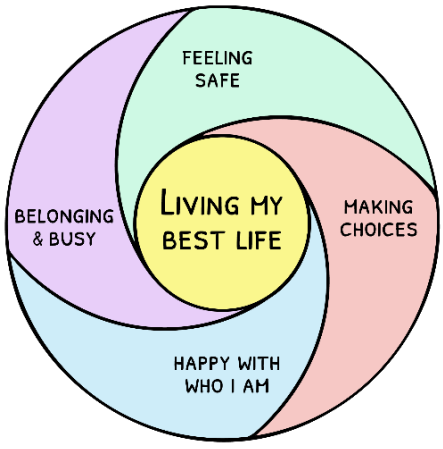
Background – Joan's story

The research was inspired by Joan, a woman with a learning disability who Dr Rhodes (one of the researchers) met in a hospital in Derby. This hospital was far away from Joan's home, and she had spent 18 consecutive years in hospital, and 37 years in total. Whilst she had a good quality of life, there was no real reason why Joan needed to continue to remain in hospital, and she was regularly exposed to others' distress. Under Transforming Care, Joan was supported to move back to Hertfordshire, with Louisa as part of her support team. A short video about the research, narrated by Joan, can be watched here: https://youtu.be/Oy_bJreYte8?si=HU6_2gbULq813Pmp

Methodology and key findings

Interviews were carried out with 22 people with learning disabilities. From these interviews, it was found that to live their best life in the community, people with learning disabilities needed to build strong foundations with their support teams. The research led to the development of a model which identified the four key foundations for people to live well after discharge:

- Feeling safe
- Making my own choices
- Belonging and keeping busy
- Happy with who I am



These foundations are interconnected. For example, when people feel safe in their relationships, they are likely to have more choices, which can contribute to being busy and belonging, which helps people feel happy with who they are.

The foundations can change and grow over time to become more secure, but if the right support is not in place, they can become less secure and develop 'cracks'.

The wider system can impact these foundations in a number of ways, for example:

- Money and funding for activities
- Staff schedules
- Staff skills and knowledge
- Staff permanence and shortages
- Previous experiences of care
- Access to the right transport
- Physical, sensory and social environment
- Concerns or anxiety about potential 'risks'
- Limitations of creativity, opportunities and expectations

A research paper setting out the findings from this first phase of the research can be found here: https://doi.org/10.1111/bld.12213

Following this initial phase of the research, subsequent phases have included learning from people who have moved out of hospital about what people need to support a positive experience of moving, what it is like to live in the community and what helps/does not help people to stay living in the community long-term. Other phases included working with family carers of people with severe learning disabilities to understand their relative's experiences, and exploring the health and social care professional perspective to research how to better support.

An open-access research paper looking at the structure of people's lives after discharge is available here: https://uhra.herts.ac.uk/id/eprint/15850/

An open-access research paper on family perspectives on the experience of hospitalisation and discharge for people with severe learning disabilities can be found here: https://onlinelibrary.wiley.com/doi/10.1111/bld.12595

A student thesis, supported by Dr Rhodes, on the experiences of support workers working with people with intellectual disabilities who have moves from inpatient to community settings under Transforming Care is available here (this is not open-access):

https://kclpure.kcl.ac.uk/portal/en/studentTheses/the-support-workers-just-happen-to-know-a-lot-you-know

Making Positive Moves Resources

Resources for the person at the centre of the support, and their network of support, were co-produced in workshops with adults with learning disabilities, their families and support networks. These include:

- Resources to check how people's foundations are currently (are all four of these key foundations in place and being supported?)
- Resources to strengthen and repair people's foundations
- Resources that might support people's carers to address barriers to the foundations being strong.

The resources are designed to be used at all points in a person's journey, including **planning discharge from hospital**, **during the transition**, at regular points **when living in their own home**, and as part of **care plans**, **PBS plans**, and **safety plans**.

Building on these, the Making Positive Moves Toolkit was launched 1st July 2026. The toolkit includes:

- an overview of each of the foundations
- space and prompts for individuals to develop and assess how their foundations look
- space to create an action plan.

The toolkit can be accessed here: www.makingpositivemoves.org

Next steps for Making Positive Moves

The research team have identified three future pieces of work:

1. Restructure the MPM website so that it is an interactive resource
2. Pilot the use of the model and evaluate the impact
3. Apply for funding to roll out an intervention using the toolkit

Wider group discussion

The following discussions and actions were identified.

1. *How can we ensure the MPM research and toolkit is used?*

A discussion took place around how we can ensure the MPM toolkit and other resources are being used, such as by formally embedding this into services. Suggestions included gaining

formal status for the resource, utilising the resource in C(E)TR processes, and spreading awareness of the resource among providers (for them to use internally with the people that they support).

Concerns were raised that, if the toolkit was given 'formal status' and required to be used in formal processes such as C(E)TRs, this may end up undermining the original aim of the resource by shifting focus away from what individuals want, and their ownership of the resource and toolkit, to what services are able to provide (making it more of a 'tick-box' exercise).

There was also concern that, similar to Hospital Passports, the toolkit may be under-utilised even if it gains formal status. Concerns were raised that the current ICB targets to reduce inpatient numbers by 10% each year might lead to discharge plans not being person-centred (increasing the likelihood of readmissions). Attendees felt that using the toolkit would create more person-centred discharge plans and stronger foundations for life in the community.

2. *Mental Health Act reform*

Attendees felt that the MPM toolkit should be used as a key tool as part of the development of a roadmap to community support for the Mental Health Act Section 3 reforms, and to promote in discussions with commissioners.

3. *Learning from Campus Closures*

The 2007 NHS Campus Closure Programme and its aim to close remaining NHS-run learning disability campuses and move people into community housing by 2010 was discussed, and compared to the recent commitment of a 10-year implementation period of changes to the Mental Health Act which will change detention criteria under Section 3, meaning individuals with a learning disability will no longer be able to be admitted to hospitals under the Act without a co-existing mental health condition which needs treatment.

Action: Viv Cooper, Sue Carmichael and John Verge will work collectively to write a brief paper, which CBF will send to the Department of Health and Social Care.