

MODERATELY/SEVERELY DISABLED YOUNGER ADULTS LIVING IN A CARE HOME

PROBLEMS IDENTIFIED BY CLIENT/PATIENTS	EXPLANATIONS	ACTIONS REQUIRED
<p>Physical</p> <p>Little/no specialist input: (medical, nursing, physio and occupational therapy, (neuro) psychology)</p> <p>Few other therapeutic opportunities (e.g. exercise, activity, creative, ‘complementary’)</p> <p>Little/no specialist equipment</p> <p>Psychosocial</p> <p>Little opportunity to identify/ voice needs and aspirations</p> <p>Little/no opportunity for respite or change of scene</p> <p>Environmental/Organisational</p> <p>Inappropriate placements</p> <p>Environment and ethos inappropriate for many younger residents</p> <p>Lack of plan – including future placement possibilities</p>	<p>External Factors</p> <p>Lack of specialist residential facilities for younger PD people – esp in Glasgow</p> <p>Unsatisfactory assessment processes: focus on what person cannot do rather than on what (s)he can or could do</p> <p>Reluctance/ unwillingness of health services to provide input to care Homes (apart from GP services) or to involve managers and staff in plans and developments</p> <p>Failure to appreciate the holistic needs of younger adults in Care Homes</p> <p>Excessive bureaucracy</p> <p>Internal Factors</p> <p>Inappropriate ethos: little effort to explore interests, abilities (current or potential) of residents</p> <p>Inadequate work based learning opportunities and training for staff</p> <p>Demoralisation of staff</p>	<p>External Factors</p> <p>Provide specialist residential facilities: cf Red Cross, Irvine (for all with severe PD; Aberdeen and Nairn (for ABI, Huntington’s disease)</p> <p>Establish realistic resource provision: particularly specialist input to Care Homes and equipment; financial support</p> <p>Review role of Care Commission</p> <p>Reduced demands for paperwork/bureaucracy</p> <p>Recognise and appreciate professionalism (Care Home and health service staff professional equals)</p> <p>Adopt “best practice” learning opportunities and training for Care Home Staff with NHS Staff</p> <p>Internal Factors</p> <p>Change of ethos: ongoing assessment of each residents’ potential</p> <p>Recognise and address social needs, including relationships/sexuality; ensure privacy (locks on doors)</p> <p>Provide a structure for activities personnel: eg training, integration with physios/OTs, formation of a network, involvement of volunteers</p> <p>Explore opportunities to recruit and retain staff; consider change in management structure</p>

MODERATELY/SEVERELY DISABLED YOUNGER ADULTS LIVING AT HOME

PROBLEMS IDENTIFIED BY CLIENTS/PATIENTS	EXPLANATIONS	ACTIONS REQUIRED
<p>Many receive no service</p> <p>Insufficient opportunity for promoting physical and psychosocial wellbeing: social isolation</p> <p>Inadequate information: about condition, sources of help and self help opportunities</p> <p>Long delays in receiving Community Care assessments and services</p> <p>Unreliable services which are at times inappropriate and insensitive</p> <p>Long delays in obtaining suitable wheelchairs and repairs</p> <p>Delays in securing suitable housing and adaptations</p> <p>Little/no opportunity for employment or meaningful activity</p> <p>Lack of opportunities for respite for users (with possibility of increased rehabilitation) and carers</p>	<p>Inappropriate ethos: focus on care and support rather than on living life to the full</p> <p>Unsatisfactory assessment processes</p> <p>Fragmentation of processes and services, with inadequate links between them</p> <p>Difficulties in obtaining Direct Payments</p> <p>Limited opportunities for service users to develop and change services “no voice”</p>	<p>Change of ethos: need to promote personal autonomy</p> <p>More efficient and more sensitive assessment processes, including self-assessment</p> <p>Provide appropriate skills training for staff; develop staff retention and recruitment processes</p> <p>Employment of outreach workers to guide clients through the ‘system’ and where necessary act on their behalf</p> <p>Employment of more therapists; training opportunities for newly qualified personnel</p> <p>Establish coherent, goal-orientated rehabilitation service</p> <p>Establish process for monitoring and progressing enquiries and requests for services and equipment; establish outcome measures, audit and improve performance</p> <p>Provide seamless access to a much greater range of therapeutic and other facilities; greatly increase availability of Direct Payments</p> <p>Create employment opportunities</p> <p>Increase resource provision towards levels available for people with learning disability</p>