

Hands Off It's My Home! A Path to Citizenship¹

Guidance for providing support to people with learning disabilities, particularly if they choose to share their home. To be used together with the Hands Off It's My Home! A Path to Citizenship quality checklist and action plan)

This guidance along with the quality checklist, action plan and information for people with learning disabilities aims to help ensure that the freedoms and citizenship enjoyed through people living in their own homes with support are not jeopardised.

In-Control talk about something they call '*real wealth*², the resources that enable individuals with learning disabilities and their families to achieve a good life. As an Organisation it is your responsibility to understand real wealth and to find ways to give support to build on a person's strengths, develop strong connections, be a conduit to accessing the community and maximising the person's assets (Real wealth is talked about again later in the guidance).

The toolkit is of equal use for people who live alone in their home, or who share their home with others. The guidance does not give an opinion on whether sharing a home is right or wrong, it seeks to address the reality that many people do share by developing practices that will promote citizenship and give people opportunities to review their choices around where they live and who they live with.

¹ Citizenship in this toolkit reflects Simon Duffy's Keys to Citizenship – a guide to getting good support for people with learning disabilities (2006)

² Community capacity and social care (Gillespie & Duffy, 2008)

If you are providing support to people with learning disabilities, particularly those who share their home then you must ensure the ways you provide support are individualised, reflect current best practice and cannot be viewed by regulators, such as the Care Quality Commission (CQC) as constituting a care home, which for many people offers reduced rights and freedoms.

The guiding principles that are the cornerstone for supporting people with learning disabilities today are equal human rights, independent living, control and inclusion³. And these are the principles that should guide your Organisation when reviewing the housing or support that you offer.

Most people with learning disabilities would not choose to live in a care home, and poor support could put the freedoms that a person enjoys, through living in their own home, at risk. So continuous and careful quality monitoring and improvement should be in place to ensure standards are kept high. In our Society having your own home, with all the community presence, social standing, rights and responsibilities that the position encompasses, is a major contributor to citizenship.

The other key contributors to people with learning disabilities being treated as full citizens in our Society are self-determination, direction, money, (good) support, and community life. It is likely that your Organisation will be involved in helping people with learning disabilities achieve aspects of some, or all, six keys. This guidance aims to start the path to full citizenship.

³ Valuing People Now: a new three-year strategy for people with learning disabilities 'Making it happen for everyone' (Department of Health, 2009)

A key principle for providing support to people sharing their home is that you should be able to demonstrate that you are providing a separate and individualised service to several people who just happen to share accommodation. If all that you do can evidence this then all is OK!

However, this can be more of a challenge if the people you support lack the capacity to make some major decisions about their lives or have non-verbal communication, as it may be harder to demonstrate inclusion and choice. It is not impossible though, and these people have the same rights as every other citizen to live in their own home in the community. Their choices and decisions must be fully understood, put into action and records kept as evidence. Fully embracing the principles of the Mental Capacity Act 2005 especially by assuming capacity unless it can be established that the person does not have capacity, and most importantly making all realistic efforts to inform and support a person to be able to make their own decisions.

Crucial elements to delivering an individualised service are a person centred approach and a comprehensive understanding of a person's methods of communicating choices and decisions or the involvement of those that know the person best.

There are certain indicators that CQC will consider when assessing whether a setting is a care home or someone's own home and CQC have developed a care settings assessment tool called 'Assessing whether a care service needs to be registered', which will be used if the Commission believes there is evidence that a service is operating, or seeking to operate outside the care homes regulations 2001.

CQC have said that they will collect evidence through looking at a service's Statement of Purpose, Service User Guide, job descriptions, contracts with the people using the service, commissioning contracts, assessments of need, support plans, any other service information, service advertisements, speaking with people who use the service and their representatives, speaking with the provider themselves, speaking with health/social care professionals, and a site visit may take place to observe practice and speak with the people using the service, staff, relatives.

This guidance is not exhaustive, and there may be even better ways to prove that you are providing individualised support and working towards citizenship for people with learning disabilities, but hopefully the guidance will help your Organisation start the path to ensuring that the people you support get the best life – which is a life living in their own home, making their own decisions, having control over their money and being a valued member of the community.

The guidance looks at a number of aspects that may be considered in any assessment about whether somewhere is genuinely a person's home or a care home:

- Tenure of accommodation:
House Ownership or renting.
- The ways support is provided:
The type of support, how a person is supported, support with medication, household tasks and the choice of provider.
- Support plans and records
- Support with financial management
- The environment
- Person Centred planning and Communication

- Decision making with regard to people who lack capacity.

The guidance also gives you information about:

- Citizenship
- Real Wealth
- Completing the Hands Off It's My Home! Path to Citizenship Quality Checklist
- Completing the Hands Off It's My Home! Path to Citizenship Action plan

Once you have read the guidance you will be able to complete the quality checklist and action plan, which will give you a path to supporting the people you work with towards Citizenship.

Tenure of accommodation

House Ownership

An excellent indicator that a house belongs to a person is outright home ownership or a mortgage, as in our Society this is what people aspire to. If it has been assessed that a person does not have the capacity to make a decision about moving into their own home, buying their own home or taking on a mortgage, then under the Mental Capacity Act 2005 the person will probably need an Independent Mental Capacity Advocate (IMCA) or someone acting as a Deputy of the Court of Protection to make this decision in their best interests. A lack of capacity to make this decision should not prevent a person owning their own home. There are excellent ways of people part

owning their own homes (Shared Ownership) and what has to be understood to agree to a mortgage is often not as complex as is imagined⁴.

Renting

Many valued citizens also rent their own homes. There are several indicators that contribute to evidence that a rented property is someone's home and not a care home.

A primary indicator, of the above, being that a person has a legal tenancy agreement in place. This should set out their legal rights and responsibilities and those of the Landlord, in an accessible way and every effort should be made to help the person understand their rights and responsibilities. Every effort should be made to support a person to understand their tenancy and there is a lot of information and tools available to help this process⁵.

However, if after making all realistic efforts the person does not have the capacity to understand their rights and responsibilities as a tenant then they will need legal representation under the Mental Capacity Act 2005. Every effort should be made to present tenancy information in the way a person best understands and communicates to give every possible opportunity to agree it without legal advocacy.

⁴ For further information on Shared Ownership go to: www.mysafehome.info or www.advancehousing.org.uk

⁵ For further information on Accessible tenancies and tools to help people go to: www.housingoptions.org.uk

It is important that support providers are clear about the most up to date legal and practical advice about tenancies for people with decision-making capacity issues as this area of practice is still not absolutely clear and is somewhat open to interpretation.

It is also important that the person understands, at the very least, the basics of their rights and responsibilities, and if they are not able to challenge anything in the tenancy that is not in their best interests, that someone is able to do this for them. This may be family, friends or an advocate.

Housing options are often not planned for early enough in a person's life and so if legal advocacy is needed and not in place when someone wants to move it can hold things up. It is best to start planning for a person's future housing needs with person centred approaches during childhood/young adulthood and this will then give the opportunity to put in place a Court of Protection Deputy, or enable your Organisation to start to work with the person to increase their decision-making skills to enable them to make their own decisions about where they live.

A history of the person living in the accommodation before the support was provided and feedback or evidence that the person thinks that it is their own home also contributes to the overall feeling that the property is their own home.

Where more than one tenant shares a house, there are some other good practice indicators that will help evidence that the property is their home:

There should be clear, understandable and inclusive procedures for how vacancies are managed, which do not include the support provider in the decision-making. It should also be made clear to tenants how the costs of a vacancy will be funded, ideally before they move in.

People should have chosen who they live with if they share their home. There should be documentation to evidence this and if there is any doubt about whether people chose to live where they live or with who they live then the situation should be regularly reviewed and people should be given information on all available housing options.

The tenants must have absolute rights to all communal parts of the house as well as their own bedroom (If a shared house). Indicators of a tenant's rights would include an agreed key holding procedure (if people do not hold their own keys), tenants holding a front door key, and a lockable bedroom for privacy.

Tenants should have access to any rooms used for the purposes of night support (sleep-ins by support workers). These rooms should look, and be used, as you would use a guest bedroom in your own home and there should have been agreement by tenants and/or their representatives to the use of the room for this purpose.

Tenants should be able to deny access to the house to anyone, and this includes support workers. It is good practice in a shared house to have an agreement about who can enter the house (family, friends, professionals and including is necessary support worker families). This means tenants and/or their representatives must be supported to understand and exercise these rights. This also means that key holding or entry practices must be agreed by tenants and/or their

representatives and should be recorded. It is important to note that whether people hold a key to their home or not they should always be involved in the process of entering and exiting their home, be it independently, being talked through the process, or hand on hand using the key. Continual reinforcement can only serve to enable a person to truly understand that this is their own home.

Finally, a practice indicator that helps define that a property is someone's home and not a care home is the way support workers enter and work within the property. Support workers should always wait to be invited into a person's home (unless there is a key holding and entry procedure agreed with the tenant) and should always respect the personal space, possessions and privacy of the people living there. Meetings and business should never take place in a person's home unless they request it and are in control of proceedings.

The way support is provided

CQC are clear that the type of support, how a person is supported, and the way that the support provider is chosen is a strong indicator of whether the overall package of accommodation and support constitutes a care home.

The type of support

Depending on whether personal care is provided and on the level of personal care being provided, as defined in the Department of Health Guidance (DH, 2000)*, the support provider may have to

be registered with CQC as a domiciliary care agency. Even if registration is not necessary this guidance still demonstrated practice that will promote citizenship.

How support is paid for

The best way for a person to have control over the way they are supported and how they are supported is for them to have an individual budget⁶. A role of the support worker is to ensure people are aware of their entitlement to individual budgets and to facilitate take up. Once a person has an individual budget they can be much more creative about the support they receive.

How a person is supported

The ways that a person is supported are key indicators about whether somewhere is a person's own home or a care home. Support should be provided in *individualised* ways at all times. Equally important is that support is provided at all times, in ways that demonstrate tasks are done *with* and not *for* the person.

The Commissioning contract, assessment and care plan should indicate the type of service being commissioned i.e. domiciliary care, and should clearly demonstrate that the service is individual to the person. If there are any shared support hours i.e. night time support, the reasons for the shared nature should be agreed by the people involved and/or their representatives and recorded in contracts and support plans. The person should have a copy of their contract and support plan and be able to evidence for themselves the hours, cost and tasks to be provided. Ideally, the

⁶For more information go to: www.dhcarenetworks.org.uk/personalisation

person should have the options to purchase their support through a direct payment of individual budget.

An Organisation's paperwork, including job descriptions, the Statement of Purpose, Service User Guide and policies and procedures should all reflect the aims, objectives and values that are reflected in this guidance. The key principle being that support provided is to promote individuality, independence, choice and citizenship.

The way support hours are recorded should reflect that support is being delivered to individuals. Where support is being provided over a 24-hour period, keeping a support worker rota at a person's home is not acceptable as this is an indicator of a care home. However, the person whose home it is requires information in an accessible format to enable them to know who is supporting them and what tasks they will be supporting them with. Support workers should be able to demonstrate that they are supporting individual people not a group of people and any records of support worker hours should record this.

Remember as well that a person does not always have to have support provided by 'paid' workers. To get the most out of life people can be supported by more natural forms of support (family, friends, members of interest groups etc.) neighbours can be involved formally or informally and support can be swapped for accommodation or for other forms of remuneration e.g. time banking⁷.

⁷ For more information go to: www.timebanking.org.uk

The use of Assistive technology is also another way of reducing the need for paid support and giving people more independence and control over their lives.

Support with managing medication

A person should manage their own medication, or if they cannot manage all the different tasks involved (getting a prescription, picking up the medication from the Pharmacy, understanding what it is for, storing it safely, administering it, and disposing of unused medication) then they should manage or be involved in those tasks they have the capacity to do, and the support plan should detail what the person can do, what the support worker is helping with and how someone's skills are to be developed.

If medication is administered to someone because they do not have the capacity to do this themselves then evidence is needed in their records as to who has made this (best interests) decision and why (In most cases it would be the prescribing Doctor).

If support is provided then a person's medication should be individually collected with them, and individually stored and administered. If this is not happening think why? If it is for any reason other than for the needs of the person then the practice should be reviewed.

If medication is collected or administered at the same time as for other people living at the house, or stored centrally then the reasons for this must only be due to the needs of the people concerned, and must be documented and agreed by the person and/or their representative in their support plan. In practice it is very rarely due to a person's needs that medication is stored or

administered together with the other people in the house therefore the practice should be reviewed. To maintain a person's privacy it would be good practice to administer medication in a private place away from the other people in the house.

Medication should be stored where it is most convenient for the person's lifestyle and preferences – it might be where it is most accessible, where they won't forget to take it, where it is safest, or most convenient, or where it is most private.

Management of medication is covered by Outcome 9 of the CQC guidance about compliance⁸ which states people should experience having medicines at the times they need, and in safe ways and are provided with information about what they are taking.

Support with household tasks

People should do, or be involved in as many of the household tasks as they are able to do. Support with shopping, laundry, cleaning, meal preparation and eating meals should be done individually with people. People can be involved in lots of ways with household tasks whatever their level of ability, and will enjoy the interaction, and sensory nature of being involved from sensory stimulation to the satisfaction of the finished product! However, sometimes people decide to do some of these tasks together or enjoy doing some tasks more than others so agree to share the tasks i.e. people may want to eat dinner together, or take it is turns to prepare the meal, or go shopping together. If this is the case then the reasons for this must only be due to the needs

⁸ Compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2009)

of the people concerned, and must be documented and agreed by the person and/or their representative in their support plan.

The choice of support provider and support workers

The decision-making process for selecting a support provider should be accessible and every effort should be made to ensure that if possible the person themselves is given the support and tools to enable them to make the decision. If someone does not have the capacity to make this decision then they must have a representative to make it for them. This must be an independent person (someone independent of the decision being made) for example an advocate or family member. It cannot be the Landlord or support workers if the decision affects their employment, or the Commissioning Agency as these people may have vested interests in the decision-making.

It is important to keep records of what tools were used to involve the person in the decision-making and of who was involved and the outcome.

People and/or their representatives should be able to choose different support providers and still share the accommodation. However, if people want to choose the same provider this is equally valid as long as the correct decision-making process was followed and recorded.

Equally people should be able to change support provider if they wish and the process should be made accessible to them and that they are still happy with the support provided should be reviewed on a regular basis.

Another indicator that the overall package is not a care home is whether the 'accommodation' and 'support' are separate. This would mean that a person could move into a property and bring an existing support provider with them, or could leave the property and take their support provider with them. Equally should the person stop requiring support, or refuse support then that should not affect their tenancy rights.

People should also be central to the process of choosing the support worker(s) who help them. Organisations should be able to demonstrate how people were involved in recruiting their support teams. This does not necessarily mean the person has to be at the interview if this is not appropriate, but could involve asking questions that the person has put together, or listing the compatible characteristics that the person would look for in a support worker.

Support plans and records

Records (Support plans, risk assessments, daily records) are key documents that demonstrate that support is being provided individually and in ways that are agreed by the person and/or their representative. Support plans should demonstrate the outcomes that are to be achieved by the service being provided, including short and longer-term goals. The aim of risk assessments should be to enable a person to maximise their independence not to prevent a person having a life, and recording should demonstrate that the support plan is being followed and note any information that might be needed to inform changes to the support plan.

Throughout this guidance it has been indicated what and how information should be included in the person's support plan. It is very important to remember though that support workers should never make decisions or agree a person's support plan without input and agreement from either the person themselves, or their independent representative. Support plans and risk assessments must always be signed by those people involved and should be kept under constant review. For support plans to be meaningful and accessible to the person they may not necessarily be paper-based. Multi-media approaches⁹ (video, photos, audio, computer generated etc.) are more meaningful for some people and this will not necessarily be 'signed'. However, whatever media used should be able to demonstrate the agreement of the person for it to be shared with support workers.

Support with financial management

A person should manage their own finances, or if they cannot manage all the different tasks (banking, bills, benefits, cash, accounts, budgets, etc.) then they should manage or be involved in those tasks they are capable of.

If money is held jointly i.e. a household bills account in a shared house this must only be for the needs of the individual people and must therefore be documented and agreed by the people and/or their representatives. How individual's contributions to a joint housekeeping account are worked out should also be documented.

⁹ For further information on Multi-media approaches go to: www.acting-up.org.uk

Also, where a person's financial paperwork and money is stored and why needs documenting, especially if it is stored together with other peoples i.e. is it in the kitchen, bedroom because this is more convenient for the person? More accessible? Safer? If storing finances and financial information together is not for the needs of the people then the practice should be reviewed and separate storage solutions found.

It should always be assumed that a person has the capacity to make decisions about their finances however, if the person does not have the capacity to manage their finances then, after a capacity assessment is carried out, they may need legal representation in the form of a Department of Work & Pensions appointee for benefits and/or a Court of Protection Deputy¹⁰ for other financial matters. If the person has a Court of Protection Deputy then they will also take on any appointee duties.

If support is provided with any part of a person's finances then this must be documented and agreed by the person and/or their representative in their support plan. The support plan should also show how a person's skills in managing their finances are to be developed.

There are many good practice guides on handling the money of people with learning disabilities** which will give you access to the best practice guidance required for those people who require support with managing their finances.

¹⁰ For further information on the Court of Protection go to: www.publicguardian.gov.uk

Some of the key areas that will need particular attention if you are supporting people who share their home are listed below. Covering these areas will ensure people's finances are being managed in ways that demonstrate that the person is living in their own home. The areas are:

- Financial passports, profiles, money management action plans
- Inventories and insurance
- Individual budgets
- Shared housekeeping budgets,
- Bank accounts, cash and paying bills,
- Assisting with claiming and managing welfare benefits and appointee ships
- Staff meals and expenses
- Transport

And in all of the above preference must be given to methods, which maximise flexibility and promote the persons independence.

The environment

A key indicator of whether somewhere is a person's home is the environment. The best way to assess the environment is to ask yourself whether it resembles and functions like your own home.

There should be minimal records relating to the support provided kept in a person's home, and any records kept must be accessible to them in the way they are written and in where they are stored.

A person's records should be stored safely, confidentially and where the person wants them stored, especially in a shared home. Where a person's records are stored, and the reasons need agreeing with the person and/or their representative.

There should be no records kept in a person's home that do not concern the people living there i.e. Organisational policies and procedures, support worker documentation.

Support workers must at all times respect that they are working in someone's home with their personal possessions and equipment. Observing privacy and dignity at all times is imperative, and this includes entering the house only on invitation, leaving the house as you found it, asking before using equipment or touching personal possessions, not leaving their own possessions in the house or taking over parts of the person's house i.e. as a 'staff room' or 'office,' not using food and drink belonging to the people who live there without permission and not inviting anyone into the house that is not a guest of the person whose home it is.

A person's home must not be used for meetings to do with the Organisation i.e. supervision or support worker meetings and if a sleep-in room is used it should continually be checked to ensure it resembles a guest bedroom and not an office or 'staff room'.

The people living in their home and/or their representatives should have absolute choice on decisions about the décor, furniture and fittings within the house and records to support this decision-making should be kept.

Support workers must not introduce restraints or restrictions on a person's freedom or privacy within their own home (Examples of restrictions are locked doors, door gates being used, difficult locks, entering the house and private areas without consent, restricting access to parts of the house, restricting access to food).

If the environment contains fire doors, wedges must never be used by support workers to hold these doors open as this puts people's safety at risk.

Person Centred planning and Communication

Key to personalised services are person centred approaches and person centred planning cannot start until a person's communication needs are understood and any aids are in place to maximise inclusion, decision-making and choice. Central to person centred planning is the person and those that know them best.

Person centred plans should include positive (capacity) descriptions of the person, and should describe what and who are important to them and what support they require. There should also be an action plan that reflects what is important to them and how they want their life to progress. The plan should include, where people do not use words to speak, written or information in a different media, about how the person communicates.

It is important that the person centred plan and any other support plans develop together to form one plan, otherwise important information might get lost or not read, and there may be confusion

about how the person wants any support provided. Equally important is that the plan is implemented – the measure of any plan is what difference it makes to some one’s life (outcomes).

A communication plan is vital and should demonstrate that total communication approaches are being used. It would be hard to demonstrate that decision-making was within the framework of the Mental Capacity Act 2005 if a comprehensive communication assessment had not been carried out, and all efforts made to provide information to the person in the ways that the person understood. It would be equally difficult to demonstrate that some one lacked capacity if a thorough communication assessment was not in place.

CQC will be assessing the use of person centred planning and thinking as part of the inspection process¹¹.

Further advice for decision-making with regard to people who lack capacity

The new Mental Capacity Act 2005 has far reaching implications on how people with a learning disability are supported around decision-making. The Act confirms in legislation that it should be assumed that an adult (aged 16 or over) has full capacity to make decisions for themselves (the right to autonomy) unless it can be shown that they lack capacity to make a decision at a time the decision is required. The Act also puts the onus on those supporting people to take all possible steps to inform and support a person to make a decision before concluding that a person lacks capacity and undertaking a capacity assessment.

¹¹ For more Information on how CQC will assess the use of person centred planning see their resource pack for inspectors, commissioners and providers ‘Let’s Work Together....to put people first’ www.cqc.org.uk

This is an exciting challenge for support providers who will have to:

- Become excellent at providing decision-making information in ways that people understand
- Increase decision making opportunities,
- Assess and put into place plans to build on a person's decision-making skills,
- Be person centred in all decision-making processes, and;
- Record processes and outcomes.

Organisations will have to build a sound knowledge of the verbal and non-verbal communication that the people they support use and use appropriate tool to maximise decision-making.

Support workers will have to learn when informal judgements of capacity can be taken, and when more formal judgements are required and legal or social advocates need to be involved.

Citizenship

It is strongly advised that you read Simon Duffy's book *Keys to Citizenship – a guide to getting good support for people with learning disabilities* (2006), as this will be useful for both understanding why citizenship is so important and also for giving useful strategies and contacts for implementing the keys. This guidance will briefly summarise the keys to citizenship and explain how they are used in the 'Hands Off It's My Home! A path to Citizenship' quality checklist and action plan.

There are six keys, which all need to be achieved to open the door to citizenship for people with learning disabilities. The keys to Citizenship are the keys to a stronger community. The keys are:

Self-determination

Self-determination is important to enable a person to be legally visible in our Society, to be really listened to and to make those important decisions in life that all citizens have to make. If self-determination is achieved then the person is treated as someone who can speak up for themselves, they are taken seriously and are able to act for themselves.

Some people need help to speak up, and as a support provider it may be your responsibility to ensure, through the methods that have been explored earlier in the guidance, that the person gets the support required to be heard.

Direction

Having direction (a purpose and plan) in life is important for everyone as it helps a person gain a sense of self-understanding and individuality. Direction also gives structure to life and goals. Life is more satisfying when there is an aim to existence and other people see the person's life as meaningful.

Also without direction, often, things just don't happen! Plans don't have to be set in stone, and people don't have to have lots of goals, but to be a happy citizen it is good to have found a lifestyle that offers satisfaction and personal fulfilment. Again the information given earlier in the guidance shows the importance for you as a support provider to use person centred approaches in the way you help someone achieve direction.

Money

'Money makes the world go round' is how the saying goes – and there is truth in that statement. Money gives status, power and control to people. Control over money gives a means of fulfilling plans and gives other people an incentive to act in a person's interests.

Without being able to maximising and control their income, and where possible increase that income through work, a person is left powerless receiving help that other people have decided they need and being unduly dependent on the good will of others. Simon Duffy calls this the 'professional gift model' of organising social care. So a person needs to maximise their income, and to be in control of that income.

As support providers you will be employed and paid by the person you support, and your role may include supporting the person or their representative to maximise their income. Again the guidance given earlier should help clarify your role.

Home

A Home is important as it gives status, strong roots in the community and a base for a person's life. It gives a person a place to feel safe, to be private, to express their individuality and to be in control over everything that happens there. In our Society home ownership is valued, and a home is an asset that is often handed down to our nearest and dearest when we die. This is culturally important to many people.

This guidance gives a lot of detail about the importance of ensuring that poor support does not put the freedoms, social standing, rights and responsibilities of a person living in their own home at risk through the situation being viewed as residential care.

(Good) Support

Support of a quality that both helps a person and enables their strengths and gifts to be shown contributes enormously to them being seen by others as a fellow citizen. Good support enhances a person's dignity and respect in the community and helps them become a real presence through positive participation. With good support a person can develop, gain self-confidence and learn new skills which, lead to the ability to make choices and have control over what they do in life. Everyone in Society needs and receives support at different times, and this is a positive thing and our interdependency contributes to being a citizen.

There are many types of support, not just paid support, and people with learning disabilities should not just be reliant on paid support. As a paid support provider your aims should be to reduce your support replacing it by developing the person's own abilities to support themselves and by using the other forms of support we all use. This may be through linking in with family and friends and developing natural forms of support in the places in the community that the person uses. This may seem controversial, but all types of support have advantages and disadvantages to achieving citizenship, so a mix of support should help a person better into a fulfilling life.

Community Life

An active contribution to the community is the final key to citizenship. To achieve this does not mean a person has to become mayor of their town or be voted citizen of the year (Although this

could be a goal!). However, being known, being a 'local', making a positive contribution, being seen, working, and using local leisure and learning facilities with other citizens is vitally important for overcoming prejudice and for making lasting and valued friendships and relationships.

As a support provider it will be your responsibility to provide support that helps achieve an active contribution to the community. This will require you really getting to know the person, understanding their gifts and skills, and helping them develop the opportunities to develop meaningful friendships, relationships and community contribution. It will also require a good understanding of the local community to make connections with both people and places.

Often, community life can be an overlooked and under-developed for someone with a learning disability with much more effort put into the personal care and support they might need. This may be because support workers don't know where to start, or how to connect people to community opportunities. However, it is only through community life that people will be able to make those connections that will enable them to achieve a good life, less reliant on paid support. It is strongly recommended that you read 'In Community – Practical lessons in supporting isolated people to be part of community' (HSA press, 2009) which gives a wealth of ideas and practical ideas about building community.

The aim of Hands Off It's My Home! is to enable Organisations to review what they are doing with people and change any practices that are not supporting people on the path to citizenship.

Real Wealth

Real wealth¹² is a useful concept to think about when considering how your Organisation might support someone to increase their Citizenship and reduce their reliance on paid support. A good life is dependent on a number of factors, each which is logically independent of each other: Strengths (skills), connections, access, and assets.

Some people need more help than others to develop and grow in these areas, but equally people often have access to this wealth and support could help the initial development and lead to reduced reliance on care systems and 'service land'.

Strengths – We all have strengths made up of our gifts, abilities, and skills. Your Organisation will be supporting some people who just need more support to build, nurture and grow these strengths until they are admired by others.

Connections – We all develop and rely on connections as Citizens. They include our close family, our friends, work colleagues, peers, community networks and organisations. Some people will need your Organisation to help make and nurture these connections.

Access – The more we can access our community the richer we are. The lack of information and the skills to access key resources means that some people you support will need both physical and emotional support to access the wider community.

¹² Community capacity and social care (Gillespie & Duffy, 2008)

Assets – An income, property, savings, benefits and entitlements are what adds to the wealth that facilitates a good life. Your Organisation will need to support people to find work, maximise their income, understand what they can spend it on and use monetary wealth to help achieve real wealth.

CQC Essential standards of quality and safety

Under the new Health & Social Care Act 2008 Regulations 2009 'regulated activities' cover care homes without nursing¹³, domiciliary care services including those for children¹⁴, and supported living services¹⁵. To remain registered and provide a service that meets CQC standards the regulations must be met. By not complying the people being supported are at risk of receiving a poor service and may jeopardise their freedoms by constituting a care home. The main areas requiring compliance are: involvement and information, personalised care, treatment and support, safeguarding and safety, suitability of staffing, quality and management and suitability of management. This toolkit covers the majority of these standards.

¹³ A care home is a place where personal care and accommodation are provided together. People may live in the service for short or long periods. For many people, it's their sole place of residence and so it becomes their home, although they do not legally own or rent it. Both the care that people receive and the premises are regulated.

¹⁴ These services provide care for people living in their own homes. The needs of people using the services may vary greatly, but packages of care are designed to meet individual circumstances. The person is visited at various times of the day or, in some cases, care is provided over a full 24-hour period. Where care is provided intermittently throughout the day, the person may live independently of any continuous support or care between the visits.

¹⁵ These services involve a person living in their own home and receiving care and/or support in order to promote their independence. The care they receive is regulated by CQC, but the accommodation is not. The support that people receive is continuous, but is tailored to their individual needs. It aims to enable the person to be as autonomous and independent as possible, and usually involves social support rather than medical support.

Completing the Hands Off It's My Home! Path to Citizenship quality checklist

The quality checklist should, if they consent, be carried out with the people with learning disabilities you support, and in their home if they are happy for this to happen. Before carrying out a check people and their representatives should have been given the '*introduction*' and '*what to expect from your support worker*' information and their permission gained.

If this is not possible, then the support team should be able to provide most of the information required, and the checker (who it is best to be someone with a supervisory/management role of the team) will be able to contribute from their knowledge of the support team.

It is useful to visit the person's home if at all possible to observe interaction with the person being supported, and to check the environment. This checklist could be carried out as part of the assessing and monitoring the quality of service provision (Regulation 10, Outcome 16 Health & Social Care Act 2008 Regulations 2009). However, you are visiting someone's home and they have every right to deny access and this must be respected.

Completing the checklist is fairly straight forward. Enter the initials of the people's support being checked in the relevant boxes so that the action plan can be individualised. Complete the checklist for as many people as wanted, but over a six month period everyone's support should have been checked. If there is evidence to support what is asked for then put a cross in the relevant box to demonstrate achievement. If there is action required then record it in the boxes '*action needed*'.

For the section '*Content of the person's support file*' the evidence you are looking for will be in the support plan/person-centred plan, risk assessment, medication documentation, and through discussion with the person and/or support team members.

The section '*Records and storage*' can be completed through discussion or through looking at the storage in a person's home (with permission).

The section that is described as relying on some '*subjective observations*' requires discussion and observations of the person whose home it is and support team members as well as looking at some documentation. If the checker is in a management or supervisory role with the team then the evidence should include observations of practice since the last check.

The final section should be for any other examples of good practice or action required that does not fit into any of the previous sections.

Completing the Hands Off It's My Home! Path to Citizenship action plan

When the checklist is completed there will be evidence of good practice and action required. Each good practice action box has a Key number (which relate to the six Keys to Citizenship) or DC (Domiciliary Care). Transfer, preferably through cutting and pasting, the '*action needed*' into the section of action plan for that Key or DC. Transfer the '*examples of good practice*' and any of the questions that have been achieved into the sections '*What we do well*' under the relevant Key.

In the column '*Current impact on person*' the checker should think about the Key that they are trying to achieve through the action and write a brief summary of how the lack of action could be currently affecting the person's life. E.g. If a person's preferred method of communication is not understood and supported (and recorded) by the team then it is likely the person will not be able to make decisions or be listened to, which are both important to achieving self-determination.

Recording the '*Current impact on person*' is important as it will help support workers understand why they should be doing the things the checklist asks for.

Finally, to ensure the action plan is implemented the columns '*Action to be carried out by whom?*' and '*Action to be carried out by when?*' should be completed with realistic about timescales.

Sam Sly (Enough is Enough – Time4Change!)

This guidance has taken account of:

Domiciliary Care National Minimum Standards and Regulations (DH, 2001)

Reach Standards in Supported Living (Paradigm)

A life like no other (Healthcare Commission, 2007)

Assessing whether a care service needs to be registered (CSCI, 2008)

Keys to Citizenship – a guide to getting good support for people with learning disabilities (Simon Duffy, 2006)

Valuing People Now: a new three-year strategy for people with learning disabilities 'Making it happen for everyone' (DH, 2009)

*Department of Health Guidance: 'Supported Housing and Care Homes – Guidance on Regulation' August 2000. <http://www.dh.gov.uk/assetRoot/04/06/02/47/04060247.pdf>

**Suto, I. Clare, I. and Holland, A. (2007) Financial Decision-making – Guidance for supporting financial decision-making by people with learning disabilities. Bild.

Pannell, J. Harker, M (2007) My home and money – managing money and living independently a guide for people supporting adults with a learning difficulty to manage their money. Housing Options.

Livingstone, J. (2006) My money matters – guidance on best practice in handling the money of people with a learning disability. ARC.