

Written evidence submitted by Dimensions (MHB111)

Dimensions is at the forefront of supporting people with learning disabilities and autism in the community following long-term hospital detention.

Almost 2000 people with a learning disability and autism are currently locked away in inpatient units. We have been campaigning to stop the inappropriate detention of people with a learning disability and/or autism in inpatient units and ensure the right community support is developed.

This is not without risk but we are committed to ensuring that people live in homes, not hospitals.

There is considerable variation across the UK in models of care and in some cases services are not just under resourced but there is a lack of aspiration and proactivity in ensuring good outcomes. This can result in 'warehousing' where people are put into low cost hospital settings rather than discharging them into the community with the right support.

The three most important resources for the care sector to establish are: trained and resilient staff teams, robust adapted environments and long-term clinical support for individuals.

We have submitted this case study to share best practice and to increase understanding of the measures that contribute towards the success of community support:

- Providing enough management supervision and specialist support is vital.
- Housing stock needs to be fit for purpose. We have experienced placement breakdowns in the past arising from problems caused by a lack of space or suitable adaptations to a property.
- The provider and the local authority Community Learning Disability Team need to work collaboratively and share the risk. It isn't helpful for commissioners to delegate sole responsibility to the support provider.
- A good working relationship with an individual's family is vital to their successful support.
- A commitment to a better pay for social care staff to enable providers to pay for more experienced and specialist support work and make these roles more attractive to the most motivated and capable staff.
- Improve training in how to support individuals with behaviours of distress.

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Case study

Broad Category of Care Provision	Moving from an Assessment and Treatment Unit (ATU) to the community
Number of people care provided for	One
Overview / Description of the type of care	<ul style="list-style-type: none">• A has autism and a severe learning disability. The history of institutional care means that he finds it difficult to communicate what he wants and needs. He can physically ‘handle’ others in a way which can seem aggressive. He communicates using a combination of a few words and gestures, Makaton sign language and pictures developed for him by the support team.• A is supported by Dimensions, a large not-for-profit organisation that provides supported living services for people with autism and learning disability. A lives alone in his own bungalow with a large garden situated on a suburban street.• Support is provided in shifts and by a team consisting of a manager and Lead support workers. A has three support team members with him in the daytime and one at night. Support is provided with every aspect of daily living with a focus on increasing A’s independence and improving communication.• A has support from Dimensions’ Positive Behaviour Support practitioners who help the team understand his behaviour and make plans to improve his quality of life, communication, and independence.• The team is currently focussed on consolidating their relationship with A, built up over a year, supporting A to tolerate being out in the community for longer periods of time, building a range of stimulating activities and communicating with greater precision about what he needs and wants.• There will be a planned reduction in support hours as A develops greater independence.

