



People leading **aspiring lives**

Annual Wellbeing Report 2021-2022



Background:

Active Prospects is a charitable organisation that provides community based residential and supported living services for individuals with learning disabilities, autism and/or mental health diagnoses. Currently the organisation is in a period of planned growth with particular focus on meeting the housing and support needs of individuals with complex needs who are included under the Transforming Care Agenda. Active Prospects has a long history of providing support for individuals that have been in hospital or institutional settings having worked closely with the NHS and social services on developing homes following the closure of the long stay hospitals in Surrey in the late 1990's. Over the last ten years, we have continued this work by creating high quality homes to meet the environmental needs of people and providing additional therapeutic services, training and development for our support staff to meet their communication, daily activity and sensory needs.

Active Prospects offer shared housing, individual flats in small groups, and single person occupancy homes. We recognise that environment plays an important role in meeting the needs of a person and work with multidisciplinary teams to identify a clear service specification, with architects and contractors to develop creative solutions and carefully consider every aspect of a person's new home including light, space, technology, and safety.



32

individuals with complex care needs, received support and housing during 2021-2022.

4

further specialist service developments planned for 2022-2023, providing another

19 homes.

For the purposes of this report this group of 32 people will be referred to as the Complex Needs Cohort (formerly Transforming Care).

K:

K was referred to Active Prospects as an emergency placement. Her previous placement had broken down and she was detained by the police following an incident of crisis behaviour. K spent a short time in our Short Breaks and Respite service, whilst we found out more information about her needs. K had extremely sensitive hearing and found certain every day noises uncomfortable and caused her high levels of anxiety. K did not want to live with other people as a result of this and when anxious could be physically aggressive. K also highly valued nature and several years ago enjoyed walking in wide open spaces. K had many great life skills, could cook up an amazing Thai or Mexican meal, and had several key interests, one of which was local history. During the period K was at the respite service we were able to gain a good understanding of her communication and sensory needs, and understood that whilst there were challenges living with others, K also wanted friendships and social interaction. We developed a flat for K in a semi rural area, with additional soundproofing, her own kitchen and living room, and views across fields and commonland. The service was small, but she had 4 neighbours who were also quite keen on a quiet life. However, there was a large communal space and garden to allow for friendships to grow. K has moved to her flat and has been able to spend increasing amounts of time in the shared garden, to expand her cooking skills in her own kitchen, and has a safe and quiet space to retreat to when she needs it. K also utilises an Alexa device for video support when she feels unable to cope with people in her space and receives weekly support from the Active Prospects clinical team. Recently K was able to go to the common, this took several weeks of practising with support staff, but is a remarkable achievement and step on her wellbeing journey.



A large majority of the Complex Needs cohort have moved from hospitals, residential schools, out of area placements or repeated placement breakdowns and have been able to live in the community successfully.



Of the 32 people with complex needs supported during 2022/3 we had a 94% service placement success rate.

Our Approaches:

Wellbeing Framework

Active Prospects has a wellbeing strategy, framework and outcomes monitoring tool. The strategy sets expectations of services and the organisation to provide opportunities for positive wellbeing. The outcomes tool seeks to measure the wellbeing of individuals and encourage them to set goals that might further their wellbeing. This is particularly important for individuals with complex needs, as their mental health and behaviour is directly influenced by their quality of life. The commitment of the organisation to improving wellbeing has quickly become central to our complex needs package of support and is reflected in support planning, policies, and training.

The Wellbeing Outcomes Tool measures outcomes across 7 domains or areas of a person's life, these are depicted in our wheel of wellbeing below. Each individual is asked to consider how happy or comfortable they are with each domain in a monthly keyworker meeting, if the person lacks capacity this process is done with their family and key staff. The results of this process are used to set outcomes that would improve their experience of that domain, and these are monitored and supported to be achieved on a weekly basis. In addition functional assessment is used to identify the key areas that are impacting a person's quality of life and outcomes are set by the Active Prospects clinical team, with the aim of supporting the best possible fit of support and environment for the person.



Positive Behaviour Support

This is our foundational approach in working with individuals who have complex needs. This is led by the role of the Clinical Director in the organisation and supported by a growing network of accredited Positive Behaviour Support (PBS) coaches in services. PBS is an evidence-based approach, that utilises functional assessment of a person's needs, preferences and skills. This informs detailed planning which will enhance a person's wellbeing and quality of life, thereby reducing behaviour that might be of concern to the person or others. Active Prospects provides staff training and coaching in PBS at induction and advanced bespoke training to a service around a person's needs. Active Prospects are aware that by focusing on a person's wellbeing, you will automatically work within the PBS Framework. We believe that this approach ensures that everyone within Active Prospects treats people with dignity and respect and focuses on rapport and engagement which are key to the success of PBS.

Challenges in 2021-2022

Staffing:

Since the pandemic, there continues to be a national shortage of staff in social care, impacting frontline and management staff resources and external providers such as Adult Social Care Social Worker and Community Mental Health teams' availability. There are serious concerns about the state of care and the complexities that surround this such as funding cuts, limited investment, and challenges to retain staff. This is compounded by the cost of living crisis and inability to keep wages competitive with other sectors. In addition, there are concerns about system depth when requiring specialist services, crisis management and managing prevention of return to hospital settings.

Training:

Frontline staff require an enhanced level of training when supporting people with a wide range of complexities. This is not always fully factored in when having to cost services based on hourly rates rather than outcomes.

In the last two years coaching and individual staff support has been more widely used rather than simply formal training. We are now able to return to face to face training and have planned an intensive training timetable from June 2022 – January 2023.

Social Care Funding:

We are also concerned that social care funding for working age adults is not set to receive any significant uplifts in the medium term. The only new public money coming into the sector is for market sustainability focused solely on older persons care, compensating for the loss of cross subsidy from private payments with the introduction of the cost cap. This will be to the detriment of this cohort (formerly transforming care) and further compound the severe pressures on funding.

Without access to fair funding, it is so difficult to provide great community-based support and fairly attract and reward staff doing complex and sometimes challenging roles. Community capacity is all sustainability of funding – and currently it is not there.

Review of Outcomes across 2021 and 2022

This report reviews the progress of 32 individuals who utilised our Wellbeing and PBS frameworks in 2021-2022, information was tracked through the recording of incidents, PBS reviews, wellbeing outcomes tracked, and recorded use of restrictive practices.

Behaviour Data 2021-2022

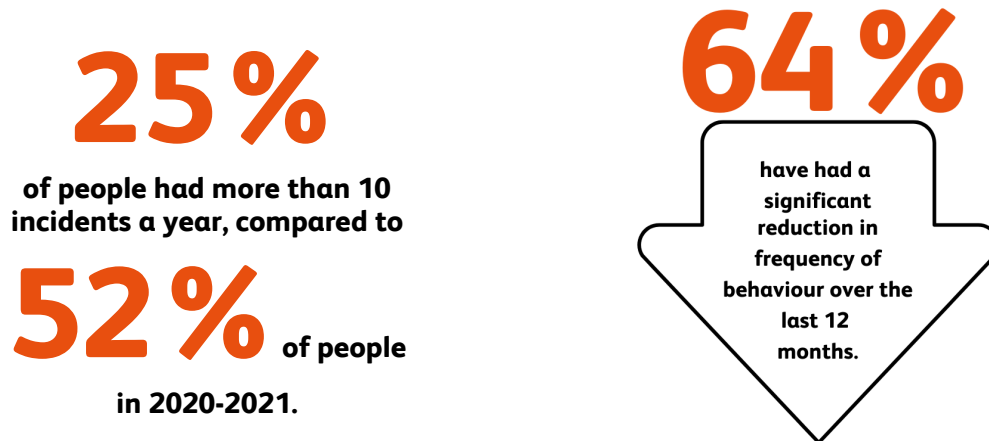
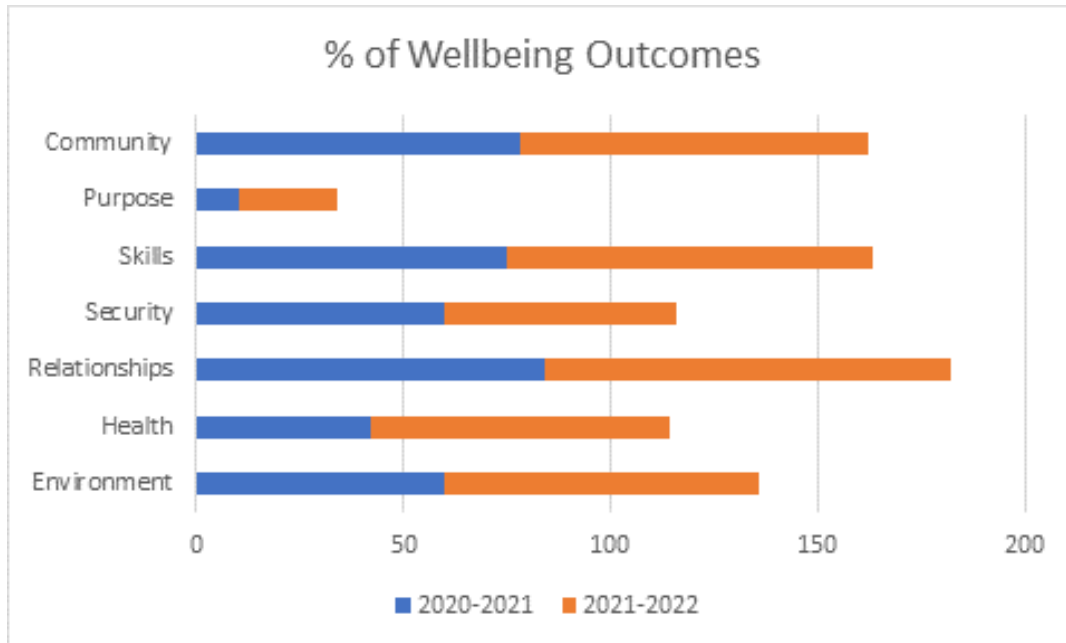


Table to show the assessed and evidenced causes of increase in behaviour for 21% of individuals supported in 2021-2022:

Person	Causes of increased behaviour	Actions
1	Suspected underlying health concern	Multidisciplinary work to support person to have several tests under anaesthetic have taken over 7 months to arrange.
2	Environment no longer suited his needs. Living with others was becoming a challenge.	Person moved within Active Prospects to a new flat where he has now been very settled.
3	Temporary increases whilst her flat was being renovated and staff changes	Flat complete and all is now very calm
4	Significant increase whilst waiting for new flat to be ready closer to her mum.	Person now moved on to another provider to be nearer to her mum in Worthing
5	Significant increase during a time where another tenant was in mental health crisis	Significant reduction in incidents following neighbour being admitted to hospital
6	We are unsure of the cause of the increase, may have been change in staffing, medication, or environmental issues.	Multidisciplinary work with OT and SALT, change to environment and funding package. Very settled and progressing well now.
7	Temporary increase due to reduction in service with CMHRS, positive changes in life (starting a job) and increased self-reporting	Has now reduced and incredibly positive outcomes following PBS input from an Active Prospects coach.

Wellbeing Outcomes in 2021-2022

With the introduction of the wellbeing strategy and outcomes measuring tool, it was possible to assess and monitor wellbeing across 2021-2022 of the 32 people in the Complex Needs cohort.



100%

of people achieved measured outcomes in wellbeing.

96%

of people achieved measured outcomes in Relationship Domain.

88%

of people achieved measured outcomes in Skills and Community Domains.

72%

of people achieved measured outcomes in Health Domain.

44%

of people achieved measured outcomes in more than 6 domains.

B:

B has a diagnosis of Emotionally Unstable Personality Disorder, Post Traumatic Stress Disorder and a learning disability. B was admitted to hospital in her teens following a period of aggressive behaviour, self harm and suicidal ideation. B remained in hospital for over 20 years, moving between different hospitals and wards on a regular basis. When she moved to one of our services in September 2021, B had never had the opportunity as an adult to choose or cook her own meals, go to the shops when she wanted, plan a holiday, or see her family regularly. Since moving, B has continued to present with difficulties with her mental health and has had 5 incidents of self-harming behaviour that required hospital intervention. However, she has also remained able to manage living in a community setting and she has been able to spend holidays and celebrate Christmas and Easter with her family. B has formed some good friendships with other tenants and has enjoyed regular meals out, goes out daily, went to the hair salon, and is managing a budget for the first time.

Success in the community is not necessarily about not having difficult days or behaviours that concern others, it is about building relationships, trust and access to services that mean the person can continue their recovery journey at their pace in the community.

D:

D is a man in his 50's who at one time enjoyed a range of outdoor activities and had a part time job with the local council recycling team. D has autism and a mild learning disability, a passion for fashion, is the worlds number one fan of Neighbours and HollyOaks, and is an amazing swimmer. D can become very anxious around other people and particularly if they are unpredictable. During his 30's D had a very difficult time, he had a sudden move due to an immediate closure of the service he lived in for many years, and found himself in a small shared living environment with someone he could not get along with. This caused him high anxiety and resulted in a serious incident, D was then detained under the Mental Health Act, and found himself in hospital which was also a stressful environment for him. D remained in hospital for 15 years, a long way from his home county. Following the Transforming Care Agenda D was discharged to his own home, nearer to his family and provided with 2:1 staffing. Moving back into the community was quite challenging for him as well, and the first year was a bumpy road for D and his staff team. However three years on D is settled and enjoys his own space, has a very committed consistent staff team and is starting to feel comfortable enough to begin exploring his world. D has been supported this year to see his parents for the first time in several years, to have lunch in a very quiet pub garden and is looking forward to going swimming as his next wellbeing outcome.

J:

J has lived with support from Active Prospects since early 2019. She had been settled at her own bungalow but had a history of severe physical aggression and property damage. It was established that much of this was due to severe anxiety caused by difficulties in coping with change. This had resulted in J forming complex rituals that she could not communicate, and the opportunity for things to go wrong with these rituals increased with their complexity. In 2021, J had a change in her staff team, change in her physical health, and some changes in her environment due to wear and tear. This caused her to have a period of severe anxiety and several serious incidents of property damage and physical aggression. At one point it appeared there were no more options and had to look at the possibility of inpatient admission to keep her safe. Working with the team who were so committed to J, the occupational therapist from the community team and the clinical director at Active Prospects took some risks and made some substantial changes to her routines, support approaches and staff. It was known this might cause more incidents but it was the only way to disrupt her rituals and create a workable environment. Fortunately, this worked, and J is now settled, she has a larger staff team, is doing things she would not do before and is busier, more engaged, and happier as a result. Feedback has been received from CCG and CTPLD who both said that other providers would have served notice on J months earlier, and that it was very unusual to have a service provider fight so hard to keep J out of hospital. This type of situation is what leads people to be admitted and unable to find suitable community provision. Whilst this situation was exceedingly difficult for the staff team and J for a few months, the outcomes were outstanding. There was also a significant cost implication both in the use of agency staff and the property repair required. A better funding agreement was secured, to future proof this placement and maintain the security of J's home.

Providing a home for someone with very complex needs takes commitment, courage, creativity and partnership with all stakeholders.



Peoples reflections on their outcomes:

I think people can see the real me.

I have made friends who I visit regularly.

I enrolled in college.

I go out every day, something I only dreamed about.

I went to Primark for the first time ever, choosing a whole outfit.

I am eating healthier and have lost weight.

I went on holiday with my family for the first time in 10 years.

I have learned to cook in my own kitchen.

I can go the pub when it is quiet which really works for me.

I went to the dentist for the first time as an adult.

I am so proud of having my own flat, and enjoy making it nice.

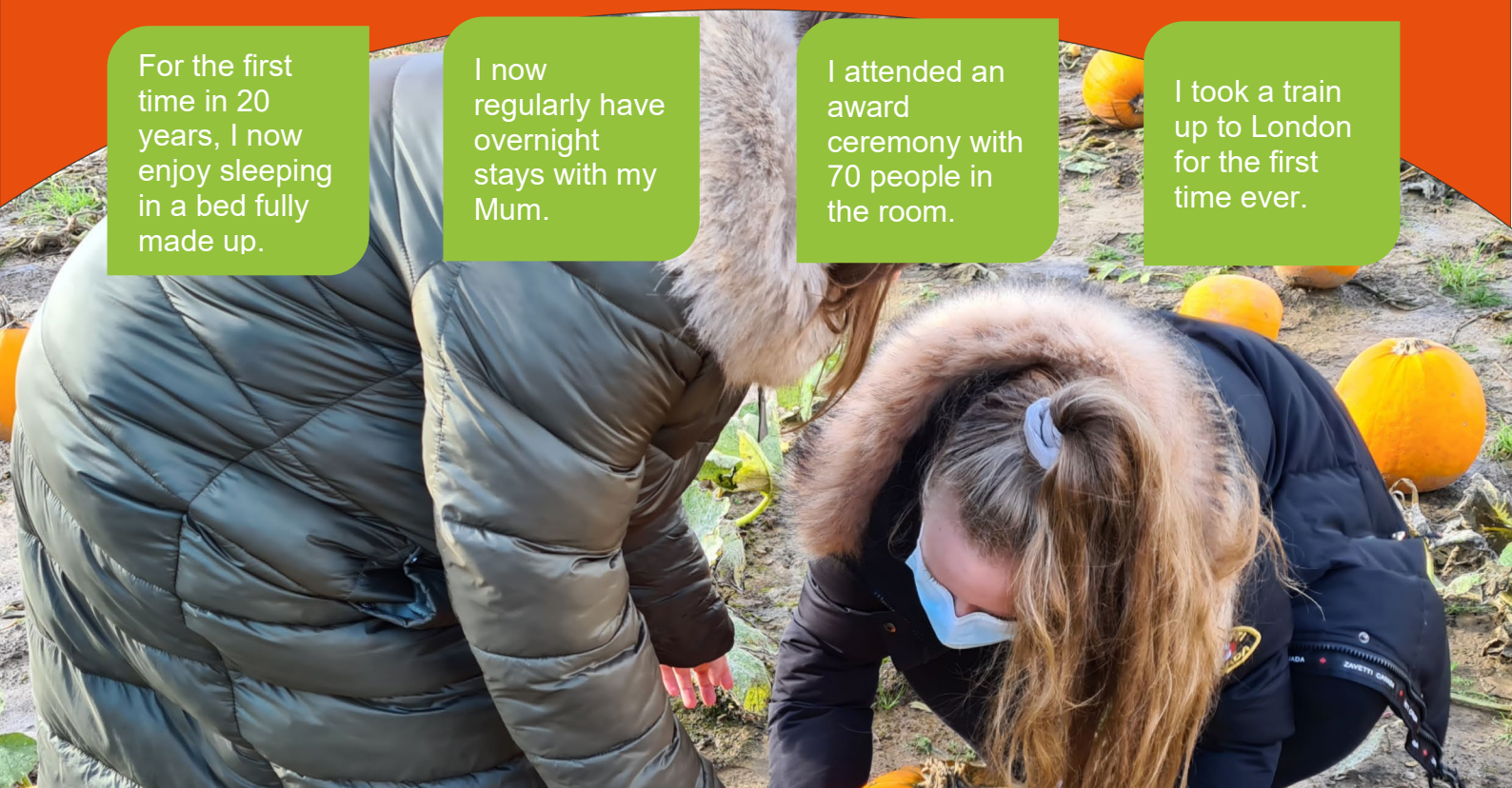
I have started growing my own vegetables.

For the first time in 20 years, I now enjoy sleeping in a bed fully made up.

I now regularly have overnight stays with my Mum.

I attended an award ceremony with 70 people in the room.

I took a train up to London for the first time ever.



Restrictive Practice Data 2021-2022

At Active Prospects we are committed to reducing restrictions wherever possible.

46% of people in the complex needs cohort have a Deprivation of Liberty Safeguard agreed.

Table to show historical and current use of restrictions

Type of Restriction	Frequent or Continuous 1:1 supervision	Locked or controlled access to food	Locked front door	Restraint	Use of PRN psychotropic medication	Other e.g seclusion, mechanical restraints, withdrawal of personal possessions
Historical use in previous placements	81%	25%	90%	84%	81%	62%
Agreed in current support plan	46%	9%	25%	18%	21%	6%
Used at least once in 2021-2022	46%	9%	25%	18%	18%	6%

Restraint

At Active Prospects we use the MAYBO schedule of physical intervention. We provide training internally with a registered MAYBO instructor, this allows us to combine physical intervention, conflict management and Positive Behaviour Support training seamlessly. It also allows us to provide detailed prescription of physical interventions for individuals rather than a generic adoption of the schedule, and allows for 1:1 or small group coaching in teams where required.

MAYBO is delivered in three stages over three days:

Day One – Conflict resolution, de-escalation and personal safety including managing an environment for safety

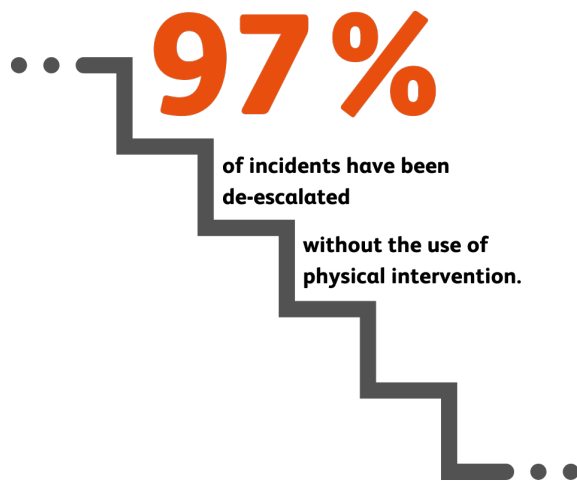
Day Two – Disengagement and Redirection techniques such as blocking, deflecting and grab or hair release

Day Three – Restrictive interventions – escorted walking or seated holds

Day Three is considered restraint however it is important to highlight that this does not include floor based restraints, these are covered in a 4th and 5th day of training, which is not provided in Active Prospects as we do not use this level of restraint.

There was a total of 192 incidents recorded in 2021-2022 across all 32 individuals. 12 of these required the use of escorted walking or seated holds.

Alternative approaches to crisis management



At Active Prospects we prioritise recognising the early signs that someone is becoming anxious or overwhelmed and focus on the following approaches in our training, coaching and support of staff:

- Recognising and reducing triggers of the person's discomfort
- Distraction
- Actively listening, reassuring and responding
- Using space and low arousal environments



Placement Leavers 2021-2022

In 2021-2022 there were 5 people who are part of the complex needs cohort who moved on from Active Prospects. 2 could be described as service breakdowns.

Person	Reason for moving
1	Significant change in health and mobility needs which meant the service was no longer able to meet her needs.
2	Mental health decline and rise in risks, low hours of funding which we could not get increased, which resulted in the service being unable to keep everyone safe and notice being served.
3	Planned Service Closure (it was a non-specialist service) and rehoused elsewhere.
4	Wanted to live closer to mother in Bognor.
5	Environment was no longer suitable as she needed to be in a single occupancy service, we served notice and after 6 months no suitable place was found, extenuating distress, and leading to eventual emergency hospital placement.

At Active Prospects we recognise the role of environment in a person's behaviour. We work with people we support, families and professionals to make changes to accommodation and support when needed.

5 people were supported with internal moves from the complex needs cohort. It is important to track these as environment is a particularly crucial factor in wellbeing and in Positive Behaviour Support.

In two cases we did not get it right initially and had to make a second move when the best option became available.

Person	Reason for moving
1	Moved from respite to supported living when a renovation occurred in the respite service, is now due to move to permanent supported living placement
2	Moved from shared accommodation to his own flat, this was positive for him, however he had some problems with the neighbours that led to him moving to another flat in small specialist service where he is very happy.
3	Moved from respite to supported living. Service was too big and busy for her, so she moved again to smaller service with one other where she is very settled.
4	Moved from residential to her own flat in Crawley because of difficulties managing the residential model, DOLS and covid restrictions. Has settled particularly well.
5	Moved from supported living to a smaller supported living service closer to his family. Is very settled.

Conclusion

In the last year there has been considerable pressure on social care services across the board. Social services and health services have been stretched beyond capacity leading to lengthy delays in communication, assessments, reviews and receiving therapy and treatment plans. Providers across the country have had significant difficulties recruiting and retaining staff post pandemic, and with the cost-of-living rising.

Whilst at times the last year (still impacted by Covid) has felt very stretched in relation to staffing levels, skill sets and support for staff, and some very intense periods of crisis for a few individuals, Active Prospects has maintained safety, prevented hospital admissions and enabled people to flourish. We have supported people to achieve some fantastic outcomes, seen continued progress and supported people through some difficult times successfully.

Objectives for 2022-2023:

- Form structured network of PBS Coaches internally
- Complete new initiative project plan for addition of social prescription to our clinical offer
- Provide homes for over 40 people by end of April 2023

Completed by: Lynsey Way MSc

Date: 20/05/2022

