

Disclaimer: Any similarity between the name and the circumstances are entirely coincidental

STEPS PROJECT: ENGLISH PARTNERSHIP
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CASE STUDY 1

Alan (born 1957)

Alan is severely learning disabled, characterised by behaviours within the autistic spectrum. He is in good physical health and ambulant. He has recently learned to communicate using Makaton. His core vocabulary is limited.

Alan was born 2 months prematurely. His divorced mother did not have the resources to bring up Alan and at the age of 3 months he was placed in care. When 3 years old, Alan was admitted to hospital and was deemed 'mentally defective'. Reports stated that he was restless and over-active and would not play with toys. Whilst friendly and amenable he could not be left alone with other children. At the age of 4 years, Alan was placed in a home and within months his removal was requested because he was thought to be grossly over-active, highly destructive and unsafe with other children.

He was moved to another home. During his teenage years, Alan was moved to a succession of hospitals specialising in the care of 'disturbed' children. In his late teens, he was moved to a long-stay institutional hospital, where he remained till 1998 (Alan had lived in hospital/long-term institutions for approximately 40 years). In the accommodation (a residential home in the community) found at the time of closure of the hospital, he continued to display destructive and aggressive behaviour.

Since his move from the long-stay hospital he has lived in 4 small group homes, and most recently in his own home with his own support staff. His aggressive and destructive behaviours have been substantially reduced and his interaction in the community has increased, though not considerably. Neighbours have been less than helpful and have objected to living in close proximity to a person with such complex disabilities. The Police have been involved in disputes and helped where they could.

Alan has an independent advocate and uses him for most communication. There is still potential for further improvements and greater independent living, although it is thought to be unlikely that Alan will, for the foreseeable future, be able to live completely independently.

Alan has no peer relationships and is said to isolate himself. He has a very good relationship with one particular member of staff. He benefits from one-to-one support; his behaviour is reported to improve in these circumstances. He can be aggressive and destructive. He sometimes behaves improperly towards women attempting to inappropriately touch them.

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Whilst the quality of Alan's life has improved immeasurably there are still a large number of restrictions.

Alan: Measured against the criteria established by the Spanish Partnership

	Comment	Scale *
Education	None. No record of education whilst in institutional care.	1
Health	Good, and contact with primary care improved in recent months. Specially purchased from host authority. He continues to need help with daily hygiene and health care	3
Work	None.	1
Housing	Specifically designed accommodation purchased through a housing association. Whilst the accommodation is of a good standard and it is out of necessity sparsely furnished and has very few of Alan's personal possessions, Alan had little say in the decorations.	3
Transport	Uses private transport only (a car has been purchased from funds he has received from the State), although there are plans to introduce Alan to using public transport.	2
Leisure	Makes use of some community facilities but mostly individualised arrangements undertaken with care staff.	3
Family	Very little contact with mother and brother, possibly once a year. Rare contact with other members of the family.	2
Friendships	Exclusively with care staff and in particular with one member of staff. Unable to establish a relationship with outsiders and no long-term relationships. Strong relationship with advocate.	2

The London Partnership would like to add the following measures

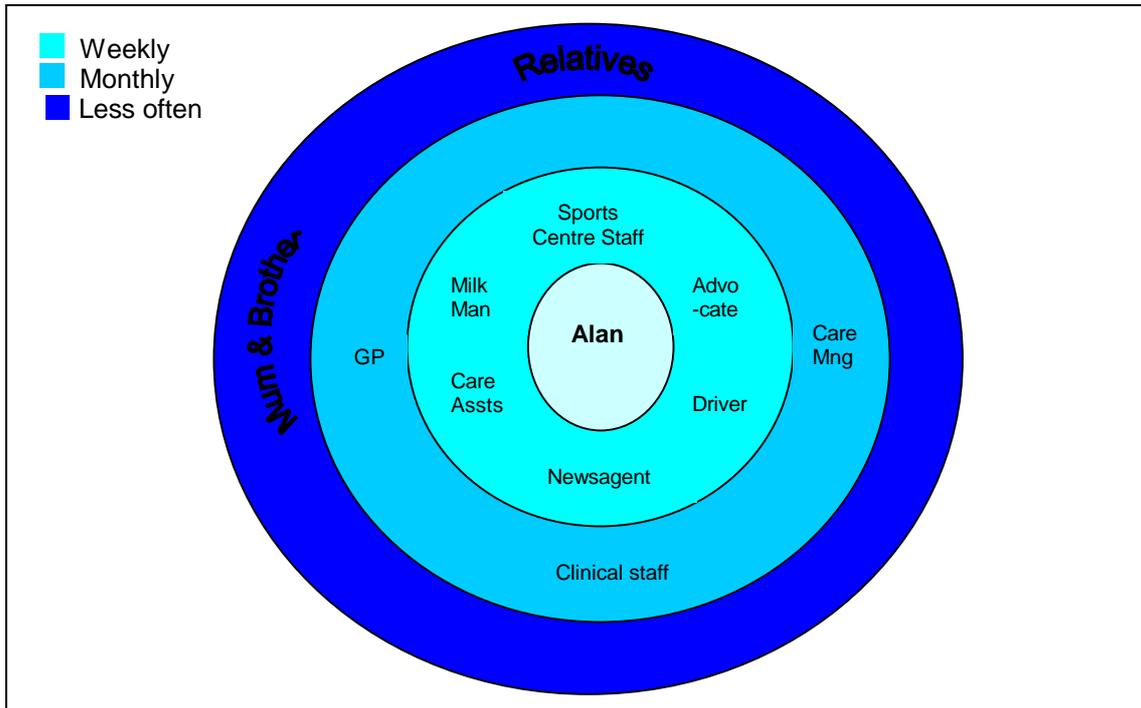
Awareness of history	There is no record of his early history and much of the details of his time in long- term institutions have been lost. It has therefore been difficult to convey to Alan his life-story. This is now being pieced together with the help of existing records, carers and by his mother and brother.	1
Personal Identity/Spirituality/Ethnicity	There is no record that Alan's spiritual and cultural needs had been met in hospitals. Till recently, little was done to date to develop Alan's own view of himself and his personal identity.	1
Managing Finances	Alan has had no responsibility for money and staff have only recently begun working with him to get him to understand the issues.	1
Daily Living Skills	Work on helping Alan to understand issues in relation to food preparation, domestic chores, etc have only recently been attempted.	2
Communication	Recently has learned Makaton	2
Personal relationships and sexuality	Alan has had no close personal relationships as far as is known, although his relationship with his carers is one of trust and respect.	1

***Key to Scale**

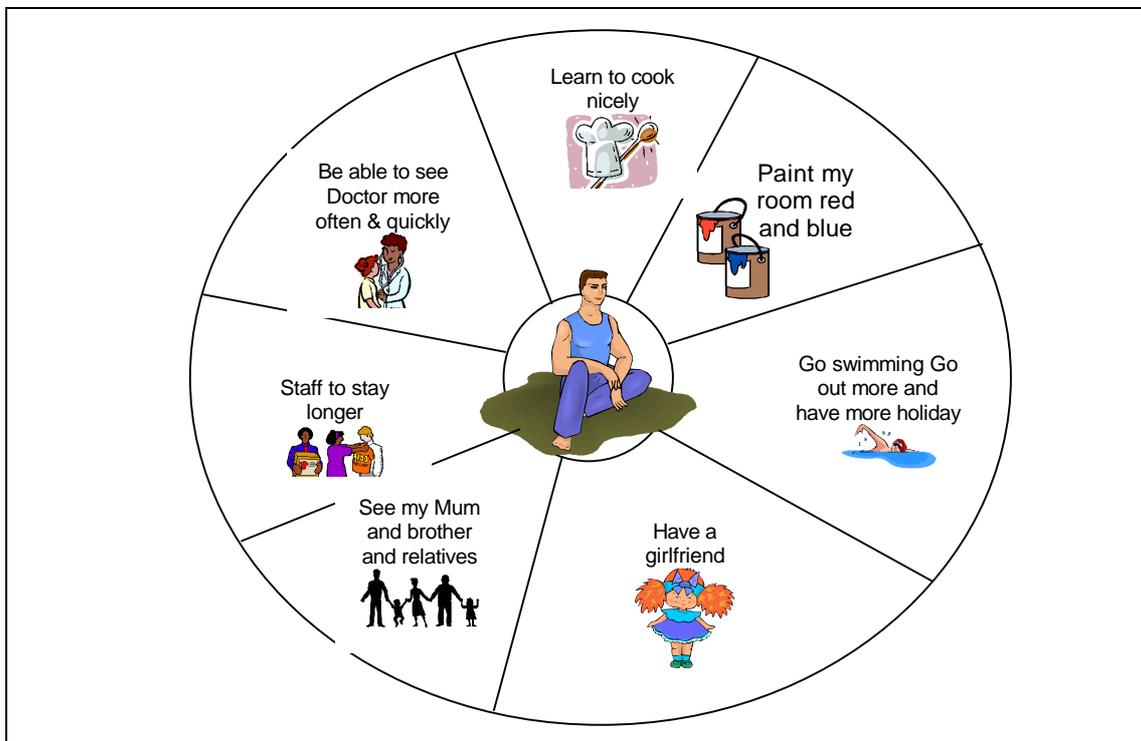
1 None 2 Limited 3 Neither good nor bad 4 Good 5 Excellent

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Alan's network of contacts



Alan's Person Centred Plan



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The key issues are:

How well are we doing, could we be doing better, in context of:

O'Brien's Five Accomplishments ie.

- ☞☞ Participation
- ☞☞ Choice
- ☞☞ Presence
- ☞☞ Competence
- ☞☞ Respect

Human Rights Act 1998 (in particular):

- ☞☞ Article 5: right to liberty and security of person;
- ☞☞ Article 8: respect for private and family life, home or correspondence;
- ☞☞ Article 9: freedom of thought, conscience and religion;
- ☞☞ Article 10: freedom of expression;
- ☞☞ Article 12: right to marry and found a family;
- ☞☞ Article 14: the enjoyment of the rights and freedoms set forth in this Convention shall be secured without discrimination;
- ☞☞ First Protocol: in particular peaceful enjoyment to property and a right to education.

Valuing People, 2001, (and its key objectives):

- ☞☞ maximising opportunities for disabled children
- ☞☞ transition into adult life
- ☞☞ enabling people to have more control over their own lives
- ☞☞ supporting carers
- ☞☞ good health
- ☞☞ housing
- ☞☞ fulfilling lives
- ☞☞ moving into employment
- ☞☞ equality
- ☞☞ workforce training and planning
- ☞☞ partnership working.

English Legal Framework

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CASE STUDY 2

Tom, born 1979

Tom, a young person of 24 years old lives in a community home with three other residents (2 women and a man) managed by the local Social Services. Tom has limited language but understands much of what is said to him. He enjoys female company more than male company and has been known to 'accidentally' bump into female staff in the kitchen. He has been known to purchase pornographic films and sex magazines that he keeps in his room. There are occasions when other residents in the house have complained of "funny noises" from Tom's room late in the evenings and at night.

Before moving to the community home as a teenager he lived in a residential school for years. It was here that an older boy sexually abused him for two years before it was discovered, and therapy was offered as a result.

Tom enjoys going shopping and frequently walks to the local shops to buy sweets, biscuits and drinks. He gets on well with all staff members and the local shopkeepers and the female staff. He likes one female member of staff very much, and hopes that she will become his girlfriend and wife in the future.

He attends day services on a full time basis but has made it known that he wants a proper job with 'real' money. However he refuses to attend a specialist learning disability employment service which makes an assessment of the person's abilities and wishes, and then fits them to the available jobs in the labour market in London. Tom believes that if he starts work he will lose his benefits and allowances that he gets from the Government. He wishes to leave his present Social Services home and to live by himself (and his lady friend) in a flat in London. That way he can bring 'lady friends' into his home in the evenings.

The key concerns for Tom in relation to the criteria established by the Spanish Partnership are as follows:

Relationship and Interpersonal Skills/Development

- ✍️ How can services help Tom to become self-independent in his wishes to live by himself and bring 'lady friends' into his home in the evening?
- ✍️ Are existing female staff members at risk from Tom in his frequent use of 'touching up' female staff in his current home and in the local shops?
- ✍️ What is the responsibility of health and social care agencies versus Tom's own personal responsibilities in this area?
- ✍️ In the light of the fact that Tom has no family members how is the care home offering and developing an advocacy or befriender service for Tom? Is this their responsibility or not?

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Human Rights

The Human Rights Act states that a person should have access to the basic rights of not being discriminated against nor denied services. The issue is for Tom to have a right to fulfil his basic need of sex, hunger, thirst, etc. but this has to be matched against the risks posed to himself and people of the opposite sex.

- ✍✍ Would a Risk Assessment that would need to be undertaken to assess the probability and likely outcome of bringing 'women' into his own flat go against his human rights to act in an independent and self-fulfilling manner?
- ✍✍ How much of a financial risk is he to exploitation from the 'ladies of the night' who also put his personal safety at risk?
- ✍✍ As Tom has no family member or citizen advocate to advocate for him and is totally dependent on statutory services for care, how are his rights protected in regard to having a close relationship with a woman and his need to live by himself (with his potential wife) at some point in the future?
- ✍✍ Is Tom discriminated against because he has not been provided with appropriate heterosexual and social opportunities in which he could experiment in a safe and 'containing' manner?

Relationship/Friendship

- ✍✍ How much are the services responsible for creating as many and as varied opportunities for heterosexual relationship opportunities?
- ✍✍ How much of his 'attraction' towards female staff is as a result of his being sexually abused in his early years and a reaction to the fact that men are not to be liked, or trusted?
- ✍✍ What can the home staff members do to support him in his 'attraction' to women; and what is their responsibility in protecting the two women residents in the current home setting where Tom lives?

Access to Treatment and Person Centred Planning

- ✍✍ Have staff undertaken a real person-centred planning approach which truly reflects Tom's personal dreams and aspirations? If yes, is the exercise token?
- ✍✍ How has his personal wish to have his own home and a wife in the future been respected? How has the person-centred facilitator helped Tom to develop his immediate Circle of Friends and create new

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opportunities in his life, which can act as a good learning opportunity for him?

~~Q~~ Has a risk assessment been done with a view to ascertaining risks to female staff members? If yes, has the risk management plan taken into consideration Tom's need for female company and a wife? How much do the Risk Assessment and Management Plan affect his basic rights to receive appropriate treatment, and to accord him a basic right to security and safety in his personal life?